

Training for Support Coordination Agencies

Presented by the GBI Crimes Against Disabled Adults and Elderly (CADE) Task Force



Legal Disclaimer

- ✓ The following presentation is a general overview of abuse, neglect, exploitation, and mandated reporting.
- ✓ Consult with your agency and/or an attorney for any questions you may have concerning this area of law.
- ✓ Nothing in this presentation should be construed as legal advice.



- What is FSIU/CADE?
- Who is considered at-risk?
- Types of at-risk adult abuse
- Mandated reporting
- Resources



What's
the
plan?



Forensic Special Initiatives Unit (FSIU)

- Created in 2006
- Division of Aging Services, FSIU mission is to support those who respond to the abuse, neglect, and exploitation of at-risk adults.
- Members include a Certified Fraud Examiner, Forensic Victim Advocate, Forensic Specialist Liaison



CADE Task Force

- Created in February 2021
- Combined the expertise of FSIU with the main state law enforcement agency
- Mission is to effectively identify and address system gaps and develop process improvements to protect Georgia's at-risk adults.



CADE Initiatives



- Technical Assistance
- Collaboration
- Outreach
- Trainings

Who Are Georgia's At-risk Adults?



Legal Language

- Not person-centered
- Follow legal definitions:
 - Abuse**
 - Neglect**
 - Exploitation**
- Agency may have its own definitions.



Elder Person

Person 65 years of age or older.

O.C.G.A. §16-5-100



Disabled Adult

Person 18 years of age or older mentally or physically incapacitated or has Alzheimer's Disease, or dementia.

O.C.G.A. §16-5-100



Definition of Incapacitated

'Mentally or physically incapacitated' means an impairment which substantially affects an individual's ability to:

- (A) Provide personal protection;
- (B) Provide necessities, including but not limited to food, shelter, clothing, medical, or other health care;
- (C) Carry out the activities of daily living; or
- (D) Manage his or her resources.



Resident

Any person receiving treatment or care in any long-term care facility.

O.C.G.A. §16-5-100





At-Risk Adults
Vulnerable Adults

Elder Person

Disabled Adult

Resident

Older Adult



- 
- An illustration of an iceberg floating in water. The tip of the iceberg, which is above the water line, is white and jagged. The much larger part of the iceberg, which is submerged below the water line, is a dark teal color. The background is a light blue gradient.
- **1 in 5** Georgians are classified as an “at-risk” adult.
 - **1 in 10** at-risk adults are victims; only **1 in 23** cases are reported.
 - Individuals with I/DD are **4 to 10x** more likely to be victimized than the general population.
 - Over **70%** of adults with disabilities say they have been victims of abuse, and more than **90%** say that such abuse occurred on multiple occasions.

Abuse of Adults With Disabilities



97%-99% are
caregivers or
trusted “friends”



Petersilia, J.R. (2001). Crime Victims with Developmental Disabilities



All Inclusive Problem

Regardless of:

- Race
- Sex
- Gender
- Socioeconomic background
- Sexual Identity



Support Coordination Services Performance Report 2020



D·B·H·D·D

GEORGIA DEPARTMENT *of*
BEHAVIORAL HEALTH *and* DEVELOPMENTAL DISABILITIES
JUNE 2021

Agency	Total # of Individuals Served	Total Number of Critical Incidents			
		Q1	Q2	Q3	Q4
Benchmark					
ANE	802	43	16	29	46
Behavioral		54	46	39	41
Medical		139	159	256	310
Benchmark Total		236	221	324	397
CareStar					
ANE	340	8	12	5	7
Behavioral		11	19	26	24
Medical		46	98	156	171
CareStar Total		65	129	187	202
Columbus					
ANE	4,338	56	45	44	121
Behavioral		93	101	110	114
Medical		367	489	797	1,014
Columbus Total		516	635	951	1,249

Agency	Total # of Individuals Served	Total Number of Critical Incidents			
		Q1	Q2	Q3	Q4
Compass					
ANE	410	15	7	6	7
Behavioral		9	13	20	12
Medical		72	66	82	165
Compass Total		96	86	108	184
Creative					
ANE	3,842	110	47	70	67
Behavioral		83	53	88	81
Medical		531	402	753	1,153
Creative Total		724	502	911	1,301
Georgia Support					
ANE	1,555	42	31	48	44
Behavioral		78	68	52	44
Medical		295	235	554	529
Georgia Support Total		415	334	654	617
PCSA					
ANE	2,333	20	25	29	41
Behavioral		59	42	38	36
Medical		303	255	457	549
PCSA Total		382	322	524	626

Incident Type	Type
100: Death - Expected	Medical
101: Death - Unexpected	Medical
103: Death of an Enrolled Individual	Medical
200: Alleged Abuse - Physical - Staff/Ind	ANE
201: Alleged Abuse - Sexual - Staff/Ind	ANE
202: Alleged Abuse - Psychological - Staff/Ind	ANE
203: Alleged Abuse - Verbal - Staff/Ind	ANE
210: Alleged Neglect - Staff/Ind	ANE
220: Alleged Exploitation - Staff/Ind	ANE
221: Alleged Financial Exploitation - Staff/Ind	ANE
300: Falls with Injury Severity Rating of 3 +	Medical
310: Choking with Intervention	Medical
320: Medication Error with Adverse Consequences	Medical
330: Hospitalization - Medical	Medical
331: Hospitalization - Psychiatric	Behavior
340: Accidental Injury with an Injury Severity Rating of 3 +	Medical
400: Alleged Sexual Assault - Ind/Ind or Ind/Staff	ANE
411: Alleged Financial Exploitation - Ind/Ind	ANE
420: Aggressive Physical Act Ind/Ind with an Injury Severity Rating of 3+	Behavior
425: Aggression (In/Other) – Injury 3+	Behavior
430: Suicide Attempt with an Injury Severity Rating of 3 +	Medical
440: Seclusion or Restraint with Injury Severity Rating of 3 +	Medical
450: Elopement	Behavior
500: Intervention of Law Enforcement Required	Behavior
501: Alleged Criminal Act by an Individual	Behavior
600: Alleged/Suspected Violation of Individual/Patient Rights	ANE
800: High Risk Escalation Event - Crisis or Respite Placement	Behavior
806: High Risk Escalation Event - Planned Hospitalization	Medical
807: High Risk Escalation Event - Emergency Room Visits	Medical
808: High Risk Escalation Event - Urgent Care Center Visit	Medical
920: Exposure-Coronavirus	Medical
921: Positive-Coronavirus	Medical
922: Death-Coronavirus	Medical
923: Recovered-Coronavirus	Medical



Physical Abuse
Sexual Abuse
Emotional (Psychological and Verbal)
Neglect
Exploitation



Sexual Abuse
Exploitation



Any and all abuse?

