



**AGING PROGRAM DIRECTIVE**

<b>APD#</b> 19-24-02	
<b>Issuance Date:</b> June 19, 2019	<b>Effective Date:</b> July 1, 2019
<b>Program Area:</b> Protective Services	<b>Disposition:</b> Active

**Subject:** Revisions to 18 PA C.S §2713 (Neglect of a Care-Dependent Person), Including the Creation of §2713.1 (Abuse of a Care-Dependent Person) and changes to the Investigation, Summary, and Assessment (IS&A) form

**To:** Pennsylvania Department of Aging (PDA)  
Area Agencies on Aging (AAA)  
Pennsylvania Association of Area Agencies on Aging

**From:**   
Robert Torres  
Secretary

**Purpose:** The purpose of this Aging Program Directive is to notify the Area Agencies on Aging (AAAs) of amendments to Title 18 Pa. C.S.A. §2713, and the creation of Title 18 Pa. C.S.A. §2713.1.

This APD also provides notification of the changes made to the Protective Services Investigation Summary and Assessment form and related instructions in response to the amended law.

**Background:** Act 28 of 1995, established the criminal offense of Title 18 PA C.S.A. §2713, neglect of a care-dependent person. Act 28 was established to protect individuals 18 years of age and older who, due to physical or cognitive disability or impairment, require assistance to meet their needs for food, shelter, clothing, personal care, or health care; and who reside in either a nursing home, domiciliary care home, community residential facility; or, who receive home health services in their residence; or who receive services from an adult daily living center or any health care facility as defined in section §802.1 of the Health Care Facilities Act; or who receive services from another who has an obligation to care for the



person for monetary consideration in either the care-dependent person's home or in one of the previously described facilities.

Act 28 implemented mandatory reporting requirements for those who, in the course of conducting regulatory or investigative responsibilities, have reason to believe that a care-dependent person residing in facility (see above) has suffered bodily injury, serious bodily injury, or have been unlawfully restrained. These requirements include making an immediate referral (see referral process under Directives).

On May 5, 2017, legislation was introduced to amend Act 28 of 1995, and ultimately the Pennsylvania General Assembly voted to amend the law (Title 18 PA C.S.A. §2713). Whereby, Act 53 of 2018, expands the scope of the criminal offense of certain neglect or abuse of a care-dependent person by a caretaker, expands the definition of caretaker, and creates section §2713.1: Abuse of a Care-Dependent Person. The governor signed Act 53 of 2018, into law on June 28, 2018, thus providing further protections for vulnerable populations in Pennsylvania. This law went into effect on August 27, 2018.

**Directives:**

PDA and each AAA are required to act in accordance with the law (see attached). A referral under §2713 and §2713.1 will be documented on the IS&A form according to the attached IS&A form sample with annotated instructions and the attached IS&A Instructions (SAMS Procedural Manual, Appendix B).

All referrals falling under §2713 and §2713.1 will be made directly to the Office of Attorney General (OAG). The OAG will ensure collaborative efforts with local law enforcement on an as needed basis. As appropriate, other crimes identified during an investigation shall still be referred to local law enforcement.

**Referral Procedure:**

Upon determination that an immediate report should be made, the following steps shall be made to ensure the OAG gets involved as quickly as possible: (refer to attached flow chart)

1. Complete the Office of Attorney General Referral Form (attached).
2. Send the completed form via email to:  
Mr. Nathan Ulm  
Office of Attorney General Intake Section  
[Nulm@attorneygeneral.gov](mailto:Nulm@attorneygeneral.gov)

With copy to your assigned AAA PDA Specialist(s):



[PSZone1Specialists@pa.gov](mailto:PSZone1Specialists@pa.gov)

[PSZone2Specialists@pa.gov](mailto:PSZone2Specialists@pa.gov)

[PSZone3Specialists@pa.gov](mailto:PSZone3Specialists@pa.gov)

3. In the event that a report requires immediate attention, PDA will notify Supervisory Special Agent Jennifer Snerr, Care-Dependent Neglect Team, Medicaid Fraud Control Section of the referral by telephone or email.

### **Steps Following Immediate Notification:**

1. PDA and AAAs will provide full assistance and cooperation to OAG including, but not limited to, providing requested records relating to the event.
2. Investigatory activities will only be suspended upon receipt of a written request to do so by OAG. Any such request shall be forwarded to PDA.

