OAPSA

Documentation Procedural Manual
Aging & Disability

Formerly SAMS

PDA pennsylvania
DEPARTMENT OF AGING

This manual was originally developed by staff from the Department and the P4A Protective Service/ Guardianship Committee at the request of the Aging Network. The purpose of this manual is to support the work of the Network by giving them the necessary tools to document actions quickly, concisely, and accurately in the Aging and Disability (A&D) application (formerly SAMS). The manual was developed for use by staff who have at least a basic understanding of the A&D system.

This manual is for procedural purposes only. The instructions provided in this manual may change based on future software updates and policy changes. The user must have Protective Services roles in A&D to complete steps in this procedural manual.

This manual is for the Web-based A&D application. If Mobile Assessment is being utilized, please download the *WellSky - Mobile Assessment Training Guide* from the WellSky portal (under Application Support Resources) and/or reference the Mobile Assessment training located on the PDA-LMS website.

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Registering a Consumer in Aging & Disability (A&D)

Introduction

A Report of Need (RON) may be received several different ways (e.g., telephone calls, letters, referrals). Upon receipt of a Report of Need, the Consumer must first be registered in A&D. The following steps are to be followed:

Registering the Consumer can also be done in Mobile Assessment. For instructions relating to Mobile Assessment, please see the WellSky - Mobile Assessment Training Guide from the WellSky portal (under Application Support Resources) and/or reference the Mobile Assessment training located on the PDA-LMS website.

Search for an Existing Consumer Record or Create New Record

Before creating a new Consumer Record in A&D, a thorough search must be performed to look for and find an existing Consumer Record for the individual. If none exists, then a new Consumer Record may be created.

> **Using Quick Search**
> Use the **Search…** box in the upper, left corner to type key criteria such as A&D ID, name (type last name, first name), phone number (must search using hyphens; for example, 717-555-1212), social security number (must use hyphens in SSN), etc. As you type,
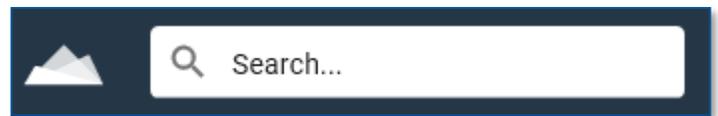
> Click on a Consumer in the search results to open the Consumer Record.

> **Advanced Search**
> Use Advanced Search to narrow your search to specific fields or criteria or any combination of these criteria, including:

> To access the Advanced Search function, click the magnifying glass icon in the **Search…** box.

After utilizing search criteria for a Consumer, follow one of the three sets of instructions below based on the results of your search (active, inactive, or no Consumer):

Active Consumer Record Found

If a Consumer Record exists utilize the current Consumer Record for the individual. If the Consumer is registered under another county, but they no longer reside in that county, do not create a new Consumer Record. Instead, change the Default Agency, to the correct AAA for the county in which the Consumer currently resides. The Default Agency must be updated each time the Consumer moves to a new county serviced by a different AAA.

To change the Default Agency:

1) On the Details tab, click Open to the left of Basic information.

2) Scroll down and select the current Default Agency.

3) Click Save and Close

4) Proceed to the Care Enrollment chapter.

Deactivated Consumer Record Found

If the Consumer has been deactivated, reactivate the record by following these steps:

1) On the Details tab, click Open to the left of Basic information.

2) Under Basic Information, place a checkmark in the checkbox next to Active

3) Enter today's date in the Status Date field. Reason is not required.

4) Click Save and Close.

Creating a New Consumer Record (No Existing Record Found)

If the Consumer is not found in A&D, create a new Consumer Record (in the search results, you can click the Add Consumer link to create a new Consumer Record):

1) On the black menu bar at the top of the screen, click Consumers

2) Click the orange "plus" icon to add a new Consumer.

3) Select Consumer in the Add new… pop-up.

4) In the Add Consumer window, enter all available information regarding the Consumer.

5) When finished entering all information listed in the sections below, click OK at the bottom, right corner of the window to save and create the Consumer Record:

Basic Information Guidelines

First Name: Enter the Consumer's legal first name (do not use nicknames).

Middle Initial: Enter if known.

Last Name: Enter the Consumer's married or maiden last name, as appropriate.

Date Registered: Automatically populates. This date must match the date the RON was received.

Gender: Enter the Consumer's gender.

DOB: Use the MM/DD/YYYY format to enter the Consumer's birthdate.

SSN: If the SSN cannot be provided, leave this field blank and update it once the SSN is acquired. If the person refuses to give the full SSN, but will give the last four digits, use the following numbering convention: 000-AAAID-last four digits of the SSN; e.g., 000-52-3110.

Default Agency: Enter the AAA for the county in which the Consumer permanently resides. If the Consumer is *temporarily* located in another county, do **not** select the AAA for the county in which the Consumer is temporarily located. The Default Agency must be the county for the Consumer's "permanent" residence. The Default Agency must be updated each time the Consumer permanently relocates to a new county serviced by a different AAA.

Primary Ethnic Race: Enter the Consumer's Ethnic Race and Nationality if known.

Home Phone: Enter phone number of Consumer's residence, including area code. This could be the Consumer's mobile phone number.

Care Providers Guidelines

Primary Care Manager: Select the caseworker's name who will be investigating.

Default Provider: Select the AAA that matches the Consumer's Default Agency.

> If the **Care Providers** section is not visible in the Add Consumer window, click the **Format Property List** link (bottom right) and enable the checkbox for that item.

Addresses Guidelines

Home Address: Enter the Consumer's *permanent* residential address information. This is the physical location where the Consumer votes, pays taxes, sleeps, etc.

If it is known, with certainty, that the Consumer is placed in a facility/rehab on a temporary basis, with the definite expectation to return to their permanent residential address, then the residential address shall be entered as the Consumer's permanent address and not the facility. If the Consumer is permanently placed at a facility, or if it is unknown whether the Consumer is temporarily or permanently placed at a facility, then the facility address is used as the residential address.

If the Consumer's permanent residential address is the same as their mailing address, keep the **Same for Mailing** checkbox checked. If their mailing address is different than their residential address (e.g., they have a Power of Attorney with a different address, or a PO Box, etc.), then uncheck the Same for Mailing checkbox and enter the Mailing Address information.

1) **Add a Mailing Address**: Uncheck the **Same for Mailing** checkbox and enter the mailing address information.

   The mailing address is the address to which the Consumer's mail is delivered. The mailing address may or may not be the same as the residential address. If the Consumer is in a facility, but receives mail at a different address, the mailing address is where the Consumer's mail is actually delivered. This address could be in a different county or state than the residential address).

NAPIS Information

NAPIS: Fill in all information that is known at the moment for the National Aging Program Information System (NAPIS). This section will be further completed as the case progresses and additional information is acquired. Refer to Chapter 17 (*NAPIS Information*) for additional information.

> If the **NAPIS** section is not visible in the Add Consumer window, click the **Format Property List** link (bottom right) and enable the checkbox for that item.

Other Sections (if visible)

If any other sections are visible (e.g., Characteristics), they may be skipped at this time.

Care Enrollment

The Non-Caremanaged Services Care Enrollment shown in the Add Consumer window will be automatically created after clicking OK. (A&D will not save a new Consumer record without at least one Care Enrollment).

An active Non-Caremanaged Services Care Enrollment is required when creating a Protective Services or Adult Protective Services Act 70 (PS/APS) Care Enrollment.

Prior to clicking OK, you may add the PS/APS Care Enrollment by clicking the "Add New" link in the Care Enrollments section. See Chapter 2 (*Creating Care Enrollments)* for instructions.

> **Mobile Assessment**: When searching for a Consumer in Mobile Assessment and no match appears, registering the Consumer can be completed with minimal information. When the RON is generated, all applicable information entered into the RON form within Mobile Assessments will automatically copy over to the Consumer Details record.

Creating Care Enrollments

Introduction

After creating or selecting an active Consumer Record, a Protective Services or Adult Protective Services Act 70 (PS/APS) Care Enrollment must be created before proceeding to create a RON, ISA, Care Plan, etc. This step is necessary because creating other elements in A&D requires the existence of a PS/APS Care Enrollment.

Every active Protective Services (OAPSA or APS) case must always have an active PS/APS Care Enrollment and an active Non-Caremanaged Services Care Enrollment. The Non-Caremanaged Services Care Enrollment must be active on or before the Start Date of the PS/APS Care Enrollment.

Before Adding a New Care Enrollment

A new PS/APS Care Enrollment shall be added only if there is not an existing active PS/APS Care Enrollment. To verify the existence of an active PS/APS Care Enrollment, click the "Show All" link under Care Enrollments on the Details tab. If there is no "Show All" link, then no other Care Enrollments exist, other than those already shown.

If there is already an active PS/APS Care Enrollment, the new/additional RON shall be taken under the currently active Care Enrollment and no new Care Enrollment will be created for the additional RON. See Chapter 3 (*OAPSA Reports of Need, Multiple RONs Requirement*) for instructions.

Creating a Non-Caremanaged Services Care Enrollment (NCSCE)

If an active (not terminated) NCSCE already exists, skip to the next section.

If the Non-Caremanaged Services Care Enrollment has been previously terminated (no active NCSCE exists), a new NCSCE must be created prior to creating the PS/APS Care Enrollment. An active NCSCE must exist in order for a consumer to receive aging services through A&D.

Click "Add New" under the Care Enrollments section on the Details tab and enter the below information. Click OK when complete, then click Save on the Details tab.

> **Level of Care**: Leave blank (not applicable).
>
> **Service Program**: Select Community Programs.
>
> **Care Program Name**: Auto-populates to Non-Caremanaged Services.
>
> **Application Date**: Auto-populates with the registration date; this date must be changed to the date the Report of Need was received at the AAA or agency.
>
> **Received Date**: This field will auto populate with the registration date. This date must be changed to the date the RON was received.
>
> **Termination Date**: Leave blank.
>
> **Status**: Auto-populates as Active. Do not change.
>
> **Reason**: Leave blank.
>
> **Status Date**: automatically populates to registration date. Change to today's date (date NCMSCE is being created).
>
> **Start Date**: automatically populates to registration date. This date should be changed to the same date the

RON was received. It is not changed for subsequent RONs received during an active investigation.

End Date: Leave blank.

Adding a 60+ (OAPSA) Care Enrollment

To create a Protective Services Care Enrollment for a Consumer aged 60 or older, click the "Add New" link in the Care Enrollments panel of the Details tab, enter all info below, click OK when finished, and click Save on the Details tab:

Level of Care: Leave blank (not applicable).

Service Program: Protective Services.

Care Program Name: Auto-populates to Protective Services.

Application Date: Enter date RON was received.

Received Date: Enter date RON was received.

Termination Date: Leave blank.

Status: Auto-populates to Active. Do not change.

Reason: PS RON Received.

Status Date: Auto-populates to registration date. Change to current date (date data is being entered).

Start Date: Enter date RON was received.

End Date: Leave blank.

Adding an 18 to 59 (APS) Care Enrollment

To create an Adult Protective Services Act 70 Care Enrollment for a Consumer between the ages of 18 and 59, click the "Add New" link in the Care Enrollments panel of the Details tab, enter all information below, click OK when finished, and click Save on the Details tab:

Level of Care: Leave blank (not applicable).

Service Program: Adult Protective Services Act 70.

Care Program Name: Auto-populates to Protective Services Act 70.

Application Date: Enter date RON was received.

Received Date: Enter date RON was received.

Termination Date: Leave blank.

Status: Auto-populates to Active. Do not change.

Reason: PS RON Received.

Status Date: Enter date RON was received.

Start Date: Enter date RON was received.

End Date: Leave blank.

Under 18 (ChildLine) Care Enrollment

Because a Care Plan will not be created for a ChildLine RON, a Protective Services Care Enrollment will **not** be created for this type of RON. See Chapter 5 (*Report of Need (RON) - Under Age 18 Only*) for instructions on creating the RON without a Care Program (Care Enrollment) association.

Report of Need (RON) - OAPSA Only

Introduction

When creating a RON, some information will automatically populate from the Consumer Record (Details tab). For example, the Consumer's name and address. If the information is incorrect, correcting the data in the RON will automatically update the Consumer Record (CR) when the RON is saved and closed. Questions that display a "chainlink" icon are linked to the CR and are the only questions that will update the CR. However, this update only occurs from the most recently created assessment form. For example, if a RON was taken on 5/15/21 and another was taken on 5/16, making a change in the 5/15 RON will **not** update the CR. Only changes to the 5/16 RON will update the CR (the same applies to Investigation Summary & Assessment (ISA) forms; if an ISA is created after the RON, only the most recent ISA will update the CR and the RON no longer will).

When entering data in the RON, it is important to save frequently. Do not wait until all information has been entered to save the RON. It is recommended that changes are saved after each section is completed or more often. Do not wait until the entire RON is filled out to save. Data entered may be lost if it is not saved prior to completing the RON.

All questions in the RON are required to be answered unless they aren't applicable (e.g., APS question, skip patterns, etc.). See Appendix A for more information.

Creating a Report of Need Assessment

1) After opening or creating the Consumer Record, click on the Assessments tab.

2) Click the Add New link.

3) Enter the following information in the "New Assessment" window and click OK when complete (when saving the assessment, if a "Map Consumer Details" window pops up, click OK):

> **Form Filename**: Select PS Report of Need.afm (if this file name is not available in the drop down list, click the "Show All Forms?" checkbox).

> **Care Program**: Protective Services.

> **Agency**: Select the AAA for the county where the Consumer permanently resides. This must match the Consumer's Default Agency on the Details tab (if the Default Agency is incorrect, the Default Agency must be updated immediately upon obtaining the correct permanent residence for the Consumer).

> **Provider**: Your AAA (Intake Agency).

> **Subprovider**: This must be the name of the caseworker who will be assigned to investigate the RON. It does not need to be filled out at the time of Intake, but should be entered as part of the RON confirmation process.

> **Site**: Optional.

> **Date of Assessment**: Automatically populate with the current date. The date must match the actual date the Report of Need was received.

> **Next Assessment Date**: Delete date and leave blank.

> **Assessor**: Automatically populates with the username of the person entering the Report of Need. The name should be the same person who took the RON from the reporter.

> **Password** and **Verify Password** and **Comments** fields: Leave blank (see passwords note below).

If an alleged perpetrator has access to A&D, a unique password must be assigned to the RON to ensure the alleged perpetrator cannot access the RON. The password must also be provided to your agency's assigned PS Specialists at PDA. Additionally, PS Care Plan Journals shall be maintained outside of A&D.

RON Documentation and Data Requirements

All questions in the RON are required to be answered unless otherwise noted (e.g., skip patterns), not applicable, or the reporter does not know the answer. Follow the instructions in Appendix A (*Report of Need Instructions*) for each question contained within the RON. See the illustrated guide at the end of this chapter for completing Section 6 of the RON for No Needs.

Gathering Information from the Reporter

Completion of the RON is based upon the information provided **only** by the reporter. Ask all questions and prompts contained in every section of the RON. If the reporter does not know the answer to a question, select the "Unknown" checkbox. If a question does not have an "Unknown" checkbox, leave the question blank if the reporter does not know the answer. Keep in mind that facilities must maintain records for their residents. Therefore, it should be rare that a facility reporter cannot answer a question. If so, advise the reporter that you will wait while they get the answer to a question.

Notes Section of RON Questions

To view or edit the Notes panel for a question, select the question and click the **Show Notes** link on the menu.

Notes are used to provide supplemental information to support the checkbox responses. The information entered in Notes cannot be used in reports; therefore, it is imperative that check boxes are used. The selection of "Other" as a response is to be used only in rare instances when there is no appropriate choice provided.

Do not copy and paste the same notes from one question to other questions. This makes it difficult to read the RON and makes it unnecessarily long . Instead, simply make a note in subsequent questions that refers back to the original note. For example, if the notes entered under Allegations question 2A1 support why question 2A8 was answered in a particular way, the note in 2A8 should read, "See question 2A1's notes for details."

Reports of Need Categorized as No Need for Protective Services

If a RON is categorized as No Need, the RON shall be immediately redacted and the PS Care Enrollment terminated at the time the RON is categorized as No Need. See Chapter 21 (*Terminating PS Care Enrollments*).

Updating the Report of Need

Once the RON has been created by Intake, it should not be modified (except for supervisor or caseworker confirmation, signatures, etc.). However, there are circumstances when it is appropriate to update the information originally documented or automatically populated into the RON. For example, the Consumer's birthdate or address are incorrect, the Mandatory Abuse Reporting information has been obtained, additional demographic data has been acquired, etc. The original allegations and narrative for the allegations should never be changed in the RON. Any additional info received will be documented in the Care Plan Journals and/or ISA.

1) Open the Consumer's record, if not already open.

2) Click on the Assessments tab.

3) Double-click the applicable RON to open it for editing.

4) Navigate to the section(s) of the RON to be updated.

> When confirming the original Intake category, the supervisor/caseworker may **not** change Intake's original categorization under any circumstances. If there is a disagreement with Intake's original categorization, you must respond "No" to the question: "Was the Intake Report of Need Category confirmed?" and indicate the final category in the next question: "If the Category assigned at intake to this Report of Need was changed, enter the appropriate Category here."

5) Click the "Save and Close" link after updating the RON.

Multiple RONs Received

Regulations and PDA policy require that every RON shall be received and entered into the A&D system. This includes reports that qualify to be categorized as No Need for Protective Services. It also includes RONs that are received where the allegations are the same as a previous RON(s). In other words, each reporter who contacts a AAA to talk about their suspicions regarding abuse, neglect, exploitation, and/or abandonment of a Consumer must result in a RON being entered into A&D, even if the reporter is the same person from previous reports. A reporter does not have to say, "I'm calling to report abuse." for a RON to be taken. Intake must use active listening skills to determine and interpret that an reporter has concerns about a Consumer that should prompt the Intake worker to take a RON.

If the Consumer has an active PS Care Enrollment at the time an additional RON is received, the RON shall be rolled into the current investigation. The receipt of additional RONs shall be notated in the Care Plan Journals. No additional Initial Investigation Summary & Assessment form will be created for subsequent RONs (the caseworker will utilize the existing Initial Investigation ISA for additional RONs received during the active investigation). However, once a PS Care Enrollment is terminated and an additional RON(s) is received, a new PS Care Enrollment must be created, and an investigation conducted, if appropriate.

Transferring an OAPSA RON to Another AAA

See next chapter for APS instructions. Refer to Chapter 11 (*Transferring an Active Investigation*) for instructions regarding transferring an active investigation to another AAA. See instructions at the end of this chapter for proper completion of RON Section 6.

The Commonwealth has a "no wrong door policy." Therefore, a AAA must accept and document all RONs received at their agency, even if the Consumer is not permanently located within a AAA's planning and service area or when a Consumer is temporarily located in a planning and service area for another AAA at the time of the report. *See OAPSA regulations §15.23(d) and §15.26(b)(4).* Under no circumstances should a reporter be instructed to contact another AAA to make a report of need.

After documenting a RON for a Consumer who permanently resides (or is temporarily located) in another planning and service area, the RON must be immediately referred to the appropriate agency for review, confirmation, and—if appropriate—investigation. Refer to Appendix D (*ISA Instructions*) in this manual for details on documenting categorization and referral.

Both counties will be able to work under the same Care Enrollments. The county receiving the RON should NOT close out Care Enrollments prior to referring. Each county is "sharing" a single Consumer case record.

Referred RON Steps for Each Agency to Take

1) Intake agency will create the PS Care Enrollment and RON on the Consumer Record. If a Consumer Record does not exist, the Intake agency will create the Consumer Record as outlined in Chapter 1 (*Registering a Consumer in A&D*).

> If the Intake agency registers the Consumer, the default agency shall be the AAA for the county in which the Consumer permanently resides. The Intake agency will need their AAA added as a Provider (see below).

2) The Intake agency completes the Report of Need in A&D according to the guidelines outlined in this chapter and Appendix A (*Report of Need Instructions*).

Categorization and Referral Overview

1) The Intake agency categorizes the RON as "Referred to another planning and service area (AAA)."

2) The RON is then transferred to the Investigating Agency and the Intake agency documents in the RON the date, time, and name of the person with whom they spoke when transferring the RON. Note: The Intake agency supervisor does **not** confirm the Intake category.

3) The Investigating Agency will disagree with the "Referred" Intake category by answering "No" to the RON "category confirmation" question (do not change the original Intake category).

4) The **receiving** agency then determines the appropriate category and assigns it to the RON in the "final category" question.

5) The RON is signed by the Investigating Agency's caseworker and supervisor, not the Intake supervisor.

6) All notifications will be performed and documented by the Investigating Agency.

7) Refer to Appendix A (*RON Instructions*) for complete instructions.

Adding Intake Agency as a Provider

1) The Intake agency will contact the Default Agency to request that they add the Intake agency as a Provider. Once added as a Provider, the Intake agency will then have access to create the PS Care Enrollment.

2) Immediately after the RON is entered into A&D, the Intake agency will contact the receiving AAA again to notify them that the RON has been entered and that the RON is ready for confirmation.

3) The agency receiving the RON will then enter the remaining information in the RON in the following sections:

- RON Confirmation (which includes: date & time RON was received by the PS worker, disagreement of the Intake category, assigning the "final" (changed) category, and referrals).

- Signatures (by both the receiving agency's PS caseworker and supervisor).

Intake Agency is Currently Listed as a Provider

1) The Intake agency will create the PS Care Enrollment and enter the RON in A&D.

2) Immediately after the RON is entered into A&D, the Intake agency will contact the receiving AAA to notify them that a RON is being referred to them and that the RON is ready for confirmation.

3) The agency receiving the RON will then enter the remaining information in the RON in the following sections:

- RON Confirmation (which includes: date & time RON was received by the PS worker, disagreement of the Intake category, assigning the "final" (changed) category, and referrals).

- Signatures (by both the receiving agency's PS caseworker and supervisor).

Record Retention

The agency that conducts the investigation will be responsible for maintaining records following the guidelines detailed in §15.43 and §15.44. This includes hard copy files and all A&D electronic documentation. (A&D access roles may affect the ability to expunge certain records in A&D. When that happens, agencies should work together to expunge the records.)

> The date of deletion should be completed based on closure of the case. Please refer to **VI. Protective Service Provision, G. Maintenance of Records** in the *Policy and Procedural Document (aka, PS Chapter)* for more information. For unsubstantiated and No Needed cases, any information identifying the person who made the report and the alleged perpetrator, if applicable, shall be immediately deleted from the case record. This includes all hard copy and electronic documentation. Please refer to §15.43(b).

Facility All Residents RONs

In rare instances, a reporter may have concerns with multiple residents within a facility, but they don't know or refuse to provide the names and information regarding a specific individual(s). In these cases, every attempt should be made to request that they provide specific individuals for whom they are aware. They should be reassured that your agency will investigate all residents, not just those individuals that the reporter can provide.

Of course, if the reporter is able to provide the Consumer information for multiple residents, a RON should be taken for each Consumer. However, if the reporter is able to provide numerous Consumers, it would be burdensome to create RONs for each of those Consumers. Therefore, in this scenario, it is acceptable to ask the reporter which residents they are most concerned about and take RONs for one to three Consumers (making note of any additional Consumers the reporter provides). Then, during the investigation, other residents can be evaluated and RONs created if the caseworker determines there is a need for Protective Services for other residents.

The following procedures will allow an agency to document the report and initiate an investigation without an undue documentation burden. The purpose of this process is to allow an agency to enter a RON, then, through an investigation, identify those individuals who are in need of Protective Services, if any.

Since there are many unknowns in this scenario, an All Residents RON may not be No Needed. It must be investigated to determine who, if anybody, is in need of Protective Services.

The goal of an All Residents RON is to identify any Consumer who need services and enter those Consumers in A&D so that an individualized Care Plan can be developed and services implemented. For example, if the allegation is that no residents have received their medications for the past day or so, and the investigation finds that some residents didn't receive PRN (taken as needed) medications, this would not place the Consumer at imminent risk; therefore, a RON would not be taken for those consumers. However, a RON would be taken in cases where a life-sustaining medication was not administered (e.g., medications to control conditions such as diabetes, seizures, cardiac conditions, pulmonary conditions, organ transplant (anti-rejection), HIV, psychiatric, etc.).

General Process Overview (No Consumer Identified)

1) Create a Consumer Record (or open it if one already exists) entering the **facility name** as the "First Name" and **All Residents** as the "Last Name."

    a) Enter the Date of Birth as 1/1/1950.

    b) Enter the phone number of the facility.

    c) Enter the facility address.

    d) All other fields may remain unanswered.

2) Create a Protective Services Care Enrollment according to the instructions in Chapter 2.

3) Create the Report of Need according to the instructions in Chapter 3.

4) Investigate allegations.

5) Determine specific Consumers, if any, who are in need of Protective Services.

    a) Create or open a Consumer Record for each Consumer identified as being in need of Protective Services.

    b) Create a PS Care Enrollment using the date of the original all residents RON.

    c) Create a RON and enter all applicable information (dates, allegations, etc.) from the original all residents RON as well as any demographic or pertinent information gathered regarding the Consumer.

    d) Create all other required documentation (Initial Investigation ISA, Care Plan, Service Plan, Service Order(s), Service Deliveries, and Reassessment).

Finalizing the Original All Residents RON

After investigating the "All Residents" RON, the original "All Residents" Consumer Record and RON shall be updated as outlined below.

No Residents Found to be in Need of Protective Services (Unsubstantiated)

1) Create an Initial Investigation ISA form on the "facility" Consumer Record and follow the standard documentation requirements as outlined in this manual for an unsubstantiated case.

2) Care Plan Journals should include the names of each Consumer who was investigated and determined to not be in need of Protective Services. Standard Care Plan journaling requirements apply (refer to section **VII. Documentation Standards and Timeframes** of the *Policy and Procedural Document (PS Chapter)* for details).

3) Terminate the PS Care Enrollment as No Need for PS.

One or More Residents are in Need of Protective Services (Substantiated)

1) Create an Initial Investigation ISA form on the "facility" Consumer Record and follow the standard ISA documentation requirements as outlined in this manual for a substantiated case.

2) Care Plan Journals are not required for a substantiated All Residents RON since journaling will be completed on the substantiated Consumer(s) Record. However, the names and Consumer IDs of all substantiated Consumers identified in the investigation should be listed in the ISA form under the "Narrative" tab.

3) Terminate the Care Enrollment as Substantiated.
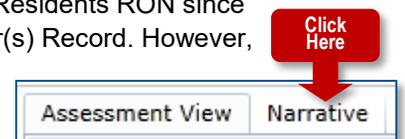
Categorizing an OAPSA RON as No Need

6. REPORT OF NEED CATEGORIZATION AND SUMMARY

6.A. REPORT OF NEED INTAKE

1. **What is the Category assigned to the Report of Need at intake? QUESTION MAY NOT BE CHANGED AFTER INTAKE.**

   ☐ Emergency (immediately refer to caseworker)–Skip to 6.A.3.
   ☐ Priority (immediately refer to caseworker)–Skip to 6.A.3.
   ☐ Non-priority–Skip to 6.A.3.
   ☐ No Need for OAPSA: Referred to APS (complete 6.A.2.)
   ☑ No Need for PS (complete 6.A.2.)
   ☐ Referred to another planning and service area (AAA).–Skip to 6.A.3.

2. **If 6.A.1 is categorized as No Need for PS, select the reason.**

   ☐ APS Criteria: Able to obtain PS without the assistance of another person
   ☐ APS Criteria: No imminent risk to person or property
   ☐ APS Criteria: No physical/mental impairment limiting 1 or more major life activity
   ☐ APS Criteria: Not a resident of PA
   ☐ APS Criteria: Under age 18 or over age 59

   ☐ Consumer deceased at time of RON
   ☐ Consumer in state-operated facility (corrections or mental health facility)
   ☐ OAPSA Five Criteria: Able to perform or obtain services without assistance
   ☐ OAPSA Five Criteria: Has a responsible caretaker
   ☐ OAPSA Five Criteria: No imminent risk to person or property
   ☐ OAPSA Five Criteria: Not within the jurisdiction of PA
   ☐ OAPSA Five Criteria: Under age 60

3. **What agencies were notified of the RON at Intake? (Document in Notes the contact name, date, time, & method of notification)**

   ☐ Referred to Adult Protective Services (under 60) (select APS in 6.A.4.)
   ☐ Attorney General
   ☐ Referred to another Area Agency on Aging (specify AAA in 6.A.4.)
   ☐ Coroner
   ☐ Department of Aging (PDA)
   ☑ Department of Health (DOH)
   ☐ Department of Human Services (other than APS) (DHS)
   ☐ Law Enforcement (at time of RON; i.e., NN due to death)
   ☐ Mental Health & Developmental Disabilities
   ☑ Ombudsman
   ☐ Other, including ChildLine (document details in Notes)
   ☐ None (document details in Notes)
   ☐ State-operated facility

   Referred to Paige Turner (Ombudsman) at 5:15 PM & Tim Burr (DOH) at 5:30 PM on 6/18 via email.

4. **AAA Responsible for conducting investigation or Reassessment (update if active case is transferred to another AAA for investigation)**

☐ 01	☐ 10	☐ 19	☐ 28	☐ 37	☐ 46
☐ 02	☐ 11	☐ 20	☐ 29	☐ 38	☐ 47
☐ 03	☐ 12	☐ 21	☐ 30	☐ 39	☐ 48
☐ 04	☐ 13	☐ 22	☐ 31	☐ 40	☐ 49
☐ 05	☐ 14	☐ 23	☐ 32	☐ 41	☐ 50
☐ 06	☐ 15	☐ 24	☐ 33	☐ 42	☐ 51
☐ 07	☐ 16	☐ 25	☐ 34	☐ 43	☐ 52
☐ 08	☐ 17	☐ 26	☐ 35	☐ 44	☐ APS
☐ 09	☐ 18	☐ 27	☐ 36	☐ 45	

This illustrated guide is in reference to completing Section 6 only. The entire RON must be completed.

Step 1

Answer 6A1 as No Need for PS.

APS Criteria reasons are never used by a AAA. They are used by the APS agency (Liberty) only.

Step 2

Select the applicable reason(s) only from these responses for OAPSA.

See Chapter 4 for APS (under age 60) RON instructions.

Step 3

Answer 6A3 with all applicable referrals made.

Step 4

Note the name, date, time, & method(s) of referral.

Step 5

Do not answer question 6A4; however, if a No Need is overturned by PDA, this question must be updated to indicate the AAA that will investigate the RON.

Referring a RON to Another AAA

This illustrated guide is in reference to completing Section 6 only. The entire RON must be completed.

6. REPORT OF NEED CATEGORIZATION AND SUMMARY

6.A. REPORT OF NEED INTAKE

1. **What is the Category assigned to the Report of Need at intake? QUESTION MAY NOT BE CHANGED AFTER INTAKE.**
   - ☐ Emergency (immediately refer to caseworker)–Skip to 6.A.3.
   - ☐ Priority (immediately refer to caseworker)–Skip to 6.A.3.
   - ☐ Non-priority–Skip to 6.A.3.
   - ☐ No Need for OAPSA: Referred to APS (complete 6.A.2.)
   - ☐ No Need for PS (complete 6.A.2.)
   - ☑ Referred to another planning and service area (AAA).–Skip to 6.A.3.

Step 1

Answer 6A1 as Referred to another planning and service area (AAA).

2. **If 6.A.1 is categorized as No Need for PS, select the reason.**
   - ☐ APS Criteria: Able to obtain PS without the assistance of another person
   - ☐ APS Criteria: No imminent risk to person or property
   - ☐ APS Criteria: No physical/mental impairment limiting 1 or more major life activity
   - ☐ APS Criteria: Not a resident of PA
   - ☐ APS Criteria: Under age 18 or over age 59
   - ☐ Consumer deceased at time of RON
   - ☐ Consumer in state-operated facility (corrections or mental health facility)
   - ☐ OAPSA Five Criteria: Able to perform or obtain services without assistance
   - ☐ OAPSA Five Criteria: Has a responsible caretaker
   - ☐ OAPSA Five Criteria: No imminent risk to person or property
   - ☐ OAPSA Five Criteria: Not within the jurisdiction of PA
   - ☐ OAPSA Five Criteria: Under age 60

Skip 6A2

3. **What agencies were notified of the RON at Intake? (Document in Notes the contact name, date, time, & method of notification)**
   - ☐ Referred to Adult Protective Services (under 60) (select APS in 6.A.4.)
   - ☐ Attorney General
   - ☑ Referred to another Area Agency on Aging (specify AAA in 6.A.4.)
   - ☐ Coroner
   - ☐ Department of Aging (PDA)
   - ☐ Department of Health (DOH)
   - ☐ Department of Human Services (other than APS) (DHS)
   - ☐ Law Enforcement (at time of RON; i.e., NN due to death)
   - ☐ Mental Health & Developmental Disabilities
   - ☐ Ombudsman
   - ☐ Other, including ChildLine (document details in Notes)
   - ☐ None (document details in Notes)
   - ☐ State-operated facility

   Referred to Barb Dwyer (AAA04) at 12:20 PM on 6/18/21 via email and phone.

Step 2

Answer 6A3 using Referred to another Area Agency on Aging and document contact information in Notes.

Step 3

Select the AAA ID of the AAA to whom the RON is being referred.

Do NOT Complete Section 6B.

The Intake supervisor does NOT sign the RON in 7A.

4. **AAA Responsible for conducting investigation or Reassessment (update if active case is transferred to another AAA for investigation)**

☐ 01	☐ 10	☐ 19	☐ 28	☐ 37	☐ 46
☐ 02	☐ 11	☐ 20	☐ 29	☐ 38	☐ 47
☐ 03	☐ 12	☐ 21	☐ 30	☐ 39	☐ 48
☑ 04	☐ 13	☐ 22	☐ 31	☐ 40	☐ 49
☐ 05	☐ 14	☐ 23	☐ 32	☐ 41	☐ 50
☐ 06	☐ 15	☐ 24	☐ 33	☐ 42	☐ 51
☐ 07	☐ 16	☐ 25	☐ 34	☐ 43	☐ 52
☐ 08	☐ 17	☐ 26	☐ 35	☐ 44	☐ APS
☐ 09	☐ 18	☐ 27	☐ 36	☐ 45	

Report of Need (RON) - APS Only

Introduction

When entering the RON in A&D, it is important to save frequently. Do not wait until all information has been entered to save the RON. It is recommended that changes are saved after each section is completed or more often. Do not wait until the entire RON is filled out to save. Data entered may be lost if it is not saved prior to completing the RON.

Creating a Report of Need Assessment

1) After opening or creating the Consumer Record, click on the Assessments tab.

2) Click the Add New link.

3) Enter the following information in the New Assessment window:

> **Form Filename**: Select PS Report of Need.afm (if this file name is not available in the drop down list, click the "Show All Forms?" checkbox).
>
> **Care Program**: Adult Protective Services Act-70.
>
> **Agency**: Your AAA (Intake Agency).
>
> **Provider**: Your AAA (Intake Agency)
>
> **Subprovider**: Optional
>
> **Site**: Optional.
>
> **Date of Assessment**: Automatically populates with the current date. The date must match the actual date the Report of Need was received.
>
> **Next Assessment Date**: Delete date and leave blank.
>
> **Assessor**: Automatically populates with the username of the person entering the Report of Need. The name should be the same person who took the RON from the reporter.
>
> **Password** and **Verify Password** fields: Enter the assigned agency password for your AAA.
>
> **Comments**: Optional

RON Completion and Referral

All questions in the RON are required to be answered unless otherwise noted (e.g., skip patterns), not applicable, or the reporter does not know the answer. Follow the instructions in Appendix A (Report of Need Instructions) for each question contained within the RON. See the illustrated instruction guide at the end of this chapter for completing RON Section 6.

An APS RON must be **immediately** referred to the Department of Human Services (DHS) Adult Protective Services (APS) provider. Refer to the *Policy and Procedural Document (PS Chapter)*, Appendix C.3 and C.4 for complete details and instructions.

Note: The Intake agency's supervisor does **not** confirm the Intake category for the referred RON, nor does the Intake supervisor sign the RON in Section 7.A. The APS supervisor or caseworker will disagree with the Referred Intake category, assign the appropriate final category, and sign the RON.

APS RON Payment Requirements

Please refer to Appendices C.3 and C.4. in the *PS Policy and Procedural Document* (*PS Chapter*) for instructions.

APS RON Service Delivery

APS RONs require a RON Service Delivery (SD) to be created. This is currently required as part of the APS reimbursement process. In order for an APS RON to be approved for payment, the Service Delivery must be entered correctly and must match the data contained within the RON (e.g., RON date, working hours vs. non-working hours, Mandatory vs. Voluntary Report, etc.).

Only one Service Delivery shall be entered in a calendar month for APS RONs received during business hours. Each additional RON received during business hours in the same month must be added to the existing business hours SD. Likewise, only one SD shall be entered in a calendar month for RONs received during non-working hours. Each additional RON received during non-working hours in the same month must be added to the existing non-working hours Service Delivery.

For the purposes of taking APS RONs, business hours for all AAAs are as follows (even if these differ from the agency's actual business hours):

- Monday through Friday, 8:00 AM to 5:00 PM.

For holidays, only the 10 federal holidays are to be used. Other holidays or office closures observed by an agency are not to be considered non-working hours, unless the RON is received outside of 8 AM to 5 PM.

The 10 federal holidays are:

- New Year's Day
- Birthday of Martin Luther King, Jr.
- President's Day
- Memorial Day
- Independence Day

- Labor Day
- Columbus Day
- Veterans Day
- Thanksgiving Day
- Christmas Day

The APS RON Service Delivery must be created immediately after the RON is entered into A&D.

1) After opening or creating the Consumer Record and RON, click on the Service Deliveries tab.

2) Click the Add New link.

3) Enter the following information:

> **Care Program:** Select the current Adult Protective Services Act 70 care program.

> **Agency**: Select the Default Agency (county where consumer permanently resides).

> **Provider**: Your AAA (Intake Agency).

> **Subprovider**: Optional.

> **Site**: Optional.

> **Service Category**: Protective Services.

> **Service**: Select the appropriate RON Service:

>> a) For RONs taken during business hours (see above), select: Report of Need.

>> b) For RONs taken after hours, weekends, and holidays, select: Report of Need (Non-Working Hours).

Service Month/Year: The month/year must match the month/year that the RON was received. This step must be completed prior to adding a Topic.

Daily Unit Calendar:

    a) Click on the date that the report was received.

    b) Type the appropriate number of reports received on a specific day of the month.

Topics:

    a) Click "Add Topics" link under Topics subpage (located below calendar).

    b) Select one of the following topics:

        i. Mandatory Abuse Report.

        ii. PS Voluntary Report.

        NOTE: Ensure the topic selected corresponds with the information documented in the Report of Need.

    c) Click or tab in each of the following columns and enter the information:

        Topic Date: Date the Report of Need was received.

        Outcome: Referred to Non-Aging Agency for Service.

    d) Click "OK" to close window.

    NOTE: If you have multiple Reports of Need in single month, each Report of Need will have its own, separate Topic within a single Service Delivery.

Units: Should auto-populate to 1 after entering the Topic.

Unit Price: Auto populates with either $25.00 or $35, depending on which type of RON Service was selected.

Total Cost: Auto calculates based on the total Units and Unit Price.

Diagnosis Code: Leave blank.

Service Order No.: Auto populates to none.

Comments: Leave blank.

4) Click the "Save and Close" link.

APS RON Service Delivery Corrections

When an error is made in entering an APS RON Service Delivery (e.g., wrong Service Category, Service (working vs. non-working hours), etc.), the SD can be corrected by the agency. In order to correct an SD, it must first be "unlocked" for editing. To do so, follow these steps:

1) Delete all Topics (once the Topics are deleted, the SD can be modified).

