



Department of  
**Human Services**

## **Adult Protective Services Collaborative Response to End Self-Neglect in Tennessee (CREST) Program**

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## I. Purpose

This document explains the procedure for the Collaborative Response to End Self-Neglect in Tennessee program.

## II. Definitions

A glossary of terms for the document

Term	Definition
<b>ACL</b>	Administration of Community Living
<b>A/N/E</b>	Abuse, Neglect, and/or Exploitation
<b>APS</b>	Adult Protective Services
<b>ARPA</b>	American Rescue Plan Act
<b>CMS</b>	Case Management System
<b>CREST</b>	Collaborative Response to End Self-Neglect in Tennessee
<b>CREST Advocate</b>	The individual designated by the contract agency to deliver CREST services to the vulnerable adult.
<b>HIPAA</b>	Health Insurance Portability and Accountability Act of 1996
<b>HITECH</b>	Health Information Technology for Economic and Clinical Health Act
<b>LEP</b>	Limited English Proficiency
<b>OIG</b>	Office of the Inspector General
<b>PII</b>	Personally Identifiable Information
<b>SA</b>	Specific Assistance
<b>SATIO</b>	Specific Assistance to Individuals Only
<b>Self-Neglect</b>	An adult's inability, due to physical or cognitive impairment, including diminished capacity, to provide or obtain services, including medical services, necessary to maintain the adult's own health or welfare.
<b>TDHS</b>	Tennessee Department of Human Services

### **III. Procedure**

#### **Personnel Requirements**

At minimum, the candidate must:

1. possess an undergraduate degree from a four (4) year college or university (preferred in a health or social service field).
2. have, at minimum, one (1) year of experience in social services, gerontology, or a related field. If the candidate has no experience in either of these fields, approval may be obtained from Adult Protective Services (APS).
3. complete a background check before initial hire and as needed by the agency's policy/licensure rules. If candidate has convictions, consult with APS director.
4. have reliable transportation, as travel is required for this position.
5. meet all other licensure personnel requirements based on the agency's policies.

The Collaborative Response to End Self-Neglect in Tennessee (CREST) program will maintain personnel files as required by licensure for the CREST advocates and will notify the Block Grant Coordinator within five (5) business days of any personnel changes or staff unavailability (e.g., staff on Family Medical Leave Act (FMLA), jury duty, vacant position, etc.).

CREST program staff shall attend all trainings as required by the state.

#### **Program Eligibility**

The individual must be a vulnerable adult who meets the criteria for APS protective services OR a vulnerable adult who has no one able to assist them and accepts services to prevent abuse, neglect, and/or exploitation (A/N/E).

#### **Program Referral Process**

The CREST program will serve APS clients as referred by APS staff which may include clients who may be self-neglecting. Referrals other than self-neglect may be considered. APS staff shall complete the [hs-2972 APS Grant Referral Form](#) and send to the CREST advocate along with the latest APS assessment.

#### **Inclement Weather**

In circumstances of inclement weather, agency staff should follow their employer's policies, procedures, and notifications for guidance. This applies to both field and office staff and appointments with clients should be canceled or rescheduled as appropriate. If operations are affected, APS Grant Staff should be notified within twenty-four (24) hours. If operations are suspended for longer than seventy-two (72) hours, then agencies must work with APS Grant Staff to develop a plan to ensure clients' needs are met.

#### **Referrals for Specific Assistance to Individuals Only (SATIO)**

In some circumstances, APS will refer individuals to CREST for Specific Assistance (SA) only – meaning that the provider does not have an active case for the individual, and the client is not expected to need one in the near future. SATIO cases will not receive full services from the provider unless a new referral requesting such is generated by APS in the future.

SA is emergency funding and can only be used in emergency situations. Clients must have a plan to meet their basic needs for the future.

#### **Face-to-Face Assessment**

The CREST Advocate shall explain the [CREST Participant Authorization form](#) and get the required signatures during the face-to-face visit.

The CREST advocate shall review, with the individual:

- the APS action and safety plan (if applicable),
- what services were requested, and
- which services needed were referred to other programs.

### **Case Handling Requirements**

- Upon receiving a direct APS referral, the CREST advocate shall conduct a face-to-face visit within ten (10) business days. Clients who are at crisis risk shall be seen as soon as possible. APS will accompany the CREST advocate (if possible) on the initial visit after a direct referral is received and evaluated.
- The CREST advocate shall review the CREST Participant Authorization with the client and obtain written approval prior to discussing any client-specific personally identifiable information (PII), as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), with any outside entity or person.

### **Ongoing Contact Requirements**

Maintain contact with the client at least every thirty (30) calendar days for the duration of the case. If any of the following circumstances exist, monthly contact by the CREST advocate must be completed face-to-face:

- The client lacks, or is suspected to lack, capacity,
- The client does not have a working phone,
- The client cannot communicate adequately by phone due to a speech or hearing impairment,
- There are environmental concerns, or
- Attempts to complete a visit by phone have been unsuccessful.

Attempts to complete a visit by phone should be made well before the thirtieth (30<sup>th</sup>) calendar day after initial face-to-face contact. If phone attempts are unsuccessful after the initial face-to-face contact, an in-person visit must be completed by the thirtieth (30<sup>th</sup>) calendar day. Contact with the client is required every thirty (30) days.