Types Of Abuse



Physical

Financial

Neglect

Emotional

Sexual



Physical Abuse



Physical Abuse

May include but not limited to:

- ✓ Slapping
- ✓ Punching
- ✓ Force-feeding
- ✓ Restraining
- ✓ Shoving
- ✓ Pushing
- ✓ Tripping
- ✓ Forceful holds



Possible Signs of Physical Abuse

- Bruises on areas of the body that are not explainable
- Deep, untreated bed sores
- Loss of weight
- Change in behavior- even with non-verbal victims. Person may cower or act differently when the abuser enters the room.
- Broken bones
- Burn marks on the body



Financial Abuse



Financial Abuse

May include but not limited to:

- ✓ Forced to withdraw large sums of money
- ✓ Power of Attorney
- ✓ Use of threats to get money
- ✓ Change of Will or legal documents
- ✓ Loss of savings
- ✓ Forging signatures
- ✓ Using coercion or deception to gain trust
- ✓ Spending Social Security benefits/VA benefits for own use



Possible Signs of Financial Abuse

- New “person of trust” isolates the victim
- Change in status: used to save every penny, now they are withdrawing money every week
- Appoint someone new to handle their affairs
- Missing jewelry
- Quick deeds of family property or businesses



Neglect



Neglect

- May include but not limited to:
 - ✓ Withholding food
 - ✓ Withholding medicine
 - ✓ Not seeking medical attention
 - ✓ Left for days in the bed
 - ✓ No access to wheelchairs/canes/walkers
 - ✓ Use of a bucket for toilet
 - ✓ Lack of clothing
 - ✓ **Staff ratio or no staff on sight**



Possible Signs of Neglect

- Malnourishment / dehydration
- Extreme dirtiness
- Decay of teeth
- Untreated injuries
- Untreated chronic medical conditions
- Failure to obtain prescriptions
- Prescription hoarding
- Unemployed adult(s) living with older adult



Examples of Neglect



Self Neglect

- Self-neglect is not a crime
- Indicators are similar to neglect
- Autonomy and self-determination





Neglect

Financial
Exploitation



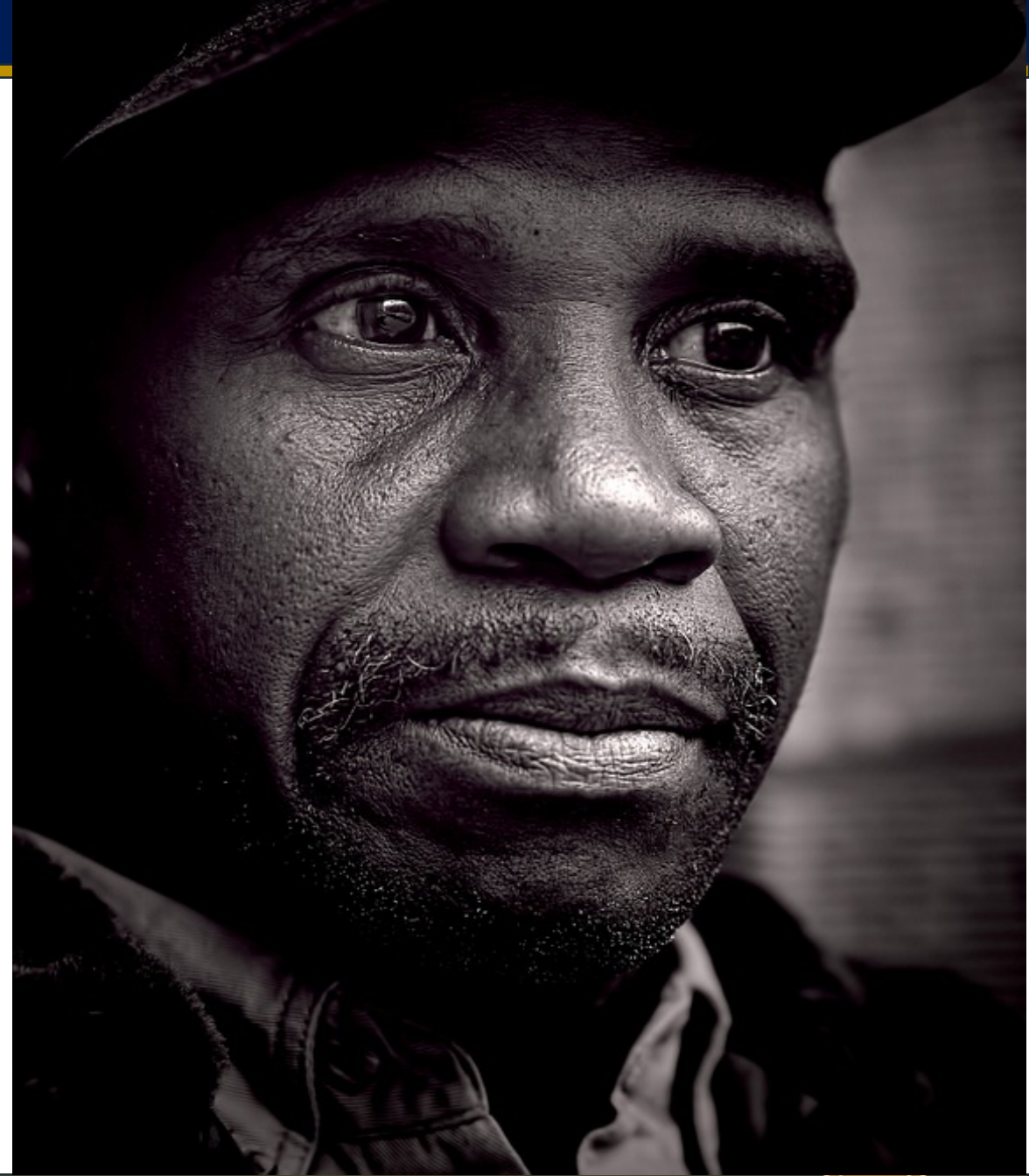
Emotional Abuse



Emotional Abuse

May include but not limited to:

- ✓ Threats
- ✓ Intimidation
- ✓ Humiliation
- ✓ Harassment
- ✓ Scapegoating
- ✓ Verbal assaults
- ✓ Insults



Behavioral Signs of Emotional Abuse

Victims

- Depression
- Fear
- Resignation
- Agitation
- Anger
- Hopelessness
- Confusion
- Ambivalence
- Denial

Providers

- Concealment
- Minimization
- Inconsistent explanations
- Over-protectiveness
- Dominance
- Inappropriate sex-role
- Substance abuse
- Belittling
- Threatening





“You sign this check or you won’t visit your friends!”

“You are so stupid! You can’t remember anything!”

“Nobody cares about you anymore!”

“You stink; you're disgusting!”