2) Make the necessary corrections.

3) Add the deleted Topics back to the SD.

> Topics do not need to be deleted in order to add additional RONs. Units, Daily Unit Calendar, & Topics can all be updated without unlocking the Service Delivery. The Topics only need to be deleted when corrections need to be made to the grayed-out fields.

Referring a RON to Adult Protective Services

6. REPORT OF NEED CATEGORIZATION AND SUMMARY

6.A. REPORT OF NEED INTAKE

This illustrated guide is in reference to completing Section 6 only. The entire RON must be completed.

1. **What is the Category assigned to the Report of Need at intake? QUESTION MAY NOT BE CHANGED AFTER INTAKE.**

   ☐ Emergency (immediately refer to caseworker)–Skip to 6.A.3.
   ☐ Priority (immediately refer to caseworker)–Skip to 6.A.3.
   ☐ Non-priority–Skip to 6.A.3.
   ☑ No Need for OAPSA: Referred to APS (complete 6.A.2.)
   ☐ No Need for PS (complete 6.A.2.)
   ☐ Referred to another planning and service area (AAA).–Skip to 6.A.3.

   Step 1

   Answer 6A1 as No Need for OAPSA Referred to APS.

2. **If 6.A.1 is categorized as No Need for PS, select the reason.**

   ☐ APS Criteria: Able to obtain PS without the assistance of another person
   ☐ APS Criteria: No imminent risk to person or property
   ☐ APS Criteria: No physical/mental impairment limiting 1 or more major life activity
   ☐ APS Criteria: Not a resident of PA
   ☐ APS Criteria: Under age 18 or over age 59
   ☐ Consumer deceased at time of RON
   ☐ Consumer in state-operated facility (corrections or mental health facility)
   ☐ OAPSA Five Criteria: Able to perform or obtain services without assistance
   ☐ OAPSA Five Criteria: Has a responsible caretaker
   ☐ OAPSA Five Criteria: No imminent risk to person or property
   ☐ OAPSA Five Criteria: Not within the jurisdiction of PA
   ☑ OAPSA Five Criteria: Under age 60

   Step 2

   Answer 6A2 as OAPSA Five Criteria: Under age 60.

3. **What agencies were notified of the RON at Intake? (Document in Notes the contact name, date, time, & method of notification)**

   ☑ Referred to Adult Protective Services (under 60) (select APS in 6.A.4.)
   ☐ Attorney General
   ☐ Referred to another Area Agency on Aging (specify AAA in 6.A.4.)
   ☐ Coroner
   ☐ Department of Aging (PDA)
   ☐ Department of Health (DOH)
   ☐ Department of Human Services (other than APS) (DHS)
   ☐ Law Enforcement (at time of RON; i.e., NN due to death)
   ☐ Mental Health & Developmental Disabilities
   ☐ Ombudsman
   ☐ Other, including ChildLine (document details in Notes)
   ☐ None (document details in Notes)
   ☐ State-operated facility

   Referred to Brock Lee (Liberty APS) at 2:30 PM on 6/18/21 via email and phone call.

   Step 3

   Answer 6A3 as Referred to Adult Protective Services and document contact info in Notes section.

4. **AAA Responsible for conducting investigation or Reassessment (update if active case is transferred to another AAA for investigation)**

☐ 01	☐ 10	☐ 19	☐ 28	☐ 37	☐ 46
☐ 02	☐ 11	☐ 20	☐ 29	☐ 38	☐ 47
☐ 03	☐ 12	☐ 21	☐ 30	☐ 39	☐ 48
☐ 04	☐ 13	☐ 22	☐ 31	☐ 40	☐ 49
☐ 05	☐ 14	☐ 23	☐ 32	☐ 41	☐ 50
☐ 06	☐ 15	☐ 24	☐ 33	☐ 42	☐ 51
☐ 07	☐ 16	☐ 25	☐ 34	☐ 43	☐ 52
☐ 08	☐ 17	☐ 26	☐ 35	☐ 44	☑ APS
☐ 09	☐ 18	☐ 27	☐ 36	☐ 45	

Step 4

Answer 6A4 as APS.

Do NOT Complete Section 6B.

The Intake supervisor does NOT sign the RON in 7A.

Report of Need (RON) - *Under Age 18 Only*

Introduction

The Commonwealth of Pennsylvania has a "no wrong door" policy. Regulations and PDA policy require that every RON shall be received and entered into the A&D system. This includes reports that qualify to be categorized as No Need for Protective Services. Since a person under the age of 18 would not fit the criteria of a person in need of protective services under OAPSA, the RON will be taken, referred to ChildLine, and categorized as No Need.

General Process Overview

1) Create a Consumer Record for the individual (see Chapter 1 for instructions). This will automatically create a Non-Caremanaged Services Care Enrollment (NCSCE).

2) **Do not** create a Protective Services Care Enrollment (PSCE). Since no Care Plan will be created, a PSCE is not needed.

3) Create the RON according to the instructions below.

4) Call ChildLine at **800-932-0313** to provide the information gathered from the reporter.

5) Update the RON with the ChildLine contact information (name, date, and time of contact).

6) Terminate the NCSCE as No Need for PS and deactivate the Consumer Record.

Creating a Report of Need Assessment

1) After opening or creating the Consumer Record, click on the Assessments tab.

2) Click the Add New link.

3) Enter the following information in the New Assessment window:

   Form Filename: Select PS Report of Need.afm (if this file name is not available in the drop down list, click the "Show All Forms?" checkbox).

   Care Program: Leave blank.

   Agency: Your AAA (Intake Agency).

   Provider: Your AAA (Intake Agency).

   Subprovider: Optional.

   Site: Optional.

   Date of Assessment: Automatically populate with the current date. The date must match the actual date the Report of Need was received.

   Next Assessment Date: Delete date and leave blank.

   Assessor: Automatically populates with the username of the person entering the Report of Need. The name should be the same person who took the RON from the reporter.

   Password and **Verify Password** fields: Leave blank.

   Comments: Optional

RON Completion and Referral

When taking a RON for an individual under 18, the actual RON Assessment form in A&D will not be accessible to the ChildLine Protective Services investigator. In addition, PDA does not generate any report data or statistics from RONs taken for children. However, a weekly listing of RONs may be provided to ChildLine for reconciliation purposes. Therefore, most information in the RON will remain unanswered; however, you should gather as much information and details as possible from the reporter. Note: Under 18 RONs will not be included in your agency's RON Missing Responses report.

After taking the RON, it must be immediately referred to ChildLine.

Key Information to Gather from the Reporter

- Date & time of RON.

- Date of the incident(s).

- Reporter's name and contact information.

> If a reporter is calling anonymously and refuses to provide a phone number for ChildLine to call them to obtain any additional information they may require, please advise the caller that they have reached Older Adult Protective Services and offer to transfer them to ChildLine, if possible. If it is not possible to transfer the caller to ChildLine, provide the ChildLine phone number and instruct the reporter to call ChildLine to make the anonymous report).

- Reporter Type: Mandatory or Voluntary. If the Reporter Type is not included in the list of choices, just make a note of the Reporter Type so that it can be provided to ChildLine. Again, we do not report on this data, it should be gathered simply to provide it to ChildLine.

- Alleged perpetrator information.

- The allegation(s) and allegation(s) narrative (Notes section). Note, Child Protective Services may have additional abuse types not available on the PDA RON form. Simply select the most applicable allegation. If none apply, the unique abuse type should be documented in the Notes.

- Child's information (Consumer's Demographic Data), including name, date of birth, address, phone, etc. You should also obtain the name and contact information of the child's parents or legal guardian (this can be entered into the Notes section of either the Consumer's Demographic Data, Residential Address Information, or Assessment Narrative sections of the RON).

- Child's current location.

- Any other relevant information provided by the reporter. Note: If any information provided does not have an applicable section in the RON in which to document it, please use the "Assessment Narrative" section at the end of the RON to document the information.

Initial Investigation ISA Form

Introduction

The Investigation Summary & Assessment (ISA) form is a dual-purpose form. That is, there are two types of ISA forms that are created: An **Initial Investigation** form or a **Reassessment** form. After creating an ISA, you must immediately specify in question 1A4 (Type of Assessment) whether the ISA is an "Initial Investigation" ISA or a "Reassessment" ISA.

The **Initial Investigation** ISA is a working document that must be continually updated during the investigation. It should be utilized throughout the investigation to document new information as it is obtained. Refer to Appendix D (*ISA Instructions*) for details.

The Initial Investigation ISA **shall be created immediately after a RON is confirmed to be investigated** (i.e., Categorized as Emergency, Priority, or Non-Priority). This requirement is to ensure real-time reports and dashboards can function properly and provide the most up-to-date information possible for case management.

> **Recommendation**: When entering information into the ISA, save your changes frequently. Do not wait until after you have entered a large amount of data before saving your changes. This will prevent any data from being lost if A&D times out during use.

Creating an ISA

1) After opening the Consumer Record, click on the Assessments tab.

2) Single-click the Report of Need to select and highlight it.

3) On the menu, click the "Copy" link.

4) If the RON is currently password-protected, enter your agency's password and click "OK."

5) In the Copy window, update the following:

   Assessment Form: Change "PS Report of Need.afm" to "PS Investigation.afm." If the PS Investigation.afm form is not displayed in the drop-down list, click the "Show All Forms?" checkbox.

> **Important**: If you do not change the Assessment Form to an ISA, you will create a second, duplicate RON. If that happens, you must immediately delete the erroneous RON assessment. Otherwise it will be permanently saved in the PDA reports database as a another RON for this Consumer.

   Care Program: Ensure the "Protective Services" care program is selected.

   Agency: Select the agency who will be conducting the investigation. Note, this may differ from the Consumer's Default Agency (the AAA for the county in which they permanently reside). If the active investigation is transferred another AAA during the investigation, this field must be updated to reflect the AAA to which the investigation was transferred.

   Provider: Same as above "Agency."

   Subprovider: Select the name of the caseworker assigned to investigate. This is necessary to ensure the case is grouped correctly by caseworker on the dashboards. If an investigation is reassigned to a different caseworker and/or AAA, this field must be updated with the new caseworker's name.

Site: Not required.

Date of Assessment: Automatically populates with the current date.

Next Assessment Date: Delete the date and leave blank.

Assessor Name: Automatically populates the name of person who created the ISA. If not the same as the caseworker assigned to investigate the RON, change to the investigator's name (first and last).

Password and Verify Password: Leave blank. (See password note below.)

> If an alleged perpetrator has access to A&D, a unique password must be assigned to the ISA to ensure the alleged perpetrator cannot access the ISA. The password must also be provided to your agency's assigned PS Specialists at PDA. Additionally, PS Care Plan Journals shall be maintained outside of A&D.

Comments: Not required.

Copy Notes and Narrative Checkbox: Ensure that the "Copy notes and narrative" checkbox is checked. This will ensure that all information contained in the RON will carry over to the ISA. If this checkbox is not checked, the ISA form will be completely blank.

6) After filling out the information in the Copy window, click the "Open" button. If a "Map SAMS Consumer Details" message appears, verify the information, make any necessary changes, and click "OK."

7) See next section for information that is required to be entered immediately after creating the ISA. Once all initial information is entered, click the "Save and Close" link on the menu bar.

> When filling out the ISA, keep in mind that information documented in the Notes sections of each question is unable to be captured by reports; therefore, it is imperative that checkboxes are used. The selection of "Other" as a response is to be used only in rare instances when there is no appropriate choice provided.

Key Information to Update Immediately After Creating the ISA

Upon creation of the ISA, the following information must be immediately entered or ensured that it has carried over from the RON:

1A2: AAA Responsible for Conducting the Investigation: Select the AAA responsible for investigating the RON (see Appendix D (*ISA Instructions*) for details).

1A3: Assigned Investigator's Name: Enter the name of the caseworker who will be conducting the investigation and completing the ISA (see Appendix D (*ISA Instructions*) for details).

1A4: Type of Assessment: Select "Initial Investigation." This is crucial to ensure real-time reports and dashboards provide accurate information. This question is not available on the RON, so it must always be answered immediately after creating the ISA (see Appendix D (*ISA Instructions*) for details).

Dates of Determination

The individual outcomes of investigating all areas of abuse, neglect, exploitation, and abandonment (ANEA) must be documented separately in the ISA. Each abuse type has its own section (3A through 3H) in the ISA to document the outcome and the date the determination was made. In other words, each section from 3A through 3H must have both a determination (question 1) and a date of determination (question 3) entered into the ISA before the case can be closed, regardless if an abuse type was alleged or not. (Additional questions in each section require a response if the abuse type for that section is Substantiated.)

The Date of Determination (question 3 in each abuse type section) must reflect the date that the caseworker actually made a determination for that specific abuse type, independent of other abuse types. These dates may be different for

the various abuse types as the investigation into all areas of ANEA continues.

For example, if a Consumer lives in a skilled nursing facility and you confirm on the first day that they are currently located in that facility, then abandonment is clearly unsubstantiated. Therefore, the Date of Determination would be that first day. If the investigation takes three days to determine that an allegation of caregiver neglect (CN) is sub'd/unsub'd, then day three is the date recorded in the ISA for CN. Then, it takes a week to review financials and determine that the Consumer's facility bills are paid up to date, etc., then day seven is the Date of Determination for FE, and so on.

Consumer Death or Relocation Outside PA Jurisdiction

When a Consumer dies or relocates outside the jurisdiction of Pennsylvania during an investigation, either the date of death/relocation or the date the investigator uncovered the fact is used when documenting the Face-to-Face and Determination Dates in the ISA. For complete instructions, please refer to Appendix D (*ISA Instructions*) in this manual.

Deleting an Erroneous Initial Investigation ISA

When an Initial Investigation ISA form is accidentally created, the below deletion instructions must be followed to prevent the ISA from becoming a permanent and incomplete ISA in the PDA reports database. Erroneous ISAs that are not properly deleted will result in inaccurate data in the PDA Annual Report, the weekly automated reports delivered to each AAA, and dashboards.

Overview of the Data Extraction & Import Process

Every Friday starting at approximately 4:00 PM, WellSky extracts all data from the Production database. This data is then imported into the offline Reports Databases over the weekend. Once a RON's or ISA's data is extracted and imported, it cannot be deleted from the Reports Databases. However, as long as the RON or ISA has not been deleted from A&D Production, the Reports Database can be UPDATED with changes made to the assessment forms in Production. Keep in mind that changes are extracted only once per week.

Deleting ISAs IMMEDIATELY After Created

If a RON or ISA is deleted before 4:00 PM on Friday **in the SAME week it was created**, then no further steps are required. It can be safely deleted since it hasn't been picked up for the first time in the weekly process.

Erroneous ISA Discovered Any Time AFTER the Week it was Created

If an erroneous/duplicate ISA needs to be deleted and it is discovered any time after 4:00 PM on Friday of the week in which it was created, the following steps must be taken to prevent the incomplete Initial Investigation ISA from showing up in QA reports and the PDA Annual Report:

1) Transfer any needed information from the erroneous ISA to the correct ISA.

2) Change the erroneous ISA's Assessment Type (1A4) from "Initial Investigation" to "Reassessment."

3) Make a Note in the Assessment Type question (1A4) indicating the ISA was created in error.

4) Save and close the ISA.

5) Do **not delete the ISA until Monday of the following week** (after completing the above steps). The reports database is only updated once per week after 4:00 PM on Fridays. Therefore, you must wait until the following week to delete the ISA to allow your changes to be updated in the reports database.

6) The ISA may be safely deleted anytime during the week **after** the changes were made.

Creating an OAPSA Care Plan

Introduction

All protective services journal entries must be recorded in the PS Care Plan Journal section of the PS Care Plan in order to maintain confidentiality. Only those A&D users who are assigned Protective Services permissions can see or access PS Care Plan Journals. Under no circumstances should any information regarding Consumers who have been referred to or are potentially in need of Protective Services be recorded in the "unsecured" Journals tab within A&D. This includes documenting calls/inquires received by a AAA about the potential need for protective services for a Consumer (as a reminder, these types of calls **do** require that a RON be taken). All confidential information must be recorded in the RON, ISA, and/or PS Care Plan Journals.
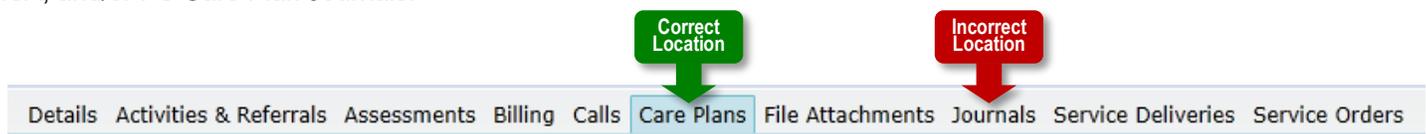
Creating a PS Care Plan

1) After opening or creating the Consumer Record, click on the Care Plan tab.

2) Click the "Add New" link on the menu bar.

3) Enter the following information in the "Add Care Plan" window:

> **Primary Care Manager Agency**: Your agency.

> **Primary Care Manager**: Select the caseworker responsible for the investigation.

> If the Care Plan is being created but the case will be transferred to another county, the Primary Care Manager must be left blank. The receiving agency must enter this information. If an active case is reassigned to another caseworker or AAA, this information must be updated with the name of the new caseworker.

> **Primary Care Manager Role**: Select Care Manager.

> **Care Program**: Click the "Open Dialog" button, select the "Protective Services" Care Enrollment, and click OK.

> If the Protective Service Care Enrollment was not created, you will need to cancel creation of the PS Care Plan and create the PS Care Enrollment first.

> **Start Date**: Automatically populates. This date must be changed to match the date the Report of Need was received (same as the PS Care Enrollment Start Date).

> **End Date**: Automatically populates.

> **Status**: Select Active.

> **Reason**: Select RON Received.

> **Status Date**: Automatically populates. Change to today's date (the date the Care Plan is being created).

> **Prior Authorization No.**: Leave blank.

4) Click "OK" then click the "Save and Close" link to close the Care Plan.

PS Care Plan Journal Entries

Introduction

In order to maintain confidentiality, all protective services journal entries must be recorded in the PS Care Plan Journal as described in the previous chapter. Only those A&D users who are assigned Protective Services Permissions can see or access PS Care Plan Journals. Under no circumstances should any information regarding Consumers who have been referred to or are potentially in need of Protective Services be recorded in the "unprotected" Journals tab within A&D. This includes documenting calls/inquires received by a AAA about the potential or need for protective services for a Consumer (as a reminder, these types of calls **do** require that a RON be taken). All confidential information must be recorded in the RON, ISA, and/or PS Care Plan Journals.

All activities, including but not limited to visits, phone calls, findings, consultations, supervisory reviews, description of documents, notifications, Reassessments, etc. must be documented in the PS Care Plan Journals. Journaling should be completed in a timely fashion and as soon as reasonably possible. Refer to the Documentation Standards and Timeframes outlined in the *Policy and Procedural Document (PS Chapter)*.

> Once a Journal entry is saved, it cannot be modified (redacted). Therefore, identifiable Reporter and Alleged Perpetrator references must not be included in the PS Care Plan Journals. Rather than using actual names, relationships, or other specific references, use generic "Reporter" and "Alleged Perpetrator" terms, instead.

Adding a PS Care Plan Journal

Every activity/event/contact/etc. must be documented in a separate journal entry within the PS Care Plan. Each entry must include the date and time that the actual activity took place.

When using acronyms, always spell out the first acronym, even if it is a well-known acronym. Journal entries should be written for a layperson not familiar with your agency or Protective Services, as they are considered legal documents.

1) After opening the Consumer Record, click on the Care Plan tab.

2) Double-click the Protective Services Care Plan.

3) Click the "Add New" drop-down list and select Journal or scroll down to the Journals section and click the "Add New" link.

4) Enter the following information:

> **Journal Type**: Automatically populates to "Progress Notes." Use drop-down menu to select the most appropriate Journal Type.

> **Important**: The **MEDICAL INFO (SET 1)** through **(SET 3)** Journal Types may not be used more than once per Care Plan. See Appendix G for more details and example scenario.

> **Subject**: Briefly document what the event/activity is. Try to be brief so that it can be referenced quickly.

> **Entry Date**: Automatically populates to today's date. Change the Entry Date to the actual date that the event/activity occurred.

> **Entry Time**: Automatically populates to the current time. Change the Entry Time to the actual time that the event/activity took place.

Comments: Document the event/activity as clearly, completely, and concisely as possible. Note: journal entry signatures are no longer required by the Department. However, agencies may continue to require them if desired.

> **Tip:** When documenting, it is helpful to use bullets and avoid repeating the same information. For example, instead of writing: Reporter stated, "ABC." Reporter stated, "XYZ." use bullets:
>
> - Reporter stated the following:
>   - ABC.
>   - XYZ.
>
> This not only saves data entry time, it also makes journals much easier to read and more professional. Entries should be written for the layperson, as they could be used in legal proceedings.

5) Click "OK" to close the journal entry.

6) Click the "Save" link before entering another journal.

7) If no other journal entries will be made at this time, click the "Save and Close" link.

> **Recommendation**: If you will be entering a large/lengthy journal, it is suggested that the journal first be typed in Word or an email and then copy/paste the text into A&D. This will prevent any data from being lost if A&D times out during use.

Care Plan Journal Print Preview

1) From the Care Plan tab, single-click the PS Care Plan to highlight it.

2) Click the "Print" button on the menu bar.

3) In the Print Options popup, select "Care Plan Printout" and click the "Print" button.

4) In the Care Plan Print popup, select the desired checkboxes to be included in the printout. At a minimum, "Journals" must be checked.

5) Click "OK."

6) The Care Plan Print Preview will open in a new tab or window. Journals will be in chronological order from earliest to most recent journal entries.

7) To print the Care Plan Journal, hover your mouse over the PDF and click the Print icon.

Unprotected Journals Tab — Request Deletion

If Protective Service information is incorrectly entered within the "unprotected" Journals tab, the following steps must be taken to have a journal entry removed from the unprotected journals section:

1) Copy the incorrectly entered information from the unprotected Journals section and enter the information into a protected PS Care Plan Journal entry.

2) Electronically complete the "Protective Services Deletion Request Form." See Chapter 9 (*Deletion Requests*) for instructions and how to download the form.

3) The completed form must be submitted by the PS Supervisor to PDA's A&D Technical Assistance mailbox within 24 hours of the error being identified.

4) A PDA A&D Administrator will delete the unprotected journal entry and confirm, via email, when the deletion has been completed.

Deletion Requests

Introduction

The *Protective Services Deletion Request Form* is used when a Protective Services Journal entry is accidentally entered into the unprotected Journals section of A&D. The form is also used to request deletion of erroneously created APS Care Enrollments, RONs, and/or Service Deliveries.

Unprotected Journal Deletion Instructions

1) The AAA PS Supervisor should be immediately notified when it is discovered that a journal entry containing Protective Services information (or anything that may indicate or suggest Protective Services involvement) was accidentally entered into the Consumer Journals (unprotected) section of A&D.

2) PS staff or PS Supervisor must copy the information from the unprotected journal) into the PS Care Plan Journal (protected) and fill out a *PS Deletion Request Form* (see below for location of form).

3) Sections 1 and 2 of the *PS Deletion Request Form* must be filled out completely.

4) The completed form must be e-mailed to: RA-AISAMSTECHASSIST@pa.gov (click the form's "Submit Completed Form" button to send).

5) A PDA A&D Administrator will review the request, complete the deletion, and file a copy of the request.

6) The PDA A&D Administrator will e-mail the PS Supervisor to confirm that the deletion has been completed.

APS Deletion Instructions

1) The *PS Deletion Request Form* is also used to request deletion of an erroneously created APS Care Enrollment (CE), Report of Need (RON), and/or Service Delivery (SD).

2) Sections 1 and 3 of the form must be filled out completely.

3) The completed form must be submitted to: RA-AISAMSTECHASSIST@pa.gov (click the form's "Submit Completed Form" button to send).

4) The PDA A&D Administrator will e-mail the requestor to confirm that the deletion has been completed.

Where to Access the Form

The form is available from the following sources:

- **PDA-LMS Website**: Course Catalog > Protective Services > PS OAPSA Documentation

- **PDA FTP Site**: My Folders > Shared Information > PS Forms and Resources > Forms > Deletion Request Form.pdf

- **Request Copy of Form via Email**: Send your request to: PDA.ProtectiveServices@pa.gov

- **PS Supervisor**: Your supervisor may have a copy of the form available at your agency. If so, please ensure it is the current version, dated **May 2021.**

File Attachments

Introduction

The file attachment section of the electronic case record shall be used for uploading all essential documents gathered during the investigation and service provision. Documents associated with Protective Services File Attachments are confidential and unavailable to those who do not have PS access roles in A&D.

Documents include photos, POA and court documents, relevant medical and financial documents, the signed service plan, copy of termination letter, signed consent or refusal documents, and perpetrator designation letter, if applicable.

Because medical and financial records can be rather large, only the applicable pages of these documents should be uploaded (see below note regarding file size limits). For example, in cases of financial exploitation, do not upload every page of bank or credit card statements; instead, only upload those pages that support financial exploitation and the investigative activities (e.g., unauthorized payments, checks, or withdrawals, purchases that don't benefit the older adult, etc.). For medical records, only upload relevant pages, such as capacity evals, medication lists, doctor's concerns, etc.

> In cases where the alleged perpetrator is a AAA employee and/or has access to A&D, these documents shall be maintained outside of A&D in a secure manner to prevent AP access to the files. No documents should be uploaded into the online File Attachments.

Document Examples

The following is a sample list of documents that can be attached in the A&D record:

- Authorization for Release of Records
- Consent for PS
- Perpetrator Notification
- POA/guardianship documents
- Brief relevant Medical/Financial documents

- Competency Evaluation
- MA-51, Physician's certification or Physician's script
- Court Documents (POA, guardianship, petitions to court)
- Termination Notice
- Care plan presented to older adult

Supported File Types

The below list of file types may be uploaded to File Attachments. A&D does not support any other file types.

- Adobe Portable Document Format (PDF)
- Microsoft Word (DOC)
- Microsoft Excel (XLS or XLSX)
- Photos (JPEG format only)

- Text Files (TXT)
- Comma Separated Values Files (CSV)
- Rich Text Format Files (RTF)

Uploading an Electronic Document as a File Attachment

1) Open the Consumer Record.

2) Select the "File Attachments" tab.

3) Click the "Add New" link.

4) **Folder**: Select the "**OAPSA Case Documents**" folder. **Important!** Be sure to select the correct folder to ensure A&D users without Protective Services permissions cannot access the uploaded documents.

5) **Description**: Give the document a short, meaningful name such as, POA, Wound Photos, Hoarding Photos, Capacity Eval, Meds List, Bank Statement X-date, Credit Card Statement X-date, etc.

> Although you may scan different document types into a PDF as a single attachment, please keep in mind that the **file size limit is 5 MB**. If your file is larger than 5 MB, you will not be able to upload it. In that case, the document will need to be separated into multiple files for uploading; e.g., FileName_01, FileName_02, etc.
>
> **Tip:** To reduce the size of scanned documents, set the scanning software to scan the document as Text. This setting may be labeled as Plain Text, Readable Text, OCR (Optical Character Recognition), etc. Check your scanner's instruction manual for configuring this setting.

6) **File Name**: Click the ellipsis button and navigate to the location on your computer or network containing the document or photo to be uploaded. Note: only one photo can be uploaded at a time. For multiple photos, you may want to paste them into a single Word or PDF document for upload. However, the total file size has to be less than 5 MB.

7) If uploading additional documents, click the "Save" link.

    a) To add additional files after clicking Save, click the "Add Next" link and repeat the above steps.

8) When finished, click the "Save and Close" link

> **Sharing File Attachments**: When transferring an active investigation to another AAA, no additional steps are required to make the File Attachments accessible to the receiving AAA. All AAAs can access any documents uploaded to the "**OAPSA Case Documents**" File Attachments folder for a Consumer Record. Please keep in mind that PS staff may only access PS File Attachments when there is a legitimate business reason to do so. All actions in File Attachments (including adding, deleting, and viewing) are automatically logged in the A&D audit table.

File Attachments Expungement

The agency that conducts the investigation will be responsible for maintaining records following the guidelines detailed in §15.43 and §15.44. This includes hard copy files and all A&D electronic documentation. (A&D access roles may affect the ability to expunge certain records in A&D. When that happens, agencies should work together to expunge the records.) The investigating agency will also be required to delete File Attachments when due for expungement.

Refer to Chapter 25 (*Deleting Electronic PS Records*) for instructions regarding deleting File Attachments.

Transferring an Active Case Between Programs

Introduction

There are three reason why an active case may need to be transferred between the Adult Protective Service program and the Older Adult Protective Services program and vice-versa: (1) the APS Consumer has turned 60 during the investigation, or (2) the APS Consumer's age was mistakenly identified as being under 60, and (3) the OAPSA Consumer's age was mistakenly identified as being 60 or older.

In these cases, the existing Care Enrollment shall be terminated, and a new Care Enrollment created as detailed below for the applicable Care Program.

Consumer Turns 60 During an Active Investigation

The APS investigator/supervisor should contact the AA at least two weeks prior to the Consumer turning 60, or as soon as possible, to facilitate transfer of the case to OAPSA.

The AAA and APS investigator/supervisor will discuss the case and begin the plan to transfer the investigation and/or services to OAPSA, as well as any other agreements needed regarding payment for services, if applicable. Both the AAA and APS should be in constant contact throughout this process to finalize a smooth transfer.

The APS investigator/supervisor will provide the AAA with an up-to-date review of the case within 2 days prior to transferring the case to OAPS. Any significant or immediate needs must be addressed and resolved prior to transferring the case.

APS will terminate the case using the date one day before the adult turns 60 years of age.

Steps to be Taken by the AAA

1) Create a new Protective Service Care Enrollment with a Start Date matching the date that the Consumer will turn or has turned 60.

2) Create a new Protective Services Care Plan linked to the PS Care Enrollment.

3) Make a copy of the original RON(s) and change it to the Protective Services Care Program. To do so, highlight the RON(s), click the "copy" link, and fill out the information as detailed in Chapter 3.

4) Make a copy of the original ISA and change it to the Protective Services Care Program. To do so, highlight the ISA, click the "copy" link, and fill out the information as detailed in Chapter 6.

5) Update all applicable information in the ISA (e.g., (1A2) AAA Responsible for Conducting the Investigation, (1A3) Assigned Investigator's Name, etc.).

6) Request a hard or soft copy of the APS Investigation's Care Plan Journal entries. Soft-copy Journals must be sent via encrypted email.

7) Upload the APS Journals file received into the Consumer's File Attachments.

8) Enter an initial Journal entry with the following information:

   - The date that the original APS RON was received.

   - A note indicating that the Consumer turned 60 during an active APS investigation and the date that the Consumer turned 60.

- The date that the AAA officially took over the investigation.

- Reference that the APS journals have been uploaded to the Consumer's File Attachments, and journal a brief summary of what has been completed thus far in the case by APS.

- Document the next steps for the AAA's investigation.

> A case must never be transferred from APS to a AAA prior to an emergent situation being addressed. The individual must be in a safe location/situation prior to transferring any case responsibilities to the AAA.
>
> The AAA will be responsible for redaction and expungement of the OAPSA case record (electronic and hard copy files) in accordance with the regulations based on the date that the case was closed.

APS Consumer's Age was Incorrect (Correct Age is 60+)

The following process must be utilized if the Consumer was originally reported to APS for investigation, and during the course of the APS investigation it was determined that the Consumer was actually 60 or older.

1) Create a new Protective Service Care Enrollment with a Start Date matching the date that the original APS RON was received.

2) Create a new Protective Services Care Plan linked to the PS Care Enrollment.

3) Make a copy of the original RON(s) and change it to the Protective Services Care Program. To do so, highlight the RON(s), click the "copy" link, and fill out the information as detailed in Chapter 3.

4) Make a copy of the original ISA and change it to the Protective Services Care Program. To do so, highlight the ISA, click the "copy" link, and fill out the information as detailed in Chapter 6.

5) Update all applicable information in the Consumer Record, RON, and ISA (e.g., birthdate/age, AAA Responsible for Conducting the Investigation, Assigned Investigator's Name, signatures, etc.).

> If a Face-to-Face (F2F) visit was already conducted by APS, do not change this date in the copied ISA. The F2F visit conducted by OAPS shall be recorded in the Care Plan Journals.

6) Request a hard or soft copy of any documents (medical records, consents, etc.) already obtained by APS and upload the applicable pages to the Consumer's File Attachments. Note: Emailed documents must be sent via encrypted email. Documents sent via regular mail must be sent via a trackable method (FedEx, UPS, Priority Mail, etc.).

7) Enter an initial Journal entry with the following information:

- The date that the original APS RON was received and that it was transferred from APS to OAPS.

- A note indicating that the Consumer turned 60 during an active APS investigation and the date that the Consumer turned 60.

OAPSA Consumer's Age Incorrect (Correct Age is Under 60)

The following process must be followed if the Consumer was originally reported to OAPSA for investigation, and during the course of the investigation it was determined that the Consumer was actually under the age of 60.

1) Create a new Adult Protective Service Act 70 Care Enrollment with a Start Date matching the date that the original RON was received.

2) Update and copy the RON:

a) Correct the Date of Birth if the correct date was obtained; if not, delete the incorrect birthdate and mark the "consumer's age range" question as Under 60.

b) Click "Save."

c) Make a copy of the RON by clicking the "Make a Copy" link.

d) Change the Care Program to "Adult Protective Services Act 70" Care Enrollment.

e) Make sure the Agency and Provider are set to your AAA (Intake agency).

f) If the RON is not password-protected, please enter and confirm your agency's assigned password (APS RONs require a password).

g) Do not make any other changes to this window.

h) Click the "Close" button.

i) Change "Agency responsible for conducting investigation" question to APS.

j) Update the RON Intake Category to No Need.

k) Select Under 60 as the Reason for No Need.

l) Delete any of the RON Confirmation questions that have responses (APS must confirm the RON and answer the Confirmation questions).

m) Immediately refer the RON to APS and update the RON with the APS contact name, date, and time of referral.

n) Click the "Save and Close" link.

3) Create the APS RON Service Delivery (refer to Chapter 4 (APS Report of Need) for instructions.

4) Open the Initial Investigation ISA, and update with the following information:

a) Enter all information acquired through the investigation.

b) Mark all Abuse Types in Section 3 as Unsubstantiated.

c) Enter Dates of Determinations for all Abuse Types.

d) Complete Sections 13 and 14 as normal for an unsubstantiated case.

e) Click the "Save and Close" link.

5) Enter all applicable information in the Care Plan Journals.

6) Terminate the Care Plan using the "Investigation Complete" Status Reason.

7) Terminate the Protective Services Care Enrollment using the "Invest-Unsubstantiated" Reason.

> Note: The APS investigator will create Adult Protective Services Act 70 Initial Investigation Form and Care Plan for the referred RON.

Service Plan

Introduction

Substantiated cases only: A Service Plan must be created when any Protective Service has been provided to the Consumer by a third-party provider. Services provided by the AAA should not be added to the Service Plan, unless the AAA is the third-party provider and the AAA pays themselves. For example, the AAA PS unit needs to authorize payment to the AAA's Meals on Wheels program as part of the PS Care Plan. A Service Plan must be created before generating any Service Orders and Service Deliveries, unless the service was provided directly by the AAA (refer to the Service Deliveries chapter for details). Service orders should not be generated for RONs and ISAs.

Create a Service Plan

1) Open the Consumer Record.

2) Click the "Care Plans" tab.

3) Double-click to open the current PS Care Plan.

4) Click the "Add New" button on the menu.

5) Select "Service Plan" and enter the following:

> **Service Category**: Select the appropriate service from the drop-down menu.

> All services needed as part of Protective Services must be entered in a Protective Services Care Enrollment and Care Plan. Services needed as part of Protective Services should not be entered into an OPTIONS enrollment or any other Care Enrollment. This is critically important for reporting in order for each AAA and PDA to accurately depict the type and scope of Protective Services provided to Consumers.
>
> Within A&D, Consumer services can only be associated to a single service category. The correct way to enter services into a Protective Services Care Plan is by selecting the service category for the actual service desired, and then selecting the service from the drop-down menu. For example, if personal care is needed as part of a Protective Services Care Plan, select the service category of personal care, then select the service of personal care.

> **Service**: Select service being requested from the drop-down menu.

> **Unit Type**: automatically populates.

> **Agency**: The AAA for the county where Consumer resides.

> **Provider**: Select the name of the provider who will or has provided the service. If your agency is providing the service, select your agency name.

> If the provider name does not appear in the drop-down, please submit a SAMS Provider Request form to have the service added to the provider's record in A&D. The form is available on PDA's FTP site and the PDA-LMS Website:
>
> **FTP**: Shared Information > PS Forms and Resources > Forms > SAMS Provider Request Form
> **LMS**: Course Catalog > Protective Services > PS OAPSA Documentation > PSO - SAMS Provider Request Form

Fund Identifier: (Displayed only if provider has various rates by county.) If the provider selected has varying rates, select the appropriate county in which services will be provided.

Subprovider: (Displayed only if applicable.) Optional.

Site: (Displayed only if applicable.) Optional.

Unit Price: Automatically populates to $0.00. Change to the cost of the service, if applicable. If a unit cost is associated with the provider, the unit cost will automatically populate.

Start Date: Enter the date services are to begin.

End Date: Enter if known or leave blank.

Subservice Section

This section should be skipped.

Schedule Section

Services that are being provided by PS program such as in-home meals, home modification, overnight shelter, etc., require a service schedule. See available list of services provided under PS in Chapter 14 (*Service Deliveries*). Enter the following:

Summary: automatically populates.

Units Allocated: This may automatically populate based on the service selected. If not, enter number of units of service intended to be provided.

Allocation Type: Select appropriate schedule.

Frequency: Enter number of times per allocation type the service will be delivered, if applicable.

Start Date: Enter date services are to begin.

End date: Enter if known or leave blank.

Subservice: Enter if applicable.

Daily Units: Depending upon service, Daily Units may or may not appear. Complete as appropriate.

Click "OK" located on the Schedule toolbar, not the "OK" from the Service Plan toolbar.

Desired Outcome: Type any outcome desired. When the cursor leaves text box, the instructions will save automatically.

Special Instructions subpage: Type any special instructions required. When cursor leaves text box, the instructions will save automatically.

> When there is no longer a need for Protective Services, the Service Plans must be end dated, Status changed to Terminated, and the appropriate Reason selected. If there is a need for ongoing services outside of Protective Services, then the Consumer shall be enrolled in the program that meets their ongoing needs.

6) Click "OK" on the menu.

7) Click the "Save" link on the menu if you would like to generate a Service Order from this plan at this time. Otherwise, click the "Save and Close" link.

8) To create a Service Order now (Service Plan wasn't closed in step 7), click the "Service Orders" link.

9) Refer to the Service Orders chapter and complete the steps listed starting with step 6.

Service Order

Introduction

Substantiated cases only: A Service Order must be created when any Protective Service has been provided to the Consumer by a third-party provider. Before a Service Order can be generated, a Service Plan must be created.

A Service Order should not be generated for services provided by the AAA, unless the AAA is the third-party provider and the AAA pays themselves. For example, the AAA PS unit needs to authorize payment to the AAA's Meals on Wheels program as part of the PS Care Plan. A Service Order must be created before creating any Service Deliveries, unless the service was provided directly by the AAA (refer to the Service Deliveries chapter for details). Service orders should not be generated for RONs and ISAs.

