

**Managed Care Organization**  
**Investigation Final Disposition Form**  
Older Adult Protective Services



555 Walnut St., 5<sup>th</sup> Floor  
Harrisburg, PA 17101  
Phone: (717) 783-1550

**CONFIDENTIAL**

**Agency Information**

Agency Name: \_\_\_\_\_  
PS Investigator Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Client Information**

Client Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ County of Residence: \_\_\_\_\_  
Client Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: PA Zip: \_\_\_\_\_

**Final Disposition**

**Protective Services received a Report of Need for the above client.**

**Outcome of PS investigation:**       Substantiated                       Unsubstantiated  
**Services for substantiated case:**       No Need for Services                       Services Planned/Provided

**Please email the completed form to the appropriate MCO:**

**PA Health & Wellness**  
[Melinda.M.Steinrich@pahealthwellness.com](mailto:Melinda.M.Steinrich@pahealthwellness.com)  
[Pamela.Patterson@pahealthwellness.com](mailto:Pamela.Patterson@pahealthwellness.com)

**AmeriHealth**  
[CHCCriticalIncident@amerihealthcaritas.com](mailto:CHCCriticalIncident@amerihealthcaritas.com)

**UPMC**  
[CHC\\_Critical@UPMC.edu](mailto:CHC_Critical@UPMC.edu)