Sexual Abuse



Sexual Abuse

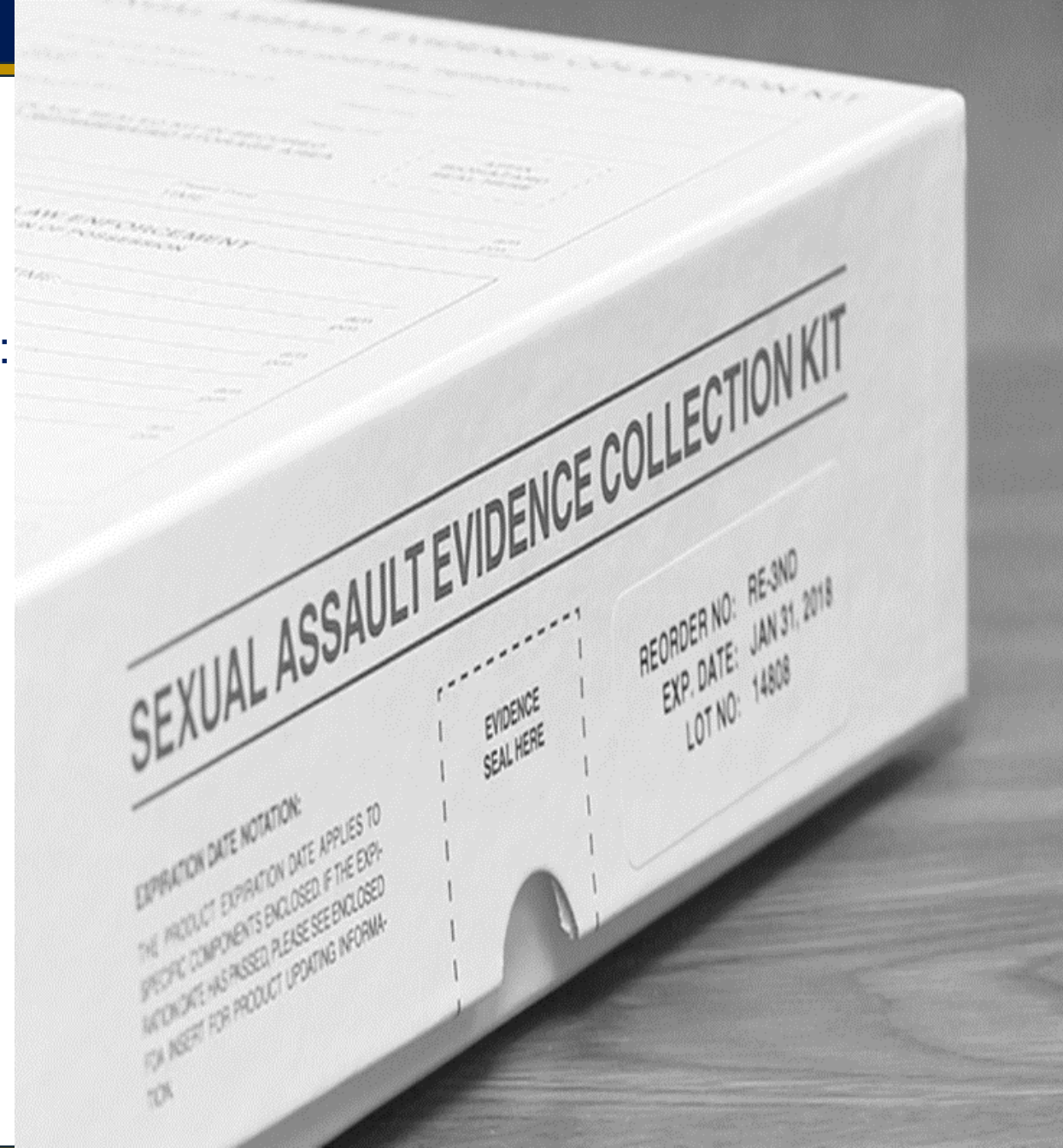
May include but not limited to:

- ✓ Rape
- ✓ Touching
- ✓ Photos (posted on social media)
- ✓ Unconscious victims
- ✓ Sexual harassment
- ✓ Forced viewing of sexually explicit material



Physical Indicators of Sexual Abuse

- Bruising, lacerations and/or bleeding of/from/around:
 - Urinary tract, buttocks, throat, breasts,
 - Genital, rectal, anal, vaginal, or oral areas
- Torn, bloody underclothes
- Difficulty walking, sitting
- Presence of semen
- Other physical injuries (or not)



A-Typical Indicators of Sexual Abuse

- **Significant injuries to nongenital areas such as:**
 - Bite marks,
 - Blunt force trauma,
 - Hard and soft palate trauma, restraint injuries
 - Signs of asphyxia may be present



Emotional Indicators of Sexual Abuse/Trauma

- Extreme anxiety when bathed, changed, or examined
- Sleep disturbances, nightmares
- Depression
- Attempts to leave (self preservation)
- Flashbacks
- Crying spells



Reporting Sexual Abuse

- Sexual abuse is the most under-reported type of abuse.
- Victims often can't report
- Rely on healthcare providers to do so



Update: Offender plead guilty in August of 2021, will be sentenced in November



Consensual Relationships

- No power differential
- Both people consent
- Capacity to understand



Common Thread

- Social isolation (COVID-19)
 - It is found in all types of abuse.
 - Research has shown it impacts physical health as much as smoking 15 cigarettes a day.
 - Impacts on mental health such as increase of dementia, depression and suicide.



Mandated Reporting



- At-Risk Adult abuse can happen in any setting.
- It can happen at home or in a facility such as a nursing home or group home.
- The key concept is to report possible abuse no matter where it occurred.



Reasonable Cause to Believe

O.C.G.A. 30-5-4

Mandated reporters having reasonable cause to believe a disabled adult or elder person has been the victim of abuse, other than by accidental means, neglected or exploited...shall report or cause reports to be made...

Reasonable cause defined as

A fact or circumstance that justifies a reasonable suspicion; a reason that would motivate a person of ordinary intelligence under the circumstances to believe abuse had occurred



<http://research.lawyers.com/glossary/reasonable-cause.html>



Reasonable Cause to Believe - Examples

- A volunteer is visiting a client and notices bruising on the client's upper arms. The volunteer asks the client, "What happened?" The client responds, "I didn't clean up my dinner dishes fast enough and got in trouble."
- A review of the client's finances show, despite receiving monthly benefits, their account is dangerously low. They do not have enough money for personal hygiene items, for example. The group home manager states she "took a little extra this month" from that client to make ends meet.



Mandated Reporting – Two Tracks

Title 30: Private home/community

Title 31: Long-term Care Facilities



**Adult Protective
Services**

**Healthcare Facility
Regulation Division**

Law Enforcement





Mandated Reporting in the Home and Community

Reporting in the Community O.C.G.A. 30-5-4

Any person required to report child abuse as provided in O.C.G.A. 19-7-5 (c);

- Physical Therapists;
- Occupational Therapists;
- Day-care personnel;
- Coroners/Medical Examiners;
- EMS, EMT, Paramedics, 1st Responders;
- Employees of public or private agencies engaged in professional health related services to elder persons or disabled adults;
- Clergy;
- Financial Institutions



Report to Adult Protective Services and Law Enforcement

O.C.G.A. 30-5-4

If the disabled adult or elder person is in need of protective services or has been the victim of abuse, neglect or exploitation,

... a report **shall** be made to [Adult Protective Services] and to local law enforcement or prosecuting attorney.