Create a Service Order

1) Open the Consumer Record.

2) Click the "Care Plans" tab.

3) Open the Care Plan.

4) Single-click to highlight the specific Service Plan for which a Service Order is needed.

5) Click the "Open" button in the Service Plan section and select "Service Orders."

6) Click the "Generate" link from the Service Order toolbar.

7) Verify the information displayed in the Generate Service Order window and click the "OK" button:

   Care Program: Automatically populates and cannot be changed here.

   Agency: Automatically populates and cannot be changed here.

   Provider: Automatically populates and cannot be changed here.

   Subprovider: Automatically populates if applicable and cannot be changed here.

   Fund Identifier: Automatically populates if selected in Service Plan and cannot be changed here.

   Effective Date: Automatically populates

   Expiration Date: automatically populates. Remove the date. This will be entered when the service ends. Note: Petition to Court requires a date in this field.

> If any of the information that cannot be changed in this window are incorrect, click the Cancel button, close the Service Order window, and make the correction(s) in the Service Plan.

8) Repeat steps 4 through 7 for each service requiring a Service Order.

Service Deliveries

Introduction

A Service Delivery **must be** created for **all** services provided through the Protective Services program by either a third-party provider or the AAA. If the service was provided with the assistance of the AAA's intervention, a Service Delivery must be created. Any service that the Consumer agrees to (both "hard" and "soft"; see below), must have a documented Service Delivery. It is imperative that the AAA captures all services provided by their PS unit and the cost associated with that service, if any.

Soft Services

Examples of soft services include: education/training provided to a caretaker, referral for services, transportation by the AAA, coordination of increased supervision, PS case management, re-homing animals, asset protection, assistance with setting up a new POA, etc.

Hard Services

Please refer to the Service Plan and Service Orders chapters for detailed instructions for completing Service Plans and service orders for those services provided by a third-party or when the AAA is the third-party provider and the AAA pays themselves. Service plans and service orders for these services must be created prior to creating a Service Delivery.

.

Create a Service Delivery for PS Services

1) Open the Consumer Record.

2) Click the "Service Deliveries" tab on the toolbar.

3) Click the "Add New" link and enter the following:

> **Care Program**: Select the current Protective Services Care Enrollment.
>
> **Agency**: Select the AAA for the county where Consumer permanently resides.
>
> **Provider**: Select the name of the provider who will or has provided the service. If your agency is providing the service, select your agency name.
>
> **Subprovider**: Displayed only if applicable. Optional.
>
> **Site**: Displayed only if applicable. Optional
>
> **Service Category**: Select service being delivered (see below for list).
>
> **Service**: Select service being delivered (see below for list).
>
> **Subservice**: Displayed only if applicable. Optional.
>
> **Fund Identifier**: Displayed only if provider has various rates by county. If the selected provider has varying rates, select the appropriate county in which services will be provided.
>
> **Service Month/Year**: The month and year should match the month and year that the service was provided.

Daily Unit Calendar:

    I.   Click on the date that the service was provided.

    II.   Type a "1" on the specific day(s) of the month corresponding to when the service was provided or started.

Units: Automatically populates after entering Daily Unit Calendar.

Unit Price: Automatically populates to $0.00. Change to the cost of the service, if there is a cost associated with the service. If a unit cost is associated with the provider, the unit cost will automatically populate.

Type: Automatically populates with the Unit Type.

Total Cost: Automatically totals the cost based on the number of units and unit price entered.

Diagnosis Code: Leave blank.

Service Order No.: Automatically populates to none.

Service Order No.: Automatically populates to none.

4) Click "Save and Close" located on the toolbar.

5) Repeat steps 3 and 4 for each service requiring a Service Delivery.

Creating a Service Delivery for Petition to Court

Petition to Court does not require a Service Plan (SP) and Service Order (SO). However, agencies may create an SP and SO for Petition to Court based on the agency's billing needs.

1) Open the Consumer Record.

2) Click "Service Deliveries" tab on the toolbar.

3) Click the "Add New" button and enter the following:

Care Program: Select the current Protective Services Care Enrollment.

Agency: Select the AAA for the county where Consumer permanently resides.

Provider: Select the name of the provider who will or has provided the service. If your agency is providing the service, select your agency name.

Subprovider: Displayed only if applicable. Optional.

Site: Displayed only if applicable. Optional

Service Category: Select "Protective Services."

Service: Select "PS Petition to Court."

Subservice: Displayed only if applicable. Optional.

Fund Identifier: Displayed only if provider has various rates by county. If the selected provider has varying rates, select the appropriate county in which services will be provided.

Service Month/Year: The month and year should match the month and year that the petition to court was completed.

Daily Unit Calendar:

    I.   Click on the date that the service was provided.

    II.   Type a "1" on the specific day of the month the petition was filed.

Units: Automatically populates after entering Daily Unit Calendar.

Unit Price: Automatically populates to $0.00. Change to the cost of the service, if applicable. If a unit cost is associated with the provider, the unit cost will automatically populate.

Type: Automatically populates with the Unit Type.

Total Cost: Automatically totals the cost based on the number of units and unit price entered.

Diagnosis Code: Leave blank.

Service Order No.: Automatically populates to none.

Service Order No.: Automatically populates to none.

Add Topic

1) Click the "Add Topics" link in the Topics section.

2) Click the checkbox the applicable petition:

- PS/Access to Persons

- PS /Access to Records

- PS/Agency as Guardian

- PS/ Injunction Against Interference with Services

- PS/Involuntary Emergency Intervention

- PS/Other as Guardian

- PS Initiated Protection from Abuse (PFA)

3) Complete the following fields to the right of the Topic selected and click "OK" when finished:

Date: Date automatically populates. Select the date on which the petition to court occurred.

Default Time: Enter the time required to complete the petition (optional).

Follow-Up: Enter a date for follow-up (optional).

Completed: Once any follow-up was completed, check this checkbox (optional).

Outcome: Select "Pending" from the drop-down. Once the outcome has been determined, update this response to the applicable outcome: Approved or Denied.

Comments: Enter comments as appropriate (optional).

4) Click "OK" in the Topics window.

5) Click the "Save and Close" link on the menu.

Service Categories and Services

Introduction

Below is a list of the available PS Services under each Service Category for which each AAA should have access to provide under the Protective Services program.

Adult Daily Living Center

ADC- Full Day	ADC- Fully Day w/Bath
ADC- Full Day w/NSIP Meal	ADC- Full Day w/ NSIP Meal and Bath
ADC- Half Day	ADC- Half Day w/Bath
ADC- Half Day w/NSIP Meal	ADC- Half Day w/NSIP Meal and Bath

Assessment

Assessment-Competency Evaluation	Assessment-Physician Consult

Care Management

Care Management	Care Management-RN Evaluation
OCS-Care Management-Physician Consult	

Environmental Modification

Home Modification-Ramp	Home Mod-Other Exterior
Home Mod-Stair Glide	

Guardianship

Guardianship	Guardianship-Competency Evaluation
Guardianship-Physician Consult	Guardianship-Startup
Power of Attorney (POA)	Representative Payee

Home Health

Home Health-Aide	Home Health-LPN
Home Health-Medication Setup	Home Health-Occupational Therapy
Home Health-Physical Therapy	Home Health-RN
Home Health-Speech Therapy	Home Health-Transportation Cost to Consumer
TC /Chronic Health Status Monitoring	TC /Health Status Monitoring Equip Install/Remove
TC /Medication Dispenser w/Remote Monitoring	

Home Support

Home Support	Home Support - Errands
Home Support-Home Maintenance	Home Support-Non-Overnight Home Companion
Home Support-Respite	Home Support-Respite Overnight

Incontinence Supplies

Belted Undergarments	Breathable Underpads
Briefs, Med	Briefs, Sml
Briefs, XL	Diapers, Bariatric Size 2X+
Diapers, Lg	Diapers, Med
Diapers, Sml	Diapers, XL
Discrete Liner	Disposable Undergarments
Disposable Undergarments, Bariatric Size	Gloves, Disposable
Pants Liner	Therapeutic Cream
Underpads	Wipes, Disposable

Informal Supports

Informal Support Activity

Information & Assistance

Information and Assistance

In-Home Meals

Breakfast-In-Home Meal	Dinner-In-Home Meal
Dinner-Rate 2-In-Home Meal	Emergency Pack-In-Home Meal
Emergency Pack-Rate 2-In-Home Meal	Frozen-In-Home Meal
Frozen-Rate 2-In-Home Meal	Lunch-In-Home Meal
Lunch-Rate 2-In-Home Meal	Undelivered-In-Home Meal

Legal Assistance

Legal Advice and Representation To Individual

Medical Equipment & Supplies

Med Eq/Sup/Adapt Dev-Adapt Device	Med Eq/Sup/Adapt Dev-Consumables
Med Eq/Sup/Adapt Dev-Durable Equip	Med Eq/Sup/Adapt Dev-Nutritional Suplmt, Brand B
Med Eq/Sup/Adapt Dev-Nutritional Suplmt, Brand C	Med Eq/Sup/Adapt Dev-Nutritional Suplmt, Brand D
Med Eq/Sup/Adapt Dev-Nutritional Supplement	Med Eq/Sup/Monthly Fee/Durable Equip

Overnight Shelter/Supervision

Overnight Shelter/Supervision

PAS-Personal Assistance Services

Agency Model-Basic Needs-NO_NEW_CONSUMERS	Cons Model-Basic Needs-NO_NEW_CONSUMERS
Consumer Model-FMS-NO_NEW_CONSUMERS	Initial Service Rate-NO_NEW_CONSUMERS

Personal Care

Personal Care	Personal Care/Evenings
Personal Care/Holidays	Personal Care/Weekends

PERS-Personal Emergency Response System

OCS-PERS - Cellular Monthly Fee
PERS-Basic Maintenance/Replacement/Repair
PERS-Enhanced Installation

PERS-Basic Installation
PERS-Basic Monthly Fee
PERS-Enhanced Maint/Rplcmnt/Repair

Pest Control/Fumigation

Pest Control/Fumigation

Protective Services

PS Emergency Supplies
PS Petition to Court

PS Investigation Summary and Assessment
Report of Need

Third Party Payer

TPP-Adult Day Care
TPP-Home Health
TPP-Medical Supplies
TPP-Personal Care
TPP-Transportation

TPP-DME
TPP-Home Support
TPP-PERS
TPP-Telecare Services

Transportation

Specialized Medical Transportation
Transport/Trip

Specialized Medical Transportation Attendant

Reassessment ISA Form

Introduction

Substantiated cases only. Reassessments must be done before a **substantiated** Protective Service case is terminated, transferred, when it is the agency's judgment that a Reassessment is appropriate or the Consumer's condition has changed. §15.95 (c) (2) - "Reassessment for substantiated Protective Service cases shall be done before a case is terminated, transferred, when it is the agency's judgment that a Reassessment is appropriate or when the Consumers condition has changed."

The investigatory sections of the Reassessment form should not be modified and must remain the same as the initial Investigation ISA, including the "Notes" sections. The notes section should be used to document how information has changed from the initial investigation and at the time of Reassessment. Do not delete any previous notes written. The new notes should be written under the previous notes entered and should begin with the date of the observation, event, activity, etc.

> **Recommendation**: When entering information into the ISA, save your changes frequently. Do not wait until you have completed the entire form before saving your changes. This will prevent any data from being lost if A&D times out during use.

Creating a Reassessment ISA

1) Open the Consumer Record.

2) Click the "Assessments" tab on the toolbar.

3) Single-click the current Initial Investigation ISA to select it (or single-click the most recent Reassessment ISA if this is a subsequent Reassessment being conducted). This will ensure the most recent information will transfer to the new ISA form.

4) Click the "Copy" link on Assessment screen toolbar and enter the following:

   Assessment Form: Defaults to PS Investigation.afm (do not change).

   Care Program: Automatically populates with the same Care Program as the copied ISA. Ensure it is set to the Protective Services Care Program.

   Agency: Ensure the AAA conducting the Reassessment is selected. If a different AAA is conducting this Reassessment, change the Agency to the correct AAA.

   Provider: Follow the same instructions as listed above in the Agency field.

   Subprovider: Optional.

   Site: Optional.

   Date of Assessment: Enter the date of Reassessment.

   Next Assessment Date: Delete date and leave blank.

   Assessor: Fill in the name (first and last) of the person who is completing the Reassessment.

   Assessor Name: Defaults to the user creating the Reassessment ISA. If different than the caseworker conducting the Reassessment, change to the caseworker's name.

Password & Confirm Password: Not required (see note below).

> If an alleged perpetrator has access to A&D, a unique password must be assigned to the ISA to ensure the alleged perpetrator cannot access the ISA. The password must also be provided to your agency's assigned PS Specialists at PDA. Additionally, PS Care Plan Journals shall be maintained outside of A&D.

Comments: Optional.

5) Ensure the "Copy notes and narratives" checkbox is checked (this ensures all information entered in the ISA being copied will carry over to the new assessment form being created).

6) Click the "Open" button.

7) Click on the "Show Notes" link. This will allow you to see existing notes and enter new information. The Questions Notes panel should be used to document how information has changed from the Initial Investigation compared to the time of Reassessment. Do not delete any previous notes. The new notes should be written under the previous notes entered and should begin with the date of the observation, event, activity, etc.

> Information documented in the Notes sections of each Consumer question is unable to be captured by reports therefore it is imperative that check boxes are used. The selection of "Other" as a response is to be used only in rare instances when there is no appropriate choice provided.

8) Complete all assessment sections and questions on the Reassessment form in accordance with PDA instructions. Again, the investigatory portion of the form should not be modified and must remain the same as the initial PS Investigation Summary and Assessment form including the "Notes" sections. Refer to Appendix D (*ISA Instructions*) for details regarding each ISA question.

9) Click "Save and Close" when finished.

National Aging Program Information System (NAPIS)

Introduction

The Consumer Record (Details tab) should be updated throughout the course of the investigation and/or whenever new/ updated information is obtained. Some information will automatically update with information entered into the **most recent** assessment form. Questions in the assessment form that automatically update the Consumer Record can be identified by the "chain-link" icon to the left of the question. Only information entered into the last assessment form created will automatically update the Consumer Record. For example, if RON assessment form is created on 5/1/21 and an ISA assessment form is created on 5/15/21, any data corrected/updated in the RON will **not** automatically update the Consumer Record. Only the information entered into the 5/15/21 ISA will change the Consumer Record.

> 1. Consumer's LAST name

Any new/updated information not automatically updated from an assessment form should be added manually to the Consumer Record. This includes in the following sections of the Consumer Record (Details tab): Basic Information, NAPIS, Insurance, Other Characteristics, Care Management, MFP Target, Emergency Planning, COVID-19, Locations, Contacts, Directions to Home, Ethnic Races, and Phones.

Updating Information on the Consumer Record (Details Tab)

1) Open the Consumer Record.

2) To update the sections on the left side of the Details tab (Basic Information, NAPIS, Insurance, Other Characteristics, Care Management, MFP Target, Emergency Planning, COVID-19), click the "Open" link to the left of Basic Information.

3) Update any applicable information.

4) Click the "OK" link when finished.

5) If no other changes are required (on the left side of the screen), click the "Save" link.

> **Important**: Under the "Other Characteristics" section, the "Abuse/Neglected/Exploited" checkbox must never be checked. Anyone with access to A&D can see this checkbox. In addition, under the "Notes" sections, no protective services information may be entered for the same reason.

6) To add new information to any section on the right side of the screen, click the "Add New" link for that section. Note" The directions to the Consumer's Home are entered directly into the text box (there is no "Add New" link) and will overwrite any existing directions. The same applied to the "Notes" section.

7) To correct or update information (not adding new information), double-click the existing entry, update the information, and click the "OK" link after updating.

8) Click the "Save" link on the Details tab menu bar to save any changes/additions made.

Wrong Consumer Used

Introduction

When a RON is taken and entered on an incorrect and completely unrelated Consumer Record, the below steps must be taken to delete and recreate the RON on the correct Consumer Record. Note, if it is discovered that the Consumer has two Consumer Records and the RON was taken on the "non-Primary" record (the one with less activity/information), the information is not deleted. Instead the two Consumer Records are merged. When merged, the RON will transfer to the merged record. See Chapter 24 (*Merging Consumer Records*) for instructions.

Error Discovered in the SAME Week RON was Created

All information can be safely deleted from A&D if the error was discovered in the same week in which the RON was created. After the information is recreated on the correct Consumer Records, you may safely delete the erroneous records. Be sure to delete the Care Plan, if one was created, and the Care Enrollment.

Error Discovered Sometime AFTER the Week the RON was Created

Instructions will differ if an ISA was created. If an Initial Investigation ISA was created in a prior week, it is now a permanent record in the reports database; therefore, additional steps must be taken before deleting the ISA to ensure it does not appear in reports as an incomplete ISA.

Initial Investigation ISA was Created

1) Transfer any needed information from the erroneous ISA to the correct ISA / Consumer Record.

2) Change the erroneous ISA's Assessment Type (1A4) from "Initial Investigation" to "Reassessment."

3) Make a Note in the Assessment Type question (1A4) indicating the ISA was created in error.

4) Save and close the ISA.

5) Do **not** delete the ISA until Monday of the following week (after completing the above steps). The reports database is only updated once per week after 4:00 PM on Fridays. Therefore, you must wait until the following week to delete the ISA to allow your changes to be updated in the reports database.

6) The ISA may be safely deleted the week after the changes were made.

7) Uncheck al responses to all questions in the RON so that it becomes a blank RON.

8) Click the "Save and Close" link.

9) Do not delete the RON until the following week (the changes made to the RON need to be updated in the weekly extract at close of business on Friday).

10) The RON may be safely deleted the following week after the updates were made.

11) Delete the Care Plan (if any) and the Care Enrollment.

No Initial Investigation ISA was Created

1) Uncheck al responses to all questions in the RON so that it is a blank RON.

2) Click the "Save and Close" link.

3) Do not delete the RON until the following week (the changes made to the RON need to be updated in the weekly extract at close of business on Friday).

4) The RON may be safely deleted the following week after the updates were made.

5) Delete the Care Plan (if any) and the Care Enrollment.

Deactivating Service Plans & Service Orders

Introduction

Service Orders may span the length of a Service Plan, but if a Service Order has been fulfilled and the Consumer's needs have been met prior to the scheduled end date of the Service Plan, then it may become necessary to deactivate those unused Service Orders.

Terminating a Service Plan & All Future Service Orders

1) Open the Consumer Record.

2) Click on the "Care Plans" tab.

3) Double-click the Care Plan to open it.

4) Open the Service Plan to be deactivated and enter the following:

End Date: Change to date investigation/all activities were completed or date which is was determined services were no longer necessary.

Status: Change to Terminated.

Reason: Select the applicable reason.

Status Date: Enter the date the data is being edited in A&D.

5) Press "OK."

6) Repeat steps 4 and 5 for each Active Service Plans to be terminated.

7) Click the "Save" link in the Care Plan details page.

8) An "Unlink Records" window will appear.

> All Service Orders which were created and have a service month after the month in which the Service Plan was terminated will be closed.
>
> Example: If your End Date is August 2nd, the related August Service Order will remain open so that you may still Service Deliver against it. However, all related future month's Service Orders (September forward) will be closed.
>
> To close individual Service Orders, refer to next section: Terminating Individual Service Orders.

9) Enter the following information in the "Unlink Records" window:

End Date: Change to date investigation/all activities were completed or date which is was determined services were no longer necessary.

Status: Change to Terminated.

Reason: Select appropriate reason.

Status Date: Date the data is being edited in A&D.

10) Click the "OK" link.

Terminating Individual Service Orders

Be sure not to close any Service Orders which may need to remain open for the current month's Service Deliveries to be created.

1) Open the Consumer Record.

2) Click "Service Orders" tab.

3) Click on the Service Order which is no longer needed and click the "Open" link.

4) Click on the service listed within the Services sub-table.

5) Click the "Open" link.

6) Click "Open" in the Service Details sub-table and update the following fields:

   Status: Change to Closed

   Reason: Select appropriate reason:

   - Order Item Adjusted
     Use if there were already Service Units Delivered but did not utilize the total number of Service Units ordered due to shorten duration of service.

   - Order Item Fulfilled
     Will automatically be populated once all Services Units have been accounted for in associated Service Deliveries.

   - Order Item Voided
     Use if there were no Service Units delivered and there will be no Service Units delivered against this order.

   Status Date: Date the data is being edited in A&D.

7) Click "Okay"

8) Click "Okay" and the Service Order Details window will appear with Service status and Reason listed within the Services sub-table.

9) Click "Save and Close" and the Service Orders list window will appear and the Service Order for that time period and Status will be updated to Closed.

10) Repeat these steps as necessary to deactivate the desired Service Orders.

Terminating the Protective Services Care Plan

Introduction

PS Care Plans must always be terminated when it is determined no further services will be provided under Protective Services. A termination journal entry should be placed in the PS Care Plan Journals prior to terminating the PS Care Plan. This journal entry should give a brief summary of the report, information gathered, and the findings of the investigation. The journal should indicate that the case has been closed.

There must be a determination journal for every investigation. This journal must provide specific details of how the Consumer does or does not meet all five criteria of a Consumer in need of Protective Services. This journal is to be entered immediately upon substantiating or unsubstantiating the case. For substantiated cases, this entry is expected as soon as the determination is made and would most likely precede any journals describing services/actions implemented for the Consumer. It is not to be the closing/termination journal.

An ending journal should be entered by the supervisor reviewing the case noting that all documentation has been reviewed, entered completely and correctly, the supervisor agrees with the actions taken, and confirms that termination of the case is appropriate.

No Service Deliveries or Service Orders can be recorded past the date that the Care Plan is being terminated. The Daily Unit Detail Calendars in previous chapters are especially important to use for this reason. The dates on Service Deliveries and Service Orders must be updated prior to terminating the PS Care Plan. The Service Plan must be deactivated prior to terminating the Care Plan.

Terminating the PS Care Plan

1) Open the Consumer Record.

2) Click on the "Care Plans" tab.

3) Double-click the Care Plan to open it.

4) Click the "Edit Care Plan Details" link and enter the following information:

> **End Date**: Change the date to match ISA question 13A19. Date Investigator signed as complete. See ISA Instructions for details on how 13A19 must be documented.

> **Status**: Change from active to inactive.

> **Reason**: Select one of the following:

>> **Consumer's death**: For a substantiated case in which the Consumer dies prior to terminating PS services.

>> **CP Complete**: For a substantiated case in which services were provided and the case is being terminated under PS.

>> **Invest-Incomplete-Death**: Unable to complete the investigation and determine if the case is substantiated or unsubstantiated due to the death of the Consumer.

>> **Investigation Complete**: For unsubstantiated cases or substantiated cases for which no services were provided, including when the Consumer relocates outside the jurisdiction of PA.

> **Status Date**: Enter the date that the information is being updated in A&D.

> **Comments**: Optional.

Terminating the PS Care Enrollment

Introduction

The Protective Services Care Enrollment must be terminated for substantiated, unsubstantiated, and undetermined cases, as well as No Needed RONs. For a No Needed RON, termination is done immediately upon confirmation by the supervisor or caseworker that Intake's categorization of No Need is confirmed. For unsubstantiated/unable to determine cases, this is done immediately upon determination that the case is unsubstantiated. For substantiated cases, the Care Enrollment is terminated immediately after the confirming risk has been reduced and/or eliminated and the case is being closed.

Terminating Unsubstantiated/Unable to Determine Care Enrollments

1) Open the Consumer Record.

2) From the Details tab, click the folder icon (Edit this item icon) for the Protective Services Care Enrollment to open it.

> If the Protective Services Care Enrollment is not visible, click the "Show All" link to display all available Care Enrollments.

3) Update the following information:

Termination Date: Change the date to match ISA question 13A19. Date Investigator signed as complete. See ISA Instructions for details on how 13A19 must be documented.

Status: Change from Active to Terminated.

Reason: Select the applicable reason for termination:

Invest-Unsubstantiated: Used when the investigation results in an unsubstantiated outcome, including when the consumer relocates outside the jurisdiction of PA during the investigation.

Invest-Incomplete/Death : Used when a determination was unable to be made due to the death of the Consumer prior to gathering enough info to make a determination.

Invest-Incomplete/Unable to Locate Consumer: Used when unable to locate Consumer (after following all guidelines in the *Protective Services Policy and Procedural Document* (aka, *PS Chapter*), *Section IV Program Requirements, M. When an Older Adult Cannot be Located*.

Status Date: Enter the date that the information is being updated in A&D.

End Date: Enter the date all investigative activities were completed or when the investigation was stopped for cases that could not be completed (should be same as the Termination Date).

4) Click "OK."

5) On the Details tab, click the "Save" or "Save and Close" link.

Terminating Substantiated Care Enrollments

1) Open the Consumer Record.

2) From the Details tab, click the folder icon (Edit this item icon) for the Protective Services Care Enrollment to open it.

3) Updated the following information:

Termination Date: Change to the date all activities were completed.

Status: Change from Active to Terminated.

Reason: Select the applicable reason for termination:

Substantiated – Consumer Refused Services: Use for substantiated case in which the older Consumer refused services.

Substantiated – Deceased: Use for substantiated cases in which older Consumer died prior to Protective Service program termination, but after a determination was made.

Substantiated – Services Complete: Use for substantiated case for which services were provided and the case is now being terminated.

Substantiated – No Services Needed: Use for substantiated case which the problem was solved and no services were needed/provided by the AAA.

Status Date: Enter the date that the information is being updated in A&D.

End Date: Enter the date all activities were completed (should be same as the Termination Date).

4) Click "OK."

5) On the Details tab, click the "Save" or "Save and Close" link.

Terminating No Need Care Enrollments

1) Open the Consumer Record.

2) From the Details tab, click the folder icon (Edit this item icon) for the Protective Services Care Enrollment.

> For RONs transferred to another AAA, the Care Enrollment should be terminated only by the AAA receiving the RON and after changing the referred RON to a No Need category.

3) Update the following information:

Termination Date: Enter the date the RON was received.

Status: Change from Active to Terminated.

Reason: Select "No Need for Protective Services."

Status Date: Enter the date that the information is being updated in A&D (same date that the RON was confirmed as a No Need).

End Date: Enter the date the RON was received.

4) Click "OK."

5) On the Details tab, click the "Save" or "Save and Close" link.

Terminating the Non-Caremanaged Services CE

Introduction

Protective Services will terminate a Non-Caremanaged Services Care enrollment only when an older adult is not likely to need active care managed services or congregate services or when Protective Services is not referring a Consumer to receive other services.

Terminating the Non-Caremanaged Service Care Enrollment

1) Open the Consumer Record.

2) From the Details tab, click the folder icon (Edit this item icon) for the Protective Services Care Enrollment.

3) Update the following information:

> **Termination Date**: Date the enrollment is being closed.
>
> **Status**: Terminated
>
> **Reason**: Services Complete

> **Important**: Termination of the Non-Caremanaged Services Care Enrollment should never be associated with Protective Services as non-PS users with access to A&D can see this information.

> **Status Date**: Enter the date that the information is being updated in A&D.
>
> **End Date**: Enter the date the enrollment is being terminated.

4) Click the "OK" link.

5) On the Details tab, click the "Save" or "Save and Close" link.

Deactivating a Consumer Record

Introduction

When it is determined that all protective services activity for a Consumer is completed, the Consumer's record in A&D must be deactivated, but only if the Consumer is not currently receiving other services.

Deactivating the Consumer Record

1) Open the Consumer Record.

2) From the Details tab, click the "Open" link in the Basic Information panel.

3) Under the Basic Information section, deselect the "Active" checkbox.

4) Click the "OK" link (scroll back up to see the OK link).

5) Click the "Save and Close" link.

6) Click the "Yes" button in the confirmation window.

Quality Assurance Supervisory Tools

Introduction

PDA provides weekly automated reports to assist PS supervisors with monitoring OAPSA regulations compliance and documentation requirements, as well as ensuring case and investigative activities progress on a timely basis. Reports are also made available in the A&D application. Refer to the A&D OAPSA Reports User Guide for instructions on running reports in A&D. The user guide is available on both the PDA FTP site and the PDA LMS Website. Contact your assigned PDA PS Specialists if you need assistance with accessing this document.

Both the scheduled and A&D reports should be routinely utilized to ensure compliance with regulatory and documentation guidelines, as well as monitoring the progress of all active PS investigations.

Automated Weekly Reports

The below automated reports should be reviewed and utilized on a weekly basis. All errors or missing information listed in these reports should be corrected/updated as soon as possible.

- APS RON Missing Responses Report
- Care Plan Journal Entry Counts Report
- ISA Errors Report
- OAPSA RON Missing Responses Report
- OAPSA ISA Missing Responses Report
- QA Case Inspection Report
- 20-Day Countdown Report

Monthly Reports

The following reports should be used on at least a monthly basis (refer to the A&D Reports User Guide Appendix for instructions on running the reports).

- Deletion Reports for Substantiated, Unsubstantiated, and No Need reports.
  a) 6 Month Deletion
  b) 3 Year Deletion
- SD Expenditures in given time period to track guardianship, legal expenses or any other Service Delivered through a PS Care Plan.
- PDA OAPSA - Monitoring List (Consumer Listing Report).

> The PDA OAPSA - Monitoring List should be routinely utilized in conjunction with the Quality Assurance Self-Monitoring Tools found in Appendix D to assist agencies with their internal quality assurance efforts.

Deleting Electronic PS Records (Expungement)

Introduction

The Six-Month and Three-Year Deletion reports should be run on a monthly basis to identify which records should be deleted from A&D, in addition to securely shredding the hard copy files. Refer to the A&D Reports User Guide appendix for instructions on running the reports.

Refer to the *Protective Services Policy and Procedural Document* (aka, *PS Chapter*) for guidelines regarding when documents must be deleted. The policy can be found under Section VI. Protective Service Provision, G. Maintenance of Case Records.

Deletion Order

Electronic records in A&D must be deleted in the following order:

1. Service Deliveries
2. Service Orders
3. Service Plans
4. Care Plans
5. File Attachments
6. Investigation Summary & Assessment Forms
7. Report of Need Forms
8. PS Care Enrollment

Deleting Records

Service Orders

1) Open the Consumer Record, if not already open.
2) Click the "Service Orders" tab.
3) Single-click the record to be deleted and click the "Delete" button.
4) Repeat for each Service Order to be deleted.

Care Plans

1) Open the Consumer Record, if not already open.
2) Click the "Care Plans" tab.
3) Single-click the record to be deleted and click the "Delete" button.

Service Plans

1) Open the Consumer Record, if not already open.
2) Click the "Service Plans" tab.
3) Double-click to open the PS Care Plan
4) Single-click the Service Plan to be deleted and click the "Delete" button.
5) Repeat for each Service Plan to be deleted.

Service Deliveries

1) Open the Consumer Record, if not already open.
2) Click the "Service Deliveries" tab.
3) Single-click the record to be deleted and click the "Delete" button.
4) Repeat for each Service Delivery to be deleted.

File Attachments

1) Open the Consumer Record, if not already open.
2) Click the "File Attachments" tab.
3) Single-click the record to be deleted and click the "Delete" button.
4) Repeat for each File Attachment to be deleted.

Investigation Summary and Assessment Forms

1) Open the Consumer Record, if not already open.
2) Click the "Assessments" tab.
3) Single-click the record to be deleted and click the "Delete" button.
4) Repeat for each Assessment form to be deleted.

Report of Need Forms

1) Open the Consumer Record, if not already open.
2) Click the "Assessments" tab.
3) Single-click the record to be deleted and click the "Delete" button.
4) Repeat for each RON to be deleted.

Protective Services Care Enrollment

1) Open the Consumer Record, if not already open.
2) Click the "Details" tab.
3) Single-click the PS Care Enrollment to be deleted and click the "Delete" button.
   If the PS Care Enrollment is not visible, click the "Show All" link.

Merging Consumer Records

Introduction

When it is determined that a Consumer has been erroneously entered into A&D, PDA will provide assistance to help merge the identified records so that only the correct profile remains. It is important to note that all merges are **final**; they cannot be undone or reversed. It is vital that the requestor ensure the proper information is provided and that the merge is necessary prior to submitting any merge requests.

Merging Consumer Records

1) The AAA PS Supervisor should send their merge request to Lynnette Holmes (anholmes@pa.gov) and/or RA-AISAMSTECHASSIST@pa.gov.

2) Within the email request, the PS Supervisor must indicate which Consumer ID is the **primary ID** (meaning the profile which should remain in A&D) and which Consumer ID is the secondary ID (this secondary ID will no longer be accessible in A&D; all its data will be merged into the primary ID).

3) The PDA A&D Administrator will e-mail the requestor to confirm that the merge has been completed.

Technical & Program Support

Introduction

For assistance, please use the below email addresses. If you are not sure which email address to use, contact your assigned PDA Specialists and they will assist or redirect your inquiry to the appropriate resource.

Data Entry and Technical Questions

Questions regarding A&D data-entry, technical issues/questions, etc. may be sent to PDA's A&D Administrators at the following addresses: RA-AISAMSTECHASSIST@pa.gov

User Requests & Permissions Questions

RA-AISAMSUSERREQUEST@pa.gov

Provider and Service Questions

RA-SAMSPUrequests@pa.gov

Policy / Procedure Questions

Questions regarding the PS program, policy, procedures, etc. may be emailed to the PDA specialists. In addition, please feel free to call your specialists to discuss any questions or concerns you have.

- PSZone1Specialists@pa.gov

- PSZone2Specialists@pa.gov

- PSZone3Specialists@pa.gov

PDA's Protective Services General Mailbox

All other correspondence may be sent to PDA's general Protective Services email account at: PDA.ProtectiveServices@pa.gov

Report of Need (RON) Instructions

Introduction

The *Report of Need* (RON) form is to be completed when an allegation of abuse, neglect, exploitation, or abandonment is received or a referral is made to an Area Agency on Aging (AAA). The RON form can be completed either in A&D or Mobile Assessments. If the RON form is completed in Mobile Assessments, the user will need to utilize the proper A&D procedures to upload the form into A&D. If the Consumer is not in A&D, the Consumer must be registered in the system before completing the RON form. Please follow the A&D Documentation User Manual for instructions on registering a Consumer in A&D and how to open a RON assessment form.

All questions on the RON form <u>must</u> be completed unless a A&D automated/built-in skip pattern is activated during entry. In addition, questions marked as optional are at the discretion of the intake worker for completion and questions designated as "under 60 only" do not need to be completed for over 60 reports of need. All appropriate check boxes should be marked and supporting information for the selection is to be recorded in the Notes section. If a question is not applicable or information is not known, please utilize the appropriate check box for that question. Care should be taken to assure that all information documented on the RON form is accurate. *ALL Information used to complete the RON form must come from the reporter*. Additional calls to gather statistical data <u>only</u> (i.e. telephone numbers, addresses) are permissible. Calls made to gather any other information to evaluate risk are <u>not</u> permissible as this constitutes the start of an investigation. (APD #93-12-02/#93-24-02)

The worker completing the RON form should not expect the reporter to understand or have a working knowledge of protective services. Therefore, it is imperative that the worker completing the RON form ask probing questions to determine what the reporter is actually alleging, the presence or absence of risk, and to gather additional information included in the RON form. It is essential that the worker completing the RON form accurately record information so that the need for protective services and the categorization of the report can be accurately evaluated. The "None" and "Unknown" responses are only for when the reporter provides the response as "None" or "Unknown". "Unknown" signifies that the reporter is unable to report on this specific risk, but the risk could potentially still be present. "None" signifies that no risk or concern has been reported by the reporter for the related question.

Additionally, it is critical for all staff to ensure that when they are logging into A&D or Mobile Assessments, they use their individually assigned user ID and password. This is imperative because A&D/Mobile Assessments will use the name/ID of the user signed on to the computer to record an electronic signature for the person completing the PS work. Never share user IDs or passwords. If using someone else's computer, you must log into A&D/Mobile Assessments with your user ID and password for the computer to recognize that you are completing the work. If you do not log on under your user ID, the computer will assign the electronic signature of the person signed onto A&D/Mobile Assessments for the work that you have completed.

> **IMPORTANT**: When documenting supporting information in the Notes sections, do not copy and paste the same information over and over. Instead, simply refer back to the first question in which the text appears. For example, if information typed in the Allegations question (3.A.1) supports reasons for responses in several other questions, simply make a note in the subsequent questions that states, "See question 3A1 for explanation." You can always include additional text if the original note doesn't fully explain the response(s) selected for the subsequent question(s).
>
> This approach makes the printed RON shorter and extremely easier to read.

Instructions for RON Form Completion

1. REPORT OF NEED GENERAL INFORMATION

1.A. RON INTAKE

1. **Protective Services Care Enrollment Start Date**
   Using the MM/DD/YYYY format, enter the PS Care Enrollment (PSCE) Start Date (will be the same date as RON received for the first RON). If subsequent RONs are received during the **active** PSCE, enter the same PSCE Start Date for all additional RONs received until the PSCE is terminated.

   This question will allow the Department to match multiple RONs to a single investigation in reports.

2. **Date RON Received**
   Using the MM/DD/YYYY format, document the date that the RON was received.

3. **Time RON Received**
   Document the time of day that the RON was received (the time RON received is when the call started, not when it ended). Include "AM" or "PM." Do <u>not</u> use military time. The time must be in the following format: **hh:mm AM** or **hh:mm PM** (it must include the colon and a space between the time and AM or PM). Do not use periods in AM/PM.

4. **When was APS (Under 60) RON received?**
   Select the appropriate checkbox indicate whether the APS RON was received during or after business hours or over a weekend or one of the 11 federal holidays.

   In order for an APS RON to be approved for payment, this question must be correctly answered.

5. **Date(s) of the Incident(s)**
   Document the date or dates of the alleged incident(s). If the exact date(s) is/are unknown, document the information that is provided by the reporter regarding the date(s) of the incidents(s) in the Notes section (e.g., "it happened three weeks ago" or "it happened about six months ago" or "I don't know when it happened" or "it is ongoing").

2. REPORTER'S DATA

2.A. REPORTER'S INFORMATION

1. **REPORTER'S First and Last Name**
   Document the reporter's first and last name. If reporter chooses to remain anonymous, document "anonymous." Mandatory reporters CANNOT be anonymous.

   This question must be redacted for No Needs and Unsubstantiated cases. To do so, replace the reporter's name with the text "Redacted."

2. **REPORTER'S Phone Number**
   Document the reporter's telephone number, including the area code. If the reporter is from an organization or facility, the telephone number should be the telephone number of the organization/facility. If the reporter is not from an organization or facility, the number should be the telephone number where the reporter can most readily be reached.

   This question must be redacted for No Needs and Unsubstantiated cases. To do so, replace the reporter's name with the text "Redacted."

3. **Is this a MANDATED Report?**
   Check appropriate response. If YES skip to 2.B.

4. **Type of VOLUNTARY Reporter (NOTE: Reporters with asterisk (*) are mandatory for APS)**
Given the information supplied by the reporter, choose the response that is most appropriate. After voluntary reporter is selected, skip to section 3. If this is a MANDATORY report, do not complete this question, skip to section 2.B. For any voluntary reporter type (e.g., VA hospital, VA clinic, etc.) not listed, use OTHER.

For reports received from ChildLine, ChildLine is NOT considered the reporter. The person who called ChildLine (instead of OAPSA or APS) is the reporter. That person should be documented as the reporter in the applicable section (Voluntary or Mandatory). A note documenting that the RON was referred by ChildLine should be added to the Notes section of the applicable Reporter Type question.

2.B. MANDATORY REPORTERS (if voluntary report, skip to 3.A.)