### **Investigation Summary and Assessment Form Changes:**

Due to the passage of Act 53 of 2018, it is necessary for PDA to revise the Protective Services IS&A form. These revisions will ensure that the AAAs and PDA are able to document and track referrals of neglect of care-dependent persons' cases to either local law enforcement or the Office of the Attorney General in accordance with the law.

- Question 13.A.6 Prompts the investigator to indicate if a referral was made to the OAG under §2713 or §2713.1.
- Question 13.A.7 Prompts the investigator to document if a referral to law enforcement was completed and if so, to whom, when, and why.

The following changes to the IS&A form are not related to Act 53 of 2018.

- Effective with this APD, the Initial Investigation, Summary and Assessment Form (ISA) is required to be created in SAMS immediately upon confirmation that a RON will be investigated. This would be upon confirmation of a categorization of either Emergency, Priority, Non-Priority or APSA.
- Question 1.A.2a has been re-numbered to 1.A.2 and updated to document which agency is responsible for the investigation or the reassessment. This question must be changed each time the case is transferred to another AAA for investigation or reassessment. Note: the current Question 1.A.2, PSA ID Number, was redundant and therefore eliminated. This question will improve the accuracy of each agency's investigative data.



- The responses to Question 1.C.4 have been updated to match the current Report of Need (RON) form.
- The wording of Question 13.A.3 has been changed to provide clarity regarding what information is needed. If the IS&A form is being completed as part of an initial investigation, the answer to this question shall be the date that the case is either substantiated or unsubstantiated. In the case of multiple allegations, enter the first date on which any one of allegations is substantiated or unsubstantiated (see attached SAMS Procedural Manual Appendix B for complete instructions). If the form is being completed as part of a reassessment, the answer to the question should be the date that the face-to-face reassessment visit was conducted with the older adult.

**Attachments:**

Act 53 of 2018; revised Protective Services IS&A form with related instructions; SAMS Procedural Manual Appendix B (IS&A Instructions); FAQ's related to Act 53 training; OAG Referral Form; and OAG Referral Flow Chart



# Aging Program Directive Attachment

## Act 53 of 2018

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**CRIMES CODE (18 PA.C.S.) - OFFENSE OF NEGLECT OF CARE-DEPENDENT  
PERSON AND OFFENSE OF ABUSE OF CARE-DEPENDENT PERSON**

**Act of Jun. 28, 2018, P.L. 371, No. 53**

**Cl. 18**

Session of 2018  
No. 2018-53

HB 1124

AN ACT

Amending Title 18 (Crimes and Offenses) of the Pennsylvania Consolidated Statutes, in assault, further providing for the offense of neglect of care-dependent person and providing for the offense of abuse of care-dependent person.

The General Assembly finds and declares that it is the legislative intent in enacting this act that a distinction should be recognized between intentional acts and negligent acts, particularly when this act is enforced against family members of a care-dependent person who are not trained to provide care.

The General Assembly of the Commonwealth of Pennsylvania hereby enacts as follows:

Section 1. Section 2713(a) and (b) and the definition of "caretaker" in subsection (f) of Title 18 of the Pennsylvania Consolidated Statutes are amended, the section is amended by adding a subsection and subsection (f) is amended by adding definitions to read:

§ 2713. Neglect of care-dependent person.

(a) Offense defined.--A caretaker is guilty of neglect of a care-dependent person if he:

(1) Intentionally, knowingly or recklessly causes bodily injury [or], serious bodily injury **or death** by failing to provide treatment, care, goods or services necessary to preserve the health, safety or welfare of a care-dependent person for whom he is responsible to provide care.

(2) Intentionally or knowingly uses a physical restraint or chemical restraint or medication on a care-dependent person, or isolates a care-dependent person contrary to law or regulation, such that bodily injury [or], serious bodily injury **or death** results.

(3) **Intentionally, knowingly or recklessly endangers the welfare of a care-dependent person for whom he is responsible by failing to provide treatment, care, goods or services necessary to preserve the health, safety or welfare of the care-dependent person.**

(b) Penalty.--

(1) A violation of subsection (a)(1) constitutes a misdemeanor of the first degree if the victim suffers bodily injury.