Central Intake for APS

Business hours:

- Monday – Friday 8 am to 5 pm
- By Phone: 1-866-552-4464 ext. 3
- Report on-line at:
www.aging.dhs.Georgia.gov



APS Reporter Follow-up: O.C.G.A 30-5-7

Any individual who made a report according to Code Section 30-5-4 can make a request to the department to know

- if the report or reports made by that individual have been received,
- whether an investigation was opened or not,
- and whether the investigation is still open or has been closed.

The department will respond in writing within five business days with this information, but no other case information will be released.



APS Investigation Criteria

- Meets APS Criteria:
 - Report involving a disabled adult or elder person who can be identified by name, description, or location and is not a resident of a long-term care facility (unless an outside party is the alleged perpetrator).
 - Alleged to be victim of harm or threat of harm by the action or inaction of the adult or others (includes Self-Neglect).
- Does Not Meet Criteria: Intervention or Incomplete
 - Reports with inadequate information about client or suspected A/N/E risk will be labelled as Incomplete and will not be investigated.
 - Reports involving a licensed or potentially unlicensed long-term care facility will be labelled as Interventions and will result in a referral of the case to Healthcare Facility Regulation (HFR).



Tips for Reporting

- Be as specific as possible.
- Detail all types of suspected abuse.
- Try to relay any information you may know about the victim and/or the alleged perpetrator.
- You can report anonymously, however APS can conduct a more thorough investigation if they are able to contact the reporter.
- APS will never reveal the identity of the reporter to the alleged victim.



APS Investigation

- If report meets criteria for an APS investigation, the case will be assigned to an APS case manager and initial contact will be made within 10 business days.
- For urgent cases, initial contact will be made within 2 business days.
- APS can put protective services in place to prevent further abuse, neglect, and exploitation and interventions to reduce risks
- Not a criminal investigation



APS is NOT DFCS

- APS can not take an adult into protective custody. Client's consent is required.
- Common misconception.
- Adults have autonomy meaning they have the right to make their own decisions.



Examples of Protective Services

- ✓ Helping client find an appropriate residence
- ✓ Finding an emergency placement for the abused person
- ✓ Helping client apply for benefits or Medicaid Waivers
- ✓ Arranging for medical assistance
- ✓ Educating caregivers as to proper care
- ✓ Petitioning for the appointment of a guardian and/or conservator
- ✓ Arranging for access to day services or in-home services
- ✓ Maximizing community resources for client



GA Crisis & Access Line (GCAL)

- APS is NOT equipped to respond to mental health emergencies
- 24/7 hotline for immediate access to BH & I/DD crisis intervention services



A photograph of a person with white hair, wearing a green shirt, sitting in a wheelchair in a room. In the foreground, a silver walker is visible. The room has a wooden desk on the left, a window in the background with a vase of flowers on the sill, and several framed pictures on the wall. The text "Mandated Reporting in Long-Term Care Facilities" is overlaid in white.

Mandated Reporting in Long-Term Care Facilities

O.C.G.A. 31-8-81 LTCF Defined

Long-Term Care Facility is defined as any:

- skilled nursing home,
- intermediate care home,
- assisted living community,
- personal care home, or
- community living arrangement now or hereafter subject to regulation and licensure by the department (HFR).



Mandated Reporting in a Facility

O.C.G.A. 31-8-82

Any person required to report child abuse as provided in O.C.G.A. 19-7-5 (c);

- Administrators, managers, or other employees of hospitals or long-term care facilities;
- Physical Therapists;
- Occupational Therapists;
- Day-care personnel;
- Coroners/Medical Examiners;
- EMS, EMT, Paramedics, 1st Responders;
- Employees of public or private agencies engaged in professional health related services to elder persons or disabled adults;
- Clergy



Report to Healthcare Facility Regulation Division and Law Enforcement

O.C.G.A. 31-8-82

Any person who has knowledge that a resident or former resident has been abused or exploited while residing in a long-term care facility....

...**shall** immediately make a report to [Healthcare Facility Regulation Division] and law enforcement.



HFRD Investigations

- HFRD investigates reports of abuse, neglect, and exploitation in care facilities & care provider agencies subject to licensure
- Also investigates reports of unlicensed facilities
- Conducts annual surveys of facilities for compliance with state and federal rules and regulations
- Violations are subject to fines and corrective action plans
- Not a criminal investigation



Reporting to HFRD

Report complaints against a facility:

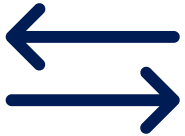
- By phone: 1-800-878-6442
- Report Online at:
<https://dch.georgia.gov/hfr-file-complaint>



LTCFs: Reporting to APS



Multiple non-payments, family exploiting the resident's funds



Forced admission or discharge from the facility



Unexplained changes in POA, trusts, wills, other legal documents



Signs of abuse after family or friends visit



LTCF Reporting Policies for Staff

- Many LTCFs and care provider agencies have their own hierarchical reporting policies.
- Staff **ALWAYS** have the right (and should be encouraged) to report directly to the reporting/investigative agencies themselves.
- O.C.G.A 31-8-87: No person or facility shall discriminate or retaliate in any manner against any person for making a report or against any resident who is the subject of a report.



Avoid Revolving Door

Reports of A/N/E by mandated reporters to LE are often delayed or avoided altogether due to internal investigations, fines/citations from HFRD/DBHDD, in-house fixes.

When incidents of A/N/E are not handled as criminal matters, the alleged abuser is free to find employment at another agency or continue to access victim.

Only CONVICTIONS protect current and future at-risk adults from victimization & revictimization!



Immunity For Reporters



Immunity for Mandated Reporters

O.C.G.A. 30-5-4

Anyone who:

- Makes a report
- Testifies
- Provides protective services
- Participates in investigation

Shall be immune from **civil liability** or **criminal prosecution** unless the person acted in bad faith, with malicious purpose or was a party to such crime or fraud.



Immunity for Mandated Reporters, cont.

31-8-85 Immunity from Liability

(a) Any agency or person who in **good faith** makes a report or provides information or evidence pursuant to this article shall be **immune from liability** for such actions.