1. **NAME of the Organization/Facility – Mandatory Facilities CANNOT be Anonymous.**
Document the name of the organization/facility the reporter is calling from.

Since this question does not specifically identify the reporter, it does not need to be redacted for No Needs and Unsubstantiated cases.

2. **Type of MANDATORY Reporter (Note: Facilities with an asterisk (*) are exempt from reporting under age 60 abuse to PDA.)**
Given the information supplied by the reporter, choose the response that is most appropriate. Choose only one response.

Use OTHER PUBLIC FUNDED ENTITY for Community Health Choices and Service Coordination Agency and document the type of entity in the Notes section.

For reports received from ChildLine, ChildLine is NOT considered the reporter. The person who called ChildLine (instead of OAPSA or APS) is the reporter. That person should be documented as the reporter in the applicable section (Voluntary or Mandatory). A note documenting that the RON was referred by ChildLine should be added to the Notes section of the applicable Reporter Type question.

The following facilities require notification to the Long-Term Care Ombudsman Office: Skilled Nursing Facilities, Personal Care, Assisted Living, Dom Care, ADLC, and LIFE Centers.

Since this question does not specifically identify the reporter, it does not need to be redacted for No Needs and Unsubstantiated cases.

2.C. MANDATORY REPORTS (Sexual Abuse, Serious Physical Injury, Serious Bodily Injury, or Suspicious Death)

1. **Type of abuse reported**
Given the information supplied by the reporter, choose the response that is most appropriate. If the abuse does not involve sexual abuse, serious physical injury, serious bodily injury, or suspicious death, check ABUSE NOT LISTED ABOVE and document the details of the abuse type in the Notes section.

2. **Was the mandatory reporter advised of additional reporting requirements to the appropriate State Agency and Law Enforcement?**
Select the appropriate response. Additional reporting requirements are required of the reporter for reports involving sexual abuse, serious physical injury, serious bodily injury, or suspicious death. The intake/PS worker is required to advise the reporter of additional reporting requirements to the appropriate state agencies and law enforcement. If the answer is NO, skip to 2.C.5.

If the response to question 2.C.1 was ABUSE NOT LISTED ABOVE the answer to this question should be NO.

3. **Date the PS Agency reminded the organization/facility of the additional reporting requirements to the appropriate state agency and law enforcement**
   Using the MM/DD/YYYY format, document the date that the facility was notified of the additional reporting requirements to the appropriate state agencies and law enforcement.

4. **Time the PS Agency reminded the facility of the additional reporting requirements to the appropriate state agency and law enforcement**
   Document the time, including "AM" or "PM," that the facility was notified of the additional reporting requirements to the appropriate state agencies and law enforcement.

5. **When was the mandatory written report received?**
   Select the appropriate response of when the PS agency received the written report from the facility in relation to when the PS agency received the oral report from the facility.

   When selecting NOT RECEIVED, explain why in the Notes section.

6. **Was the facility's mandatory written report forwarded to the appropriate state agency?**
   If the report involved one of the four serious (sexual abuse, serious physical injury, serious bodily injury, or suspicious death), the AAA must forward the written report to the appropriate agency (PDA for OAPS and DHS for APS). After the written report has been forwarded, select YES. Use the Notes section to document when, how, and to whom the report was provided.

   Select NO if the report did not involve one of the four serious (sexual abuse, serious physical injury, serious bodily injury, or suspicious death) or the AAA never received the written report from the facility. Use the Notes section to designate the reason for the selection of NO.

3. ALLEGATIONS AND CONSUMER'S CHARACTERISTICS

3.A. CONSUMER'S CURRENT SITUATION

1. **Reported allegations. Document all details provided for each allegation in the Notes section.**
   Check the corresponding response for the type of abuse(s) alleged by the reporter. After checking the appropriate response(s), use the Notes section to describe, in detail, what the reporter alleges. Use care to fill out this section thoroughly as it is often the primary source of information used to categorize the *Report of Need*. If possible, use quotes from the reporter. Checking the response(s) that indicate the type of abuse is **NOT** sufficient for the completion of this question. Detailed information must be included that validates what type of abuse is being alleged.

   > When documenting what the reporter said, it is helpful to write "Reporter stated the following:" and use bullets, rather than repeating "Reporter said, Reporter stated, Reporter observed, etc. multiple times for every statement they make. For example:
   >
   > Reporter stated the following:
   > - Consumer is covered in feces.
   > - The house is in deplorable condition, no running water or heat.
   > - The AP is not providing adequate care & only shows up once a week, but OA requires daily care.
   > - And so on . . .

2. **Identify where the incident occurred**
   Document where the Consumer was located at the time of the incident. Examples include:

   - Adult day services center (non-specific)
   - A different county (indicate county name in the Notes section)
   - Licensed adult day services center
   - Licensed residential care community

- Nursing home (non-specific)
- Other (explain in Notes)
- Own residence or private residence of relative or caregiver
- Place of business or other services
- Residential care community (non-specific)
- Skilled nursing facility
- Unlicensed adult day services center
- Unlicensed nursing home
- Unlicensed residential care community

3. **Is the Consumer in a Life Threatening Situation?**
   If the reporter does not know or the reporter's answer is contradicted by other information stated by the reporter, document this discrepancy in the Notes section.

4. **Is the Consumer at risk of or found to be socially isolated?**
   Below are several examples that could be indicators that a Consumer is at risk of or is socially isolated. As best you can, document YES or NO based on the information provided by the reporter. If there are no indicators, enter "Unknown" in the Notes. You may also ask the reporter if they believe the Consumer is socially isolated and respond to this question based on the response from the reporter.

   Social Isolation indicators include but are not limited to the following:
   - Marital status of single, divorced, widowed, separated
   - Lives alone
   - In-poverty
   - Disabled
   - One or more ADL (difficulty with one or more ADL, which is listed as "Number of ADLs" on details screen)

5. **Check all Program Offices through which the Consumer was receiving services at the time of intake**
   Asking for this information allows the investigator to establish what services the consumer is currently receiving. This information should be used to establish collateral contacts, when services should be in the home, and where there may be unmet needs. Contacting current service providers often provides the investigator with insight as to what goes on in the home on a day-to-day basis, the older adult's care needs and decision-making ability, and identify any informal supports available to the Consumer.

6. **Reported physical and health conditions of Consumer (document all details in Notes)**
   Check all responses that the reporter uses to describe the Consumer's physical and/or health conditions. After checking all appropriate responses, describe in the Notes section all supporting documentation/ information supplied by the reporter regarding each response that has been checked. If there are no reported physical and/or health conditions, check the box designated as NONE/NOT REPORTED. If the reporter indicates they are uncertain ("I'm not sure." "I don't know." etc), check the box designated as UNKNOWN.

7. **Type(s) of disability(ies) reported**
   Check all responses that the reporter uses to describe the Consumer's disability(ies). After checking all appropriate responses, describe in the Notes section all supporting documentation/information supplied by the reporter regarding each response that has been checked. If there are no reported disabilities, check the box designated as NONE/NOT REPORTED. If the reporter indicates they are uncertain ("I'm not sure." "I don't know." etc), check the box designated as UNKNOWN.

8. **Indicate the types of substance abuse**
   Check all responses that the reporter uses to describe any substance abuse the Consumer engages in or is occurring in the residence. After checking all appropriate responses, describe in the Notes section all supporting information supplied by the reporter regarding each response that has been checked. If there is no reported substance abuse, check the box designated as NONE/NOT REPORTED. If the reporter indicates they are uncertain ("I'm not sure." "I don't know." etc), check the box designated as UNKNOWN.

9. **Reported emotional and mental conditions of Consumer (document all details in Notes)**
   Check all responses that the reporter uses to describe the Consumer's emotional and/or mental condition. After checking all appropriate responses, describe in the Notes section all supporting documentation/ information supplied by the reporter regarding each response that has been checked. If the Consumer has been formally diagnosed with an emotional or mental condition, document this in the Notes section. If the Consumer has been declared incapacitated by a court through a guardianship hearing, document this in the Notes section. If there are no reported emotional and/or mental conditions, check the box designated as NONE/NOT REPORTED. If the reporter indicates they are uncertain ("I'm not sure." "I don't know." etc), check the box designated as UNKNOWN.

10. **Reported problems with the physical environment of Consumer (document all details in Notes)**
    Check all responses that the reporter uses to describe the Consumer's physical environment. After checking all appropriate responses, describe in the Notes section all supporting documentation/information supplied by the reporter regarding each response that has been checked. If there are no reported issues with the physical environment, check the box designated as NONE/NOT REPORTED. If the reporter indicates they are uncertain ("I'm not sure." "I don't know." etc), check the box designated as UNKNOWN.

11. **Note any dangers (document all details in Notes)**
    Check all responses that the reporter uses to describe any dangers in and/or around the Consumer's environment. After checking all appropriate responses, describe in the Notes section all supporting documentation/information supplied by the reporter regarding each response that has been checked. If there are no reported dangers, check the box designated as NONE/NOT REPORTED. If the reporter indicates they are uncertain ("I'm not sure." "I don't know." etc), check the box designated as UNKNOWN.

12. **Reported financial problems of Consumer (document all details in Notes)**
    Check all responses that the reporter uses to describe reported financial problems. After checking all appropriate responses, describe in the Notes section all supporting documentation/information supplied by the reporter regarding each response that has been checked. If there are no reported financial, check the box designated as NONE/NOT REPORTED. If the reporter indicates they are uncertain ("I'm not sure." "I don't know." etc), check the box designated as UNKNOWN.

13. **Does the Consumer have assistance with legal/financial concerns?**
    Choose the appropriate response. If response is NO or UNKNOWN, skip to 4.A.1. If the reporter indicates that they are uncertain of any assistance with legal/financial concerns, indicate UNKNOWN.

14. **If response to 3.A.13 is "Yes", check all appropriate options from the list below.**
    If YES was chosen in 3.A.13, check all appropriate responses. Document in the Notes section any specific information or identifiers of the person/entity reported to be providing legal/financial assistance.

4. ALLEGED PERPETRATOR'S DATA

4.A. ALLEGED PERPETRATOR'S INFORMATION

1. **Who is the alleged perpetrator?**
   Check the most appropriate response. Check only one box. If there is more than one alleged perpetrator, select the response for the person who the reporter believes is the primary person alleged to be abusing/ neglecting the Consumer. Note: Consumer's alleged to self-neglecting are never to be considered an alleged perpetrator. Therefore, this question must remain unanswered for cases of self-neglect. If no alleged perpetrator is identified, this question should remain unanswered. For unsubstantiated cases, this question must be redacted to remove the selected response. For substantiated cases, the question should not be redacted.

2. **Name of alleged perpetrator? (document if N/A or unknown)**
   If the reporter can identify an alleged perpetrator, document this information in the Notes section. Include the name of the alleged perpetrator, contact information, location, etc., along with any characteristics of the

individual. In cases of multiple alleged perpetrators, each AP's information should be entered. If there is no alleged perpetrator reported, the reporter specifically indicates that there is no alleged perpetrator, or the consumer is self-neglecting, indicate N/A. If the reporter indicates they are uncertain of any alleged perpetrator, indicate UNKNOWN.

3. **Does the Alleged Perpetrator currently have access to the Consumer and/or Consumer assets?**
   Choose the response that is most appropriate given the information supplied by the reporter. Document all applicable details in the Notes section. If the reporter is unsure (e.g., the reporter indicates "Possibly." "I don't know." "Not sure." "Maybe." etc.), select UNKNOWN and document details in the Notes section.

5. CONSUMER'S INFORMATION

5.A. CONSUMER'S DEMOGRAPHIC DATA

1. **Consumer's last name**
   Document the Consumer's last name. Do not use nicknames.

2. **Consumer's last name suffix (if applicable)**
   Document the Consumer's name suffix (i.e. Sr., Jr., III,) if applicable.

3. **Consumer's first name**
   Document the Consumer's first name. Do not use nicknames. If the Consumer goes by another name, document it in the Notes section.

4. **Consumer's middle initial**
   Document the Consumer's middle initial.

5. **Consumer's date of birth (DOB) (if unknown, document an indicated age range in 5A6, if DOB entered here, skip question 5A6).**
   Using the MM/DD/YYYY format, document the Consumer's date of birth and skip the next question (5.A.6.). If the age is unknown, document an indicated age range in question 5.A.6.

6. **If date of birth is unknown, indicate the Consumer's age range.**
   If date of birth was unknown in question 1.B.3, document whether Consumer is reported to be 60 years or older or under 60 in this question. Skip this question if the DOB is known and question 1.B.3 is answered.

7. **Consumer's Social Security Number (SSN)**
   Document the Consumer's social security number, if known.

8. **Consumer's MEDICAID or MCI number (if applicable)**
   Document the Consumer's Medicaid or MCI (Master Client Index) number, if any.

9. **Consumer's Gender**
   Document the Consumer's gender or gender identity.

10. **Consumer's Ethnicity**
    Document the Consumer's ethnicity. Choose only one response.

11. **Consumer's Race(s)**
    Document the Consumer's race. Choose all applicable responses.

12. **Consumer's Marital Status**
    Document the Consumer's marital status. Choose only one response.

13. **What type of communication assistance will the Consumer require?**
    Document any information the reporter provided that indicates or suggests that communication assistance will or may be required when contacting and communicating with the Consumer.

14. **Primary Language**

Document the primary language understood and spoken by the Consumer. If the primary language understood and spoken by the Consumer is not listed, check the OTHER box and document the language in the Notes section. Choose only one response.

15. **Current Living Arrangement (Include in the "Lives Alone" category, Consumers who live in AL, Dom Care, and PCH, pay rent, or have no roommate.)**

Document the Consumer's current living arrangement. The purpose of this question is to determine if the Consumer lives alone or with other people.

- Lives Alone: Select this response if the Consumer lives alone or has no roommate. Also select this response if the person lives in a personal care home, assisted living, domiciliary care home, group home (as long as it's not an "institutional" setting). Also select this if the consumer rents their residence with no other people living there.

- Lives with Spouse or Domestic Partner: Select this response if the Consumer lives with his/her spouse or domestic partner. This response should be chosen regardless of whether anyone else also resides with the Consumer and his/her spouse (i.e. the Consumer lives with spouse along with any other individuals residing in the home).

- Lives with Child(ren) but not Spouse: Select this response when the Consumer lives with a child, but there is no Consumer spouse within the residence.

- Lives with Other Family Members(s): Select this response when the Consumer lives with another family member (not spouse or child).

- Other-Document Details in Notes: Select this response when the Consumer lives with another person (not spouse, child, or another family member) or resides in a nursing facility or other "institutional setting." Document the specifics regarding the Consumer's living arrangements in the Notes section (i.e. where Consumer resides and with whom they reside).

- Don't Know: Select this response when the reporter does not know the living arrangements of the Consumer.

The Notes section should always be used to record any other detailed information or specifics regarding the Consumer's living arrangement.

16. **CONSUMER'S place of residence at the time of the Report of Need**

Select the Consumer's place of residence at the time that the RON was taken. If none of the available selections represent the Consumer's residence, use OTHER-DOCUMENT DETAILS IN NOTES and ensure the Notes section is used to explain the specific residence information. If the reporter does not know the Consumer's residence at the time of the reported event, select UNKNOWN.

5.B. CONSUMER'S RESIDENTIAL ADDRESS INFORMATION

All questions in this section (except *5B2 - Facility Name*, *5B9 - Mailing Address*, and *5B12 - Current Location*) will automatically populate from and are linked to the Consumer Record (Details tab). If these responses need to be updated with correct information, updating the information in the RON will automatically update the Consumer Record. Only changes made to the current or most recently created assessment form will update the Consumer Record. Changes made to prior RONs or ISAs will not update the Consumer Record, nor will prior RONs or ISAs be updated by changes to the current assessment form. Likewise, a change to the Consumer Record will automatically update only the most recently created assessment form.

1. **RESIDENTIAL County – REQUIRED**
   If incorrect or missing, update the county in which the Consumer permanently resides.

2. **Name of Facility if residing in a facility.**
   Document the facility name where the Consumer resides. If the Consumer is not in a facility, document as N/A. This information does not automatically populate.

3. **RESIDENTIAL Street Address (include number of house, apartment, or room).**
   If incorrect or missing, update the Consumer's residential street address (where the Consumer actually resides), including house, apartment or room numbers.

4. **RESIDENTIAL Street Address Second Line (if needed)**
   If incorrect or missing, update the additional address information.

5. **Residential City or Town**
   If incorrect or missing, update the city/town.

6. **Residential State**
   If incorrect or missing, update the state.

7. **Residential Zip Code**
   If incorrect or missing, update the zip code.

8. **RESIDENTIAL Municipality – REQUIRED (Usually a township or borough where Consumer votes, pays taxes)**
   If incorrect or missing, update the Consumer's municipality (the city, borough, town or township where the Consumer pays his/her taxes – which can be different than the name of the town/city where the Consumer resides).

9. **Is the Consumer's MAILING address the SAME as their residential address?**
   If the Consumer's mailing address is the same as the residential address, select YES. If the mailing address is different than the residential address (e.g., P.O. Box, Guardian, POA, etc. address), select NO, and enter the full mailing address in the Notes section. If unknown, select UNKNOWN. Does not automatically populate.

10. **Does Consumer reside in a rural area?**
    Based on the consumer's address, the A&D application will automatically answer this question on the Consumer Record and will carry over to the RON and ISA assessment forms. If the information is incorrect or missing, update response.

11. **CONSUMER'S Primary Telephone Number:**
    If incorrect or missing, update telephone number where the Consumer can be most readily reached. This may be a home or cellular telephone number.

12. **Where is the Consumer currently located?**
    Document where the Consumer is physically located at the time of the report (i.e. home, hospital, NF, homeless). This question does not automatically populate.

13. **DIRECTIONS to Consumer's current location**
    Optional. If incorrect, update the directions that the caseworker would utilize to travel to the Consumer's current location.

5.C. COLLATERAL CONTACTS

> All questions in this section (except *5C10 - Does consumer have a PCP?* and *5C13 - Date of last medical visit*) will automatically populate from and are linked to the Consumer Record (Details tab). If these responses need to be updated with correct information, updating the information in the RON will automatically update the Consumer Record. Only changes made to the current or most recently created assessment form will update the Consumer Record. Changes made to prior RONs or ISAs will not update the Consumer Record, nor will prior RONs or ISAs be updated by changes to the current assessment form. Likewise, a change to the Consumer Record will automatically update only the most recently created assessment form.

1. **NAME of friend or relative (other than spouse/partner) to contact in an emergency**
   If incorrect or missing, update the name of the person identified as the Consumer's emergency contact. If unknown, document "unknown" in the response area.

2. **Emergency contact's relationship to Consumer**
   If incorrect or missing, update the information. If unknown, document as "unknown."

3. **County**
   If incorrect or missing, update the county in which the emergency contact resides. If unknown, document as "unknown."

4. **Street address**
   If incorrect or missing, add the emergency contact's street address, including house, apartment or room numbers. If unknown, document as "unknown."

5. **POSTAL City or Town**
   If incorrect or missing, add the city/town. If unknown, leave blank.

6. **POSTAL State**
   If incorrect or missing, add the state. If unknown, leave blank.

7. **POSTAL Zip Code**
   If incorrect or missing, add the zip code. If unknown, leave blank.

8. **Telephone number**
   If incorrect or missing, update the "non-work" phone number of the person identified as the Consumer's emergency contact. If unknown, document as "unknown."

9. **Work telephone number**
   If incorrect or missing, update the "work" phone number of the person identified as the Consumer's emergency contact. If unknown, document as "unknown."

10. **Consumer has a family physician/primary care physician?**
    Select applicable response. If NO, skip to question 6.D.1. If unknown, leave blank and document as "unknown" in the Notes section. This question does not automatically populate.

11. **Primary care physician's name**
    If incorrect or missing, update the full name of the Consumer's primary care physician. If unknown, document "unknown" in the designated area.

12. **Primary care physician's work phone number**
    If incorrect or missing, update the business phone number for the Consumer's primary care physician. If unknown, document "unknown" in the response area.

13. **Date of the Consumer's last visit to his/her primary medical provider**
Using the MM/DD/YYYY format, enter the date of the Consumer's last visit with their primary medical provider. If unknown, leave blank and document as "unknown" in the Notes section. This question does not automatically populate.

6. REPORT OF NEED CATEGORIZATION AND SUMMARY

6.A. REPORT OF NEED INTAKE

1. **What is the Category assigned to the Report of Need at intake? QUESTION MAY NOT BE CHANGED AFTER INTAKE.**
Choose the appropriate category for this RON in accordance with the appropriate statute/regulations (Older Adults Protective Services Act or Adult Protective Services). This categorization must be based solely on the information provided by the reporter and which has been documented in the RON.

For all Adult Protective Services (**APS**) RONs, only the following response may be selected: NO NEED FOR OAPSA: REFERRED TO APS (COMPLETE 6.A.2). If any other response is selected or this question is unanswered, the RON will not be approved for payment. Question 6.A.2 must also be answered correctly to qualify the RON for payment.

If an **OAPSA** RON is categorized as No Need for PS, select the following response: NO NEED FOR PS (COMPLETE 6.A.2) and proceed to question 6.A.2, otherwise skip to question 6.A.3.

If an OAPSA RON is being **referred to another AAA**, Intake must select: REFERRED TO ANOTHER PLANNING AND SERVICE AREA (AAA) - SKIP TO 6.A.3. The contact person at the receiving AAA shall be documented in the Notes section of question 6.A.3, including the contact name, date, time, and method of notification.

> A referred RON (APS & OAPSA) will be confirmed (6A3) and categorized (6A4) by the **Investigating Agency** that receives the transferred RON. A referred RON is **never** confirmed by the Intake Agency.

Once the RON is categorized by Intake, this question may **not** be changed by any person, including the person confirming the RON. To change the Intake category, respond NO to question 6.B.3 and select the final category in 6.B.4. In addition, Intake may not leave this question blank for someone else to respond. This question must be answered by the person speaking with the reporter and creating the RON.

RONs categorized and confirmed as Emergency, Priority, and Non-Priority must have the Initial Investigation ISA created immediately by the caseworker or supervisor. This step is important to ensure dashboards and reports contain real-time data and so that automated alerts can function properly.

Intake may not create an Initial Investigation ISA, as the RON categorization has not yet been confirmed and finalized. Initial Investigation ISAs that are created and deleted unnecessarily can skew dashboards, alerts, reports, and data.

2. **If 6.A.1 is categorized as No Need for PS, select the reason**
If the *Report of Need* was categorized as No Need for PS, select the appropriate reason(s) for this question. The Notes section must be used to provide supporting documentation to justify each selection made. However, RONs referred to APS do **not** require justification in the Notes section. The contact name, date, time and method for the referral will be recorded in the Notes section of the next question (6A3).

Only the following responses are to be used by OAPS:

- CONSUMER DECEASED AT TIME OF RON

- CONSUMER IN STATE-OPERATED FACILITY

- OAPSA FIVE CRITERIA responses

The APS CRITERIA responses are used only by APS when the APS agency takes a RON, instead of a AAA.

For **APS** (and ChildLine) RONs taken by the AAA, only the following response may be selected: OAPSA FIVE CRITERIA: UNDER AGE 60. If any other response is selected or this question is unanswered, the APS RON will not be approved for payment.

3. **What agencies were notified of the RON at Intake? (Document in Notes the contact name, date, time, & method of notification.)**
Select all appropriate agencies notified and document in the Notes section the contact name(s), date, time(s), and method(s) for each notification made. When contacting multiple agencies, be sure to identify with which agency each contact's information is associated.

For RONs referred to another AAA, the **investigating** AAA is responsible for all notifications, even though they are not the Intake agency. Therefore, for any notifications made at the time of the RON confirmation, this question must be updated by the AAA receiving the referred RON, regardless if it is No Needed or will be investigated. For **APS RONs**, the APS agency will make all referrals except for Ombudsman. The **Intake** agency is required make the Ombudsman notification for APS RONs when the Consumer resides in a licensed facility.

For **APS RONs** referred to the APS investigative agency, the following response must be selected in order for the RON to be approved for payment: REFERRED TO ADULT PROTECTIVE SERVICES . . . If this response is not selected, the RON will not be approved for payment. In addition, if the APS Consumer resides in a licensed facility, the RON will not be approved for payment if the Ombudsman referral is not documented (including contact information in the Notes section). The AAA is responsible for notifying the Ombudsman for APS RONs.

The following OAPSA facilities require AAA notification to the Long-Term Care Ombudsman Office: Skilled Nursing Facilities, Personal Care, Assisted Living, Dom Care, ADLC, and LIFE Centers

4. **AAA responsible for conducting investigation or reassessment (update if active case is transferred to another AAA for investigation)**
Select the AAA ID number of the agency responsible for conducting the initial investigation. For RONs that will be investigated by the Intake agency, select the Intake agency's ID. For RONs being referred to another AAA for investigation, the Intake agency must select the AAA to whom the RON will be referred for investigation.

For active investigations that are being transferred to another AAA for investigation, reassessment, or completion, this question must be changed on both the **RON** and **Initial Investigation ISA** assessment form when the case is transferred. The agency transferring the active case shall be responsible for updating this question on the RON and ISA.

For **APS RONs**, the APS checkbox must be selected by the Intak agency in order for the RON to be approved for payment. APS RONs with an incorrect or missing response to this question will not be approved for payment.

6.B. RON CONFIRMATION (Completed by INVESTIGATING agency only. Leave blank if referring RON.)

1. **Date RON was received for confirmation**
Using the MM/DD/YYYY format, document the date this RON was received by the Protective Services Worker or Supervisor for confirming Intake's categorization.

Note: If this RON is a referral from another agency, only the Investigating Agency completes this question. The Investigating Agency can also utilize this response area to document the name of the person at the Intake Agency who made the referral.

2. **Time RON was received for confirmation**
Document the time, including "AM" or "PM" that this RON was received by the PS worker or supervisor for confirming the report categorization.

Note: If this RON is a referral from another agency, only the Investigating Agency completes this question.

3. **Does the supervisor/caseworker agree with the category assigned at Intake? (May not be the same person who took and created the RON at Intake).**
To ensure proper categorization, this question needs to be answered immediately after intake or, in the case of a referred RON, upon receipt by another AAA or APS.

Document whether the initial category assigned to the RON at Intake was confirmed. If the PS worker or supervisor agrees with the categorization, select YES and skip to question 6.B.5.

If NO, proceed to question 6.B.4 and answer appropriately. Do not change Intake's original categorization in question 6.A.1. When disagreeing with the Intake category, it may be changed only in question 6.B.4. When changing Intake's categorization to a No Need, question 6.A.2 must also be answered and a note entered explaining why the RON was changed to a No Need.

If this RON is a referral from another agency, only the Investigating Agency answers NO to this question and categorizes the RON in question 6.B.4.

4. **If disagreeing with Intake's categorization, enter the final and appropriate category here (do not change 6.A.1)**
Skip this question if 6.B.3. was answered YES. If question 4.B.3. was answered NO, select the appropriate categorization and document the final and appropriate category assigned to the RON. When disagreeing with the Intake category, it may be changed only in this question. The original Intake category in question 6.A.1 may not be changed after Intake has passed the RON to the PS worker or supervisor. If the RON is being changed to a No Need, question 6.A.2 must also be answered and a Note explaining the reason for No Need must be entered (the Note may be entered in this question, and 6.A.2's Note can simply refer to this question.

If this RON is a referral from another entity, only the Investigating Agency will utilize this question to categorize the RON.

> The REFERRED TO ANOTHER ENTITY response has been removed from this question. A RON referred to APS or another AAA will not be referred again. If an active investigation subsequently needs to be referred to another AAA, the response to this question is not changed. Instead, question 6.A.4 (AAA responsible for conducting the investigation) is updated. In addition, the same question is updated in the Initial Investigation ISA form.

5. **Assigned caseworker's name**
Enter the name of the caseworker assigned to investigate the RON.

7. SIGNATURES

7.A. SIGNATURES, TITLES AND DATES FOR REPORT OF NEED

1. **Signature & Title of Intake Worker**
The person completing the initial RON shall be designated as the intake worker and is required to use this section to record their name and title. For referred RONs, Intake agency must skip questions 3 through 6.

2. **Date Intake Worker Completed RON**
The person completing the initial RON shall document the date the intake was completed using the MM/DD/YYYY format. For referred RONs, the Intake agency must skip questions 3 through 6.

3. **Signature & Title of PS staff confirming Intake**
Document the name and title of the person who reviewed the RON and confirmed Intake's categorization. If the RON is referred to another AAA or APS, only the agency to whom the RON will be transferred (investigating agency) completes this question.

4. **Date Intake category confirmed by PS staff**
   Using the MM/DD/YYYY format, enter the date the RON was confirmed. If the RON is referred to another AAA, only the agency to whom the RON will be transferred (investigating agency) completes this question.

5. **Signature of supervisor confirming accurate completion of RON and assignment to caseworker**
   Document the name of the supervisor who reviewed the RON for accuracy and assigned the RON to the caseworker. If the RON is referred to another AAA or APS, only the agency to whom the RON will be transferred (investigating agency) completes this question.

6. **Date of supervisory oversight signature**
   Using the MM/DD/YYYY format, document the date that the supervisor reviewed the RON for accuracy and assigned it to the caseworker. If the RON is referred to another AAA or APS, only the agency to whom the RON will be transferred (investigating agency) completes this question.

ASSESSMENT NARRATIVE:
Optional. Any information entered in this field must also appear in the PS Care Plan Journals if the case is being investigated.

Report of Need (RON) Assessment Form (Blank)

Introduction

The following pages contain the current RON assessment form, including annotations from the most recent revisions to the Report of Need form template. A blank RON form may be printed from A&D and utilized during a live Report of Need call to guide the Intake worker through documenting all required information prior to committing the information to the official electronic record in A&D.

To print a blank form from A&D, follow these instructions:

1) Click the three vertical dots on the black menu bar.

2) Select "Tools."

3) Click "Print Blank Assessment Forms."

4) Open the "Select a Form to Print:" list box.

5) Select the PS Report of Need.afm option.

6) Change the "Style" and "Settings" options, if desired.

7) Click the Preview button.

8) A blank form will open in a new tab and can be printed from the new tab.

RON 07-01-2021

1. REPORT OF NEED GENERAL INFORMATION

1.A. RON INTAKE

1. **Protective Services Care Enrollment Start Date**

   MM / DD / YYYY
   _____

2. **Date RON received**

   MM / DD / YYYY
   _____

3. **Time RON received**

   HH:MM AM or PM
   _____

4. **When was APS (Under 60) RON received?**
   - ☐ Weekday (8 AM to 5 PM)
   - ☐ Evening (5:01 PM to 7:59 AM), Weekend, or Federal Holiday

5. **Date(s) of the incident(s)**

   MM / DD / YYYY
   _____

2. REPORTER'S DATA

2.A. REPORTER'S INFORMATION

1. **Reporter's first and last name**

   _____

2. **Reporter's phone number**

   _____

3. **Is this a MANDATED report?**
   - ☐ Yes-Skip to 2.B
   - ☐ No

4. **Type of VOLUNTARY Reporter (NOTE: Reporters with asterisk (*) are mandatory for APS).**
   - ☐ AP-Alleged Perpetrator
   - ☐ AAA-Area Agency on Aging
   - ☐ Anonymous
   - ☐ Assisted Living Facility (AL)
   - ☐ Consumer
   - ☐ Domiciliary Care Home (Non-Mandated Reporter)
   - ☐ Family Member
   - ☐ General Public
   - ☐ Home Health Care Agency (Other)
   - ☐ Hospital*
   - ☐ Law Enforcement Agency
   - ☐ LTC Ombudsman
   - ☐ Personal Care Home (Non-Mandated Reporter)
   - ☐ Physician's Office*
   - ☐ School - Employee other than nurse - APS only
   - ☐ Skilled Nursing Facility (Non-Mandated Reporter)
   - ☐ Social Service
   - ☐ State Center
   - ☐ Other-Document Details in Notes

2.B. MANDATORY REPORTERS (if voluntary report, skip to 3.A.)

1. **Name of the Organization/Facility (mandatory facilities CANNOT report anonymously)**

   _____

2. **Type of MANDATORY Reporter (Note: Facilities with an asterisk (*) are exempt from reporting under age 60 abuse to PDA.)**
   - ☐ Adult Training Facility/Vocational Program-DHS
   - ☐ Assisted Living Facility-DHS
   - ☐ Birth Center (BC)-DOH
   - ☐ Community Homes for individuals with ID-DHS*
   - ☐ Community Residential Rehabilitation Services-MH (CRRS)-DHS*
   - ☐ Domiciliary Care Home (DC)-PDA
   - ☐ Home Care Agency-DOH
   - ☐ Home Care Registry-DOH
   - ☐ Hospice-DOH
   - ☐ Hospital—APS only
   - ☐ Hospital Long Term Care-DOH
   - ☐ Intermediate Care Facility / Intellectual Disability (ICF/ID)-DHS*
   - ☐ In-Home Direct Service Worker
   - ☐ Licensed Home Health Care (HH)-DOH
   - ☐ Long Term Structured Residence (LTSR)-DHS
   - ☐ Older Adult Daily Living Center (OADLC)-PDA
   - ☐ Other Public Funded Entity (Licensed or Unlicensed) - Document details in Notes
   - ☐ Personal Care Home (PCH)-DHS
   - ☐ Primary Care Physician - APS only
   - ☐ Residential Treatment Facility-DHS
   - ☐ School - Nurse - APS only
   - ☐ Skilled Nursing Facility-DOH
   - ☐ State Center - DHS - APS only
   - ☐ State Mental Hospital - DHS
   - ☐ VA Skilled Nursing Facility Licensed by DOH

2.C. MANDATORY REPORTS (Sexual Abuse, Serious Physical

1. **Type of abuse reported**
   - ☐ Sexual abuse
   - ☐ Serious bodily injury (risk of death, permanent disfigurement, loss/impairment)
   - ☐ Serious physical injury (causes severe pain, impairs physical functioning)
   - ☐ Suspicious death
   - ☐ Abuse not listed above (document details in Notes)

2. **Was the mandatory reporter advised of additional reporting requirements to the appropriate state agency and law enforcement?**
   - ☐ Yes
   - ☐ No (not one of the four serious, skip to 2.C.5

3. **Date the PS agency reminded the facility of the additional reporting requirements to the appropriate state agency and law enforcement:**

   MM / DD / YYYY
   _____

4. **Time the PS agency reminded the facility of the additional reporting requirements to the appropriate state agency or law enforcement:**

   HH:MM AM or PM
   _____

5. When was the mandatory written report received?

- ☐ Within 48 hours
- ☐ Over 48 hours
- ☐ Not received

6. Was the facility's mandatory written report forwarded to the appropriate state agency?

- ☐ Yes
- ☐ No

3. ALLEGATIONS AND CONSUMER'S CHARACTERISTICS

3.A. CONSUMER'S CURRENT SITUATION

1. Reported allegations. Document all details provided for each allegation in the Notes section.

- ☐ Abandonment
- ☐ Caretaker/Caregiver Neglect
- ☐ Emotional Abuse
- ☐ Exploitation
- ☐ Physical Abuse
- ☐ Self Neglect
- ☐ Sexual Abuse

2. Identify where the incident occurred

_____

3. Is the consumer in a life-threatening situation?

- ☐ Yes
- ☐ No
- ☐ Unknown

4. Is the consumer at risk of or found to be socially isolated?

- ☐ Yes
- ☐ No

5. Check all Program Offices through which the Consumer was receiving services at the time of intake:

- ☐ Adult Daily Living Center (ADLC) - PDA
- ☐ Aging & Disability Resource Centers (ADRC) - PDA
- ☐ Bureau of Supports for Autism and Special Populations (BSASP)
- ☐ Department of Health (DOH)
- ☐ Department of Human Services (DHS)
- ☐ Family Caregiver - PDA
- ☐ Managed Care Organization (MCO)
- ☐ Office of Developmental Programs (ODP)
- ☐ Office of Long-Term Living Community HealthChoices (OLTL CHC)
- ☐ Office of Long-Term Living Omnibus Budget Rehabilitation Act (OBRA, ACT 150)
- ☐ Office of Mental Health & Substance Abuse Services (OHMSAS)
- ☐ Office of Medical Assistance Programs (OMAP)
- ☐ Options - PDA
- ☐ Other (explain in Notes)
- ☐ None
- ☐ Unknown

6. Reported physical and health conditions of consumer (document all details in Notes)

- ☐ None/not reported
- ☐ Amputation
- ☐ Arthritis
- ☐ Functional limitations
- ☐ Medication mismanagement (e.g., undermedicated, substance abuse, etc.)
- ☐ Physical trauma (e.g., bruises, cuts, burns, signs of sexual abuse, etc.)
- ☐ Poor personal hygiene (e.g., dirty, odorous, poor dental health, etc.)
- ☐ Poor nutritional status (e.g., malnourished, dehydrated, weight loss, etc.)
- ☐ Recent hospitalizations (e.g., hospitalized in last 30 days)
- ☐ Untreated medical condition (e.g., ulcerations, bedsores, etc.)
- ☐ Other (document details in Notes)
- ☐ Unknown
- ☐ Unmet personal needs (e.g., lack of false teeth, eyeglasses, hearing aids, etc.)