(2) A violation of subsection (a)(1) constitutes a felony of the first degree if the victim suffers serious bodily injury **or death**.

(3) A violation of subsection (a)(2) constitutes a misdemeanor of the first degree if the victim suffers bodily injury.

(4) A violation of subsection (a)(2) constitutes a felony of the first degree if the victim suffers serious bodily injury or death.

(5) A violation of subsection (a)(3) constitutes a misdemeanor of the second degree, except that where there is a course of conduct of endangering the welfare of a care-dependent person, the offense constitutes a felony of the third degree.

\* \* \*

(e.1) **Reckless conduct.**--For purposes of this section, a person acts recklessly when the person consciously disregards a substantial and unjustifiable risk to the care-dependent person.

(f) **Definitions.**--As used in this section, the following words and phrases shall have the meanings given to them in this subsection:

\* \* \*

"Caretaker." Any person who:

[ (1) is an owner, operator, manager or employee of a nursing home, personal care home, domiciliary care home, community residential facility, intermediate care facility for the mentally retarded, adult daily living center, home health agency or home health service provider whether licensed or unlicensed;

(2) provides care to a care-dependent person in the setting described in paragraph (1); or

(3) has an obligation to care for a care-dependent person for monetary consideration in the settings described in paragraph (1) or in the care-dependent person's home.]

(1) **is an owner, operator, manager or employee of any of the following licensed or unlicensed entities:**

(i) A nursing home, personal care home, assisted living facility, private care residence or domiciliary care home.

(ii) A community residential facility or intermediate care facility for a person with mental disabilities.

(iii) An adult daily living center.

(iv) A home health service provider.

(v) A health care facility as defined in section 802.1 of the act of July 19, 1979 (P.L.130, No.48), known as the Health Care Facilities Act;

(2) provides care to a care-dependent person in the settings described under paragraph (1);

(3) has an obligation to care for a care-dependent person for monetary consideration in the settings described under paragraph (1);

(4) is an adult who resides with a care-dependent person and who has a legal duty to provide care or who has voluntarily assumed an obligation to provide care because of a familial relationship, contract or court order; or

(5) is an adult who does not reside with a care-dependent person but who has a legal duty to provide care or who has affirmatively assumed a responsibility for care, or who has responsibility by contract or court order.

"Legal entity." An individual, partnership, unincorporated association, corporation or governing authority.

\* \* \*

"Private care residence." A private residence:

(1) in which the owner of the residence or the legal entity responsible for the operation of the residence, for

monetary consideration, provides or assists with or arranges for the provision of food, room, shelter, clothing, personal care or health care in the residence, for a period exceeding 24 hours, to fewer than four care-dependent persons who are not relatives of the owner; and

(2) (i) that is not required to be licensed as a long-term care nursing facility, as defined in section 802.1 of the Health Care Facilities Act; and

(ii) that is not identified in paragraph (1) of the definition of "caretaker."

Section 2. Title 18 is amended by adding a section to read:  
§ 2713.1. Abuse of care-dependent person.

(a) Offense defined.--A caretaker is guilty of abuse of a care-dependent person if the caretaker:

(1) With the intent to harass, annoy or alarm a care-dependent person:

(i) strikes, shoves, kicks or otherwise subjects or attempts to subject a care-dependent person to or threatens a care-dependent person with physical contact;

(ii) engages in a course of conduct or repeatedly commits acts that serve no legitimate purpose;

(iii) communicates to a care-dependent person any lewd, lascivious, threatening or obscene words, language, drawings or caricatures; or

(iv) communicates repeatedly with the care-dependent person at extremely inconvenient hours.

(2) Commits an offense under section 2709.1 (relating to stalking) against a care-dependent person.

(b) Penalty.--

(1) A violation of subsection (a)(1) constitutes a misdemeanor of the first degree.

(2) A violation of subsection (a)(2) constitutes a felony of the third degree.

(c) Report during investigation.--When, in the course of conducting a regulatory or investigative responsibility, the Department of Aging, the Department of Health or the Department of Human Services has reasonable cause to believe that a caretaker has engaged in conduct in violation of this section or section 2713 (relating to neglect of care-dependent person), a report shall be made immediately to the local law enforcement agency or to the Office of Attorney General.