(b) Neither the department nor its employees, when acting in good faith and with reasonable diligence, shall have any liability for defamation, invasion of privacy, negligence, or any other claim in connection with the collection or release of information pursuant to this article and neither shall be subject to suit based upon any such claims





Failure to Report **O.C.G.A. 31-5-8**

- Any person violating the provision of this subsection shall be guilty of a misdemeanor
- Penalty is up to 12 months in jail and up to \$1,000 fine

LOOKING FOR

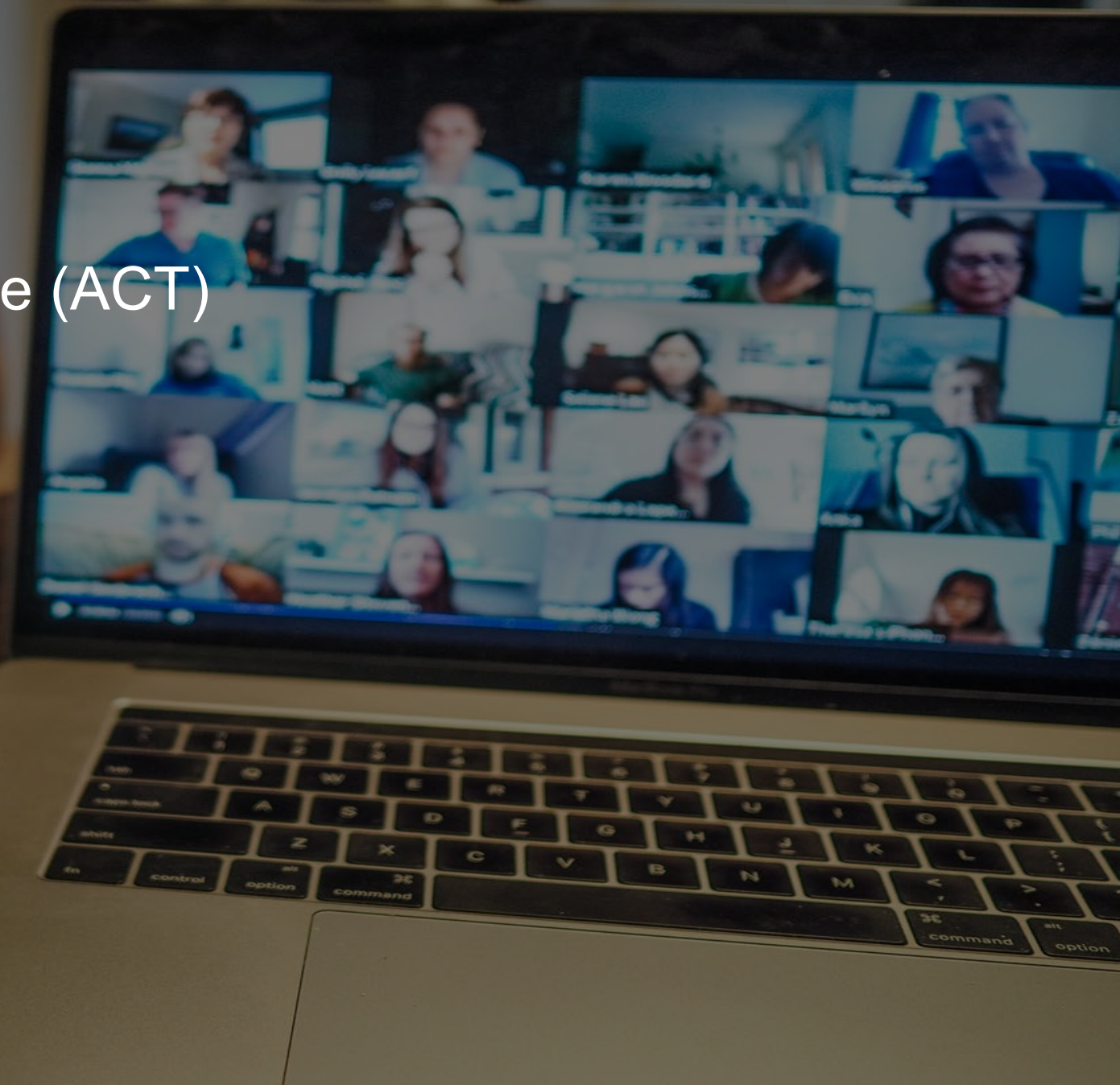
RESOURCES?



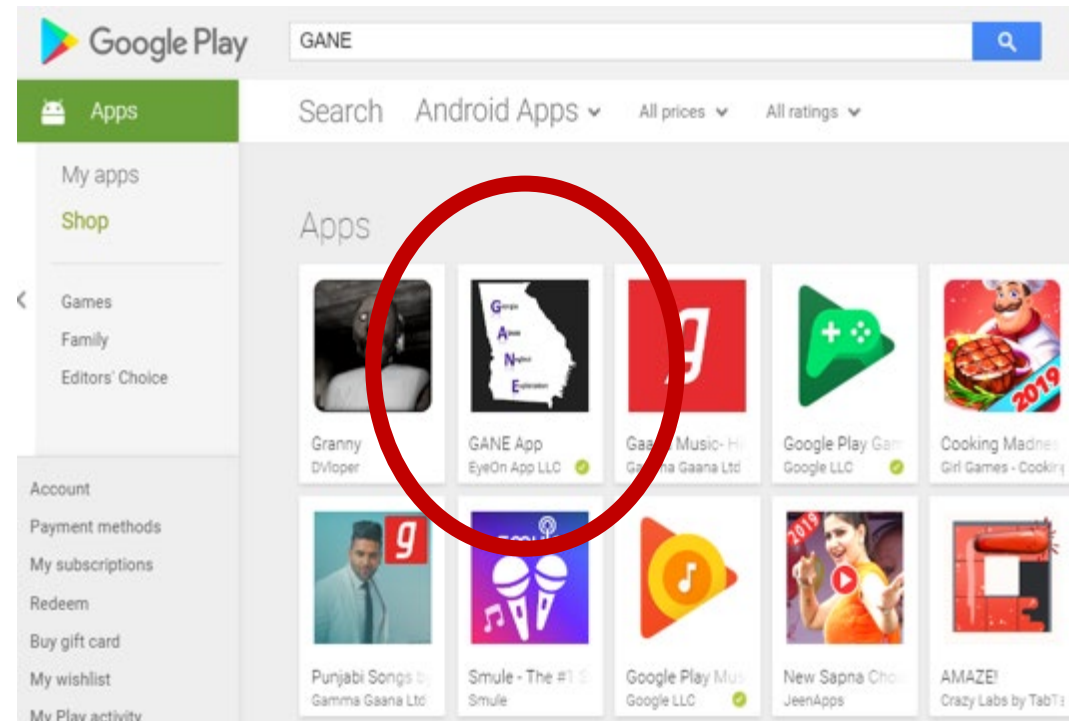
Training

At-Risk Adult Crime Tactics Course (ACT)