7. Type(s) of disability(ies) reported

- ☐ ALS (Lou Gehrig's)
- ☐ Alzheimer's/dementia
- ☐ Autism spectrum disorder
- ☐ Blind/visually impaired
- ☐ Brain injury (traumatic/acquired)
- ☐ Chemical dependency, including alcohol & substance abuse
- ☐ Communication difficulty
- ☐ Deaf/hearing impaired
- ☐ Epilepsy
- ☐ Intellectual disability (ICF/ID)
- ☐ Mental health concerns (treated or untreated)
- ☐ Medical diagnoses leading to physical disability
- ☐ Physical disability
- ☐ None/not reported
- ☐ Other (document details in Notes)
- ☐ Unknown

8. Indicate the types of substance abuse

- ☐ None/not reported
- ☐ Alcohol
- ☐ Illegal drugs
- ☐ Misusing prescribed medications
- ☐ Other (document details in Notes)

9. Reported emotional and mental conditions of consumer (document all details in Notes)

- ☐ None/not reported
- ☐ Confusion (e.g., memory loss, wandering, etc.)
- ☐ Disoriented (e.g., to person, place, or time)
- ☐ Feels threatened or intimidated
- ☐ Hallucinations (e.g., hearing voices, seeing non-existent objects or people, etc.)
- ☐ Recent suicidal talk/actions/thoughts
- ☐ Social isolation: Consumer imposed
- ☐ Social isolation: Imposed by another person
- ☐ Unable to communicate and/or comprehend
- ☐ Other (document details in Notes)
- ☐ Unknown

10. Reported problems with the physical environment of consumer (document all details in Notes)

- ☐ None/not reported
- ☐ Architectural barriers (e.g., inaccessible bathroom, bedroom, stairs, exit, etc)
- ☐ Garbage/trash accumulation
- ☐ Inadequate utilities (e.g., heat, plumbing, etc.)
- ☐ In need of repair
- ☐ Insect/pest problem(s)
- ☐ Pet/animal problem(s) (e.g., overpopulation, inadequate Care, etc.)
- ☐ Safety hazard(s) (e.g., fire danger, leaky roof, etc.)
- ☐ Other (document details in Notes)
- ☐ Unknown

11. Note any dangers (document details in Notes)

- ☐ None/not reported
- ☐ History of violent behavior in home
- ☐ Gang activity
- ☐ Neighborhood dangers
- ☐ Known drug activity
- ☐ Pets
- ☐ Weapons
- ☐ Other (document details in Notes)
- ☐ Unknown

12. Reported financial problems of consumer (document details in Notes)

- ☐ None/not reported
- ☐ Depleted bank account with no reason
- ☐ Mismanagement of funds (e.g., unpaid bills, utility shut-offs, etc.)
- ☐ Missing assets (e.g., checks, cash, personal property, etc.)
- ☐ Unexpected change of name on accounts
- ☐ Other unusual financial arrangements or relationships
- ☐ Unknown

13. Does the consumer have assistance with legal/financial concerns?

- ☐ Yes
- ☐ No (skip to 4.A.1)
- ☐ Unknown (skip to 4.A.1)

14. If response to 3.A.13. is "Yes," check all appropriate options from list below.

- ☐ Guardian
- ☐ Informal Representative
- ☐ Lawyer
- ☐ Power of Attorney (Healthcare)
- ☐ Power of Attorney (Durable)
- ☐ Representative Payee

4. ALLEGED PERPETRATOR'S DATA

4.A. ALLEGED PERPETRATOR'S INFORMATION

1. Who is the alleged perpetrator?

- ☐ Brother
- ☐ Caretaker-Individual
- ☐ Daughter
- ☐ Daughter-in-Law
- ☐ Domestic Partner
- ☐ Facility/Entity
- ☐ Father
- ☐ Friend or Neighbor (NON-Caretaker)
- ☐ Granddaughter
- ☐ Grandson
- ☐ Managed Care Organization (MCO)
- ☐ Mother
- ☐ Non-relative
- ☐ Other Relative (explain in Notes; e.g. Step-relationships)
- ☐ Service Coordinator
- ☐ Service Provider
- ☐ Sister
- ☐ Son
- ☐ Son-in-Law
- ☐ Spouse/Intimate Partner

2. Name of alleged perpetrator (document n/a or unknown)

_____

3. Does the alleged perpetrator currently have access to the consumer and/or the consumer's assets?

- ☐ Yes
- ☐ No
- ☐ Unknown

5. CONSUMER'S INFORMATION

5.A. CONSUMER'S DEMOGRAPHIC DATA

1. Consumer's LAST name

_____

2. Consumer's last name SUFFIX

_____

3. Consumer's FIRST name

_____

4. Consumer's MIDDLE initial

_____

5. Consumer's DATE OF BIRTH (DOB) (If unknown, document an indicated age range in 5A6, if DOB entered here, skip Question 5A6)

MM / DD / YYYY

6. If Date of Birth is unknown, indicate the consumer's age range

- ☐ Under Age 18
- ☐ Age 18 to 59
- ☐ Age 60+

7. Consumer's Social Security Number (SSN)

_____

8. Consumer's MEDICAID or MCI Number (If applicable)

_____

9. Consumer's GENDER

- ☐ Female
- ☐ Male
- ☐ Other
- ☐ Refused to disclose

10. Consumer's ETHNICITY

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ Unknown

11. Consumer's RACE(S)

- ☐ American Indian/Native Alaskan
- ☐ Asian
- ☐ Black/African American
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ Non-Minority (White, Non-Hispanic)
- ☐ White-Hispanic
- ☐ Other-Document in Notes
- ☐ Unknown/Unavailable

12. Consumer's marital status

- ☐ Divorced
- ☐ Domestic Partner
- ☐ Legally Separated
- ☐ Married
- ☐ Single
- ☐ Widowed
- ☐ Other
- ☐ Unavailable/Unknown

13. What type of communication assistance will the consumer require?

- ☐ American Sign Language (ASL)
- ☐ Language
- ☐ Language and mechanical
- ☐ Mechanical
- ☐ None / not reported

14. Consumer's primary language

- [ ] American Sign Language (ASL)
- [ ] Arabic
- [ ] Armenian
- [ ] Assistive Technology
- [ ] Cantonese
- [ ] Chinese/Other
- [ ] English
- [ ] Farsi (Persian)
- [ ] Filipino (Tagalog)
- [ ] French
- [ ] German
- [ ] Greek
- [ ] Haitian Creole
- [ ] Hebrew
- [ ] Italian
- [ ] Japanese
- [ ] Korean
- [ ] Lithuanian
- [ ] Mandarin
- [ ] Mein
- [ ] Polish
- [ ] Portuguese
- [ ] Romanian
- [ ] Russian
- [ ] Serbian-Cyrillic Spanish
- [ ] Spanish
- [ ] Thai
- [ ] Turkish
- [ ] Vietnamese
- [ ] Other-Document in Notes

15. Current living arrangement (include in the "Lives Alone" category, Consumers who live in AL, Dom Care, and PCH, pay rent or have no roommate.)

- [ ] Lives Alone
- [ ] Lives with spouse or domestic partner
- [ ] Lives with child(ren) but not spouse
- [ ] Lives with other family member(s)
- [ ] Other (document details in Notes)
- [ ] Don't know

16. Consumer's place of residence at the time of the Report of Need

- [ ] Apartment
- [ ] Assisted Living (AL)
- [ ] Caretaker/Caregiver's Home
- [ ] Community Homes for Individuals with ID
- [ ] CRR (Mental Health)
- [ ] Domiciliary Care Home (DC)
- [ ] Family Living/Shared Living
- [ ] Homeless
- [ ] Intermediate Care Facility (ICF)
- [ ] Long Term Structured Residence (LTSR/MH)
- [ ] Mental Health Inpatient Psychiatric Facility
- [ ] Own Home
- [ ] Personal Care Home (PCH)
- [ ] Skilled Nursing Facility (DOH)
- [ ] Other-Document Details in Notes
- [ ] Unknown

5.B. CONSUMER'S RESIDENTIAL ADDRESS INFORMATION

1. RESIDENTIAL County – REQUIRED

- [ ] Adams
- [ ] Allegheny
- [ ] Armstrong
- [ ] Beaver
- [ ] Bedford
- [ ] Berks
- [ ] Blair
- [ ] Bradford
- [ ] Bucks
- [ ] Butler
- [ ] Cambria
- [ ] Cameron
- [ ] Carbon
- [ ] Centre
- [ ] Chester
- [ ] Clarion
- [ ] Clearfield
- [ ] Clinton
- [ ] Columbia
- [ ] Crawford
- [ ] Cumberland
- [ ] Dauphin
- [ ] Delaware
- [ ] Elk
- [ ] Erie
- [ ] Fayette
- [ ] Forest
- [ ] Franklin
- [ ] Fulton
- [ ] Greene
- [ ] Huntingdon
- [ ] Indiana
- [ ] Jefferson
- [ ] Juniata
- [ ] Lackawanna
- [ ] Lancaster
- [ ] Lawrence
- [ ] Lebanon
- [ ] Lehigh
- [ ] Luzerne
- [ ] Lycoming
- [ ] McKean
- [ ] Mercer
- [ ] Mifflin
- [ ] Monroe
- [ ] Montgomery
- [ ] Montour
- [ ] Northampton
- [ ] Northumberland
- [ ] Perry
- [ ] Philadelphia
- [ ] Pike
- [ ] Potter
- [ ] Schuylkill
- [ ] Snyder
- [ ] Somerset
- [ ] Sullivan
- [ ] Susquehanna
- [ ] Tioga
- [ ] Union
- [ ] Venango
- [ ] Warren
- [ ] Washington
- [ ] Wayne
- [ ] Westmoreland
- [ ] Wyoming
- [ ] York
- [ ] Out Of State

2. Name of facility (if not residing in a facility, document as N/A

_____

3. RESIDENTIAL Street Address (Include number of house, apartment, or room.)

_____

4. RESIDENTIAL Address Second Line (if needed)

_____

5. RESIDENTIAL City or Town

_____

6. RESIDENTIAL State

_____

7. RESIDENTIAL Zip Code (required)

_____

8. RESIDENTIAL Municipality (Usually a Township or Boro where Consumer Votes, Pays Taxes.)

_____

9. Is the Consumer's MAILING address the SAME as their residential address?

- [ ] Yes
- [ ] No (Enter complete address in Notes)
- [ ] Unknown

10. Does Consumer reside in a RURAL Area?

- [ ] Yes
- [ ] No

11. Primary TELEPHONE Number

_____

12. Where is Consumer CURRENTLY located?

_____

13. Directions to Consumer's CURRENT location

_____

5.C. COLLATERAL CONTACTS

1. NAME of Friend or Relative (other than spouse/partner) to Contact in an Emergency.

_____

2. Emergency Contact's RELATIONSHIP to Consumer

_____

3. COUNTY

_____

4. STREET ADDRESS

_____

5. CITY/TOWN

_____

6. STATE

_____

7. ZIP CODE

_____

8. TELEPHONE Number

_____

9. WORK TELEPHONE Number

_____

10. Consumer has family physician/primary care physician?

☐ Yes
☐ No-Skip to 6.A.1

11. Primary care physician's name?

_____

12. Primary care physician's work phone number?

_____

13. Date of the Consumer's last visit to his/her primary medical provider?

MM / DD / YYYY

---

6. REPORT OF NEED CATEGORIZATION AND SUMMARY

6.A. REPORT OF NEED INTAKE

1. What is the Category assigned to the Report of Need at intake? QUESTION MAY NOT BE CHANGED AFTER INTAKE.

☐ Emergency (immediately refer to caseworker)–Skip to 6.A.3.
☐ Priority (immediately refer to caseworker)–Skip to 6.A.3.
☐ Non-priority–Skip to 6.A.3.
☐ No Need for OAPSA: Referred to APS (complete 6.A.2.)
☐ No Need for PS (complete 6.A.2.)
☐ Referred to another planning and service area (AAA).–Skip to 6.A.3.

2. If 6.A.1 is categorized as No Need for OAPSA or PS, select the reason.

☐ APS Criteria: Able to obtain PS without the assistance of another person
☐ APS Criteria: No imminent risk to person or property
☐ APS Criteria: No physical/mental impairment limiting any major life activities
☐ APS Criteria: Not a resident of PA
☐ APS Criteria: Under age 18 or over age 59
☐ Consumer deceased at time of RON
☐ Consumer in state-operated facility (corrections or mental health facility)
☐ OAPSA Five Criteria: Able to perform or obtain services without assistance
☐ OAPSA Five Criteria: Has a responsible caretaker
☐ OAPSA Five Criteria: No imminent risk to person or property
☐ OAPSA Five Criteria: Not within the jurisdiction of PA
☐ OAPSA Five Criteria: Under age 60

---

3. What agencies were notified of the RON at Intake? (Document in Notes the contact name, date, time, & method of notification)

☐ Referred to Adult Protective Services (under 60) (select APS in 6.A.4.)
☐ Attorney General
☐ Referred to another Area Agency on Aging (specify AAA in 6.A.4.)
☐ Coroner
☐ Department of Aging (PDA)
☐ Department of Health (DOH)
☐ Department of Human Services (other than APS) (DHS)
☐ Law Enforcement (at time of RON; i.e., NN due to death)
☐ Mental Health & Developmental Disabilities
☐ Ombudsman
☐ Other, including ChildLine (document details in Notes)
☐ None (document details in Notes)
☐ State-operated facility

---

4. AAA Responsible for conducting investigation or Reassessment (update if active case is transferred to another AAA for investigation)

☐ 01	☐ 10	☐ 19	☐ 28	☐ 37	☐ 46
☐ 02	☐ 11	☐ 20	☐ 29	☐ 38	☐ 47
☐ 03	☐ 12	☐ 21	☐ 30	☐ 39	☐ 48
☐ 04	☐ 13	☐ 22	☐ 31	☐ 40	☐ 49
☐ 05	☐ 14	☐ 23	☐ 32	☐ 41	☐ 50
☐ 06	☐ 15	☐ 24	☐ 33	☐ 42	☐ 51
☐ 07	☐ 16	☐ 25	☐ 34	☐ 43	☐ 52
☐ 08	☐ 17	☐ 26	☐ 35	☐ 44	☐ APS
☐ 09	☐ 18	☐ 27	☐ 36	☐ 45	

6.B. RON CONFIRMATION (completed by INVESTIGATING agency only. Leave blank if referring RON)

1. Date RON was received for confirmation

MM / DD / YYYY

2. Time RON was received for confirmation

HH:MM AM or PM

3. Does the supervisor/caseworker agree with the category assigned at Intake? (May not be the same person who took and created the RON at Intake.)

☐ Yes (skip to 6.B.5)
☐ No (select "final" category in 6.B.4; do not change 6.A.1)

4. If disagreeing with Intake's categorization, enter the final and appropriate category here (do not change 6.A.1)

☐ Emergency (immediately refer to caseworker)
☐ Priority (immediately refer to caseworker)
☐ Non-priority
☐ No Need for PS (explain in Notes)

---

5. Assigned caseworker's name

_____

7. SIGNATURES

7.A. RON SIGNATURES

1. **Signature and title of Intake worker**

   _____

2. **Date Intake worker completed RON**

   MM / DD / YYYY

3. **Signature and title of PS staff confirming Intake**

   _____

4. **Date Intake category confirmed by PS staff**

   MM / DD / YYYY

5. **Signature of supervisor confirming accurate completion of RON and assignment to caseworker**

   _____

6. **Date of supervisory oversight signature**

   MM / DD / YYYY

ASSESSMENT NARRATIVE

Step-by-Step RON Creation Instructions

Introduction

The following pages contain illustrated, step-by-step instructions for creating a Report of Need (RON) in A&D.
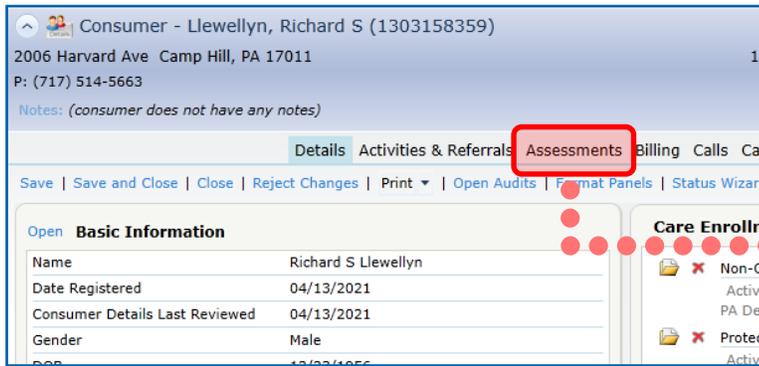
Click the Assessments tab.
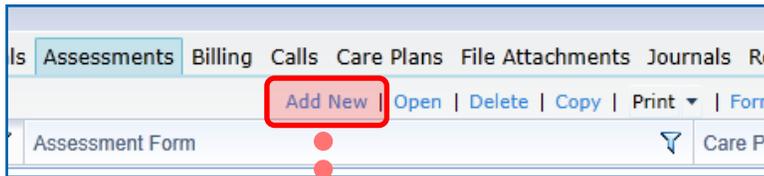
From the Assessments tab, click the Add New link.
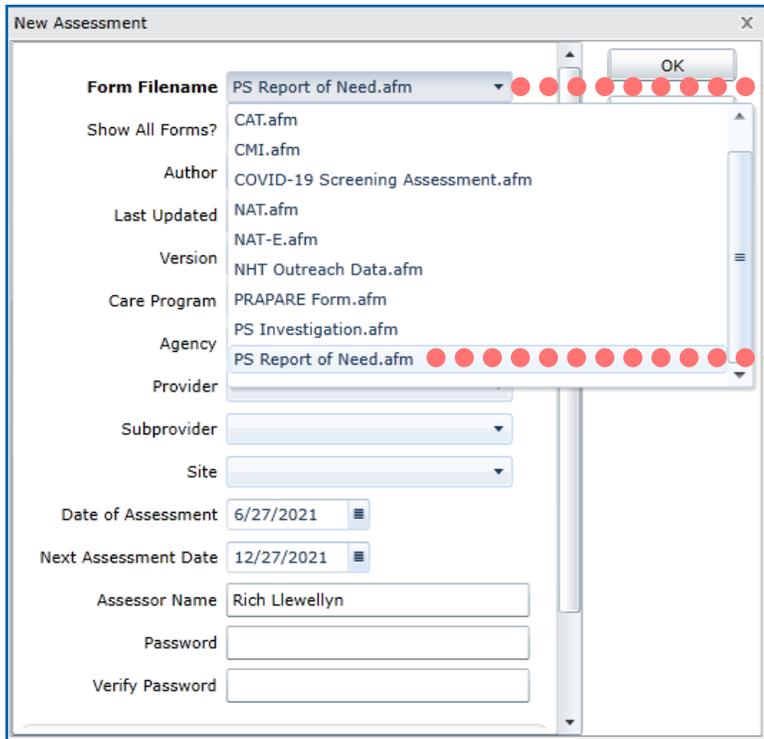
Open the Form Filename drop-down list and select "PS Report of Need.afm."

Note: If the RON form is not available in the drop-down list, click the "Show All Forms" checkbox.

New Assessment

Open the Care Program drop-down list and select "Protective Services."

Note: For APS RONs, select ADULT PROTECTIVE SERVICES ACT 70.

Form Filename: PS Report of Need.afm
Show All Forms? ✓
Author: Leslee Frymyer
Last Updated: 4/30/2018 3:45:26 PM
Version: 2.3
Care Program: Protective Services

- Non-PDA Consumer
- OLTL Community Service
- OPTIONS
- PCH-NFI
- Protective Services
- SNHT-Options NFCE
- SNHT-Options NFI
- Volunteer Programs
- z-ANC-Community Programs

Agency
Provider
Subprovider
Site
Date of Assessment
Next Assessment Date
Assessor Name
Password
Verify Password

OK
Cancel

New Assessment

Agency: Select the AAA for the county in which the consumer permanently resides (the same as the Default Agency on the Details tab).

For APS RONs, select your AAA (Intake Agency).

Provider: Select the AAA taking the RON (Intake Agency) for both OAPS and APS RONs.

Form Filename: PS Report of Need.afm
Show All Forms? ✓
Author: Leslee Frymyer
Last Updated: 4/30/2018 3:45:26 PM
Version: 2.3
Care Program: Protective Services
Agency
Provider
Subprovider
Site
Date of Assessment: 6/27/2021
Next Assessment Date: 12/27/2021
Assessor Name: Rich Llewellyn
Password
Verify Password

OK
Cancel

Subprovider and Site are optional.

Auto-populates with the current date. If the date does not match the actual date the RON was received, change to the correct date.

Auto-populates with a date six months from the current date. This date must be deleted and left blank.

New Assessment

Field	Value
Form Filename	PS Report of Need.afm
Show All Forms?	☑
Author	Leslee Frymyer
Last Updated	4/30/2018 3:45:26 PM
Version	2.3
Care Program	Protective Services
Agency	Pennsylvania Department of Aging
Provider	Pennsylvania Department of Aging
Subprovider	
Site	
Date of Assessment	6/28/2021
Next Assessment Date	Enter date
Assessor Name	Rich Llewellyn
Password	
Verify Password	

OK
Cancel

Auto-populates with the name of the user who is creating the assessment. If incorrect, it may be changed to the correct name of the Intake worker.

New Assessment

Field	Value
Author	Leslee Frymyer
Last Updated	4/30/2018 3:45:26 PM
Version	2.3
Care Program	Protective Services
Agency	Pennsylvania Department of Aging
Provider	Pennsylvania Department of Aging
Subprovider	
Site	
Date of Assessment	6/28/2021
Next Assessment Date	Enter date
Assessor Name	Rich Llewellyn
Password	
Verify Password	

Comments

OK
Cancel

Do not enter a password for the RON unless the AP has access to SAMS (in which, PDA must be contacted to coordinate assignment of a secure password).

Passwords are not required because only those users who are assigned PS Permissions in A&D can see and open Protective Services RONs and ISAs.

Comments field is optional.

Click OK when complete.
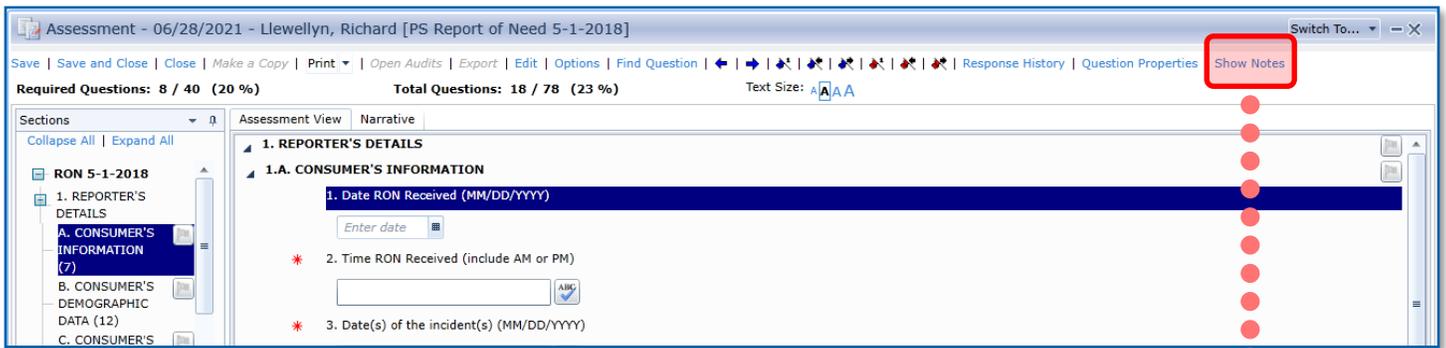
Click the "Show Notes" link to open the **Question Notes** panel.
Narrative must be entered for all applicable questions' responses.
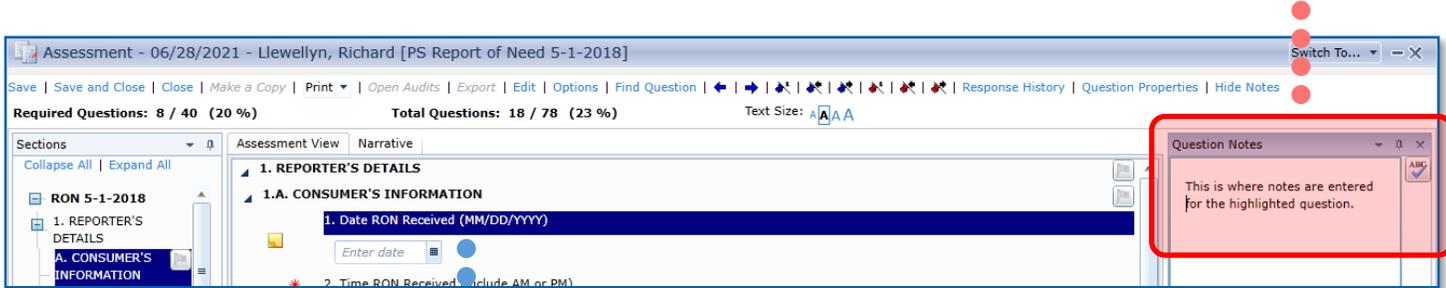
When entering narrative (notes), the narrative will be associated with the highlighted question. To enter notes for a specific question, click or tab to the applicable question to highlight it, then type the text in the Question Notes panel to the right.

Use the Sections panel to jump to a specific group of questions. The number in parentheses after each section indicates the total number of questions in that section.
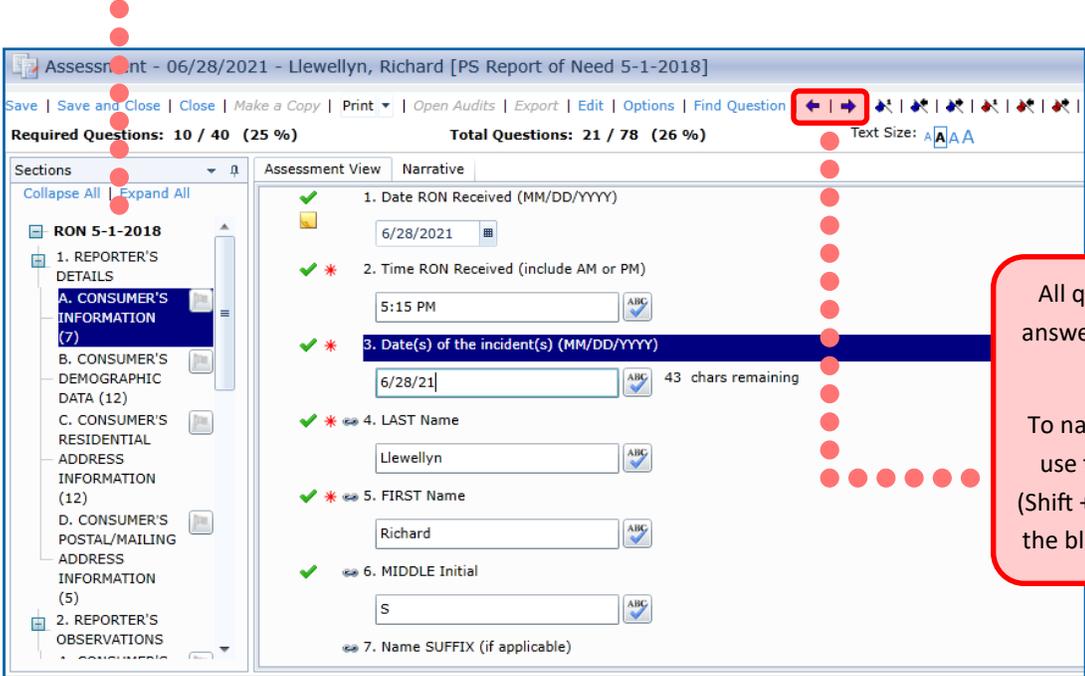
All questions in the RON must be answered, unless it is not applicable (e.g., skip patterns).

To navigate through the questions, use the Tab key on the keyboard (Shift + Tab will tab backward) or use the blue Next and Previous buttons.

Be sure to use the "Save" link often while filling out the form.

Once the entire RON is complete, click the "Save and Close" link.

Assessment - 06/28/2021 - Llewellyn, Richard [PS Report of Need 5-1-2018]

Save | Save and Close | Close | Make a Copy | Print ▼ | Open Audits | Export | Edit | Options | Find Q

Required Questions: 10 / 40 (25 %)   Total Questions: 21 / 78 (26 %)

Sections
Collapse All | Expand All

RON 5-1-2018
  1. REPORTER'S DETAILS
    A. CONSUMER'S INFORMATION (7)
    B. CONSUMER'S DEMOGRAPHIC DATA (12)
    C. CONSUMER'S RESIDENTIAL ADDRESS INFORMATION (12)
    D. CONSUMER'S POSTAL/MAILING ADDRESS INFORMATION (5)
  2. REPORTER'S OBSERVATIONS

Assessment View | Narrative

✓ 1. Date RON Received (MM/DD/YYYY)
   6/28/2021

✓ ✳ 2. Time RON Received (include AM or PM)
   5:15 PM

✓ ✳ 3. Date(s) of the incident(s) (MM/DD/YYYY)
   6/28/21   43 chars r

✓ ✳ 4. LAST Name
   Llewellyn

✓ ✳ 5. FIRST Name
   Richard

✓ 6. MIDDLE Initial
   S

   7. Name SUFFIX (if applicable)

Switch To... ▼ — ✕

Important! Never use the "Close" button in the upper, right corner to save and close. Doing so will result in loss of data entered into the RON.

Confirm Close?   ✕

There are 30 unanswered required questions in this assessment, are you certain you want to close it now?

Yes   No

If any unanswered questions remain after clicking "Save and Close," the Confirm Close window will appear. Click "Yes" to save and close. Click "No" to return to the RON.

Details Activities & Referrals **Assessments** Billing Calls Care Plans File A

Sorted By Create Date Time   Add New | Open | Dele

Row Actions	Create Date Time ▾	Date of Assessment ▾	Assessment Form	Care Program
📁 🖶 ✖	6/28/2021 5:48:45 PM	06/28/2021	PS Report of Need 5-1-2018	Protective Services

The newly created RON will show in the Assessments grid.
(Your Assessment screen columns and order may be different than the above illustration.)

Investigation Summary & Assessment Instructions

Introduction

The Initial *Investigation Summary and Assessment (ISA)* form is to be created immediately upon deciding that an investigation of an allegation of abuse, neglect, exploitation, or abandonment is needed to determine the need for protective services. In other words, when the intake category of a Report of Need (RON) is confirmed as Emergency, Priority or Non-Priority, the initial investigation form must be immediately created by the supervisor or caseworker. This allows the caseworker to document information in the ISA as it is acquired. In addition, it allows PDA to provide real-time reporting crucial to managing cases according to regulations (such   as number of days left to conduct a face-to-face interview and number of days left to make a   determination).

If there is already an active Protective Services (PS) investigation in A&D when an additional allegation(s) is reported, a second ISA is **not** created. The same ISA will be used and completed, regardless of how many RONs are received while the initial investigation remains open. When transferring an active investigation to another AAA, a second initial ISA form is **not** created. The agency taking over the investigation must use the existing ISA form.

The ISA form can be completed either in A&D or Mobile Assessments. If the ISA form is completed in Mobile Assessments, the user will need to utilize the proper A&D procedures to upload the form into A&D. Please follow the A&D Documentation User Manual for instructions on how to copy the RON and carry over information over to an initial ISA form.

Proper completion of the ISA form requires that all questions **must** be completed, unless otherwise specified. For example, some questions are skipped (they can be identified by the instructions in the response to "Skip to . . .)." In some cases, A&D will automatically skip (by graying out the question(s) to be skipped) based on the response documented in a previous question. Questions designated as "APS Only" are always skipped for OAPS investigations. For unsubstantiated cases, any question or section marked for "Substantiated cases only" should be skipped.

Care should be taken to ensure that all information documented on the ISA is correct, especially when information changes or is discovered through the investigation to be different than initially documented. The ISA instructions must be followed when completing the ISA. Please pay special attention to the instructions provided regarding information that is carried over from the RON form and must be updated.

When updating a RON or ISA, be sure that the corresponding information on the Details tab is updated, as well. If you are updating the most recent assessment form (either a RON or ISA), A&D may update the Details tab automatically. However, this will not happen if updating older assessment forms. Always confirm that any applicable information corrected in an assessment form is updated on the Details tab and any other applicable locations.

If, despite a thorough investigation, information required to answer a question is unknown, unavailable, not provided, etc., **use the Notes section of that question to document why the question is unanswered**. Unless there is an applicable checkbox (e.g., Unknown, Refused, None, etc.), the question should be left blank after documenting in the Notes section. If a question is not applicable to a specific case, document "n/a" in the Notes section. The Notes sections throughout the form are to be used to document information that supports the answers for each question, information that does not precisely fit into the data field provided for that question, additional information that does not fit into the data field for a question, and/or quoted information that is gathered from sources during the investigation. Any time that the ISA is opened, click "Show Notes" to open the Notes section. Each time the user must enter Notes, the question must first be highlighted, then the cursor moved to the Notes section. When documentation in the Notes section is complete, the user must move the cursor back to the question area.

The ISA form is also utilized as a reassessment form for **substantiated** cases only. After the initial investigation ISA is completely filled out, it is copied in A&D in order to carry over all information from the initial investigation to the reassessment. Follow the instructions as they relate to updating information and which form should be used for the collection of certain data. Please follow the A&D Documentation Procedural Manual for instructions on copying the ISA to a reassessment.

All users entering data into the ISA form must use their own A&D login ID. The A&D application records an electronic signature and timestamp in its database for every action performed in A&D. This signature and timestamp are based on the user's login. Users may never view information, enter data, make changes, or perform other updates/functions in A&D using someone else's logon session or user ID. Using A&D with someone else's login session or ID is a violation of the Security Policy.

Instructions for Initial Investigation ISA Form Completion

1. INTRODUCTION

A. INVESTIGATION BACKGROUND:

1.a. Protective Services Care Enrollment Start Date

Using the MM/DD/YYYY format, enter the PS Care Enrollment (PSCE) Start Date (will be the same date as RON received for the first RON). If subsequent RONs are received during the **active** PSCE, enter the same PSCE Start Date for all additional RONs received until the PSCE is terminated.

This question will allow the Department to match multiple RONs to a single investigation in reports.

1.b. Date Report of Need was received

This response will carry over from the RON. Do not change the response. If a subsequent RON(s) is received prior to terminating the PS Care Enrollment, the date of the additional RON(s) should be entered in the Notes section of this question. See question 2A1 if new allegations are received on the subsequent RON.

2. AAA responsible for conducting investigation or reassessment (update if active case is transferred to another AAA for investigation).

Choose the AAA ID number of the agency responsible for conducting the investigation or reassessment. This question must be changed each time an active (already started by one agency) PS case is transferred to another agency for investigation, reassessment, or completion.

When an APS RON is transferred to the APS contractor/agency, they will create the ISA and select APS as the agency responsible for investigation.

Question 3: Assigned Investigator's name.

Document the name of the Protective Services Caseworker/Investigator assigned to conduct the investigation. When transferring an active investigation to another AAA, the current investigator's name is replaced with the new investigator's name.

Question 4: Type of Assessment

Select the correct choice. When copying an ISA to a reassessment, this response must be changed to reassessment.

Question 5: Date Investigation Initiated

Using the MM/DD/YYYY format, document the date that the investigation was initiated. Initiation must be in accordance with regulatory requirements for initiation and the corresponding dates must be entered.

Question 4: Date of face-to-face

Using the MM/DD/YYYY format, document the date that the PS caseworker initially and successfully met with the Consumer face-to-face (F2F). Face-to-face visits must be made in accordance with regulatory requirements. Dates of **attempted** F2F visits shall not be recorded in this question. Unsuccessful attempts to make a F2F visit must be recorded in the Care Plan Journals.

Note: If the Consumer dies prior to conducting the face-to-face visit and **after the RON was received**, document the date the Consumer died in this question. If the date of death is unknown or the consumer died prior to receiving the RON, document the date that the agency discovered that the Consumer was deceased. Likewise, if the Consumer left the jurisdiction of PA prior to the face-to-face visit and **after the RON was received**, document the date they left the jurisdiction of PA. If the exact date is unknown or the date is prior to the RON data, enter the date that the agency discovered the Consumer is no longer within the jurisdiction of PA. If the Consumer could not be located, this question will remain unanswered. Follow the instructions in the *Policy and Procedural Document (aka, PS Chapter).*

Question 5: Date of Reassessment (if Reassessment)

Using the MM/DD/YYYY format, document the date that the PS caseworker met with the Consumer face-to-face to complete the reassessment. This question will no longer auto-populate with the date of the assessment.

1. B. CONSUMER'S IDENTIFICATION:

Question 1: Consumer's last name

This response will carry over from the RON. If this response needs to be updated with correct information, update the information on the Consumer Record (Details page), ISA(s), and RON(s). Document the Consumer's last name as it appears on his/her birth certificate or SS card or as known (i.e., do not use nicknames).

Question 2: Consumer's last name suffix

This response will carry over from the RON. If this response needs to be updated with correct information, update the information on the Consumer Record (Details page), ISA(s), and RON(s). Document the Consumer's name suffix (e.g., Sr., Jr., III, etc.), if applicable.

Question 3: Consumer's first name

This response will carry over from the RON. If this response needs to be updated with correct information, update the information on the Consumer Record (Details page), ISA(s), and RON(s).

Question 4: Consumer's middle initial

This response will carry over from the RON. If this response needs to be updated with correct information, update the information on the Consumer Record (Details page), ISA(s), and RON(s).

Question 5: Consumer's date of birth (DOB) (If unknown, document an indicated age range in 1B6, if DOB entered here, skip Question 1B6)

This response will carry over from the RON. If this response needs to be updated with correct information, update the information on the Consumer record (Details page), ISA(s), and RON(s).

Question 6: If Date of Birth is unknown, indicate the Consumer's age range.

This response will carry over from the RON. If this response needs to be updated with correct information, update the information in the ISA(s) and RON(s).

Question 7: Consumer's gender

This response will carry over from the RON. If this response needs to be updated with correct information, update the information on the Consumer record (Details page), ISA(s), and RON(s).

Note: The Consumer record currently only allows for the selection of either male or female. WellSky is planning to expand the choices in the future.

Question 8: Consumer's ethnicity

This response will carry over from the RON. If this response needs to be updated with correct information, update the information on the Consumer record (Details page), ISA(s), and RON(s).

Question 9: Consumer's race(s)

This response will carry over from the RON. If this response needs to be updated with correct information, update the information on the Consumer record (Details page), ISA(s), and RON(s).

Question 10: Consumer's Social Security Number (SSN)

This response will carry over from the RON. If this response needs to be updated with correct information, update the information on the Consumer record (Details page), ISA(s), and RON(s).

Question 11: Consumer's marital status

This response will carry over from the RON. If this response needs to be updated with correct information, update the information on the Consumer record (Details page), ISA(s), and RON(s).

Question 12: Consumer's MEDICAID or MCI Number (If applicable)

This response will carry over from the RON. If this response needs to be updated with correct information, update the information on the Consumer record (Details page), ISA(s), and RON(s).

C. CONSUMER'S DEMOGRAPHICS:

Question 1: Consumer's place of residence at the time of the Report of Need

This response will carry over from the RON. If it is discovered that the residence at the time of the RON(s) was incorrect, update both the RON(s) and ISA(s). If the residence has changed since the original RON(s), do not change the original response.

Question 2: Consumer's living arrangement - Include in the "Lives Alone" category, Consumers who live in AL, Dom Care, or PCH, pay rent, and have no roommate.

This response will carry over from the RON. If this response needs to be updated with correct information, update the information on the [Consumer record (Details page),](#) ISA(s), and RON(s).

- **Lives Alone:** Select this response if the Consumer lives alone. <u>Also select this response if the person lives in a personal care home, assisted living, domiciliary care home or group home, as long as it is a "non-institutional setting."</u>

- **Lives with Spouse:** Select this response if the Consumer lives with his/her spouse. This response should be chosen regardless of whether anyone else also resides with the Consumer and his/her spouse (e.g., the Consumer lives with spouse and a child).

- **Lives with Child(ren) but not Spouse:** Select this response when the Consumer lives with a child and no spouse or domestic partner resides in the home.

- **Lives with Other Family Member(s):** Select this response when the Consumer lives with other family member(s) (not spouse or child).

- **Other-Document Details in Notes:** Select this response when the Consumer lives with another person (not spouse, child or another family member) or resides in a nursing facility or other "institutional setting." Document in Notes with whom Consumer resides.

- **Don't Know:** If this response was selected on the RON because the reporter did not know, update this question on both the ISA(s) and RON(s) once the Consumer's location is determined through the investigation.

Question 3: Is the Consumer at risk of or found to be socially isolated?

This question will carry over from the RON. It is important that this question is asked at the time of Intake. Below are several examples that could be indicators that a Consumer is at risk of or is socially isolated. Do not change this question if the Consumer's situation has changed after Intake.

Social Isolation indicators include but are not limited to the following:
- Marital status of single, divorced, widowed, separated
- Lives alone
- In-poverty
- Disabled
- One or more ADL (difficulty with one or more ADL, which is listed as "Number of ADLs" on details screen)

Question 4: Identify where the incident occurred. If the county is different than the residence, document details in notes.

This response will carry over from the RON. If this response needs to be updated with correct information, update the information on the ISA(s) and RON(s).

- Examples of where the incident occurred include that should be entered in the Notes section:
  - Adult day services center (non- specific)
  - Licensed adult day services center
  - Licensed nursing home
  - Licensed residential care community
  - Nursing home (non-specific)
  - Other (including details)
  - Own residence or private residence of relative or caregiver
  - Place of business or other services
  - Residential care community (non- specific)
  - Unlicensed adult day services center
  - Unlicensed nursing home
  - Unlicensed residential care community

Question 5: Type of MANDADTED Reporter (Note: Facilities with an asterisk (*) are exempt from reporting under age 60 abuse)

This response will carry over from the RON. If this response needs to be updated with correct information, update the information on the ISA(s) and RON(s).