(d) Enforcement.--

(1) The district attorneys of the several counties shall have authority to investigate and institute criminal proceedings for a violation of this section or section 2713.

(2) In addition to the authority conferred upon the Attorney General under the act of October 15, 1980 (P.L.950, No.164), known as the Commonwealth Attorneys Act, the Attorney General shall have the authority to investigate and institute criminal proceedings for a violation of this section. A person charged with a violation of this section by the Attorney General shall not have standing to challenge the authority of the Attorney General to investigate or prosecute the case, and, if the challenge is made, the challenge shall be dismissed and no relief shall be available in the courts of this Commonwealth to the person making the challenge.

(e) Definitions.--As used in this section, the following words and phrases shall have the meanings given to them in this subsection:

"Care-dependent person." The term shall have the same meaning given to it under section 2713.

"Caretaker." The term shall have the same meaning given to it under section 2713.

"Person." The term shall have the same meaning given to it under section 2713.

Section 3. This act shall take effect in 60 days.

APPROVED--The 28th day of June, A.D. 2018.

TOM WOLF



# Aging Program Directive Attachment Annotated PS IS&A Form

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# PS Invest 7-1-19

See pages 1, 2, and 11 for changes to the ISA unrelated to Act 53.

See page 12 for updates to support the obligations under the new law.

## 1. INTRODUCTION

### 1.A. INVESTIGATION

1. DATE Report of Need was received

2. AAA responsible for conducting investigation or Reassessment (update if active case is transferred to another AAA for completion)

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Unrelated to the new law, 1.A.2 (PSA ID Number) was removed and 1.A.2a., which has been changed to 1.A.2. This question is now used to identify the agency responsible for investigating the RON or conducting the reassessment.

This will allow PDA to create and provide accurate reporting to assist you in monitoring cases to ensure compliance with state regulations.

This question must be changed each time an active (already started by one AAA) PS case is transferred to another AAA for investigation or reassessment.

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3. Date Investigation Initiated

4. Date of face-to-face

5. DATE of Reassessment (if Reassessment)

### 1.B. CONSUMER'S IDENTIFICATION

1. Consumer's LAST name

2. Consumer's last name SUFFIX

(DOB)

lander  
nic)

- White-Hispanic
- Other-Document in Notes
- Unknown/Unavailable

9. Consumer's Social Security Number (SSN)

10. Consumer's marital status

- Divorced
- Legally Separated
- Married
- Single
- Widowed
- Other
- Unavailable

11. Consumer's MEDICAID 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 Facility

**Unrelated to the new law, 1.C.4 was updated to match the RON form. Voluntary Reporter now includes Assisted Living Facility and Physician's Office.**

**Consumers who live in AL, Dom Care, or PCH, pay rent, and have no roommate.**

- Lives Alone
- Lives with Spouse Only
- Lives with Child(ren) but not Spouse
- Lives with Other Family Member(s)
- Other-Document Details in Notes
- Don't Know

**3. Type of MANDATED Reporter (Note: Facilities with asterix (\*) are exempt from reporting under age 60 abuse.)**

- Adult Daily Living Center (ADLC)
- Assisted Living Facility-DPW
- Birth Center (BC)-DOH
- Community Residential Rehabilitation Services-MH (CRRS)-DPW
- Domiciliary Care Home (DC)
- Hospice-DOH
- Hospital LTC-DOH
- Home Care Agency-DOH
- Home Care Registry-DOH
- Licensed Home Health Care (HH)-DOH
- Long Term Structured Residence (LTSR)-DPW
- Nursing Home-DOH
- Personal Care Home (PCH)-DPW
- State Mental Hospital-DPW
- \*Community Homes-Individuals with MR (Exempt from reporting under 60 abuse) -DPW
- \*ICF/MR (Exempt from reporting under 60 abuse)-DPW

**4. Type of VOLUNTARY Reporter**

- AP-Alleged Perpetrator
- Anonymous
- Assisted Living Facility (AL)
- AAA-Area Agency on Aging
- Consumer
- DC-Domiciliary Care Home-NON-ACT 13
- Family Member
- General Public
- Home Health Care Agency (Other)
- Hospital
- Law Enforcement Agency
- LTC Ombudsman
- Nursing Home-NON-ACT 13
- PCH/AL-NON-ACT 13
- Physician's Office
- Social Service
- Other-Document Details in Notes