- If an in-home service provider is assisting the client, contact the provider to confirm the services are meeting the client's identified needs.
- If services involve improving the client's living environment, such as homemaker services, an in-person visit is required to confirm the services are adequate to meet the identified need.
- An in-person visit is required if the appropriateness of services being provided, regardless of the service type, cannot be confirmed with the client by phone.

If the CREST advocate is unable to reach a client and has reason or should have reason to suspect the safety of the client or referred vulnerable adult could be at stake, the advocate shall take all appropriate actions including referring to/contacting APS or requesting a wellness check from the appropriate authorities.

### **Case Closures**

#### **APS Direct Referral Case Closures**

APS staff will keep CREST cases open until the client's immediate and emergency needs have been met and shall notify the CREST advocate prior to APS case closure. If the APS case is closed, the CREST case must remain open unless one of the following situations exists:

- Services are complete per the APS plan
- The CREST advocate provided client-centered services until the client's risks were reduced/increased safety (verified services are in place)
- The client refuses services

- There is a waitlist of more than thirty (30) days for a service and the client is not at a crisis or vulnerable risk. For waitlists for clients at a crisis or vulnerable risk, the CREST advocate shall inform the APS worker to determine the next steps.

**Note:** If the CREST provider is considering closing for any other reason than listed above, consult APS.

Documentation of the closure must be entered on the Monthly Report.

**Note:** If the APS case is closed, APS staff can and shall continue to support the CREST advocate by brainstorming ways around obstacles. However, if any case-related tasks are needed, the APS case will need a new report. For example, if APS staff need to:

- make a visit(s),
- request (medical) information, or
- make any case-related inquiries that are out of the norm

### **Changes in Client Circumstances**

The CREST client may need additional previously unidentified services from the CREST program after the APS case is closed. If the additional need does not involve specific assistance, the CREST advocate can provide the additional services without APS approval. If the additional need requires specific assistance funding, the CREST advocate shall notify the CREST Coordinator to obtain the required approval. If the client's situation changes and results in an increased risk, the CREST advocate must make a new report with APS.

### **Eligible Program Services**

The CREST advocates will provide emergency, client-centered services and resources as specified through the scope of services in their contracts, policies, and procedures. These services must be related to the identified needs of the APS client, and they may include, but are not limited to:

1. Emergency housing assistance
2. Emergency food and clothing
3. Home modification
4. Transportation
5. Durable medical equipment
6. Medication
7. Personal care services
8. Homemaker services

The CREST provider shall give direct/specific assistance to APS clients in the CREST program as identified by APS. APS staff and CREST providers shall exhaust other possible payor sources prior to using CREST funds. CREST advocates must seek approval for purchases over five hundred dollars (\$500) that are not on the APS referral.

**Note:** Home repairs can only be completed on a home owned by the client unless approved by APS leadership. Funds can only be used for client's needs.

### **Program Data Collection and Monthly Reporting**

The CREST advocate will collect and document client information and services and report the data to TDHS on or before the fifteenth (15<sup>th</sup>) of the month for the preceding month. The CREST Monthly Report must be submitted to: [CREST.dhs@tn.gov](mailto:CREST.dhs@tn.gov).

The CREST provider shall submit a monthly invoice for reimbursement thirtieth (30<sup>th</sup>) day of the month for the preceding month to [CREST.dhs@tn.gov](mailto:CREST.dhs@tn.gov).

### **Program Records Retention**

The CREST program will maintain all CREST records for six (6) years, which is consistent with the [record retention for APS](#). Paper records may be destroyed after uploading to the case management system (CMS).

### **Program Non-Discrimination**

The CREST provider shall complete civil rights training within three (3) months of hire for each staff member, directly or indirectly working on the CREST program, and annually thereafter per their agency licensure requirements.

The CREST provider shall take reasonable steps to ensure that persons with Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in services, activities, programs, and all other benefits through CREST providers. All interpreters, translators, and other aids needed to comply with this policy shall be provided without cost to the person being served or their designee and shall be notified of the availability of such assistance free of charge.

### **Reporting Potential Fraud, Waste, and Abuse, and Similar Misconduct**

Providers must display a fraud, waste, and abuse poster (see Appendix) at their agency. If the agency needs this, they should contact the CREST Coordinator. Grantees who suspect potential fraud, waste, abuse, or similar misconduct shall be reported to the TDHS Office of the Inspector General (OIG) as soon as possible at the contact information below:

- Human Services Fraud Hotline: 1-800-241-2629,
- Within the Nashville Area: (615) 741-7445, or
- Email your information to the [InspectorGeneral.DHS@tn.gov](mailto:InspectorGeneral.DHS@tn.gov)

TDHS employees may also notify the State of Tennessee Comptroller's Office of any illegal acts or irregularities and/or proposed actual actions. Please notify the State of Tennessee Comptroller's Office Hotline at 1-800-232-5454 of any irregularities that occur. Illegal acts include, but are not limited to:

- conflicts of interest,
- falsification of records or reports,
- misappropriation of funds or other assets, and/or
- fraud, waste, or abuse.

#### IV. Appendix



**Citizens and agencies are encouraged to report fraud, waste, or abuse in State and Local government.**

**NOTICE:** This agency is a recipient of taxpayer funding. If you observe an agency director or employee engaging in any activity which you consider to be illegal, improper, or wasteful, please call the state Comptroller's toll free Hotline:

**1-800-232-5454**

Notifications can also be submitted electronically at:

**[www.comptroller.tn.gov/hotline](http://www.comptroller.tn.gov/hotline)**



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