For a Service Coordination Agency, please select "Other public-funded entity" and describe in notes.

Question 6: Type of VOLUNTARY Reporter

This response will carry over from the RON. If this response needs to be updated with correct information, update the information on the ISA(s) and RON(s).

Question 7: Consumer's primary language

This response will carry over from the RON. If this response needs to be updated with correct information, update the information on the ISA(s) and RON(s).

Question 8: Is Consumer a veteran?

This response will carry over from the Consumer record (Details tab). If this response needs to be updated with correct information, update the information on the Consumer record (Details page under Other Characteristics) and ISA(s).

1. D. CONSUMER'S RESIDENTIAL ADDRESS INFORMATION- MUNICIPALITY IS REQUIRED:

Question 1: Residential County (Required):

This response will carry over from the RON. If this response needs to be updated with correct information, update the information on the Consumer record (Details page; Select the Default Agency that represents the Consumer's Residential County), ISA(s), and RON(s). This question will need to be updated if the Consumer permanently moves during the investigation. Select the checkbox for the name of the county in which the Consumer **permanently** resides.

Question 2: Residential Street Address (Include house number, apartment or room)

This response will carry over from the RON. If this response needs to be updated with correct information, update the information on the Consumer record (Details page under Locations), ISA(s), and RON(s). The residential street address is where the Consumer permanently lives. Do not enter a temporary address (for example, the Consumer is currently in the hospital or rehab but will be returning to their residential address).

Question 3: Residential Address Second line, (if needed)

This response will carry over from the RON. If this response needs to be updated with correct information, update the information on the Consumer record (Details page under Locations), ISA(s), and RON(s). The second line of residential street address is where the Consumer permanently lives. Do not enter a temporary address (for example, the Consumer is currently in the hospital or rehab, but will be returning to their residential address).

Question 4: Residential Municipality (Usually a Township or Boro where Consumer Votes, Pays Taxes.)

This response will carry over from the RON. If this response needs to be updated with correct information, update the information on the Consumer record (Details page under Locations), ISA(s), and RON(s). Document the Consumer's municipality (i.e. the city, borough, town or township where the Consumer pays his/her taxes – which frequently is **NOT** the same as the name of the town/city where the Consumer resides).

Question 5: Residential City or Town

This response will carry over from the RON. If this response needs to be updated with correct information, update the information on the Consumer record (Details page under Locations), ISA(s), and RON(s). Document the name of the city or town in which the Consumer lives.

Question 6: Residential State

This response will carry over from the RON. If this response needs to be updated with correct information, update the information on the Consumer record (Details page under Locations), ISA(s), and RON(s). Document the Consumer's state of residence.

Question 7: Residential zip code (Required)

Document the Consumer's zip code of residence. If this response needs to be updated with correct

information, update the information on the Consumer record (Details page under Locations), ISA(s), and RON(s).

Question 8: Does Consumer reside in a rural area?

If this form is completed in A&D, the computer will answer this question automatically, based upon the answer provided in the Details screen. If this response needs to be updated with correct information, update the information on the Consumer record (Details page under Locations), ISA(s), and RON(s).

Question 9: Directions to Consumer's Home

This response will carry over from the RON. If this response needs to be updated with correct information, update the information on the Consumer record (Details page under Directions to Home, ISA(s), and RON (s). Document the directions that the worker would utilize to travel to the Consumer's home.

Question 10: Primary Telephone Number

This response will carry over from the RON. If this response needs to be updated with correct information, update the information on the Consumer record (Details page on right-hand side under Phones), ISA(s), and RON(s). Document the telephone number where the Consumer can be most readily reached. This may be a home or cellular telephone number.

1. E. CONSUMER'S MAILING ADDRESS:

Question 1: Is the Consumer's MAILING address the SAME as their residential address?

If the Consumer's mailing address is the same as the residential address, select Yes. If the mailing address is different than the residential address (e.g., P.O. Box or Guardian, POA, etc. address), select No, and enter the complete mailing address in the Notes section. If unknown, select "Unknown."

Note: this question will not carry over from the RON. It has been added to the ISA in preparation for adding it to the RON. Once the RON is updated, this question will carry over to the ISA. In the meantime, please respond to this question on the ISA. In addition, if the mailing address is not included under the Contacts section of the Consumer record (Details page), please be sure to add it.

2. INFORMATION FROM THE REPORT OF NEED (Do not change data; responses must match RON)

2. A. ALLEGATIONS & CATEGORY

*This information must not be changed. Responses must match the *original* RON responses. However, there are a couple exceptions (see instructions for question 1 and 6 below)*

Question 1: Allegations on the Report of Need

Responses to this question are automatically carried over from the initial RON. Allegations from subsequent RONs will not carry over to the existing initial investigation ISA.

If a subsequent RON(s) contains additional allegations that are different from the original, you will add those new allegations to this question by checking the applicable allegation's checkbox. The date of the new RON(s) is recorded in the Notes section of ISA question 1A1 (Date RON received) In addition, the receipt of an additional RON(s) during an active investigation is notated in the Care Plan Journals.

Question 2: What is the Category assigned to the Report of Need at Intake

The response to this question is automatically carried over from initial RON. This information will not be changed and must match the original RON.

Question 3: Was the Intake Category confirmed?

The response to this question is automatically carried over from initial RON. This information will not be changed and must match the original RON.

Question 4: Final Category (If Intake Category was not confirmed)

The response to this question is automatically carried over from initial RON. This information will not be changed and must match the original RON.

Question 5: What agencies were notified of the RON at Intake? (Document in Notes the contact name, date, time, & method of notification)

The response to this question is automatically carried over from initial RON. This information will not be changed and must match the original RON.

Question 6: Check all Program Offices through which the Consumer was receiving services at the time of intake

This question should be asked and answered at Intake. It will automatically carry over to the ISA. This information should be used to establish collateral contacts, when services should be in the home, and where there may be unmet needs. See RON Instructions for more details.

3. EVIDENCE OF ABUSE, NEGLECT, EXPLOITATION, AND/OR ABANDONMENT

How to document Determinations and Dates of Determination if consumer has died or left the jurisdiction of Pennsylvania:

- Consumer died/relocated **prior** to receiving the RON and was discovered after the investigation started:
    - Answer question 1 in each Abuse Type section using the response: Unable to Make a Determination.
    - Answer question 3 in each Abuse Type section using the date that you discovered the consumer died/relocated.

- Consumer died/relocated **after** the RON was received and at any point during the investigation:
    - **Sufficient** information was gathered to make a determination prior to the consumer's death/ relocation, but before services could be implemented:
        - Answer question 1 in each Abuse Type section with Yes (sub'd) or No (unsub'd) for each Abuse Type for which a determination was made.
            - Use Unable to Make a Determination for any Abuse Types for which not enough information was gathered to make a determination on that specific Abuse Type.
        - Answer question 3 in each Abuse Type section with the date on which you made a determination of Substantiated or Unsubstantiated.
            - For Abuse Types that you were unable to make a determination prior to death/ relocation, enter the date of death/location. If the date is unknown, enter the date you discovered the consumer died/relocated.

    - **Not** enough information was gathered to make a determination prior to the consumer's death/ relocation:
        - Answer question 1 in each Abuse Type section using the response: Unable to Make a Determination.
        - Answer question 3 in each Abuse Type section with the date of the consumer's death/ relocation. If the date is unknown, enter the date that you discovered the consumer died/relocated.

3. A. ABANDONMENT:

Question 1: Was Abandonment substantiated during the investigation?

Check the appropriate response. If "No", skip to question 3.A.3 to document the date of determination. If unable to make a determination, explain reason(s) in notes, skip to 3.A.3, and document the date that it was discovered that no determination could be made.

Question 2: Indicate evidence of Abandonment

Choose all responses that are appropriate. Use the Notes section to describe specifics for each response that is checked, unless details are documented in the Care Plan Journal. However, a response of "Other" requires an explanation in the ISA Notes section.

Question 3: Date of Abandonment determination

Using the MM/DD/YYYY format, enter the first date abandonment was substantiated or unsubstantiated during the investigation. If unable to make a determination, enter the date that it was discovered that no determination could be made.

3. B. CARETAKER/CAREGIVER NEGLECT:

Question 1: Was Caretaker/Caregiver neglect, neglectful actions, and/or failure to provide substantiated during the Investigation?

Check the appropriate response. If "No", skip to question 3.B.3 to document the date of determination. If unable to make a determination, explain reason(s) in notes, skip to 3.B.3, and document the date that it was discovered that no determination could be made

Question 2: Indicate evidence of neglect, neglectful actions and/or failure of the caretaker/ caregiver to provide for the Consumer.

Choose all responses that are appropriate. Use the Notes section to describe specifics for each response that is checked, unless details are documented in the Care Plan Journal. However, a response of "Other" requires an explanation in the ISA Notes section.

Question 3: Date of Caretaker Neglect determination

Using the MM/DD/YYYY format, enter the first date caretaker/caregiver neglect was substantiated or unsubstantiated during the investigation. If unable to make a determination, enter the date that it was discovered that no determination could be made.

3. C. EMOTIONAL ABUSE:

Question 1: Was Emotional Abuse substantiated during the Investigation?

Check the appropriate response. If "No", skip to question 3.C.3 to document the date of determination. If unable to make determination, explain reason(s) in notes, skip to 3.C.3, and document the date that it was discovered that no determination could be made.

Question 2: Indicate evidence of Emotional Abuse

Choose all responses that are appropriate. Use the Notes section to describe specifics for each response that is checked, unless details are documented in the Care Plan Journal. However, a response of "Other" requires an explanation in the ISA Notes section.

Question 3: Date of Emotional Abuse determination

Using the MM/DD/YYYY format, enter the first date emotional abuse was substantiated or unsubstantiated during the investigation. If unable to make a determination, enter the date that it was discovered that no determination could be made.

3.D. EXPLOITATION (FINANCIAL/LEGAL MANAGEMENT):

The following questions in this section must always be answered for all investigations, including unsubstantiated cases: 1, 3, 4, 5, 6, 7, 8, 9, 10, and 11. All questions in this section must always be answered for substantiated financial exploitation cases. If an itemized loss does not apply, leave it blank.

Do not duplicate or double-enter dollar amounts in multiple categories. Choose the most applicable category for the asset loss and enter it there. If you are unsure of which category should be used, you may enter the asset amount in Question 24 (Other) and explain the asset type in the Notes section.

Once all itemized losses are entered, calculate the total dollar amount and enter it in Question 25 (Total Loss to Consumer).

Question 1: Was Financial Exploitation substantiated during the Investigation?

Check the appropriate response. If "No", skip to question 3.D.3 to document the date of determination and continue answering remaining questions. If unable to make determination, explain reason(s) in Notes section, skip to 3.D.3, and document the date that it was discovered that no determination could be made.

Question 2: Indicate evidence of Financial Exploitation

Choose all responses that are appropriate. Use the Notes section to describe specifics for each response that is checked, unless details are documented in the Care Plan Journal. However, a response of "Other" requires an explanation in the ISA Notes section.

Question 3: Date of Financial Exploitation determination

Using the MM/DD/YYYY format, enter the first date financial exploitation was substantiated or unsubstantiated during the investigation. If unable to make determination, enter the date that it was discovered that no determination could be made.

Question 4: Is there a risk to Consumer's property or assets? Explain in Notes

Check appropriate response. If there is a risk to Consumer's property or assets, explain this risk in the Notes section, unless documented in the Care Plan Journals.

Question 5: Check all applicable assistance with legal/financial matters. Specify Details in Notes

Check appropriate response to indicate what assistance the Consumer had with legal/financial matters at the time of the incident. Use the Notes section to specify names and duties performed, as well as any other additional/pertinent information, unless documented in the Care Plan Journals.

Question 6: Are Consumer's bills being paid?

Document whether the Consumer's bills are being paid. This is important not only in cases of financial exploitation, but in all cases to determine if the Consumer needs assistance and/or is eligible for services or programs that might improve his/her quality of life.

Question 7: Did the Consumer refuse to give financial information?

Check appropriate answer. Document any relevant information regarding refusal to give financial information.

Question 8: Indicate Consumer's source(s) of income

Check all appropriate responses which are the sources of Consumer's income, including Social Security, Pensions, Retirement, Annuities, Interest, etc.

Question 9: Specify the amount of the Consumer's monthly income

Document the total amount of Consumer's monthly income. Every effort should be made to determine Consumer's income during the investigation, no matter what allegations were reported. This is important not only in cases of financial exploitation, but in all cases to determine if the Consumer needs assistance and/or is eligible for programs that might improve his/her quality of life.

Question 10: Describe how the Consumer does banking.

Document where the Consumer does their banking (e.g., bank, credit union, etc.) and how (e.g., ATM, debit cards, checks, in-person, on-line, etc.)

Question 11: Does someone accompany Consumer to the bank? Explain in Notes

Document whether someone accompanies Consumer to the bank. If an individual(s) takes Consumer to the bank, document the name(s) of the individual(s) in the Notes section. Document if the individual(s) takes Consumer into the bank and/or does the banking for the Consumer.

Question 12: Total asset loss for Sub'd Cases Only – Cash Stolen

Enter the total dollar amount (actual or estimated) that was taken from the Consumer by withdrawing cash from the Consumer's bank account(s) through over-the-counter bank withdrawals, wire transfers of money, electronic transfers of money, ATM / debit card withdrawals, or cash on hand (cash or gift cards). Include checks made payable to cash where it can be shown the Consumer did not benefit from the use of the cash. For actual purchases made using Consumer's ATM card or cash, see Question 13. All fees and interest for ATM withdrawals should be included in this amount.

Do not include amounts associated with scams under this amount. Refer to question 21.

Question 13: Total asset loss for Sub'd Cases Only – Purchase(s) or payment(s) (excluding credit card purchases)

Enter the total dollar amount (actual or estimated) of the Consumer's loss that was incurred from purchases or payments made where the purchases were unauthorized and/or didn't benefit the Consumer. Include all fees incurred as a result of these purchases such as overdraft and insufficient funds fees.

Examples include purchases/payments made for goods and services such as groceries, cable/satellite television subscriptions, utilities, home improvements, AP's doctor's appointments or medical expenses, cleaning services, vacations, nail salons, food, etc. It includes automobiles, machinery, electronics, etc., but does not include real estate (see question 16).

This section includes (1) any unauthorized purchases/payments made through coercion or deception, and (2) situations where the Consumer did not truly understand the perpetrator's request due to confusion.

Include purchases made with payments from bank account(s), checks, debit cards, digital wallets, cash, automated clearing house (ACH) payments, electronic fund transfers (EFT), or wire transfers. Do not include purchases made by credit cards or loans (refer to questions 14 and 18).

Do not include amounts associated with scams under this amount. Refer to question 21.

Question 14: Total asset loss for Sub'd Cases Only – Purchase(s) or Payment(s) Made by Credit Card Only

Enter the total dollar amount (actual or estimated) of the Consumer's loss that was incurred from purchases or payments made with the Consumer's credit card(s) where the purchases were unauthorized and/or didn't benefit the Consumer. Include all credit card fees and interest incurred as a result of these purchases.

Examples include balance transfers, cash advances, convenience checks and purchases/payments made for goods and services such as groceries, cable/satellite television subscriptions, utilities, home improvements, AP's doctor's appointments or medical expenses, cleaning services, vacations, nail salons, food, etc.

This section includes (1) any unauthorized purchases/payments made through coercion or deception, and (2) situations where the Consumer did not truly understand the perpetrator's request due to confusion.

Do not include amounts associated with scams under this amount. Refer to question 21.

Question 15: Total asset loss for Sub'd Cases Only – Drug Theft

Enter the total dollar amount (actual or estimated) exploited through drug theft. This should include any copays or out of pocket costs to the Consumer. The total asset loss here should not include any costs that the Consumer's insurance paid or the value of the medication stolen that the Consumer did not pay for out of pocket.

Note: The Consumer's pharmacy can provide the cost of medications paid by the Consumer.

Question 16: Total asset loss for Sub'd Cases Only – Real Estate Transfer or Sale

Enter the total dollar amount (actual or estimated) of Consumer's home or other real property (e.g., rental property) if sold or transferred without benefiting the Consumer. Utilize Zillow.com to estimate a value/loss based on the current value of the home (using the tax valuation may not reflect the current value of the property). If the Consumer was compensated in any way, subtract the actual or estimated compensation from the amount entered in this question.

Question 17: Total asset loss for Sub'd Cases Only – Non-contribution to Bills or Living Costs

Enter the total dollar amount (actual or estimated) exploited through not contributing to living costs, i.e., living off the Consumer. If the Consumer was compensated in any way, subtract the estimated or actual compensation from the amount entered in this question.

This total dollar amount should be based upon an agreement between the Consumer and AP(s). If no agreement exists, the amount should be the increase costs to the Consumer (actual or estimated) of having the additional people in the home.

Fixed costs (costs that do not change from month to month, e.g., rent, mortgage, garbage) should not be included if the expense existed prior to the people moving into the home, unless payment of the fixed costs was part of an agreement between the Consumer and AP(s).

Question 18: Total asset loss for Sub'd Cases Only – Loans

Enter the total dollar value (actual or estimated) of the increase in the Consumer's indebtedness from loans opened in the Consumer's name without their knowledge / approval OR outstanding loans the Consumer made to the AP or others for which repayment has not been made or is not actively being repaid. If the Consumer was repaid any amount or if a third party made payments on the loan, subtract the actual or estimated compensation from the amount entered in this question.

Question 19: Total asset loss for Sub;d Cases Only – Loss of Income

Enter the total dollar amount (actual or estimated) of the Consumer's loss of income due to exploitation. For example, the Consumer's Social Security income, dividend payments, royalties, rent paid by a tenant, etc. were intercepted, diverted, stolen, misused without benefiting the Consumer, etc.

Question 20: Total asset loss for Sub'd Cases Only – Personal Property Stolen

Enter the total dollar amount (actual or estimated) of the Consumer's personal property that was exploited/ stolen. Note: Question 16 is used for real estate. If the Consumer was compensated in any way, subtract the actual or estimated compensation from the amount entered in this question.

- If car, use Kelly blue book value.
- If contents within a home, use the appraised value if an appraisal exists, the insured value if listed in an insurance policy, or the cost to replace the missing item with something of like kind and quality, without any deduction for depreciation. For the purpose of data collection, completing an Internet search for an item of like kind and quality is sufficient to find the total dollar amount stolen. Documentation should be provided in the hard or electronic case file for reference.
- If jewelry, ask older adult or obtain average from the Internet or local jeweler
- If motorized vehicle or equipment other than a car, look up average price on the Internet.

Question 21: Total asset loss for Sub'd Cases Only – Scams

Enter the total dollar amount (actual or estimated) exploited through a scam.

Question 22: Specify the type of Financial Exploitation SCAM

If it is determined that the Consumer was exploited through a scam, select the appropriate response(s). If "Other" is selected, indicate in the Notes section what type of scam/how the Consumer was exploited through the scam. Loan scams can be reported under "Other."

Question 23: Itemized asset loss for Sub'd Cases Only – Cash Value of Stocks/Bonds/Investments/ Life Insurance

Enter the total dollar amount (actual or estimated) of stocks, bonds, life insurance, investments, securities, etc. that were sold/withdrawn/transferred where the funds did not go to or benefit the Consumer. This includes the fees the Consumer may have paid to have the money withdrawn early.

Question 24: Itemized asset loss for Sub'd Cases Only – Other

Enter the total dollar amount (actual or estimated) exploited through other means not listed in this section. Explain details about the "other" loss in the Notes section. Provide detailed information to clarify what the PS Caseworker is capturing under this question.

Question 25: Total loss to Consumer

Enter the grand total dollar value exploited (sum of all above itemized losses).

Question 26: Total assets PROTECTED due to PS intervention (enter date protection began in Notes)

List the total dollars of all assets that were protected due to PS intervention. For example, if Consumer had $200,000 in their bank account and the perp stole $50,000 before PS assisted older adult in closing account or blocking the AP, the remaining $150,000 would be considered assets protected due to PS intervention. If funds were already protected by the time PS was involved, this should not be included.

If the Consumer owns real estate **and** there was a high probability or actions that indicate the asset was to be exploited, the value of the real estate should be included in the assets protected amount even if the home was not part of financial exploitation investigation. Omitting the home under this question could undervalue the AAA's intervention, especially considering the ease with which the home value can be found, i.e., running the address through Zillow.com. Using the tax valuation would not be appropriate because many times the valuations do not reflect the current value of the home.

Question 27: Total assets RECOVERED due to PS intervention

Enter the total value of all money and assets recovered by PS efforts. Recovered assets include repayments, returning ownership of a vehicle or other property, changing ownership of a loan from the Consumer to the AP, etc.

3.E. PHYSICAL ABUSE:

Question 1: Was Physical Abuse substantiated during the Investigation?

Check the appropriate response. If "No", skip to question 3.E.3 to document the date of determination. If unable to make determination, explain reason(s) in notes, skip to 3.E.3, and enter the date that it was discovered no determination could be made.

Question 2: Indicate evidence of Physical Abuse

Choose all responses that are appropriate. Use the Notes section to describe specifics for each response that is checked, unless details are documented in the Care Plan Journal. However, a response of "Other" requires an explanation in the ISA Notes section.

Question 3: Date of Physical Abuse determination

Using the MM/DD/YYYY format, enter the first date physical abuse was substantiated or unsubstantiated during the investigation. If unable to make determination, enter the date that it was discovered no determination could be made.

3. F. SELF NEGLECT:

Question 1: Was Self Neglect substantiated during the Investigation?

Check the appropriate response. If "No", skip to question 3.F.3 to document the date of determination. If unable to make determination, explain reason(s) in notes, skip to 3.F.3, and enter the date that it was discovered no determination could be made.

Question 2: Indicate evidence of neglect, neglectful actions and/or failure of the Consumer to provide for oneself.

Choose all responses that are appropriate. Use the Notes section to describe specifics for each response that is checked, unless details are documented in the Care Plan Journal. However, a response of "Other" requires an explanation in the ISA Notes section.

Question 3: Date of Self Neglect determination

Using the MM/DD/YYYY format, enter the first date self-neglect was substantiated or unsubstantiated during the investigation. If unable to make determination, enter the date that it was discovered no determination could be made.

3. G. SEXUAL ABUSE

Question 1: Was Sexual Abuse substantiated during the investigation?

Check the appropriate response. If "No", skip to question 3.G.3 to document the date of determination. If unable to make determination, explain reason(s) in notes, skip to 3.G.3, and enter the date that it was discovered no determination could be made.

Question 2: Indicate evidence of Sexual Abuse

Choose all responses that are appropriate. Use the Notes section to describe specifics for each response that is checked, unless details are documented in the Care Plan Journal.

Question 3: Date of Sexual Abuse determination

Using the MM/DD/YYYY format, enter the first date sexual abuse was substantiated or unsubstantiated during the investigation. If unable to make determination, enter the date that it was discovered no determination could be made.

3.H. SEXUAL HARASSMENT

Question 1: Was Sexual Harassment substantiated during the investigation?

Check the appropriate response. If "No", skip to question 3.H.3 to document the date of determination. If unable to make determination, explain reason(s) in notes, skip to 3.H.3, and enter the date that it was discovered no determination could be made.

Note: Sexual harassment includes unwelcome comments, gestures, or physical contact of a sexual nature. Sexual harassment is illegal when it is so frequent or severe that it creates a hostile or offensive work environment, interferes with an employee's work performance, or affects employment decisions - such as the victim being fired or demoted.

- Sexual harassment can include:
    - Offensive remarks about a person's sex, gender, gender presentation, or sexual orientation
    - Ongoing comments or teasing of a sexual nature that make someone uncomfortable
- Unwelcome sexual advances
- Making sexual favors a condition of employment, promotion, or work assignment ("quid pro quo" harassment)
- Touching another person in a sexual way
- Exposing someone to sexually explicit materials without their consent

These behaviors are considered sexual harassment regardless of the gender of the victim or the person committing the harassment.

Question 2: Indicate evidence of Sexual Harassment

Choose all responses that are appropriate. Use the Notes section to describe specifics for each response that is checked, unless details are documented in the Care Plan Journal. However, a response of "Other unwelcomed sexual act" requires an explanation in the ISA Notes section.

Question 3: Date of Sexual Harassment determination

Using the MM/DD/YYYY format, enter the first date sexual harassment was substantiated or unsubstantiated during the investigation. If unable to make determination, enter the date that it was discovered no determination could be made.

4. PHYSICAL ENVIRONMENT
4. A. PHYSICAL ENVIRONMENT ISSUES:

Question 1: Was evidence of problems in physical environment discovered during the investigation?

Check the appropriate response. If "No," skip to 5.A.1.

Question 2: Indicate problems in the Consumer's physical environment.

Choose all responses that are appropriate. Use the Notes section to describe specifics for each box that is checked, unless details are documented in the PS Care Plan Journals. However, a response of "Other" requires an explanation in the ISA Notes section.

5. COGNITIVE FUNCTIONING AND MENTAL HEALTH
5. A. SHORT PORTABLE MENTAL STATUS QUESTIONAIRE - OPTIONAL:

Completion of the SPMSQ or other Mini-Mental Status Exam is **highly** recommended to assist in evaluating the Consumer's cognitive capacity. See Question 13 instructions below for guidance on interpreting test results.

Question 1: Consumer knows TODAY'S DATE?

Question 2: Consumer knows DAY OF THE WEEK?

Question 3: Consumer knows LOCATION?

Question 4: Consumer knows TELEPHONE NUMBER (street address if no phone)?

Question 5: Consumer knows AGE?

Question 6: Consumer knows DATE OF BIRTH?

Question 7: Consumer knows CURRENT PRESIDENT?

Question 8: Consumer knows PREVIOUS PRESIDENT?

Question 9: Consumer knows MOTHER'S MAIDEN NAME?

Question 10: SUBTRACTION TEST: Subtract 3 from 20, etc.

Select each response the Consumer correctly provided while counting down backward by 3s from 20. If the Consumer correctly counts down backward by 3s from 20 to 2, select "Correct answer" in Question 11; otherwise, select "Incorrect or not answered" in Question 11.

Question 11: Consumer subtraction test result?

Check "Correct" if the Consumer was able to correctly count down by 3s from 20 to 2 in question 10. If the Consumer got one response wrong in the series, check "Incorrect or Not Answered."

Question 12: Highest grade Consumer completed in school? If unknown, enter 0 and document in Notes why it is unknown.

Question 13: Consumer Score on SPMSQ.

The ISA should automatically calculate the total score if all questions are answered.

To evaluate the score, the total number of wrong answers are added to arrive at the test score. Based on the total number of wrong answers, the Consumer's cognitive ability can be evaluated as:

Total Number of Errors:
>   0 to 2 errors = Intact Intellectual Functioning
>   3 to 4 errors = Mild Intellectual Impairment
>   5 to 7 errors = Moderate Intellectual Impairment
>   8 to 10 errors = Severe Intellectual Impairment

Question 14: If more than 5 errors, what characteristics describe the Consumer's cognitive state? Enter comments in Notes.

Check all applicable responses. Document any supporting information regarding these answers in the Notes section.

5. B. LEVEL OF COGNITIVE FUNCTIONING

Question 1: What has been done to assess the Consumer's cognitive capacity? (check all that apply)

Select all applicable responses to indicate what was done during the investigation to assess the Consumer's cognitive capacity (e.g., administer SPMSQ, interview with the Consumer, consult with the Consumer's physician, etc.). When selecting "Other," use the Notes section to document the details.

Question 2: Based on the findings during the investigation, can the Consumer make an informed decision? Explain in Notes.

Check the appropriate response. Document in the Notes section whether findings during the investigation indicate the Consumer can make an informed decision or not by providing their objective rationale.

Question 3: Based on the findings during the investigation, does the Consumer understand consequences of decisions? Use Notes for Explanation.

Check the appropriate response. Document in the Notes section whether findings during the investigation indicate the Consumer understands the consequences of decisions or by providing their objective rationale.

Question 4: What is the Consumer's current level of cognitive functioning?

Check the appropriate response based on information obtained during investigation. Explain in the Notes section the rationale for the PS Caseworker's response.

5. C. MENTAL HEALTH FUNCTIONS:

Question 1: Was evidence of problems with mental health functions discovered during Investigation?

Check appropriate response. Use the Notes section to describe evidence supporting all items selected, unless documented in the PS Care Plan Journals. If "No," skip to 5.D.1.

Question 2: Indicate the Consumer's mental health functions.

Check all appropriate responses. Use the Notes section to describe evidence supporting all items selected, unless documented in the PS Care Plan Journals.

5. D. LEVEL OF SUPERVISION:

Question 1: Evaluate the Consumer's needs for supervision, taking into account physical health, mental impairment and behavior. How long can the Consumer routinely be left alone at home?

Check the appropriate response. Use the Notes section to describe information obtained during investigation supporting all items selected, unless documented in the PS Care Plan Journals.

6. MEDICAL INFORMATION

6. A. MEDICAL CONDITION:

Question 1: List the Consumer's current medical conditions/diagnoses.

Document all of the Consumer's medical conditions/diagnoses in this section, either on the available line, or in the Notes section.

Question 2: List all medical treatments/therapies the Consumer is receiving or ordered to receive.

Document all of the Consumer's treatments/therapies in this section, either on the available line or in the Notes section.

Question 3: What difficulties does the Consumer experience due to disabilities?

Check the appropriate response(s). Enter details in the Notes section when appropriate. The response(s) should include any issues that result in limitation in activities and restrictions to fully participate at work, in the community, etc. This can include limitations/difficulties that exist or are experienced by the Consumer because of the disability or a problem without a formal diagnosis.

Note: This is not the same as Medical Conditions (Question 6A1). For Federal reporting purposes, Medical Conditions and Disabilities are two distinct characteristics.

6. B. USE OF MEDICAL SERVICES:

Question 1: Has the Consumer been hospitalized in the past 12 months? Explain in Notes (when, where, why, how long, how many times, etc.)

Select the appropriate response and explain details in Notes.

6. C. PHYSICIAN CONTACTS:

Question 1: Consumer has a family physician/primary care physician?

Check the appropriate response. If "no," skip to 6.D.1.

Question 2: Primary care physician's name?

Document the Consumer's primary care physician's first and last name.

Question 3: Primary care physician's work phone number?

Document the Consumer's primary care physician's work telephone number.

Question 4: Date of the Consumer's last visit to his/her primary medical provider?

Using the MM/DD/YYYY format, document the date of the Consumer's last visit to their primary medical provider (exact if known, approximate if exact date unknown) and the reason for the visit.

6. D. CURRENT MEDICATIONS:

A copy of the medication list(s) can be uploaded into the A&D file attachments, if preferred, and a note shall be added in this section to indicate that the information is located within the file attachments of the case record.

Question 1: Prescribed medications taken now or after discharge from hospital/other facility.

First section: Document the name of each prescribed medication

Second section: Document the dosage ordered

Third section: Document the code designated for the route of administration for each medication listed under the first section.

Fourth section: Document the number of tables/capsules/puffs/etc. taken at the time of each administration.

Fifth section: Document the number of times each medication is administered using the designated coding system.

Sixth section: Document any other relevant or important information provided by the Consumer regarding his/her medication regime.

Question 2: Over the Counter Medications taken now or after discharge from hospital/other facility.

First section: Document the name of each over the counter medication

Second section: Document the dosage of the medication

Third section: Document the code designated for the route of administration for each medication listed under the first section.

Fourth section: Document the number of tables/capsules/puffs/etc. taken at the time of each administration.

Fifth section: Document the number of times each medication is administered using the designated coding system.

Sixth section: Document any other relevant or important information provided by the Consumer regarding his/her medication regime.

Question 3: What is the name of the Consumer's pharmacist/pharmacy?

Document the name of Consumer's pharmacist or the name of the pharmacy where Consumer has medications filled.

Question 4: What is the telephone number of the Consumer's pharmacy?

Document the telephone number of the pharmacy where the Consumer has medications filled.

Question 5: Managing Medications. Requires assistance in managing medications?

Check the appropriate response. Assistance is defined as the Consumer requiring/needing the help of another person for reminders or cueing to take the medications or set up of the medications. Independently manage his/her medications means that the Consumer understands why he/she is taking each medication, when the medication is to be taken, has the ability to set-up and administer each medication and can monitor himself/herself for potential side effects.

If the Consumer is able to independently manage his/her own medications, check the repose entitled "Independent." If the Consumer requires assistance in managing his/her medications, check the response entitled "Assistance needed." If it is unknown if the Consumer can manage his/her own medications, check the response entitled "Unknown."

Question 6: Type of help needed with medications? Check all that apply.

Check all appropriate responses. Use Notes section to document who provides assistance and specifically what assistance they provide.

Check the "Information" response if the Consumer needs information regarding his/her medications. Check the "Verbal reminders" response if the Consumer needs verbal reminders to administer his/her medications. Check the "Setup" response if the Consumer needs his/her medications pre-poured by another individual. Check the "Administration" response if the Consumer needs to have the medications administered to him/her by another individual. Administration is defined as having another individual physically provide (in any form or route) the medications (i.e. place the medications in the Consumer's mouth and ensure that the medications are swallowed). Check the "Regular monitoring of effects" response if the Consumer needs another individual to monitor the effects of his/her medications.

7. CHARACTERISTICS OF PERPETRATOR (Substantiated OAPS Cases ONLY)

Complete this section ONLY if this is a Substantiated case, ONLY if you are naming a perpetrator, and ONLY for OAPS Consumers.

This section must be completed on the initial investigation form and not the reassessment for data collection purposes; however, it is OK for the questions to be answered on the reassessment, in addition to the initial investigation form (i.e., when copying an initial investigation to a reassessment the responses do not need to be deleted from the reassessment).

Perpetrator characteristic data collection within the assessment forms shall only be completed for an individual being named/identified as a perpetrator (see the below list of actions that name/identify a perpetrator; if any of these actions occur, the perpetrator **must be** notified—they are legally entitled to due process—and their characteristics recorded in this section). If the agency determines it is best not to name/identify an individual as a perpetrator, no characteristic data shall be collected/entered in this section and they shall not be referred to as a perpetrator.

The following examples would require a perpetrator designation:

1. Documentation in the Care Plan Journals or anywhere else in the record that a perpetrator was identified
2. Referring a perpetrator to law enforcement
3. Mailing a perpetrator notification letter
4. Referring a perpetrator to court
5. Referring a perpetrator to a regulatory agency
6. Answering one or more questions from 7A2 through 7A9

An older adult found to be self-neglecting shall not be designated as a perpetrator and no statistics shall be gathered related to perpetrator characteristics. **Therefore, question 7.A.1. is always answered as "No" in this circumstance.**

If there is more than one perpetrator, only the primary perpetrator characteristics shall be collected.

7. A. PERPETRATOR'S CHARACTERISTICS

Question 1: Did the Investigation result in substantiation of a perpetrator by clear and convincing evidence? Describe all sources and nature of confirmation or other evidence in Notes.

Check the appropriate response. Use the Notes section to summarize the evidence which confirms that the perpetrator is a perpetrator by clear and convincing evidence. If a perpetrator was not discovered, or if a perpetrator is suspected, but was not designated by "clear and convincing" evidence, check "No" and skip to Section 8. Check "No" if this case is substantiated for self-neglect (the older adult is never to be considered a perpetrator for self-neglect).

Question 2:   Who is the primary perpetrator?

Check the most appropriate response. Check only one box.

Question 3: What was the perpetrator's financial relationship with the Consumer at the time of the incident?

At the time of the incident, indicate the relationship between the Consumer and perpetrator (including facilities). If there was no financial relationship, select the response, "None or unknown."

Question 4: Indicate characteristics of the perpetrator in substantiated cases.

Check all appropriate responses. Document any supporting information in the Notes section. If the perpetrator is a facility/entity, answer this question as N/A (Facility) and skip 7.A.9.

Question 5: What is the perpetrator's ethnicity?

Check the appropriate response. Check only one response.

Question 6: What is the perpetrator's race?

Check the most appropriate response.

Question 7: Select the perpetrator's gender.

Check the appropriate response. Check only one response.

Question 8: Age range of the primary perpetrator (Enter actual age in Notes section)

Check the appropriate response. Check only one response. If more than one perpetrator, document this in Notes. Enter the actual age, if known, in the Notes section.

Question 9: Was perpetrator notification provided? Provide date, time and type (oral or written) of notification in Notes.

Check the appropriate response. Document in Notes the date, time and type of notification provided. Document in Notes anything else that is relevant about the perpetrator notification, unless already documented in the Care Plan Journals. If notification was not provided, document why it was not provided, unless already documented in the Care Plan Journals. If "No" was selected, no perp characteristics data should be collected throughout this entire section. Only question 1 should be answered as "NO." All other questions shall be left unanswered.

8. ACTIVITIES OF DAILY LIVING (Substantiated Cases ONLY):

Complete this section ONLY if this is a Substantiated case or if an assessment is needed to determine the need for protective services.

8. A. ADL's – For Reassessment- Enter a dated Note with change(s) showing risk was eliminated/reduced.

A set of eight items, called ADL, measure the Consumer's ability to perform daily living tasks with reasonable safety. The ADL tasks include bathing, dressing/undressing, grooming, eating, transferring, toileting and bladder and bowel management.

Each ADL item is rated on a 1 to 5 point scale from "1," which indicates that the Consumer performs the task safely and without assistance, to "5," which indicates that the Consumer requires maximum assistance (or assistance with more than half of the activity) or is unable to complete the task at all. The Worker is to check the response which best describes the Consumer's ability to perform each task. Consumers who are in a hospital or nursing facility at the time of the assessment may not be permitted by the facility to perform certain ADL tasks without assistance. **These Consumers should be assessed on what they have the ability to do rather than what they actually demonstrate in the facility.** Although there are situations when the worker can assess an ADL item without asking the Consumer, workers are strongly encouraged to review all ADL items with each Consumer unless other reliable information is available. It is always better to ask than to assume.

When responses numbered 2 – 5 are checked, the worker must indicate in the Notes section what difficulty, additional help, or other relevant information (including the name(s) of the person(s) who assist the Consumer) is provided to the Consumer in regard to completion of each ADL.

For all ADL tasks:

- Number 1 states that the Consumer is independent
- Number 2 states that the Consumer requires the help of an assistive device, takes a long time or does with great difficulty
- Number 3 states that the Consumer requires supervision, set-up, cueing or coaxing (hands-on help is NOT included here)
- Number 4 states that the Consumer requires some degree of hands on help to complete the task
- Number 5 states that the Consumer requires more than 50% help to complete the task or the Consumer is unable to do the task at all.

For reassessment, the note indicating that risk was eliminated/reduced shall be dated with the date that the PS Caseworker identified the risk as eliminated/reduced.

9. INSTRUMENTAL ACTIVITES OF DAILY LIVING (Substantiated Cases Only)

Complete this section ONLY if this is a Substantiated case or if an assessment is needed to determine the need for protective services.

9.A. ADL's – For Reassessment- Enter a dated Note with change(s) showing risk was eliminated/reduced.

IADL tasks are those which are not necessarily done every day, but which are important to independent living. These tasks include preparing meals, doing housework, laundry, shopping, using transportation, managing money, using the telephone and doing home maintenance. The ability to perform IADL tasks can help the Worker to determine the impact of physical and mental impairments, since performance of these tasks requires a combination of memory, judgment and physical ability.

There may be instances in which the Consumer has no opportunity to perform IADL tasks. When administering the IADL questions, it is very important for the worker to stress the ability of the Consumer to perform each task.

The worker is to choose one response for each IADL that best describes the Consumer's ability to perform each task.