**5. Consumer's primary language**

- American Sign Language
- Arabic
- Armenian
- 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
- Thai
- Turkish
- Vietnamese
- Other-Document in Notes

**6. Is Consumer a VETERAN?**

- Yes
- No

**1.D. CONSUMER'S RESIDENTIAL ADDRESS INFORMATION - MUNICIPALITY IS REQUIRED**

**1. Residential County (1.D.1a required, not this question)**

**1a. 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. 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 (optional)**

**8. Does Consumer reside in a RURAL Area?**

- Yes
- No

**9. Directions to Consumer's Home**

**10. Primary TELEPHONE Number**

**1.E. CONSUMER'S POSTAL/MAILING ADDRESS INFORMATION**

**1. POSTAL County**

**2. POSTAL STREET Address (Include number of PO Box, street, house, apartment, OR room.)**

**3. POSTAL Address Second Line (if needed)**

**4. POSTAL City or Town**

**5. POSTAL State**

**6. POSTAL Zip Code**

**2. ALLEGATIONS ON THE REPORT OF NEED**

**2.A. REPORTER'S ALLEGATIONS**

**1. Allegations on the Report of Need.**

- Abandonment
- Caretaker/Caregiver Neglect
- Emotional Abuse
- Exploitation
- Physical Abuse
- Self Neglect
- Sexual Abuse
- Other Allegations-Document Details in Notes

**3. EVIDENCE OF ABUSE, NEGLECT, AND/OR EXPLOITATION**

**3.A. PHYSICAL ABUSE**

**1. Substantiation of PHYSICAL Abuse**

- Yes
- No-Skip to 3.B.1

**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
- Sexual assault
- Sprains
- Struck, kicked, or threw objects at Consumer
- Threatened Consumer
- Wounds
- Other-Document Details in Notes

**3.B. EMOTIONAL ABUSE**

**1. Was substantiation of EMOTIONAL Abuse discovered during Investigation?**

- Yes
- No-Skip to 3.C.1

**2. Indicate evidence of EMOTIONAL Abuse**

- Anxious
- Changed eating habits
- Confined/isolated
- Feels threatened/fearful/intimidated/coerced
- Frequent shaking, trembling or crying
- Insulted, swore or yelled at Consumer
- Irritable, easily upset
- Loss of interest
- Sleep disturbance
- Suicidal talk/wishes
- Other-Document Details in Notes

**3.C. SELF NEGLECT**

**1. Was substantiation of self-neglect, neglectful actions, and/or failure to provide for oneself discovered during Investigation?**

- Yes
- No-Skip to 3.D.1

**2. Indicate evidence of neglect, neglectful actions and/or failure of the Consumer to provide for oneself**

- Dehydrated
- Dirt/fleas on Consumer
- Fecal/urine odor
- Inadequate food
- Inadequate heat
- Inadequate medical equipment/aids
- Inadequate medical service
- Inadequate medications
- Inadequate personal care
- Inadequate social supports
- Inadequate supervision
- Inappropriate clothing
- Malnourished
- Skin rash
- Sores
- Untreated medical problem
- Weight loss
- Other-Document Details in Notes

**3.D. CARETAKER/CAREGIVER NEGLECT**

**1. Was substantiation of Caretaker/Caregiver neglect, neglectful actions, and/or failure to provide discovered during Investigation?**

- Yes
- No-Skip to 3.E.1

**2. Indicate evidence of neglect, neglectful actions and/or failure of the Caretaker/ Caregiver to provide for the Consumer**

- Dehydrated
- Dirt/fleas on Consumer
- Fecal/urine odor
- Inadequate food
- Inadequate heat
- Inadequate medical equipment/aids
- Inadequate medical service
- Inadequate medications
- Inadequate personal care
- Inadequate social supports
- Inadequate supervision
- Inappropriate clothing
- Malnourished
- Skin rash
- Sores
- Untreated medical problem
- Weight loss
- Other-Document Details in Notes

**3.E. EXPLOITATION (FINANCIAL/LEGAL MANAGEMENT)**

**1. Was substantiation of FINANCIAL EXPLOITATION discovered during Investigation?**

- Yes
- No-Skip to 3.E.3

**2. Indicate evidence of FINANCIAL EXPLOITATION**

- Access to accounts
- Fiduciary relationships
- Misusing money or assets
- Recent or unexpected change in bank account
- Stolen/missing money or assets of Consumer
- Unusual financial arrangements-Document Details in Notes
- Other-Document Details in Notes

