



Missouri Department of Health and Senior Services

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APS 20-09

March 23, 2020

**MEMORANDUM FOR ALL DIVISION OF SENIOR & DISABILITY SERVICES
SECTION FOR ADULT PROTECTIVE SERVICES STAFF**

From: Kathryn Sharp Sapp, Bureau Chief
Division of Senior and Disability Services
Bureau of Adult Protective Services Policy & Staff Development

Subject: Coronavirus (COVID-19) Follow-Up for Adult Protective Services Staff

As a result of ever-changing concerns on COVID-19, Adult Protective Service staff need to continue to exercise caution as we are responding to reports of abuse/neglect/exploitation and assisting our vulnerable clients with their protective service needs. Effective immediately, staff must determine if the allegations or request for protective services requires face-to-face contact. This memo provides information or further clarification of the following:

- Phone call as first contact
- Supervisory consult regarding waiving/need for face-to-face contact
- Use of significant event indicator
- Duplicate reports

Phone Call as First Contact: Determining Need for Face-to-Face/Home Visit

Due to the seriousness of COVID-19, APS staff must make the first contact with the client by phone. As mentioned in the memo [APS-20-07: Coronavirus \(COVID-19\)](#), a phone call shall be made to the reported adult or any person being interviewed prior to EVERY face-to-face contact, including home visits. The purpose of this phone call is to determine the safety of conducting the home visit for the client and staff, as well as to avoid the spread of COVID-19. Due to this requirement to make a first contact with the client by phone, it is necessary to establish rapport prior to asking safety questions. The sample conversation illustration is intended to be a guide, not required wording for staff to establish a rapport as well as assisting in determining if a face-to-face contact is required. Staff are encouraged to use wording you deem necessary using your professional judgement.

1. INTRODUCTION

Hello, my name is [] with the Department of Health and Senior Services. May I speak with []?

I am contacting you today to discuss a call of concern we received. I would just like to discuss a few things with you to determine if there is anything we can assist you with. Preferably our agency would meet with you in person to discuss concerns and any needs. However, due to the current situation with Coronavirus, we would like to talk with you over the phone to determine if we can meet your needs without meeting in person.

2. VERIFY INFORMATION

I would like to verify your information including your address. [Ask about date-of-birth and other identifying information as well as verify address]

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3. INQUIRY

Now I would just like to discuss a few things regarding how you are feeling and your current situation. Your safety is our primary focus and I appreciate you talking with me so that we can determine if there is anything we can assist with during this difficult time. [Ask questions below. You do not have to ask word for word and it is fine to change the question into your words as long as you are eliciting the same information]

- Have you or anyone in your home been tested for Coronavirus/influenza or tested positive for Coronavirus/influenza?
- Are you or anyone in your home currently ill? *If yes have them explain*
- How are you currently feeling?
- Have you or anyone in your home had a fever in the last 24 hours?
- Have you or anyone in your home experienced a cough or shortness of breath?
- Have you or anyone in your home been in close contact with someone that has the flu or Coronavirus?
- Have you or anyone in your home traveled to an area with widespread or ongoing spread of Coronavirus, either within the United States or abroad?

4. OFFER RESOURCES

If you have questions about Coronavirus, I want you to know that there are resources available through Department of Health and Senior Services. I can mail these resources to you if you prefer.

- There is a fact sheet and other information available at www.health.mo.gov/coronavirus/
- There is also a 24-hour Coronavirus hotline available by calling 877-435-8411

[If there are other concerns or service needs, offer these resources as well.]

5. CLOSING

Thank you for speaking with me today. I may contact you again to see how you are doing.

Please be advised the information obtained on their current physical status may change. Staff are encouraged to make attempted the face to face contact within the same day you accrued the information.

Client has no phone or is not answering the phone

Staff are encouraged to utilize PROD, CyberAccess, CIMOR and other measures such as reviewing past reports, white pages, etc. However, there may be times when we do not have a working phone number. After exhausting other measures, call collateral(s) or reporter back to determine if they have knowledge of the client's current physical condition. If still unknown, go to home to request to talk to the client through door explaining who you are, why you are there (as illustrated above). Adding, that due to the circumstances, you would like reassure them that the state requires you to use PPE mask and practice social distancing to minimize exposure to the client. Make all assessments from their porch, if possible.

Blocking Staff Personal Cell Phone ID

If not using a state cell phone, staff may block their personal cell number by dialing *67 prior to making calls for state business. If staff have an iPhone, settings can be adjusted to block personal cell phone number by following these instructions:

- Go to settings
- Go to “Phone” – has symbol of a phone
- Go to “Show my Caller ID”
- Click off on “Show my caller ID”

Supervisory consult regarding waiving/need for face-to-face

Once the call is completed, staff will discuss information with their supervisor. When discussing the need for face-to-face contact, including a home visit, staff shall keep in mind the **default decision is conduct interviews and assessments over the phone and not make a face-to-face visit**. However, there are situations where it may be necessary to make a face-to-face contact. This includes reported concerns the victim is facing a likelihood of serious physical harm and is in need of protective services, which may often be the case with Class Is and perhaps in Class IIs as well. This is a time when professional judgement between the worker and supervisor is of the utmost importance. In general, if safety cannot be mitigated or there are unmet needs that cannot be addressed through referrals, this may require face-to-face. There will be a need to balance the person’s unmet needs with safety of the person and staff.

Staff should never attempt a face-to-face/home visit if the person has tested positive for Coronavirus or is awaiting results of a test. In this circumstance, if the safety of the person due to ANE is present, staff shall pass the concern up through the RM and to the APS Policy and Staff Development Unit as necessary.

Significant Event Indicator

Staff should continue to use the significant even indicator as directed in [APS-20-07: Coronavirus \(COVID-19\)](#). The indicator is not meant to be utilized when a face-to-face is not completed due to the RA or individual self-isolating as a *precaution*, with no illness, symptoms or possible exposure. The indicator is not automatically used when a home visit is not completed.

Duplicate Reports

PSEM [19-04: Duplicate Reports](#) provides direction to staff on cancelling reports if they are duplicates and there is currently a Class I or II *open*. Due to current circumstances, the practice is being expanded to include Class I/II closed reports. The procedure is slightly different with closed Class I/IIs. Staff shall contact the reporter and ensure that there are no new ANE incidents and no current service needs and document this conversation in Recordings. The worker shall confer with a supervisor for final determination. If it is decided that the report is a duplicate, staff are allowed to process a quick close, as directed through supervisor. Please note, if the closure occurred greater than three (3) months from date of new report, the supervisor is required to discuss action with the Regional Manager or SIU Manager.

NECESSARY ACTION:

1. Review this memorandum with all APS staff.
2. All questions should be cleared through normal supervisory channels and directed to: Amanda Veltrop at APSPolicy@health.mo.gov or by calling 573-526-0714.