When responses numbered 2 – 4 are checked, the worker must indicate in the Notes section what difficulty, additional help, or other relevant information (including the name(s) of the person(s) who assist the Consumer) is provided to the Consumer in regard to completion of each ADL.

For all IADL tasks:

- Number 1 states that the Consumer is independent
- Number 2 states that the Consumer requires mechanical assistance, takes a long time or does with great difficulty
- Number 3 states that the Consumer requires some degree of hands on help to complete the task
- Number 4 states that the Consumer is unable to do the task at all.

For reassessment, the note indicating that risk was eliminated/reduced shall be dated with the date that the PS Caseworker identified the risk as eliminated/reduced.

10. MOBILITY (Substantiated Cases Only)

Complete this section ONLY if this is a Substantiated case or if an assessment is needed to determine the need for protective services.

10. A. MOBILITY- For Reassessment- Enter a dated Note with change(s) showing risk was eliminated/reduced.

The worker is to choose one numbered response for each question regarding mobility status that best describes the Consumer's ability to perform each task.

A "bed bound" Consumer is defined as an individual who cannot get out of the bed/chair without the assistance of another person. Without this assistance, the Consumer would remain in the bed/chair. This definition should not be confused with how the Consumer transfers or moves about once the Consumer is out of the bed/chair.

"Non-ambulatory means" that the Consumer, after rising from the bed/chair (assisted or non- assisted) cannot walk without the assistance of another person.

The worker can evaluate a Consumer's mobility through observation and questioning. If the Consumer is willing, the worker must ask for a demonstration of walking or wheeling ability across a room and back. Evaluate the Consumer's ability to walk steadily. Ask about endurance (i.e. can the Consumer walk distances {approximately 100 feet on level ground or a city block can be used as examples}). Describe the details of indoor/outdoor mobility if there are significant differences.

If responses numbered 2 – 5 are checked, the worker must indicate in the Notes section how the Consumer currently manages the task and any additional help or relevant information (including the name (s) of the person(s) who assist the Consumer) provided regarding the Consumer's mobility. Further, the Notes section should be used to document information that supports the determination, including the worker's observations and/or judgments.

For Mobility, numbers 1, 3, 4, and 5:

- Number 1 states that the Consumer is independent

- Number 2 states that the Consumer requires the help of an assistive device, takes a long time or does with great difficulty

- Number 3 states that the Consumer requires supervision, set-up, cueing or coaxing (hands-on help is NOT included here)

- Number 4 states that the Consumer requires some degree of hands on help to complete the task

- Number 5 states that the Consumer requires more than 50% help to complete the task or the Consumer is unable to do the task at all.

- For numbers 2, 6, and 7: Check appropriate response and use Notes section as indicated.

For reassessment, the note indicating that risk was eliminated/reduced shall be dated with the date that the PS Caseworker identified the risk as eliminated/reduced.

11. NUTRITION RISK ASSESSMENT (HDM & Substantiated Consumers Only)

(Substantiated Cases Only) Complete this section only if considering for Home Delivered Meals or assessment is needed to determine need for protective services.

11. A. NUTRITIONAL RISK ASSESSMENT- - For Reassessment- Enter a dated Note with change(s) showing risk was eliminated/reduced

For reassessment, the note indicating that risk was eliminated/reduced shall be dated with the date that the PS Caseworker identified the risk as eliminated/reduced.

Question 1: Changes in lifelong eating habits because of health problems?

Choose the appropriate response. If "Yes", explain more fully in the notes section.

Question 2: Eats fewer than 2 meals a day?

Choose appropriate response.

Question 3: Eats less than two servings of dairy products (such as milk, yogurt, or cheese) every day?

Choose appropriate response.

Question 4: Eats fewer than 5 servings (1/2 cup each) of fruits or vegetables every day?

Choose appropriate response.

Question 5: Has 3+ drinks of beer, liquor, or wine almost every day?

Choose appropriate response.

Question 6: Trouble eating well due to problems with chewing/swallowing?

Choose appropriate response.

Question 7: Sometimes does not have enough money to buy food?

Choose appropriate response.

Question 8: Eats alone most of the time?

Choose appropriate response.

Question 9: Takes 3+ different prescribed or over-the-counter drugs per day?

Choose appropriate response.

Question 10: Any unexplained weight loss or gain of 10 pounds or more in the past 6 months?

Choose appropriate response. If "No," the computer will skip to question 11 A 13.

Question 11: How many pounds lost or gained in past 6 months?

Document Consumer's response.

Question 12: Reason for weight change in past 6 months?

Document Consumer's response.

Question 13: Not always physically able to shop, cook, and/or feed themselves (or get someone to do it for them)?

Choose appropriate response.

Question 14: Consumer's nutritional risk based upon responses to the questions above.

Computer automatically calculates the Consumer's nutritional risk based on the above questions.

12. CONTACTS
12. A. EMERGENCY CONTACT:

Question 1: Name of Friend or Relative (other than spouse/partner) to contact in case of an Emergency.

List the name of the Consumer's emergency contact, preferably someone who does not reside with the Consumer.

Question 2: Relationship to Consumer

Document the relationship of the emergency contact to the Consumer.

Question 3: County

Document the county where the emergency contact to the Consumer resides.

Question 4: Street Address

Document the home Address of the emergency contact.

Question 5: City or Town

Document the City or Town in which the emergency contact resides.

Question 6: State

Document the state in which the emergency contact resides.

Question 7: Zip Code

Document the zip code in which the emergency contact resides.

Question 8: Telephone number

Document the home telephone number where the emergency contact can most readily be reached.

Question 9: Work telephone number

Document the work telephone number of the emergency contact, if appropriate. Document the hours that the emergency contact is at work and able to be contacted.

13. PROTECTIVE SERVICES INVESTIGATION SUMMARY AND ASSESSMENT RESULTS

This section must be completed on the initial investigation form and not the reassessment for data collection purposes; however, it is OK for the questions to be answered on the reassessment, in addition to the initial investigation form (i.e., when copying an initial investigation to a reassessment the responses do not need to be deleted from the reassessment).

13.A. DECISION INFORMATION:

Question 1: Was an Office of Attorney General referral made under § 2713 or § 2713.1 (neglect/ abuse of a care dependent person)? (Must also answer question 13.A.2)

If the referral to the Office of Attorney General falls under the AAA's obligation to report suspected neglect or abuse by a caretaker (according to Title 18, PA.C.S.§ 2713 or § 2713.1), answer "Yes." Provide the date the referral was made in the Notes section. Otherwise, answer "No" and go to question 13.A.2.

This question must be answered on the initial investigation ISA form, not on the reassessment (it is OK to leave it on the reassessment when copying an initial investigation to a reassessment).

Question 2: Did PS make a referral to law enforcement? (If yes, document why and to whom the referral was made in the Notes section.

Check the appropriate box. If a referral to Law Enforcement was made unrelated to § 2713 or § 2713.1 (aka, Act 53), answer "Yes." Provide why, the date, and to whom the referral was made in the Notes section, Otherwise, answer "No" and skip to question 13.A.13.

Note: Instructions and resources for Act 53 can be downloaded from your PDA-LMS Training Website account. The following tools are available and can be accessed from the Protective Services Course Catalog:

- Original Act 53 Webinar (August 21, 2018) *Titled: PS Changes to Title 18 Crimes Code*
- Act 53 APD Webinar (June 4, 2019)
- OAG When to Report Flowchart
- OAG Referral Form

This question must be answered on the initial investigation ISA form, not on the reassessment (it is OK to leave it on the reassessment when copying an initial investigation to a reassessment).

Materials can be found here: PDA-LMS Website *> Course Catalog > Protective Services > Protective Services Webinar Resources > PS Monthly Supervisory Webinars 2018/2019*

Question 3: Involuntary Intervention (APS Only) – Did PS petition for Involuntary Intervention?

This question is specific to APS only. OAPS uses Service Deliveries for Petition to Court. Leave this question unanswered for OAPS.

Question 4: Date of petition (APS Only)

This question is specific to APS only. OAPS uses Service Deliveries for Petition to Court. Leave this

question unanswered for OAPS.

Question 5: Outcome of petition (APS Only)

This question is specific to APS only. OAPS uses Service Deliveries for Petition to Court. Leave this question unanswered for OAPS.

Question 6: Guardianship (APS Only) – Did PS petition for guardianship?

This question is specific to APS only. OAPS uses Service Deliveries for Petition to Court. Leave this question unanswered for OAPS.

Question 7: Was guardianship an emergency? (APS Only)

This question is specific to APS only. OAPS uses Service Deliveries for Petition to Court. Leave this question unanswered for OAPS.

Question 8: Date of initial petition (APS Only)

This question is specific to APS only. OAPS uses Service Deliveries for Petition to Court. Leave this question unanswered for OAPS.

Question 9: Date of final Decree (APS Only)

This question is specific to APS only. OAPS uses Service Deliveries for Petition to Court. Leave this question unanswered for OAPS.

Question 10: Outcome (APS Only)

This question is specific to APS only. OAPS uses Service Deliveries for Petition to Court. Leave this question unanswered for OAPS.

Question 11: Program area referrals (APS Only) – Did PS assist the adult to be referred to and enrolled in another program area as required by the service plan?

This question is specific to APS only. OAPS uses Service Deliveries for Petition to Court. Leave this question unanswered for OAPS.

Question 12: Indicate program area referred as a result of investigation (APS Only)

This question is specific to APS only. OAPS uses Service Deliveries for Petition to Court. Leave this question unanswered for OAPS.

Question 13: Was this Investigation Substantiated or Unsubstantiated?

After investigating all areas of abuse, neglect, exploitation, and abandonment, select the appropriate response based on investigative findings for the case. In cases where the consumer died or moved out of the jurisdiction of Pennsylvania during the investigation and prior to investigating all areas, this question will be answered based on any one or more Abuse Types (in Section 3) for which a determination was able to be made prior to the consumer's death or relocation, if any. See Section 3 above for more details.

1) **SUBSTANTIATED-Allegations found to be TRUE, Consumer needs PS:** The older adult fits the five criteria to be an older adult in need of protective services and the allegation (any one or more in cases of multiple allegations) is found to be true by a "preponderance of the evidence" (i.e., 50.1% or more "it is more likely than not").

2) **SUBSTANTIATED-Allegations UNFOUNDED-Consumer fits PS criteria for other reasons:** The case is substantiated, and the original allegations were unfounded but Consumer was found to need protective services for other reasons.

3) **SUBSTANTIATED- No need for PS:** The case was substantiated; however, no protective services were offered/needed due to the risk being reduced or eliminated prior to protective services involvement.

4) **UNSUBSTANTIATED:** The allegations were not found to be true and the Consumer was not found to need protective services for other reasons.

5) **UNABLE TO MAKE A DETERMINATION:** Reasons that a determination could not be made include:

   • The Consumer died during the investigation before enough information could be gathered to make a determination on any one or more Abuse Types prior to death. Do NOT use this reason if a determination was made, but the Consumer died prior to providing services and/or closing out the case; use the appropriate SUBSTANTIATED reason above, instead. See Section 3 above for more information.

- The Consumer left the jurisdiction of Pennsylvania before enough information could be gathered to make a determination on any one or more Abuse Types prior to leaving the jurisdiction of PA. Do NOT use this reason if a determination was made, but the Consumer left the jurisdiction of PA prior to providing services and/or closing out the case; use the appropriate SUBSTANTIATED reason above, instead. See Section 3 above for more information.

- OA is unable to be located. Follow the instructions in APD #19-24-01 - Protective Services Investigative Requirements When an Older Adult Cannot Be Located.

This question must be answered on the initial investigation ISA form, not on the reassessment (it is OK to leave it on the reassessment when copying an initial investigation to a reassessment).

Question 14: Was the determination made within required timeframe (20 days for OAPS-abuse/ neglect only or 15 days for APS-all areas)

If the investigation of the **allegation(s)** of abuse and/or neglect goes over 20 days without a determination for the **alleged** abuse type(s), this question must be answered as "No" on day 21. If **all allegations** of abuse and/or neglect had a determination documented within 20 days, this question will be answered "Yes." If "Yes," skip to 13.A.16. If "No," answer 13.A.15.

This question must be answered on the initial investigation ISA form.

Question 15: In reference to question 13.A.14, if the investigation is taking or took longer than the required timeframe, select the reason for the delay:

Select the appropriate reason for the investigation for the **allegation(s)** going over required timeframe for investigations. (20 days for OAPS-abuse/neglect only). This question is based on **all allegations** listed in the RON. In cases of multiple allegations, if any one or more allegation is not substantiated or unsubstantiated within 20 days, this question must be answered as "No." It should not be answered based on "other areas" of ANEA that were investigated and not alleged.

This question must be answered on the initial investigation ISA form, not on the reassessment (it is OK to leave it on the reassessment when copying an initial investigation to a reassessment).

Note: APS is required to complete all financial exploitation investigations within 15 days. Therefore, the following two responses are for APS use only and may not be used for OAPS investigations:

- FE – Awaiting financial records – APS only

- FE – Awaiting forensic analysis – APS only

Question 16: Was risk mitigated or reduced (document in Care Plan Journals and in applicable areas of Reassessment)? Reassessments Only

Select the appropriate response. Details explaining how risk was eliminated or reduced, or was not, shall be detailed in the Care Plan Journals and in the applicable sections of the reassessment form (see instructions in Sections 8 through 11 above for more details).

This question is answered on the reassessment form only.

Question 17: Case closed due to (required for Substantiated, Unsubstantiated, & unable to determine cases)

This question shall always be answered for all investigations at the time the case is being closed and the Protective Services Care Enrollment is being terminated.

For substantiated cases, this shall occur after risk has been reduced or eliminated, the final reassessment has been conducted, the Consumer or responsible party has been provided with the PS Termination letter, and the PS supervisor has signed the ISA form and the PS Care Enrollment is terminated.

For unsubstantiated cases, substantiated cases with no need for protective services or cases where a determination was unable to be made, this question shall be answered when the case is closed, the ISA is signed by the PS supervisor, and the PS Care Plan and Care Enrollment are terminated.

If "Other" is selected, explain details in Notes.

This question must be answered on the initial investigation ISA form, not on the reassessment (it is OK to leave it on the reassessment when copying an initial investigation to a reassessment).

Question 18: Indicate the Consumer's current living situation at the end of the case

Enter the appropriate response. The current living situation should be indicated based on the living situation at the time of the case closing.

This question must be answered on the initial investigation ISA form in order for PDA to provide data to NAMRS (the National Adult Maltreatment Reporting System). It is not recorded in the reassessment (it is OK to leave it on the reassessment when copying an initial investigation to a reassessment).

Question 19: Date Investigator Signed as Complete.

Using the MM/DD/YYYY format, list the date that the worker signed the Investigation form as complete. A Substantiated case is considered complete ONLY after services have been implemented and the consumer was reassessed to determine if the services provided reduced or eliminated risk.

This date will be used as the termination date for the Care Enrollment and Care Plan. However, if after submitting a "completed" case to the supervisor, and the supervisor determines that additional actions are required prior to completing the case, this date **must be deleted** from the ISA until those additional actions are complete. Once complete and ready for resubmission to the supervisor, the new "case complete" date will entered. These steps shall be repeated until the supervisor confirms agreement that the case is ready for closure.

This question must be answered on the initial investigation ISA form, not on the reassessment.

Question 20: Date Investigation or Reassessment given to Supervisor for Review.

Using the MM/DD/YYYY format, list the date that the Investigation or reassessment was given to the Supervisor for review.

This question must be answered on BOTH the initial investigation ISA form and the reassessment ISA form. The entered date is applicable to when either the Initial Investigation (and other investigative information) was given to the supervisor for review, versus when a reassessment was given to the supervisor to review to ensure risk was reduced and/or eliminated.

14. SIGNATURES:

14. A. SIGNATURE AND DATES FOR INVESTIGATION

Type your name, title, and the date (on which you completed or on which you reviewed the form) on the appropriate line.

Question 1: Signature & Title of Investigator

Document the first and last name of the person who completed this investigation.

Question 2: Signature & Title of Supervisor

Document the first and last name of the supervisor who reviewed and approved this Protective Services Investigation form. The supervisor who answers this question is indicating that he/she has ensured that the investigation summary and assessment is complete and may document any additional contributing information in the assessment narrative. The supervisor signature reflects that they concur with the documentation adequacy and determination unless otherwise documented.

Question 3: Signature & Title of Director

Document the first and last name of the Director who reviewed and approved this Protective Services Investigation form. The Director's signature is only required when he/she is the supervisor of this PS investigation or if this is an abbreviated PS investigation (mandatory review and signature by Director if abbreviated PS investigation).

Assessment Narrative:

PDA does not require information be placed in this section. AAAs may use this area at their discretion, as per their Agency policy. However, use of this field must be consistent throughout the Agency and in accordance with the Agency policy. In addition, use of this section may not be a substitute for information entered in the ISA Notes sections and/or the Care Plan Journals. Case journaling must be entered in the Care Plan Journals.

Investigation Summary & Assessment Form (Blank)

Introduction

The following pages contain the current ISA assessment form, including annotations from the most recent revisions to the ISA form template. A blank ISA form may be printed from A&D and utilized during a live assessment to guide the caseworker through documenting all required information prior to committing the information to the official electronic record in A&D.

To print a blank form from A&D, follow these instructions:

1) Click the three vertical dots on the black menu bar.

2) Select "Tools."

3) Click "Print Blank Assessment Forms."

4) Open the "Select a Form to Print:" list box.

5) Select the PS Investigation.afm option.

6) Change the "Style" and "Settings" options, if desired.

7) Click the Preview button.

8) A blank form will open in a new tab and can be printed from the new tab.

PS Invest 7-1-21

1. INTRODUCTION

1.A. INVESTIGATION BACKGROUND

1.a. Protective Services Care Enrollment Start Date

MM / DD / YYYY

1.b. DATE Report of Need was received

MM / DD / YYYY

2. AAA Responsible for conducting investigation or Reassessment (update if active case is transferred to another AAA for investigation)

☐ 01 ☐ 10 ☐ 19 ☐ 28 ☐ 37 ☐ 46
☐ 02 ☐ 11 ☐ 20 ☐ 29 ☐ 38 ☐ 47
☐ 03 ☐ 12 ☐ 21 ☐ 30 ☐ 39 ☐ 48
☐ 04 ☐ 13 ☐ 22 ☐ 31 ☐ 40 ☐ 49
☐ 05 ☐ 14 ☐ 23 ☐ 32 ☐ 41 ☐ 50
☐ 06 ☐ 15 ☐ 24 ☐ 33 ☐ 42 ☐ 51
☐ 07 ☐ 16 ☐ 25 ☐ 34 ☐ 43 ☐ 52
☐ 08 ☐ 17 ☐ 26 ☐ 35 ☐ 44 ☐ APS
☐ 09 ☐ 18 ☐ 27 ☐ 36 ☐ 45

3. Assigned Investigator's Name

_____

4. Type of Assessment

☐ Initial Investigation
☐ Reassessment

5. Date Investigation Initiated

MM / DD / YYYY

6. Date of face-to-face

MM / DD / YYYY

7. Date of Reassessment

MM / DD / YYYY

1.B. CONSUMER'S IDENTIFICATION

1. Consumer's LAST name

_____

2. Consumer's last name SUFFIX

_____

3. Consumer's FIRST name

_____

4. Consumer's MIDDLE initial

_____

5. Consumer's DATE OF BIRTH (DOB) (If unknown, document an indicated age range in 1B6, if DOB entered here, skip Question 1B6)

MM / DD / YYYY

6. If Date of Birth is unknown, indicate the consumer's age range

☐ Under age 18
☐ Age 18 to 59
☐ Age 60+

7. Consumer's GENDER

☐ Female ☐ Other
☐ Male ☐ Refused to disclose

8. Consumer's ETHNICITY

☐ Hispanic or Latino
☐ Not Hispanic or Latino
☐ Unknown

9. Consumer's RACE(S)

☐ American Indian/Native Alaskan
☐ Asian
☐ Black/African American
☐ Native Hawaiian/Other Pacific Islander
☐ Non-Minority (White, Non-Hispanic)
☐ White-Hispanic
☐ Other-Document in Notes
☐ Unknown/Unavailable

10. Consumer's Social Security Number (SSN)

_____

11. Consumer's marital status

☐ Divorced ☐ Married ☐ Other
☐ Domestic Partner ☐ Single ☐ Unavailable
☐ Legally Separated ☐ Widowed

12. Consumer's MEDICAID or MCI Number (If applicable)

_____

1.C. CONSUMER'S DEMOGRAPHICS

1. Consumer's place of residence at the time of the Report of Need

☐ Apartment
☐ Assisted Living (AL)
☐ Caretaker/Caregiver's Home
☐ Community Homes for Individuals with ID
☐ CRR (Mental Health)
☐ Domiciliary Care Home (DC)
☐ Family Living/Shared Living
☐ Homeless
☐ Intermediate Care Facility (ICF)
☐ Long Term Structured Residence (LTSR/MH)
☐ Mental Health Inpatient Psychiatric Facility
☐ Own Home
☐ Personal Care Home (PCH)
☐ Skilled Nursing Facility (DOH)
☐ Other-Document Details in Notes
☐ Unknown

2. Consumer's LIVING ARRANGEMENT-Include in the "Lives Alone" category, Consumers who live in AL, Dom Care, or PCH, pay rent, and have no roommate.

☐ Lives Alone
☐ Lives with Spouse or domestic partner
☐ Lives with Child(ren) but not Spouse
☐ Lives with Other Family Member(s)
☐ Other-Document Details in Notes
☐ Don't Know

3. Is the Consumer at risk of or found to be

- ☐ Yes
- ☐ No

4. Identify where the incident occurred. If County is different than residence, document details in notes.

_____

5. Type of MANDATED Reporter (Note: Facilities with an asterisk (*) are exempt from reporting under age 60 abuse to PDA.)

- ☐ Adult Training Facility/Vocational Program-DHS
- ☐ Assisted Living Facility-DHS
- ☐ Birth Center (BC)-DOH
- ☐ *Community Homes for individuals with ID-DHS
- ☐ Community Residential Rehabilitation Services-MH (CRRS)-DHS
- ☐ Domiciliary Care Home (DC)-PDA
- ☐ Home Care Agency-DOH
- ☐ Home Care Registry-DOH
- ☐ Hospice-DOH
- ☐ Hospital—APS only
- ☐ Hospital Long Term Care-DOH
- ☐ *Intermediate Care Facility / Intellectual Disability (ICF/ID)-DHS
- ☐ In-Home Direct Service Worker
- ☐ Licensed Home Health Care (HH)-DOH
- ☐ Long Term Structured Residence (LTSR)-DHS
- ☐ Older Adult Daily Living Center (OADLC)-PDA
- ☐ Other Public Funded Entity (Licenses or Unlicensed) - Document details in Notes
- ☐ Personal Care Home (PCH)-DHS
- ☐ Primary Care Physician - APS only
- ☐ Residential Treatment Facility-DHS
- ☐ School - Nurse - APS only
- ☐ Skilled Nursing Facility-DOH
- ☐ State Center - DHS - APS only
- ☐ State Mental Hospital - DHS
- ☐ VA Skill Nursing Facility licensed by DOH

6. Type of VOLUNTARY Reporter (NOTE: Reporters with asterisk (*) are mandatory for APS).

- ☐ AP-Alleged Perpetrator
- ☐ AAA-Area Agency on Aging
- ☐ Anonymous
- ☐ Assisted Living Facility (AL)
- ☐ Consumer
- ☐ DC-Domiciliary Care Home-NON-Mandated Reporter
- ☐ Family Member
- ☐ General Public
- ☐ Home Health Care Agency (Other)
- ☐ Hospital*
- ☐ Law Enforcement Agency
- ☐ LTC Ombudsman
- ☐ Personal Care Home (Non-Mandated Reporter)
- ☐ Physician's Office*
- ☐ School - Employee other than nurse - APS only
- ☐ Skilled Nursing Facility-NON-Mandated Reporter
- ☐ Social Service
- ☐ State Center
- ☐ Other-Document Details in Notes

7. Consumer's primary language

☐ American Sign Language	☐ Haitian Creole
☐ Arabic	☐ Hebrew
☐ Armenian	☐ Italian
☐ Assistive Technology	☐ Japanese
☐ Cantonese	☐ Korean
☐ Chinese/Other	☐ Lithuanian
☐ English	☐ Mandarin
☐ Farsi (Persian)	☐ Mein
☐ Filipino (Tagalog)	☐ Polish
☐ French	☐ Portuguese
☐ German	☐ Romanian
☐ Greek	☐ Russian
☐ Serbian-Cyrillic	☐ Turkish
☐ Spanish	☐ Vietnamese
☐ Thai	☐ Other-Document in Notes

8. Is Consumer a VETERAN?

- ☐ Yes
- ☐ No

1.D. CONSUMER'S RESIDENTIAL ADDRESS INFORMATION - MUNICIPALITY IS REQUIRED

1. RESIDENTIAL County – REQUIRED

☐ Adams	☐ Elk	☐ Montour
☐ Allegheny	☐ Erie	☐ Northampton
☐ Armstrong	☐ Fayette	☐ Northumberland
☐ Beaver	☐ Forest	☐ Perry
☐ Bedford	☐ Franklin	☐ Philadelphia
☐ Berks	☐ Fulton	☐ Pike
☐ Blair	☐ Greene	☐ Potter
☐ Bradford	☐ Huntingdon	☐ Schuylkill
☐ Bucks	☐ Indiana	☐ Snyder
☐ Butler	☐ Jefferson	☐ Somerset
☐ Cambria	☐ Juniata	☐ Sullivan
☐ Cameron	☐ Lackawanna	☐ Susquehanna
☐ Carbon	☐ Lancaster	☐ Tioga
☐ Centre	☐ Lawrence	☐ Union
☐ Chester	☐ Lebanon	☐ Venango
☐ Clarion	☐ Lehigh	☐ Warren
☐ Clearfield	☐ Luzerne	☐ Washington
☐ Clinton	☐ Lycoming	☐ Wayne
☐ Columbia	☐ McKean	☐ Westmoreland
☐ Crawford	☐ Mercer	☐ Wyoming
☐ Cumberland	☐ Mifflin	☐ York
☐ Dauphin	☐ Monroe	☐ Out Of State
☐ Delaware	☐ Montgomery	

2. RESIDENTIAL Street Address (Include number of house, apartment, or room.)

_____

3. RESIDENTIAL Address Second Line (if needed)

_____

4. RESIDENTIAL Municipality (Usually a Township or Boro where Consumer Votes, Pays Taxes.)

_____

5. RESIDENTIAL City or Town (optional but must be located within Residential Municipality)

_____

6. RESIDENTIAL State

_____

7. RESIDENTIAL Zip Code (required)

_____

8. Does Consumer reside in a RURAL Area?

- ☐ Yes
- ☐ No

9. Directions to Consumer's Home

_____

10. Primary TELEPHONE Number

_____

1.E. CONSUMER'S MAILING ADDRESS

1. Is the Consumer's MAILING address the SAME as their residential address?

☐ Yes-skip to 3.A.1
☐ No (Enter complete address in Notes)
☐ Unknown

2. INFORMATION FROM REPORT OF NEED
(Do not change data; responses must match RON)

2.A. ALLEGATIONS & CATEGORY

1. Allegations on the Report of Need

☐ Abandonment
☐ Caretaker/Caregiver Neglect
☐ Emotional Abuse
☐ Exploitation
☐ Physical Abuse
☐ Self Neglect
☐ Sexual Abuse

2. What is the Category assigned to the Report of Need at intake?

☐ Emergency-Immediately refer to PS
☐ Priority-Immediately refer to PS
☐ Non-priority-Normal Business
☐ No Need for OAPSA: Referred to APS
☐ No need for PS
☐ Referred to another planning and service area (AAA)

3. Was the Intake Category confirmed?

☐ No
☐ Yes

4. Final Category (if Intake Category was not confirmed)

☐ Emergency-Immediately refer to PS
☐ Priority-Immediately refer to PS
☐ Non-Priority-Normal Business
☐ No need for PS-Explain in Notes

5. What agencies were notified of the RON at Intake? (Document in Notes the contact name, date, time, & method of notification)

☐ Referred to Adult Protective Services (under 60)
☐ Attorney General
☐ Referred to another Area Agency on Aging
☐ Coroner
☐ Department of Aging (PDA)
☐ Department of Health (DOH)
☐ Department of Human Services (other than APS) (DHS)
☐ Law Enforcement (at time of RON; i.e., NN due to death)
☐ Mental Health & Developmental Disabilities
☐ Ombudsman
☐ Other, including ChildLine (document details in Notes)
☐ None (document details in Notes)
☐ State-operated facility

6. Check all Program Offices through which the Consumer was receiving services at the time of intake:

☐ Adult Daily Living Center (ADLC) - PDA
☐ Aging & Disability Resource Centers (ADRC) - PDA
☐ Bureau of Supports for Autism and Special Populations (BSASP)
☐ Department of Health (DOH)
☐ Department of Human Services (DHS)
☐ Family Caregiver - PDA
☐ Managed Care Organization (MCO)
☐ Office of Developmental Programs (ODP)

☐ Office of Long-Term Living Community HealthChoices (OLTL CHC)
☐ Office of Long-Term Living Omnibus Budget Rehabilitation Act (OBRA, ACT 150)
☐ Office of Mental Health & Substance Abuse Services (OHMSAS)
☐ Office of Medical Assistance Programs (OMAP)
☐ Options - PDA
☐ Other (explain in Notes)
☐ None
☐ Unknown

3. EVIDENCE OF ABUSE, NEGLECT, EXPLOITATION, AND/OR ABANDONMENT

3.A. ABANDONMENT

1. Was Abandonment substantiated during the investigation?

☐ Yes
☐ No-Skip to 3.A.3
☐ Unable to make a determination (explain in Notes)

2. Indicate evidence of Abandonment

☐ Caregiver deserted; never returned
☐ Other (explain in Notes)

3. Date of ABANDONMENT determination

MM / DD / YYYY

3.B. CARETAKER/CAREGIVER NEGLECT

1. Was Caretaker/Caregiver Neglect, neglectful actions, and/or failure to provide substantiated during the Investigation?

☐ Yes
☐ No-Skip to 3.B.3
☐ Unable to make a determination (explain in Notes)

2. Indicate evidence of neglect, neglectful actions and/or failure of the Caretaker/Caregiver to provide for the Consumer

☐ Care Plan not followed
☐ Dehydrated
☐ Dirt/fleas/scabies/lice/bed bugs etc. on Consumer
☐ Fecal/urine odor
☐ Inadequate food
☐ Inadequate heat/water/plumbing/utilities
☐ Inadequate medical equipment/aids
☐ Inadequate medical service
☐ Inadequate medications/meds mismanagement
☐ Inadequate personal care
☐ Inadequate social supports
☐ Inadequate supervision
☐ Inappropriate clothing
☐ Malnourished
☐ Skin rash
☐ Sores
☐ Stolen/Diverted Medications/Narcotics
☐ Untreated medical problem
☐ Weight loss
☐ Other-Document Details in Notes

3. Date of CARETAKER NEGLECT determination

MM / DD / YYYY

3.C. EMOTIONAL ABUSE

1. Was Emotional Abuse substantiated during the investigation?

☐ Yes
☐ No-Skip to 3.C.3
☐ Unable to make a determination (explain in Notes)

2. Indicate evidence of EMOTIONAL Abuse

- ☐ Anxious
- ☐ Changed eating habits
- ☐ Confined
- ☐ Feels threatened/fearful/intimidated/coerced
- ☐ Frequent shaking, trembling or crying
- ☐ Imposed isolation
- ☐ Insulted, swore or yelled at Consumer
- ☐ Irritable, easily upset
- ☐ Loss of interest
- ☐ Sleep disturbance
- ☐ Suicidal talk/wishes
- ☐ Other-Document Details in Notes

3. Date of EMOTIONAL Abuse determination

MM / DD / YYYY

3.D. EXPLOITATION (FINANCIAL/LEGAL MANAGEMENT)

1. Was FINANCIAL EXPLOITATION substantiated during the Investigation?

- ☐ Yes
- ☐ No-Skip to 3.D.3
- ☐ Unable to make a determination (explain in Notes)

2. Indicate evidence of FINANCIAL EXPLOITATION

- ☐ AP access to Consumer's account(s) without consent
- ☐ AP not complying with fiduciary responsibilities
- ☐ Misuse of Consumer's money and/or assets
- ☐ Recent or unexpected change in bank account(s)
- ☐ Stolen/Diverted Medications/Narcotics
- ☐ Stolen/missing money or assets of Consumer
- ☐ Unusual financial arrangements-Document Details in Notes
- ☐ Other-Document Details in Notes

3. Date of FINANCIAL EXPLOITATION determination

MM / DD / YYYY

4. Is there a risk to Consumer's property or assets? Explain in Notes

- ☐ Yes
- ☐ No

5. Check all applicable assistance with legal/financial matters. Specify Details in Notes

- ☐ Guardian
- ☐ Informal Representative
- ☐ Lawyer
- ☐ Power of Attorney-Specify Type in Notes
- ☐ Representative Payee
- ☐ None

6. Are Consumer's bills being paid?

- ☐ Yes
- ☐ No

7. Did the Consumer refuse to give financial information?

- ☐ Yes
- ☐ No

8. Indicate Consumer's source(s) of income

- ☐ Disability
- ☐ Dividends, Interest, and Annuities
- ☐ Earned income
- ☐ Pension
- ☐ Social Security
- ☐ SSI
- ☐ Veteran's Pensions
- ☐ Other-Document Details in Notes

9. Specify the amount of the Consumer's MONTHLY income

$ [_____]

10. Describe how the Consumer does banking

_____

11. Does someone accompany Consumer to bank? Explain in Notes

- ☐ Yes
- ☐ No

12. Total asset loss for Sub'd Cases Only - CASH STOLEN

$ [_____]

13. Total asset loss for Sub'd Cases Only - PURCHASE(S) OR PAYMENT(S) (excluding credit card purchases)

$ [_____]

14. Total asset loss for Sub'd Cases Only - PURCHASE(S) OR PAYMENT(S) MADE BY CREDIT CARD ONLY

$ [_____]

15. Total asset loss for Sub'd Cases Only - DRUG THEFT

$ [_____]

16. Total asset loss for Sub'd Cases Only - REAL ESTATE TRANSFER OR SALE

$ [_____]

17. Total asset loss for Sub'd Cases Only - NON-CONTRIBUTION TO BILLS OR LIVING COSTS

$ [_____]

18. Total asset loss for Sub'd Cases Only - LOANS

$ [_____]

19. Total asset loss for Sub'd Cases Only - LOSS OF INCOME

$ [_____]

20. Total asset loss for Sub'd Cases Only - PERSONAL PROPERTY STOLEN

$ [_____]

21. Total asset loss for Sub'd Cases Only - SCAMS

$ [_____]

22. Specify the type of Financial Exploitation SCAM

- ☐ Lottery
- ☐ Phishing/Email
- ☐ Romance
- ☐ Telemarketing
- ☐ Virus/Malware/Computer Hijacking
- ☐ Other-Document Details in Notes

23. Total asset loss for Sub'd Cases Only - CASH VALUE OF STOCKS/BONDS/INVESTMENTS/LIFE INSURANCE

$ [_____]

24. Total asset loss for Sub'd Cases Only - OTHER (detail in Notes)

$ [   ]

25. Total loss to consumer

$ [   ]

26. TOTAL assets PROTECTED due to PS intervention (enter date protection began in Notes)

$ [   ]

27. TOTAL assets RECOVERED due to PS intervention (enter date(s) assets recovered in Notes)

$ [   ]

3.E. PHYSICAL ABUSE

1. Was PHYSICAL ABUSE substantiated during the Investigation?

☐ Yes
☐ No-Skip to 3.E.3
☐ Unable to make a determination (explain in Notes)

2. Indicate evidence of PHYSICAL ABUSE

☐ Attempted to harm
☐ Broken bones
☐ Bruises or welts
☐ Burns
☐ Cuts
☐ Dislocations
☐ Injured Consumer with weapon
☐ Internal injuries
☐ Pushed/grabbed Consumer
☐ Sprains
☐ Struck, kicked, or threw objects at Consumer
☐ Threatened Consumer
☐ Wounds
☐ Other-Document Details in Notes

3. Date of PHYSICAL ABUSE determination

MM / DD / YYYY

3.F. SELF NEGLECT

1. Was SELF NEGLECT substantiated during the Investigation?

☐ Yes
☐ No-Skip to 3.F.3
☐ Unable to make a determination (explain in Notes)

2. Indicate evidence of SELF NEGLECT

☐ Dehydrated
☐ Dirt/fleas/scabies/lice/bed bugs etc. on Consumer
☐ Fecal/urine odor
☐ Hoarding (hazardous)
☐ Inadequate food
☐ Inadequate heat/water/plumbing/utilities
☐ Inadequate housing/shelter/homeless
☐ Inadequate medical equipment/aids
☐ Inadequate medical service
☐ Inadequate medications/meds mismanagement
☐ Inadequate or inability to provide own personal care
☐ Inadequate social supports
☐ Inadequate supervision

☐ Inappropriate clothing
☐ Making decisions that negatively impact Consumer
☐ Malnourished/loss of appetite/refusing to eat etc.
☐ Skin rash
☐ Sores
☐ Unable to manage finances
☐ Unsafe behaviors due to cognitive issues (e.g., leaving stove burner on)
☐ Untreated medical problem
☐ Untreated psychiatric/mental health problem
☐ Wandering
☐ Weight loss
☐ Other-Document Details in Notes

3. Date of SELF NEGLECT determination

MM / DD / YYYY

3.G. SEXUAL ABUSE

1. Was SEXUAL ABUSE substantiated during the Investigation?

☐ Yes
☐ No-Skip to 3.G.3
☐ Unable to make a determination (explain in Notes)

2. Indicate evidence of SEXUAL ABUSE

☐ Aggravated Indecent Assault
☐ Incest
☐ Indecent Assault
☐ Institutional sexual abuse (APS)
☐ Involuntary Deviate Sexual Intercourse
☐ Rape
☐ Sexual Assault
☐ Statutory Sexual Assault

3. Date of SEXUAL ABUSE determination

MM / DD / YYYY

3.H. SEXUAL HARASSMENT

1. Was SEXUAL HARASSMENT substantiated during the Investigation?

☐ Yes
☐ No-Skip to 3.H.3
☐ Unable to make a determination (explain in Notes)

2. Indicate evidence of SEXUAL HARASSMENT

☐ Inappropriate gestures
☐ Obscene or suggestive documents or pictures (written or drawn)
☐ Other unwelcomed sexual act (not intercourse, penetration, indecent contact)
☐ Request for sexual favor(s)
☐ Unwelcomed/inappropriate comments or jokes of a sexual nature
☐ Unwelcomed/inappropriate physical contact of a sexual nature
☐ Unwelcomed/inappropriate sexual verbal comments about victim's or AP's body

3. Date of SEXUAL HARASSMENT determination

MM / DD / YYYY

4. PHYSICAL ENVIRONMENT

4.A. PHYSICAL ENVIRONMENT ISSUES

1. Was evidence of problems in physical environment discovered during Investigation?

☐ Yes
☐ No-Skip to 5.A.1

2. Indicate problems in the Consumer's physical

☐ Architectural barriers
☐ Fire Safety
☐ Garbage/trash accumulation
☐ In need of repair(s)
☐ Inadequate living/sleeping area(s)
☐ Inadequate kitchen/bath facilities
☐ Inadequate Utilities
☐ Insect/pest problem(s)
☐ Pet/animal problem(s)
☐ Uncleanliness
☐ Other-Document Details in Notes

5. COGNITIVE FUNCTIONING AND MENTAL HEALTH

5.A. SHORT PORTABLE MENTAL STATUS QUESTIONNAIRE - Optional

1. Consumer knows TODAY'S DATE?

☐ Correct answer
☐ Incorrect or not answered

2. Consumer knows DAY OF THE WEEK?

☐ Correct answer
☐ Incorrect or not answered

3. Consumer knows LOCATION?

☐ Correct answer
☐ Incorrect or not answered

4. Consumer knows TELEPHONE NUMBER (street address if no phone)?

☐ Correct answer
☐ Incorrect or not answered

5. Consumer knows AGE?

☐ Correct answer
☐ Incorrect or not answered

6. Consumer knows DATE OF BIRTH?

☐ Correct answer
☐ Incorrect or not answered

7. Consumer knows CURRENT PRESIDENT?

☐ Correct answer
☐ Incorrect or not answered

8. Consumer knows PREVIOUS PRESIDENT?

☐ Correct answer
☐ Incorrect or not answered

9. Consumer knows MOTHER'S MAIDEN NAME?

☐ Correct answer
☐ Incorrect or not answered

10. Subtraction test: Subtract 3 from 20 etc.

☐ 17
☐ 14
☐ 11
☐ 8
☐ 5
☐ 2

11. Consumer SUBTRACTION TEST result?

☐ Correct answer
☐ Incorrect or not answered

12. Highest grade Consumer completed in school? If unknown, enter 0 and document in Notes why it is unknown.

_____

13. Consumer Score on SPMSQ

_____

14. If more than 5 errors, what characteristics describe the Consumer's cognitive state? Enter comments in Notes.

☐ Able to find way home
☐ Able to count
☐ Able to read
☐ Alcohol abuser
☐ Drug abuser
☐ Hearing impaired
☐ Knows to call 911
☐ Socially isolated

5.B. LEVEL OF CONGNITIVE FUNCTIONING

1. What has been done to assess the Consumer's cognitive capacity (check all that apply)?

☐ Cognitive evaluation
☐ Conversation with Consumer
☐ Diagnoses
☐ Physician consult
☐ Other - Explain in Notes

2. Based on the findings during the investigation, can the Consumer can make an informed decision? Explain in Notes

☐ Yes
☐ No

3. Based on the findings during the investigation, does the Consumer understand CONSEQUENCES of decisions? Use Notes for Explanation.