- Free
- Virtual
- 2-day bootcamp
- Certified ACT Specialists



There's An App For That! GANE App



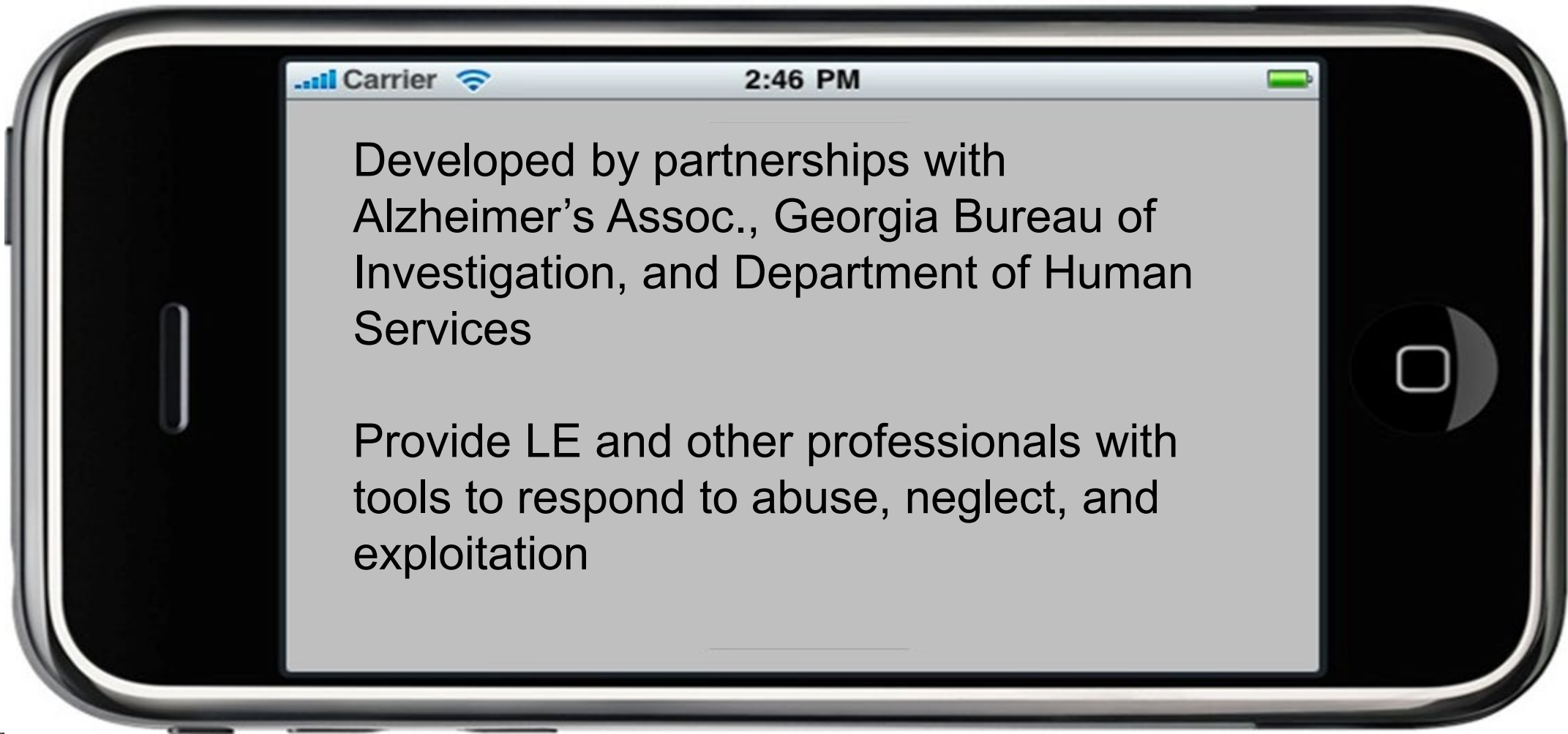
Search: Georgia Abuse Neglect Exploitation



Download the GANE App

- Available for Android and Apple phones
- The GANE App is free to download and use
- Open to everyone





Features of the GANE App

- Options available to place at-risk adults temporarily to ensure their safety
- Quick access to information 24/7
- Screening tools and resources



Capabilities



Social service, regulatory, and other agencies contact information



Direct links to report suspected abuse



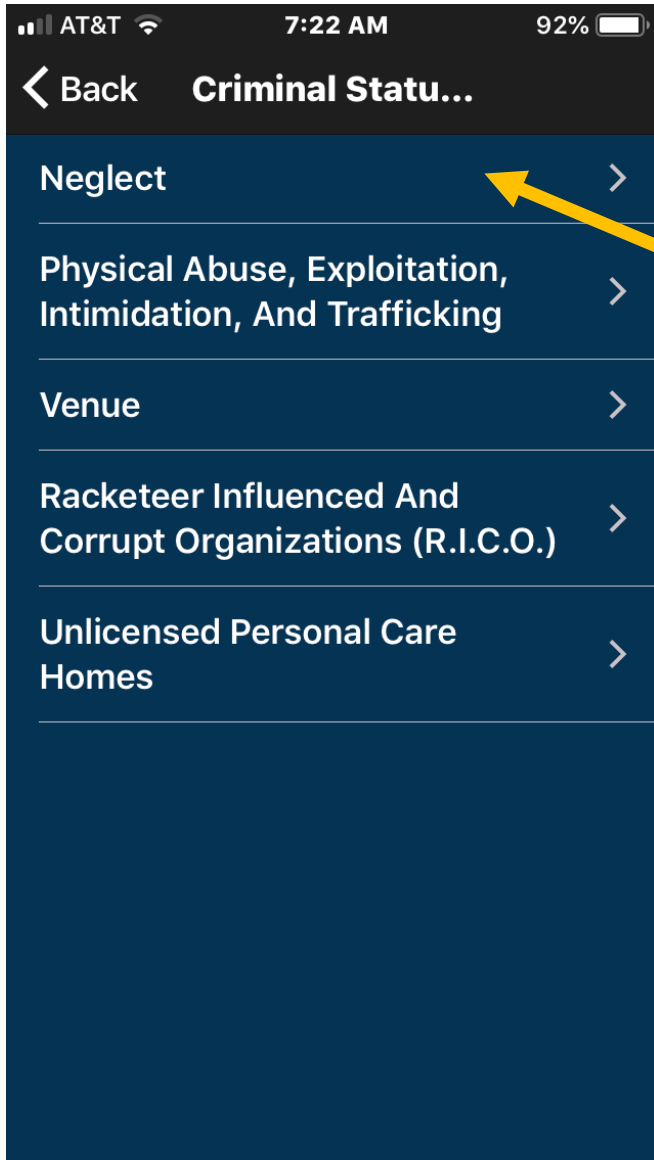
Resource agency list and contact information