**3. Is there a risk to Consumer's property or assets? Explain in Notes**

- Yes
- No

**4. Check all applicable assistance with legal/ financial matters. Specify Details in Notes**

- Guardian
- Informal Responsibility
- Lawyer
- Power of Attorney-Specify Type in Notes
- Representative Payee
- None

**5. Are Consumer's bills being paid?**

- Yes
- No

**6. Did the Consumer refuse to give financial information?**

- Yes
- No

**7. 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

**8. Specify the amount of the Consumer's MONTHLY income**

**9. Describe how the Consumer does banking.**

**10. Does someone accompany Consumer to bank?**

- Yes
- No

**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 environment.**

- 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       8
- 14       5
- 11       2

**11. Consumer SUBTRACTION TEST result?**

- Correct
- 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 COGNITIVE FUNCTIONING**

**1. What has been done to assess the Consumer's cognitive capacity?**

**2. Do you think the Consumer can make an informed decision? Explain in Notes**

- Yes
- No

**3. 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

**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 at home?**

- 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.**

**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?**

**6.D. CURRENT MEDICATIONS**

**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 mouth (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 mouth (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
------	------	------	-------	-----	--------	-----------	----------

**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?**

- Independent, does on own
- Assistance needed
- Unknown

**6. Type of help needed with medications?**

Check all that apply.

- None
- Administration
- Information
- Regular monitoring of effects
- Setup
- Verbal reminders

**7. CHARACTERISTICS OF PERPETRATOR (Substantiated Cases ONLY)**

**7.A. PERPETRATOR'S CHARACTERISTICS**

**1.**

- Yes
- No-Skip to 8.A.1

**2. Who is the primary perpetrator?**

- Spouse/Intimate Partner-Male
- Spouse/Intimate Partner-Female
- Daughter
- Daughter-in-Law
- Mother
- Son
- Son-in-Law
- Father
- Brother
- Sister
- Grandson
- Granddaughter
- Other Relative-Male
- Other Relative-Female
- Friend or Neighbor (NON-Caretaker)-Male
- Friend or Neighbor (NON-Caretaker)-Female
- Caretaker-Male
- Caretaker-Female
- Non-relative-Male
- Non-relative-Female
- Service Provider-Male
- Service Provider-Female
- Caretaker-Entity

**3. 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
- Lives with Consumer
- Mentally retarded
- Previous psychiatric hospitalizations
- Unemployed
- Other

**4. What is the perpetrator's ethnicity?**

- Hispanic or Latino
- Not Hispanic or Latino
- Unknown

**5. 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

**6. Select the perpetrator's gender.**

- Male
- Female

**7. Age range of the primary perpetrator**

- Younger than 18
- 18 to 29 years
- 30 to 59 years
- 60 to 64 years
- 65 to 69 years
- 70 years or older

**8. 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**

**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. f 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**

**1. MEAL PREPARATION? 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.

**2. DOING HOUSEWORK? 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.

**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. MOBILITY**

**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, 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 the Consumer currently manages, any additional help needed, comments or additional 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, 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 the 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 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, 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 - Not Applicable, does not use wheelchair.

**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. NUTRITION (HDM & Substantiated Consumers Only)**

**11.A. NUTRITIONAL RISK ASSESSMENT**

**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. Without wanting to, lost or gained 10 pounds in the past 6 months?**

- Yes, gained 10 pounds
- Yes, lost 10 pounds
- No

**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 of Emergency Contact**

**4. STREET ADDRESS of Emergency Contact**

**5. CITY/TOWN of Emergency Contact**

**6. STATE of Emergency Contact**

**7. ZIP CODE of Emergency Contact**

**8. TELEPHONE Number of Emergency Contact**

**9. WORK TELEPHONE Number for Emergency Contact**

**12.B. SOCIAL CONTACTS**

**1. Name and Relationship of the Consumer's first social contact**

Telephone number

**Frequency of Consumer's contact with first social contact**

- Bi-annually
- Bi-monthly
- Bi-weekly
- Daily
- Hourly
- Monthly
- Quarterly
- Semi-annually
- Semi-weekly
- Weekly
- Yearly
- Other