☐ No apparent problem
☐ Sometimes a problem
☐ Often a problem

4. What is the Consumer's current level of cognitive functioning?

☐ Capable of planning and exercising judgment in decision-Making
☐ Occasional memory lapses, slow in grasping content, minor dependence on others
☐ Memory deficits, disoriented. Functions daily, assistance w/ decision-making
☐ Memory loss, disorientation, dependent for decision-making, follows directions
☐ Severe memory loss, disorientation, impaired judgment, totally dependent.

5.C. MENTAL HEALTH FUNCTIONS

1. Was evidence of problems with mental health functions discovered during Investigation?

☐ Yes-Provide summary in Notes
☐ No-Skip to 5.D.1

2. Indicate the Consumer's mental health functions.

☐ Depression
☐ Hallucinations/delusions
☐ History of mental health problems
☐ Recent losses
☐ Sleep disturbances
☐ Suicidal ideation
☐ Other-Document Details in Notes

5.D. LEVEL OF SUPERVISION

1. Evaluate the Consumer's needs for supervision, taking into account physical health, mental impairment, and behavior. How long can the Consumer routinely be left alone?

☐ Indefinitely. Consumer is independent. No supervision needed.
☐ Entire day and overnight. Occasional checking needed.
☐ Eight hours or more - day or night. Checking needed daily.
☐ Eight hours or more - daytime only. Needs supervision at night.
☐ Short periods of a few hours only. Regular daily supervision needed.
☐ Cannot be left alone at home. Constant supervision needed.

6. MEDICAL INFORMATION

6.A. MEDICAL CONDITION

1. List the Consumer's current medical conditions/ diagnoses.

_____

2. List all medical treatments/therapies the Consumer is receiving or ordered to receive.

_____

3. What difficulties does the consumer experience due to disabilities?

☐ Ambulatory difficulty
☐ Cognitive difficulty
☐ Communication difficulty
☐ Hearing difficulty
☐ Independent living difficulty
☐ Self-care difficulty
☐ Vision difficulty
☐ Other-Document details in Notes
☐ None

6.B. USE OF MEDICAL SERVICES

1. Has the Consumer been hospitalized in the past 12 months? Explain in Notes (when, where, why, how long, etc.)

☐ Yes
☐ No

6.C. PHYSICIAN CONTACTS

1. Consumer has family physician/primary care physician?

☐ Yes
☐ No-Skip to 6.D.1

2. Primary care physician's name?

_____

3. Primary care physician's work phone number?

_____

4. Date of the Consumer's last visit to his/her primary medical provider?

MM / DD / YYYY

6.D. CURRENT MEDICATIONS (Med lists may be uploaded to SAMS, instead of filling out questions 1 and 2)

1. Prescribed medications taken now or after discharge from hospital/other facility.

Name and Dose: Record the name of the medication and dose ordered.

Unit type:
gtts (Drops)	mEq (Milli-equivalent)	Puffs
gm (Gram)	mg (Milligram)	% (Percentage)
L (Liters)	ml (Milliliter)	Units
mcg (Microgram)	oz (Ounce)	OTH (Other)

Form: Code the route of administration using the following list:

1 = by mounth (PO)   7 = topical
2 = sub lingual (SL)   8 = inhalation
3 = intramuscular (IM)   9 = enteral tube
4 = intravenous (IV)   10 = other
5 = subcutaneous (SQ)   11 = eye drop
6 = rectal (R)   12 = transdermal

Frequency: Code the number of times per period the med is administered using the following list:

PR = (PRN) as necessary   OO = every other day
1H = (QH) every hour   1W = (Q week) once each week
2H = (Q2H) every 2 hours   2W = 2 times every week
3H = (Q3H) every 3 hours   3W = 3 times every week
4H = (Q4H) every 4 hours   4W = 4 times each week
6H = (Q6H) every 6 hours   5W = 5 times each week
8H = (Q8H) every eight hours   6W = 6 times each week
1D = (QD or HS) once daily   1M = (Q month) once/mo.
2D = (BID) two times daily   2M = twice every month
   (includes every 12 hours)   C = Continuous
3D = (TID) 3 times daily   O = Other
4D = (QID) four times daily
5D = 5 times daily

Name	Dose	Form	Freq.	PRN	# Taken	Drug Code	Comments

2. Over the counter medications taken now or after discharge from hospital/other facility.

Name and Dose: Record the name of the medication and dose ordered.

Unit type:
gtts (Drops) mEq (Milli-equivalent) Puffs
gm (Gram) mg (Milligram) % (Percentage)
L (Liters) ml (Milliliter) Units
mcg (Microgram) oz (Ounce) OTH (Other)

Form: Code the route of administration using the following list:

1 = by mounth (PO) 7 = topical
2 = sub lingual (SL) 8 = inhalation
3 = intramuscular (IM) 9 = enteral tube
4 = intravenous (IV) 10 = other
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Frequency: Code the number of times per period the med is administered using the following list:

PR = (PRN) as necessary OO = every other day
1H = (QH) every hour 1W = (Q week) once each week
2H = (Q2H) every 2 hours 2W = 2 times every week
3H = (Q3H) every 3 hours 3W = 3 times every week
4H = (Q4H) every 4 hours 4W = 4 times each week
6H = (Q6H) every 6 hours 5W = 5 times each week
8H = (Q8H) every eight hours 6W = 6 times each week
1D = (QD or HS) once daily 1M = (Q month) once/mo.
2D = (BID) two times daily 2M = twice every month
  (includes every 12 hours) C = Continuous
3D = (TID) 3 times daily O = Other
4D = (QID) four times daily
5D = 5 times daily

Name	Dose	Form	Freq.	PRN	# Taken	Drug Code	Comments

3. What is the name of the Consumer's pharmacist/pharmacy?

_____

4. What is the telephone number of the Consumer's pharmacy?

_____

5. Managing Medications: Requires assistance in managing medications?

☐ Assistance needed
☐ Independent, does on own
☐ Unknown

6. Type of help needed with medications? Check all that apply.

☐ Administration
☐ Information
☐ None
☐ Regular monitoring of effects
☐ Setup
☐ Verbal reminders

7. CHARACTERISTICS OF PERPETRATOR (Substantiated OAPS Cases ONLY)

7.A. PERPETRATOR'S CHARACTERISTICS

1. Did the Investigation result in substantiation of a perpetrator by clear and convincing evidence? Describe all sources and nature of confirmation or other evidence in Notes.

☐ Yes
☐ No-Skip to 8.A.1

2. Who is the primary perpetrator?

☐ Brother
☐ Caretaker-Individual
☐ Daughter
☐ Daughter-in-Law
☐ Domestic Partner
☐ Facility/Entity
☐ Father
☐ Friend or Neighbor (NON-Caretaker)
☐ Granddaughter
☐ Grandson
☐ Managed Care Organization (MCO)
☐ Mother
☐ Non-relative
☐ Other Relative (explain in Notes; e.g. Step-relationships)
☐ Service Provider
☐ Service Coordinator
☐ Sister
☐ Son
☐ Son-in-Law
☐ Spouse/Intimate Partner

3. What was the perpetrator's financial relationship with the consumer at the time of the incident?

☐ Accountant
☐ Financial advisor
☐ Guardian
☐ Informal financial assistance
☐ Lawyer
☐ Power of attorney
☐ Representative payee
☐ None or unknown
☐ Other-Document details in Notes

4. Indicate characteristics of the perpetrator in substantiated cases.

☐ Alcohol user or abuser
☐ Behavioral problems
☐ Confused/disoriented
☐ Criminal history record
☐ Dependency on Consumer - Income/Finances/Housing
☐ Drug user or abuser
☐ Emotional problems
☐ History of assault on others
☐ Intellectual disability
☐ Lives with Consumer
☐ Mental Health Concerns (treated or untreated)
☐ Previous psychiatric hospitalizations
☐ Unemployed
☐ None or unknown
☐ Other-Document Details in Notes
☐ N/A (Facility)-Skip to 7.A.9

5. What is the perpetrator's ethnicity?

☐ Hispanic or Latino
☐ Not Hispanic or Latino
☐ Unknown

6. What is the perpetrator's race?

☐ American Indian/Native Alaskan
☐ Asian
☐ Black/African American
☐ Native Hawaiian/Other Pacific Islander
☐ Non-minority (White, Non-Hispanic)
☐ Other-Document in Notes

7. Select the perpetrator's gender.

☐ Male
☐ Female

8. Age range of the primary perpetrator (Enter actual age in Notes section)

☐ Younger than 18   ☐ 30 to 59 years   ☐ 65 to 69 years
☐ 18 to 29 years   ☐ 60 to 64 years   ☐ 70 years or older

9. Was perpetrator notification provided? Document date, time and type (oral or written) of notification in Notes.

☐ Yes
☐ No

8. ACTIVITIES OF DAILY LIVING (Substantiated Cases ONLY)

8.A. ADL's - For Reassessment- Enter a dated Note with change(s) showing risk was eliminated/reduced.

1. BATHING (include shower, full tub or sponge bath, exclude washing back or hair)? If response is 2-5, indicate in Notes additional help needed, comments or other relevant information.

☐ 1 - Independent, performs safely without assistance.
☐ 2 - Uses assistive device, takes long time, or does with great difficulty.
☐ 3 - Does with some help, supervision, set-up, cueing or coaxing only.
☐ 4 - Does with some help, does with hands-on help.
☐ 5 - Does with maximum help or does not do at all. Helper does more than half.

2. DRESSING? If response is 2-5, indicate in Notes any additional help needed, comments or other relevant information.

☐ 1 - Independent, performs safely without assistance.
☐ 2 - Uses assistive device, takes long time, or does with great difficulty.
☐ 3 - Does with some help, supervision, set-up, cueing or coaxing only.
☐ 4 - Does with some help. Does with hands-on help.
☐ 5 - Does with maximum help or does not do at all. Helper does more than half.

3. GROOMING. If response is 2-5, indicate in Notes any additional help needed, comments or relevant information.

☐ 1 - Independent, performs safely without assistance.
☐ 2 - Uses assistive device, takes long time, or does with great difficulty.
☐ 3 - Does with some help, does with supervision, set-up, cueing, or coaxing only.
☐ 4 - Does with some help, does with hands-on help.
☐ 5 - Does with maximum help or does not do at all. Helper does more than half.

4. EATING? If response is 2-5, indicate in Notes any additional help needed, comments or relevant information.

☐ 1 - Independent, performs safely without assistance.
☐ 2 - Uses assistive device, takes long time, or does with great difficulty.
☐ 3 - Does with some help. Does with supervision, set-up, cueing or coaxing only.
☐ 4 - Does with some help. Does with hands-on help.
☐ 5 - Does with maximum help or does not do at all. Helper does more than half.

5. TRANSFERRING IN AND OUT OF BED OR CHAIR? If response is 2-5, indicate in Notes any additional help needed, comments or relevant information.

☐ 1 - Independent, performs safely without assistance.
☐ 2 - Uses assistive device, takes long time, or does with great difficulty.
☐ 3 - Does with some help. Does with supervision, set-up, cueing or coaxing only.
☐ 4 - Does with some help. Does with hands-on help.
☐ 5 - Does with maximum help or does not do at all. Helper does more than half.

6. TOILETING? If response is 2-5, indicate in Notes any additional help needed, comments, or relevant information.

☐ 1 - Independent, performs safely without assistance.
☐ 2 - Uses assistive device, takes long time, or does with great difficulty.
☐ 3 - Does with some help. Does with supervision, set-up, cueing or coaxing only.
☐ 4 - Does with some help. Does with hands-on help.
☐ 5 - Does with maximum help or does not do at all. Helper does more than half.

7. BLADDER MANAGEMENT? If response is 2-5, indicate in Notes any additional help needed, comments, or relevant information.

☐ 1 - Independent. No accidents or infrequent accidents.
☐ 2 - Self care of devices or ostomy/no accidents.
☐ 3 - Does with supervision, set-up, cueing or coaxing/assist with equipment.
☐ 4 - Does with hands on help and/or accidents less than daily.
☐ 5 - Does with maximum help and/or daily accidents.

8. BOWEL MANAGEMENT? If response is 2-5, indicate in Notes any additional help needed, comments, or relevant information.

☐ 1 - Independent. No accidents or infrequent accidents.
☐ 2 - Self care of devices or ostomy/no accidents.
☐ 3 - Does with supervision, set-up, cueing or coaxing/assist with equipment.
☐ 4 - Does with hands-on help and/or accidents less than daily.
☐ 5 - Does with maximum help and/or daily accidents.

9. Comments/additional relevant information on ADL's.

_____

10. Number of ADL's

_____

9. INSTRUMENTAL ACTIVITIES OF DAILY LIVING (Substantiated Cases ONLY)

9.A. IADL's - For reassessment- Enter a dated Note with change(s) showing risk was eliminated/reduced.

1. MEAL PREPARATION? If rated 2-4 describe in Noteshow Consumer currently manages and any additional help needed.

☐ 1 - Independent.
☐ 2 - Independent but with great difficulty or with mechanical help.
☐ 3 - With the assistance of a helper.
☐ 4 - Unable/helper does.

2. DOING HOUSEWORK? If rated 2-4 describe in Note show Consumer currently manages and any additional help needed.

☐ 1 - Independent.
☐ 2 - Independent but with great difficulty or with mechanical help.
☐ 3 - With the assistance of a helper.
☐ 4 - Unable/helper does.

3. DOING LAUNDRY. If rated 2-4 describe in Notes how Consumer currently manages and any additional help needed.

☐ 1 - Independent.
☐ 2 - Independent but with great difficulty or with mechanical help.
☐ 3 - With the assistance of a helper.
☐ 4 - Unable/helper does.

4. SHOPPING? If rated 2-4 describe in Notes how Consumer currently manages and any additional help needed.

☐ 1 - Independent.
☐ 2 - Independent but with great difficulty or with mechanical help.
☐ 3 - With the assistance of a helper.
☐ 4 - Unable/helper does.

5. USING TRANSPORTATION? If rated 2-4 describe in Notes how Consumer currently manages and any additional help needed.

☐ 1 - Independent.
☐ 2 - Independent but with great difficulty or with mechanical help.
☐ 3 - With the assistance of a helper.
☐ 4 - Unable/helper does.

6. MANAGING MONEY. If rated 2-4 describe in Notes how Consumer currently manages and any additional help needed.

☐ 1 - Independent.
☐ 2 - Independent but with great difficulty or with mechanical help.
☐ 3 - With the assistance of a helper.
☐ 4 - Unable/helper does.

7. USING TELEPHONE. If rated 2-4 describe in Notes how Consumer currently manages and any additional help needed.

☐ 1 - Independent.
☐ 2 - Independent but with great difficulty or with mechanical help.
☐ 3 - With the assistance of a helper.
☐ 4 - Unable/helper does.

8. HOME MAINTENANCE (chores and repairs). If rated 2-4 describe in Notes how Consumer currently manages and any additional help needed.

☐ 1 - Independent.
☐ 2 - Independent but with great difficulty or with mechanical help.
☐ 3 - With the assistance of a helper.
☐ 4 - Unable/helper does.

9. Calculated number of IADL's with score greater than 1.

_____

10. MOBILITY (Substantiated Cases Only)

10.A. MOBILTIY - For reassessment- Enter a dated Note with change(s) showing risk was eliminated/reduced.

1. WALK INDOORS? If coded 2-5, indicate in Notes how Consumer currently manages, any additional help needed, comments, or relevant information.

☐ 1 - Independent, performs safely without assistance.
☐ 2 - Uses assistive device, takes long time, or does with great difficulty.
☐ 3 - Does with some help, does with supervision, set-up, cueing or coaxing only.
☐ 4 - Does with some help, does with hands-on help.
☐ 5 - Does with maximum help or does not do at all. Helper does more than half.

2. BEDBOUND, Is Consumer bedbound and non-ambulatory? Indicate in Notes any help needed, comments or relevant information.

☐ Yes
☐ No

3. WALK OUTDOORS? If coded 2-5, indicate in Notes how Consumer currently manages, any additional help needed, comments, or relevant information.

☐ 1 - Independent, performs safely without assistance.
☐ 2 - Uses assistive device, takes long time, or does with great difficulty.
☐ 3 - Does with some help, does with supervision, set-up, cueing or coaxing only.
☐ 4 - Does with some help, does with hands-on help.
☐ 5 - Does with maximum help or does not do at all. Helper does more than half.

4. CLIMB STAIRS. If coded 2-5, indicate in Notes how Consumer currently manages, any additional help needed, comments, or relevant information.

☐ 1 - Independent, performs safely without assistance.
☐ 2 - Uses assistive device, takes long time, or does with great difficulty.
☐ 3 - Does with some help, does with supervision, set-up, cueing or coaxing only.
☐ 4 - Does with some help, does with hands-on help.
☐ 5 - Does with maximum help or does not do at all. Helper does more than half.

5. WHEEL IN CHAIR. If coded 2-5, indicate in Notes how Consumer currently manages, any additional help needed, comments, or relevant information.

☐ 1 - Independent, performs safely without assistance.
☐ 2 - Uses assistive device, takes long time, or does with great difficulty.
☐ 3 - Does with some help, does with supervision, set-up, cueing or coaxing only.
☐ 4 - Does with some help, does with hands-on help.
☐ 5 - Does with maximum help or does not do at all. Helper does more than half.

6. AT RISK OF FALLING? If yes, indicate in Notes the risk factor and any additional help needed, comments, or relevant information.

☐ Yes
☐ No

7. FALLEN RECENTLY? If Yes, describe circumstances in Notes. Indicate in Notes any additional comments or relevant information.

☐ Yes
☐ No

11. NUTRITIONAL RISK ASSESSMENT (HDM & Substantiated Consumers Only)

11.A. NUTRITION - For reassessment- Enter a dated Note with change(s) showing risk was eliminated/reduced.

1. Changes in lifelong eating habits because of health problems?

☐ Yes
☐ No

2. Eats fewer than 2 meals per day?

☐ Yes
☐ No

3. Eats fewer than two servings of dairy products (such as milk, yogurt, or cheese) every day?

☐ Yes
☐ No

4. SHOPPING? If rated 2-4 describe in Notes how Consumer currently manages and any additional help needed.

☐ 1 - Independent.
☐ 2 - Independent but with great difficulty or with mechanical help.
☐ 3 - With the assistance of a helper.
☐ 4 - Unable/helper does.

5. USING TRANSPORTATION? If rated 2-4 describe in Notes how Consumer currently manages and any additional help needed.

☐ 1 - Independent.
☐ 2 - Independent but with great difficulty or with mechanical help.
☐ 3 - With the assistance of a helper.
☐ 4 - Unable/helper does.

6. MANAGING MONEY. If rated 2-4 describe in Notes how Consumer currently manages and any additional help needed.

☐ 1 - Independent.
☐ 2 - Independent but with great difficulty or with mechanical help.
☐ 3 - With the assistance of a helper.
☐ 4 - Unable/helper does.

7. USING TELEPHONE. If rated 2-4 describe in Notes how Consumer currently manages and any additional help needed.

☐ 1 - Independent.
☐ 2 - Independent but with great difficulty or with mechanical help.
☐ 3 - With the assistance of a helper.
☐ 4 - Unable/helper does.

8. HOME MAINTENANCE (chores and repairs). If rated 2-4 describe in Notes how Consumer currently manages and any additional help needed.

☐ 1 - Independent.
☐ 2 - Independent but with great difficulty or with mechanical help.
☐ 3 - With the assistance of a helper.
☐ 4 - Unable/helper does.

9. Calculated number of IADL's with score greater than 1.

_____

10. MOBILITY (Substantiated Cases Only)

10.A. MOBILTIY - For reassessment- Enter a dated Note with change(s) showing risk was eliminated/reduced.

1. WALK INDOORS? If coded 2-5, indicate in Notes how Consumer currently manages, any additional help needed, comments, or relevant information.

☐ 1 - Independent, performs safely without assistance.
☐ 2 - Uses assistive device, takes long time, or does with great difficulty.
☐ 3 - Does with some help, does with supervision, set-up, cueing or coaxing only.
☐ 4 - Does with some help, does with hands-on help.
☐ 5 - Does with maximum help or does not do at all. Helper does more than half.

2. BEDBOUND, Is Consumer bedbound and non-ambulatory? Indicate in Notes any help needed, comments or relevant information.

☐ Yes
☐ No

3. WALK OUTDOORS? If coded 2-5, indicate in Notes how Consumer currently manages, any additional help needed, comments, or relevant information.

☐ 1 - Independent, performs safely without assistance.
☐ 2 - Uses assistive device, takes long time, or does with great difficulty.
☐ 3 - Does with some help, does with supervision, set-up, cueing or coaxing only.
☐ 4 - Does with some help, does with hands-on help.
☐ 5 - Does with maximum help or does not do at all. Helper does more than half.

4. CLIMB STAIRS. If coded 2-5, indicate in Notes how Consumer currently manages, any additional help needed, comments, or relevant information.

☐ 1 - Independent, performs safely without assistance.
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☐ 4 - Does with some help, does with hands-on help.
☐ 5 - Does with maximum help or does not do at all. Helper does more than half.

5. WHEEL IN CHAIR. If coded 2-5, indicate in Notes how Consumer currently manages, any additional help needed, comments, or relevant information.

☐ 1 - Independent, performs safely without assistance.
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☐ 3 - Does with some help, does with supervision, set-up, cueing or coaxing only.
☐ 4 - Does with some help, does with hands-on help.
☐ 5 - Does with maximum help or does not do at all. Helper does more than half.

6. AT RISK OF FALLING? If yes, indicate in Notes the risk factor and any additional help needed, comments, or relevant information.

☐ Yes
☐ No

7. FALLEN RECENTLY? If Yes, describe circumstances in Notes. Indicate in Notes any additional comments or relevant information.

☐ Yes
☐ No

11. NUTRITIONAL RISK ASSESSMENT (HDM & Substantiated Consumers Only)

11.A. NUTRITION - For reassessment- Enter a dated Note with change(s) showing risk was eliminated/reduced.

1. Changes in lifelong eating habits because of health problems?

☐ Yes
☐ No

2. Eats fewer than 2 meals per day?

☐ Yes
☐ No

3. Eats fewer than two servings of dairy products (such as milk, yogurt, or cheese) every day?

☐ Yes
☐ No

4. Eats fewer than five (5) servings (1/2 cup each) of fruits or vegetables every day?

☐ Yes
☐ No

5. Has 3+ drinks of beer, liquor or wine almost every day?

☐ Yes
☐ No

6. Trouble eating well due to problems with chewing/ swallowing?

☐ Yes
☐ No

7. Sometimes does not have enough money to buy food?

☐ Yes
☐ No

8. Eats alone most of the time?

☐ Yes
☐ No

9. Takes 3+ different prescribed or OTC drugs per day?

☐ Yes
☐ No

10. Any unexplained weight loss or gain of 10 pounds or more in the past 6 months?

☐ Yes, gained 10 or more pounds
☐ Yes, lost 10 or more pounds
☐ No-Skip to 11.A.13

11. How many pounds lost or gained in past 6 months?

_____

12. Reason for weight change in past 6 months?

_____

13. Not always physically able to shop, cook and/or feed themselves (or to get someone to do it for them)?

☐ Yes
☐ No

14. Consumer's nutritional risk based upon responses to questions above.

_____

12. CONTACTS

12.A. EMERGENCY CONTACT

1. NAME of Friend or Relative (other than spouse/partner) to Contact in an Emergency.

_____

2. Emergency Contact's RELATIONSHIP to Consumer

_____

3. COUNTY

_____

4. STREET ADDRESS

_____

5. CITY/TOWN

_____

6. STATE

_____

7. ZIP CODE

_____

8. TELEPHONE Number

_____

9. WORK TELEPHONE Number

_____

13. PROTECTIVE SERVICE INVESTIGATION SUMMARY AND ASSESSMENT RESULTS

13.A. DECISION INFORMATION

1. Was an Office of Attorney General referral made under §2713 or § 2713.1 (abuse/neglect of a care dependent person? (Must also answer question 13.A.2)

☐ Yes
☐ No

2. Did PS make a referral to law enforcement? (If yes, document why and to whom the referral was made in the Notes section.)

☐ Yes
☐ No

3. Involuntary Intervention (APS Only) - Did PS petition for involuntary intervention?

☐ Yes
☐ No-Skip to 13.A.6

4. Date of petition (APS only)

MM / DD / YYYY

5. Outcome of petition (APS only)

_____

6. Guardianship (APS only) - Did PS petition for guardianship?

☐ Yes
☐ No-Skip to 13.A.11

7. Was guardianship an emergency? (APS only)

☐ Yes
☐ No

8. Date of initial petition (APS only)

MM / DD / YYYY

9. Date of final Outcome (APS only)

MM / DD / YYYY

10. Outcome (APS only)

_____

11. Program area referrals (APS Only) – Did PS assist the adult to be referred to and enrolled in another program area as required by the service plan?

☐ Yes
☐ No-Skip to 13.A.13

12. Indicate program area referred as a result of investigation (APS Only)

- ☐ BSASP
- ☐ ODP
- ☐ OLTL - OBRA, ACT 150
- ☐ OLTL - CHC
- ☐ OMAP
- ☐ OMHSAS

13. Was the Investigation Substantiated or Unsubstantiated?

- ☐ SUBSTANTIATED-Allegations found to be TRUE, Consumer needs PS
- ☐ SUBSTANTIATED-Allegations UNFOUNDED-Consumer fits PS criteria for other reasons
- ☐ SUBSTANTIATED - No need for PS
- ☐ UNSUBSTANTIATED
- ☐ UNABLE TO MAKE DETERMINATION

14. Was the determination made within the required timeframe (20 days for OAPS-abuse/neglect only or 15 days for APS-all areas)?

- ☐ Yes-Skip to 13.A.16
- ☐ No

15. In reference to question 13A14, if the investigation is taking or took longer than the required timeframe, select the reason for the delay:

- ☐ Delay in receiving medical records or PCP response
- ☐ Awaiting capacity eval
- ☐ Multiple F2F attempts unsuccessful
- ☐ Unable to locate consumer
- ☐ Awaiting response(s) from collateral(s)
- ☐ Petitioning court for access to records/individual
- ☐ FE – Awaiting financial records-APS only
- ☐ FE – Awaiting forensic analysis-APS only

16. Was risk mitigated or reduced (document in Care Plan Journals and in applicable areas of Reassessment)? Reassessments Only.

- ☐ Yes
- ☐ No

17. Case closed due to (required for Substantiated, Unsubstantiated, & unable to determine cases):

- ☐ Consumer does not meet Five Criteria for PS
- ☐ Consumer refused services
- ☐ Death of Consumer
- ☐ Inappropriate PS program (e.g., APS vs. OAPSA)
- ☐ Moved out of state (enter date moved in Notes)
- ☐ Other-Document Details in Notes
- ☐ Placement in LTC Facility
- ☐ Problem solved
- ☐ PS Reduced/Eliminated Risk & Reassessed
- ☐ Transferred to Care Management
- ☐ Transferred to other agency
- ☐ Unable to locate consumer (document details in Care Plan Journals)

18. Indicate the consumer's current living situation at the end of the case

- ☐ Assisted living
- ☐ Caretaker's home
- ☐ Dom care
- ☐ Other-Document Details in Notes
- ☐ Own residence
- ☐ Personal care home
- ☐ Relative's home
- ☐ Skilled nursing facility

19. Date Investigator signed as complete

MM / DD / YYYY

20. Date Investigation or Reassessment given to Supervisor for review

MM / DD / YYYY

14. SIGNATURES

14.A. SIGNATURES AND DATES FOR INVESTIGATION

1. **Signature, Title of Investigator, & Date**

   _____ MM / DD / YYYY

2. **Signature, Title of Supervisor, & Date**

   _____ MM / DD / YYYY

3. **Signature, Title of Director, & Date**

   _____ MM / DD / YYYY

A&D OAPS Reports User Guide

Table of Contents

IMPORTANT REMINDER

Never save a Protective Services Report Definition with the password. Doing so will allow non-PS users with SAMS access to see the password and run the report. Protective Services Report Definitions found to be saved with a password will be deleted from SAMS without notice.

How to Run a Report

1) Log into SAMS

2) Click the Reports menu along the top of the screen

3) Select Report Types

1. Click the **Report Types:** dropdown arrow in upper right corner of the Reports pane (see illustration at right)

2. Click the appropriate checkbox for the Report Type, as specified in the particular report's instructions below

3. Deselect any previously enabled Report Types

4. Click the **Apply** link

4) Run the report

1. Scroll to the **Report Title** (in the Reports pane) specified in the particular report's instructions below

2. Click once to highlight / **select it**

3. If the report has one or more Report Definition (shown in the bottom pane), select the Report Definition specified in the report's instructions below.

   a) To navigate a long list of Report Definitions:

      i. Use the forward and back buttons at the bottom OR

      ii. If you know part of the Title, click the Filter icon on the column header to search *

      iii. The list can be sorted by clicking any of the column headers

4. **Double-click** the Title in the Report Definitions pane to open it

5. Click the **Open** hyperlink (below Comments)

6. Configure the parameters as specified in the particular report's instructions below

7. Click the **Preview** button

8. Click **Close**   *IMPORTANT: Do NOT save changes after running a report*

9. Click **Discard My Changes**
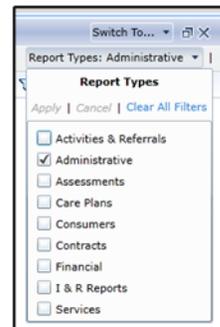
*Be sure to clear your filter(s) when finished. A filtered column will have a dark blue filter icon.
Simply click the filter icon and click Clear Filter.

PS QA Case Inspection Report

1. **Report Types:** Administrative

2. **Report Title:** PDA OAPSA – PS QA Case Inspection Report

3. **Report Definitions Title:** N/A; double-click the report's Title in the top Reports pane

4. **Report Filters:**

    a. **Password**: See supervisor for password

    b. **Exclude records updated within the past X days**: 0 to 7*

    c. **Consumer's Default Agency**: Select AAA

*If you set the Report Filter to exclude records updated within the past 0 days, all active cases will be displayed. If you set the value to 1 through 7, any case that was updated within the specified timeframe will be excluded (unless it is missing a care plan or ISA). However, the agency's and caseworker's total case count will still be displayed (including any excluded records).

Note: The report utilizes the Default Agency to generate records. This means it may contain another agency's records for one or more of their caseworkers. **If the Default Agency is incorrect for the consumer, please correct it.** This will make the record appear on the proper agency's report. For conflict cases and consumers temporarily relocated in another service area, please refer any issues with the PS case to the investigating agency.

The report output includes:

- Number of days since last Care Plan Journal Entry (review cases with no journal entries, no entries within the past seven calendar days, or within the past two days for Emergency cases.)

- Number of days since last Assessment update

- Cases without a recent Assessment or Assessment update for active CE (if any)

- Cases that have an active PS Care Enrollment, but no Care Plan (if any)

- Ended PS Care Enrollment with Active Status (if any)

- Care Plans with no Primary Care Plan Manager (if any)

As a quick overview on how to read the report, the following may be indicators of problems to be addressed; however, please see the last page of the report for further details.

- *Caseworkers highlighted in pink*

- *Records highlighted in yellow*

- *Records with a red font*

Active PS Care Enrollments

1. **Report Types:** Consumers
2. **Report Title:** Consumer Listing Report
3. **Report Definitions Title:** PDA OAPSA - Active Care Enrollments Comparison
4. **Report Filters:**
   a. Care Providers:
      i. **Default Agency**: select AAA

Note: When comparing to the cases from the below "Active PS Cases by AAA Grouped by Caseworker" report, this "Active PS Care Enrollment" report is useful for finding PS Care Enrollments that may have been overlooked when terminating or deleting a case.

Active PS Cases by AAA Grouped by Caseworker (based on Care Plan)

1. **Report Types:** Care Plan
2. **Report Title:** Active Protective Services Case Load
3. **Report Definitions Title:** N/A; double-click the report's Title in the top Reports pane
4. **Report Filters:**
   a. Agency Name
   b. **Care Program**: Protective Services
   c. **Password**: See supervisor for password

Journal Entries Count

1. **Report Types:** Administrative
2. **Report Title:** PDA OAPSA – PS Care Plan Journal Entry Counts
3. **Report Definitions Title:** N/A; double-click the report's Title in the top Reports pane
4. **Report Filters:**
   a. Journal Start Date
   b. Journal End Date
   c. Agency name
   d. **Password**: See supervisor for password

Missing Responses in RON (OAPSA)

1. **Report Types:** Assessments
2. **Report Title:** PS RON Missing Responses, Need Password
3. **Report Definitions Title:** N/A; double-click the report's Title in the top Reports pane
4. **Report Filters:**
    a. Start Date
    b. End Date
    c. **Password**: See supervisor for password
    d. Agency name

Missing Responses in RON (APS)

1. **Report Types:** Assessments
2. **Report Title:** APS RON Missing Responses, Need Password
3. **Report Definitions Title:** N/A; double-click the report's Title in the top Reports pane
4. **Report Filters:**
    a. Start Date
    b. End Date
    c. **Password**: See supervisor for password
    d. Agency name

Terminated Cases Monitoring List

1. **Report Types:** Consumers
2. **Report Title:** Consumer Listing Report
3. **Report Definitions Title:** PDA OAPSA - Monitoring List
4. **Report Filters:**
    a. Care Enrollment:
        i. **Enrollment Start Date (on or after)**: enter start date
        ii. **Enrollment Start Date (on or before)**: enter end date
    b. Care Providers:
        i. **Default Agency**: select AAA

Note: This report lists all RONs that were both created and terminated within the date range specified. See Terminated Cases Summary Report below to capture terminated RONs that were created both inside and outside the date range but were terminated within the date range.

Terminated Cases Summary

1. **Report Types:** Administrative
2. **Report Title:** OAPSA Terminated Enrollments
3. **Report Definitions Title:** N/A; double-click the report's Title in the top Reports pane
4. **Report Filters:**
   a. Start Date
   b. End Date
   c. **Password**: See supervisor for password
   d. Agency name

Note: This report lists all RONs that were <u>terminated</u> during the date ranged entered, regardless of when the RON was created. In comparison, above Terminated Cases Monitoring Report provides only those RONs that were <u>both</u> created and terminated <u>within</u> the date range.

20-Day Countdown

1. **Report Types:** Administrative
2. **Report Title:** PDA OAPSA – 20-Day Countdown Report
3. **Report Definitions Title:** N/A; double-click the report's Title in the top Reports pane
4. **Report Filters:**
   a. Agency ID number
   b. **Password**: See supervisor for password
   c. **Password**: See supervisor for password
   d. Agency name

6-Month Deletions Due Report (Unsubstantiated Cases)

1. **Report Types:** Consumer
2. **Report Title:** Consumer Listing Report
3. **Report Definitions Title:** Deletion- 6 months (Unsubstantiated)
4. **Report Filters:**
   a. Care Enrollment:
      i. **Enrollment Termination Date (on or before)**: set to 6 months back from yesterday's date
   b. Care Providers:
      i. **Default Agency**: select AAA

3-Year Deletions Due Report (Substantiated Cases)

1. **Report Types:** Consumer
2. **Report Title:** Consumer Listing Report
3. **Report Definitions Title:** Deletion- 3 Year (Substantiation)
4. **Report Filters:**
   a. Care Enrollment:
      i. **Enrollment Termination Date (on or before)**: set to 3 years back from yesterday's date
   b. Care Providers:
      i. **Default Agency**: select AAA

Medical Records Requests Journal Types

Introduction

The below Medical Documentation Journal Types are provided to support iDashboards and alerts. The alerts will be issued at various intervals when documentation has been requested (when a Medical Info (Set #) Requested Journal Type is used) and the corresponding "Received" Journal Type has not been documented. You may use these Journal Types to request documents from up to three different sources. Please note, each Journal Type may be used **only once per Care Plan**, except the Medical Info Follow-Up (that Journal Type may be used as often as needed). If the other Journal Types are used more than once, the Dashboards and alerts will not function properly.

Medical Documentation Journal Types

- Medical Info (Set 1) Requested
- Medical Info (Set 1) Received
- Medical Info Follow-up

- Medical Info (Set 2) Requested
- Medical Info (Set 2) Received

- Medical Info (Set 3) Requested
- Medical Info (Set 3) Received

Use-Case Scenarios

- **Medical Info (Set 1) Requested**
  o Request sent to Primary Care Physician for medical records. Do not reuse for any medical records requested from other sources.

- **Medical Info (Set 1) Received**
  o Use this Journal Type when the above records are received from the PCP. Do not reuse for any medical records received from other sources.

- **Medical Info (Set 2) Requested**
  o Request sent to psychiatrist for copy of competency evaluation. Do not reuse for any medical records requested from other sources.

- **Medical Info (Set 2) Received**
  o Use this Journal Type when the above requested competency eval is received from the psychiatrist. Do not reuse for any medical records received from other sources.

- **Medical Info (Set 3) Requested**
  o Request sent to hospital for medical records from consumer's hospitalization. Do not reuse for any medical records requested from other sources.

- **Medical Info (Set 3) Received**
  o Use this Journal Type when the above requested hospital records are received. Do not reuse for any medical records received from other sources.

- **Medical Info Follow-up**
  o Use this Journal Type when following up on any of the requested medical records. This Journal Type may be used as many times as needed.