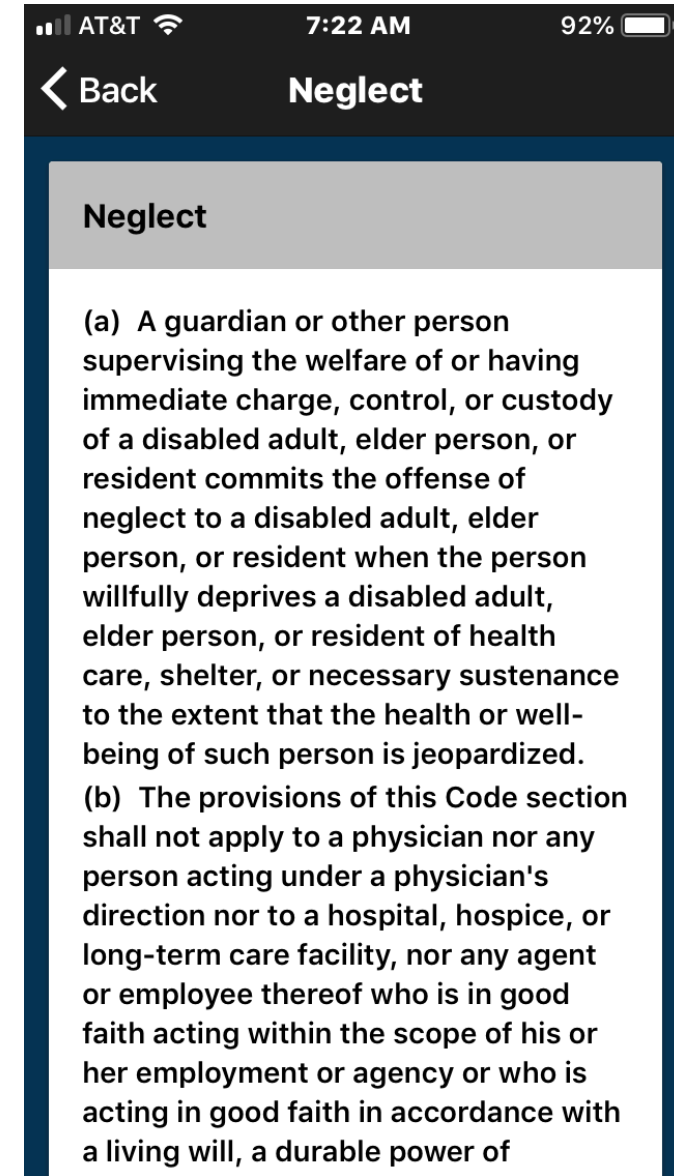
Georgia laws relating to abuse, neglect, and exploitation



Criminal Statutes and Definitions Tab



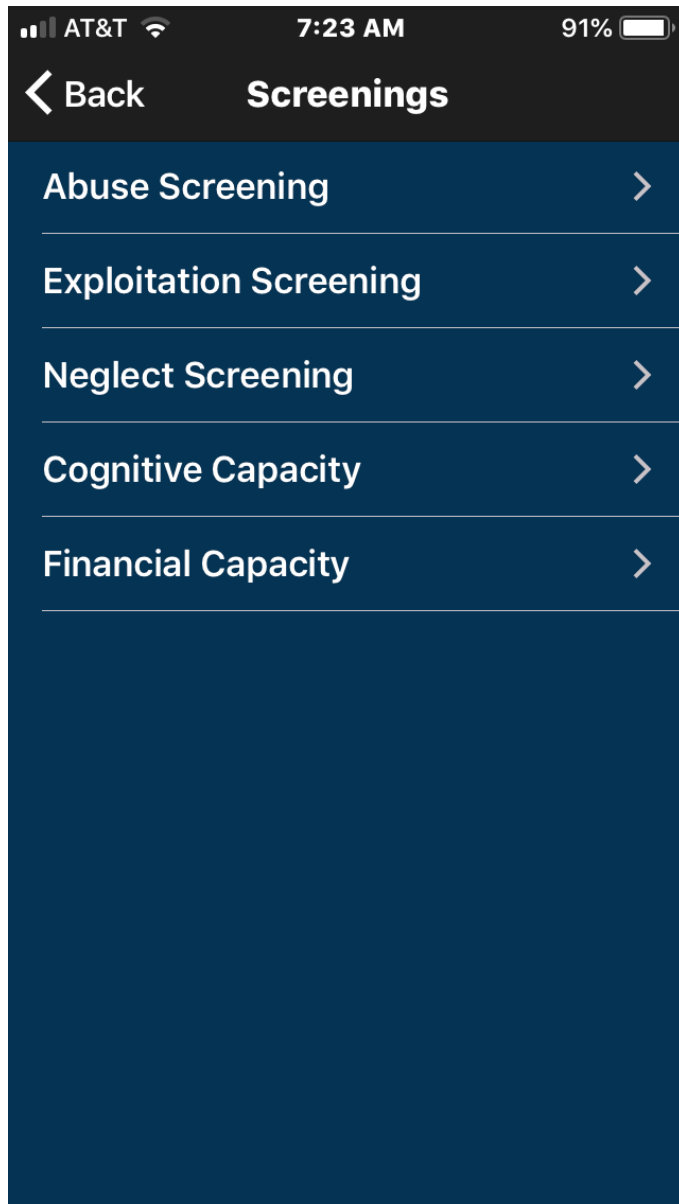
Tapping on specific laws will
open a copy of that
O.C.G.A. §
code section



Screenings

- Cognitive Function
- Abuse
- Neglect
- Exploitation
- Financial Capacity
 - Law Enforcement
 - APS





Screenings Tab



Each tab under the Screening tab opens to screening forms

The GANE App processes the answers and makes a determination as to whether or not the case should be referred to the appropriate state agency

A screenshot of a mobile application interface showing an 'Abuse Screening' form. The status bar at the top shows 'AT&T', signal strength, Wi-Fi, time '7:23 AM', and battery '91%'. The header has a back arrow and the text 'Abuse Screeni...'. Below the header is a dark blue box with white text defining abuse: 'Abuse means willful infliction of physical pain, physical injury, sexual abuse, mental anguish, unreasonable confinement, or the willful deprivation of essential services to a vulnerable adult.' Below this is a section titled 'Check if answer is YES' containing a list of questions, each with a radio button: 'Has anyone hit you?', 'Have you been given medicine that made you tired or sleepy?', 'Has someone locked you up, or confined you against your will?', 'Has someone tried to manipulate, control, or scare you?', and 'Has anyone taken things...'. The bottom of the screen shows the start of the next question.

44%5:04 PM

← Cognitive Capacity

Please recite the following script, and upon asking questions, please check the questions the victim answers incorrectly
Hello. My name is Officer --SAY YOUR NAME--. Can you say my name? It is very important that you remember my name. Now I am going to ask you a few questions.
Check if INCORRECTLY answered

Can you tell me what time of day it is?☐

Can you tell me where we are?☐

What was my name?☐

76%12:39 PM

← Neglect Screening

Neglect is the absence or omission of essential services to the degree that it harms or threatens with harm the physical or emotional health of a vulnerable adult.
Check if answer is YES

Does the adult have poor personal hygiene as evidenced by a noticeable odor, long and dirty fingernails, lice, or other parasites, and etc.? ☐

Have signs and symptoms of disease or injury been ignored or left untreated? ☐

Does the adult lack needed medication or medical

45%5:04 PM

← Abuse Screening

Abuse means willful infliction of physical pain, physical injury, sexual abuse, mental anguish, unreasonable confinement, or the willful deprivation of essential services to a vulnerable adult.
Check if answer is YES

Has anyone hit you? ☐

Have you been given medicine that made you tired or sleepy? ☐

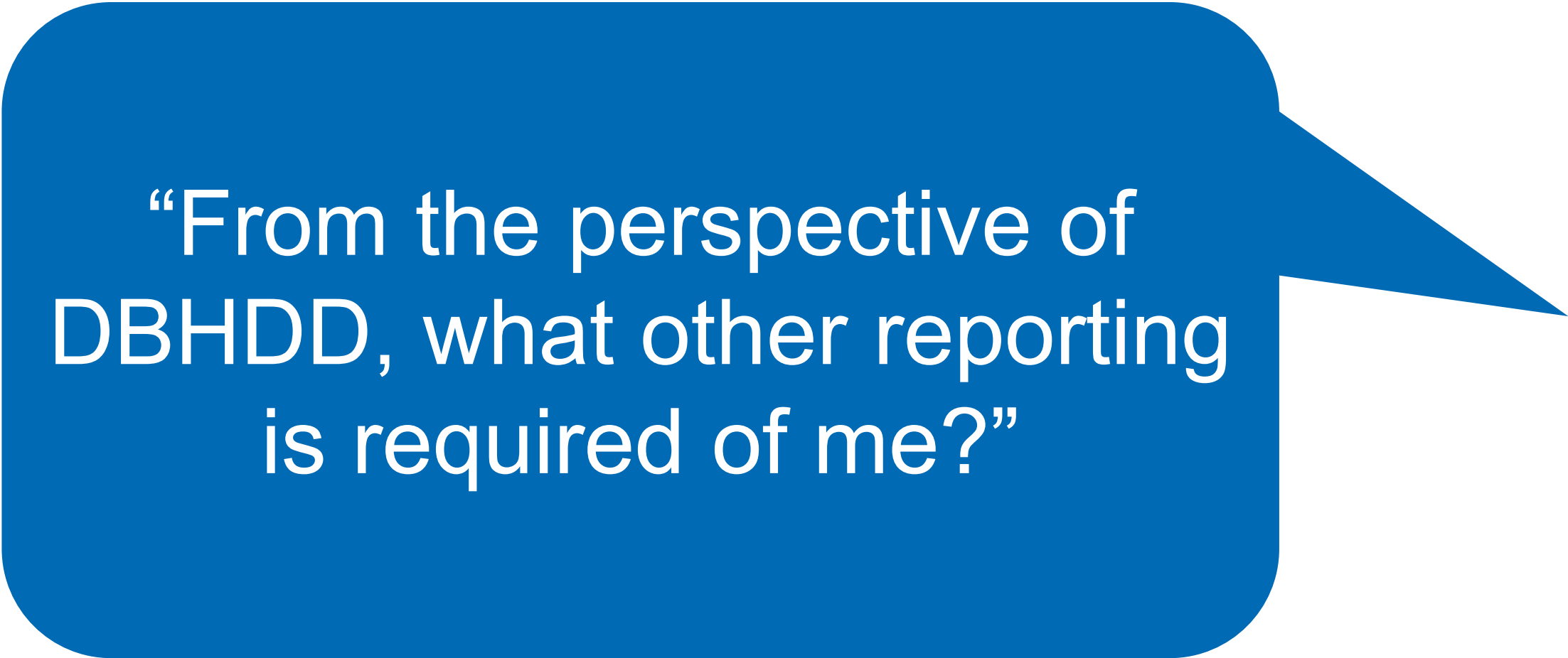
Has someone locked you up, or confined you against your will? ☐

Has someone tried to manipulate, control, or scare

A close-up photograph of a hand holding a blue pen, poised to write on a spiral-bound notebook. The notebook is open, showing a blank page. The text "BE INFORMED" is overlaid on the image. The word "BE" is in orange, and "INFORMED" is in white with a black outline. The background is a blurred brown surface.

BE INFORMED

Abuse, Neglect, Exploitation



“From the perspective of DBHDD, what other reporting is required of me?”

Relevant Policies – Policy Stat

• **Policy 02-440**

- **Support Coordination and the Critical Incident Process**

Policy 04-106

- **Reporting Deaths and Other Incidents in Community Services**

Relevant Policies – Policy Stat

- **Policy 04-106 - Reporting Deaths and Other Incidents in Community Services**
- It is the policy of DBHDD that each individual receiving services in a community setting is entitled to humane care and treatment and is treated with kindness, dignity and respect. Any form of physical, verbal, psychological or sexual abuse or neglect or exploitation is prohibited and will not be tolerated.

Relevant Policies – Policy Stat

- If you are the reporter of the incident, in addition to the requirements noted (APS, HFR, and Law Enforcement) you must notify the local DBHDD Field Office
- Policy 02-440 - Support Coordination and the Critical Incident Process defines Support Coordination Follow Up Activities
- These include but are not limited to documentation in IDD Connects in the Outcomes and Support Note area of a Non-Clinical or Clinical Referral under Critical Incident Follow-Up, indicating receipt of the notification (If you are not the reporter) by the SC agency and a brief summary of the contents.

Documenting in IDD Connects

Importantly, all ASP Referrals are to be documented in the Outcome and Support Note Module of IDD Connects as noted in the following slide

Documenting in IDD Connects

CID: 400093518

First Name: MICKEY

Last Name: MOUSE

DOB: 08/31/2000

Age: 21

Gender: Male

DemographicsEligibilityEvaluationISPPrior AuthorizationDocumentsOutcomes & Support NotesServicesIndividual 360AppealsLetters

Individual Quality Outcome Measures Review

Referral and Coaching

Clinical Recommendations

Request for Clinical Review

Support Notes →

[Back to Summary](#)

	Support Note Date/Time	Entered By	Note Category	Note Subcategory	Contact Type
-	11/01/2021	Robert Bell	Adult Protective Services Referral	Adult Protective Services Referral	Successful Ancillary
	08:00				

Support Note:

This is where you document the APS Referral

4957 characters left

☒

I do hereby attest that this information is true, accurate, and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature, under the penalty of perjury.

RSB

+ Add Referral/Coaching

Contact Information - DBHDD, Division of IDD

Robert Bell

Director Of Community Supports

robert.bell@dbhdd.ga.gov

FSIU Contact Information

David Blake- Financial Forensic Specialist, CFE

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