**2. Name and Relationship of the Consumer's second social contact**

Telephone number

**Frequency of Consumer's contact with second social contact**

- Bi-annually
- Bi-monthly
- Bi-weekly
- Daily
- Hourly
- Monthly
- Quarterly
- Semi-annually
- Semi-weekly
- Weekly
- Yearly
- Other

**3. Name and Relationship of the Consumer's third social contact**

Telephone number

**Frequency of Consumer's contact with third social contact**

**Unrelated to the new law, 13.A.3 was updated for clarity:**

**For an Investigation, it is the date of determination (Substantiated or Unsubstantiated). For a Reassessment, it is the date the Reassessment was conducted with the individual. See SAMS Procedural Manual, Appendix B for complete instructions.**

**Frequency of Consumer's contact with fourth social contact**

- Bi-annually
- Bi-monthly
- Bi-weekly
- Daily
- Hourly
- Monthly
- Quarterly
- Semi-annually
- Semi-weekly
- Weekly
- Yearly
- Other

**12.C. COLLATERAL CONTACTS**

**1. Name and Relationship of the first collateral person with information on the Consumer**

Telephone number

**2. Name and Relationship of the second collateral person with information on the Consumer**

Telephone number

**3. Name and Relationship of the third collateral person with information on the Consumer**

Telephone number

**4. Name and Relationship of the fourth collateral person with information on the Consumer**

Telephone number

**13. PROTECTIVE SERVICE INVESTIGATION SUMMARY AND ASSESSMENT RESULTS**

**13.A. DECISION INFORMATION**

**1. Investigator's name**

**2. Is this an Initial Investigation or a Reassessment?**

- Initial Investigation
- Reassessment

**3. Date of Determination for Initial Investigation OR Date of Reassessment (MM/DD/YYYY)**

**4. Date Investigator Signed as Complete**

**5. Date Investigation or Reassessment given to Supervisor for review**

6. Was an Office of Attorney General referral made under § 2713 or § 2713.1 (abuse/neglect of a care dependent person)?

- Yes
- No

If the referral was made under the obligation of § 2713 or § 2713.1, question 6 must be answered YES; otherwise, answer NO and go to 13.A.7.

7. Did the AAA make a referral to law enforcement? (If yes, document why, the date, and to whom the referral was made in the Notes section.)

- Yes
- No

If you make a referral to local law enforcement/state police unrelated to § 2713 or § 2713.1, answer YES in 13.A.7 and indicate why, the date, and to whom the referral was made. Otherwise answer NO and go to 13.A.8.

8. Was the Investigation Substantiated or Unsubstantiated?

- SUBSTANTIATED-Allegations found to be TRUE, Consumer needs OAPS
- SUBSTANTIATED-Allegations UNFOUNDED-Consumer fits PS criteria for other reasons
- UNSUBSTANTIATED-Skip to 14.A.1

9. Case closed due to:

- Consumer refused services
- Death of Consumer
- Placement in LTC Facility
- Problem solved
- Transfer to Care Management
- Transfer to other agency
- Other

14. SIGNATURES

14.A. SIGNATURES AND DATES FOR INVESTIGATION

1. Signature & Title of Investigator

Date

2. Signature & Title of Supervisor

Date

3. Signature & Title of Director

Date



# Aging Program Directive Attachment SAMS Manual, Appendix B

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### **13.PS Investigation Instructions**

It is extremely important to note that the Protective Services process is an investigation – it is not assessment or other casework. The Protective Services Worker must determine, through investigation, whether the Older Adult fits the five criteria to be an Older Adult in Need of Protective Services. If the consumer meets all of the five criteria, the investigation is substantiated. If the consumer does not meet each and every one of the five criteria, the investigation is unsubstantiated. In almost all cases, investigations restricted to interviews with only the Consumer or only the Consumer and the alleged perpetrator will not be considered a complete investigation. Additionally, it is important to understand that it is not the quantity of the information obtained from social and collateral contacts and/or the quantity of social and collateral contacts contacted during the investigation, but rather the quality of the information obtained from the social and collateral contacts that is important. However, if a social or collateral contact who has either significant and/or recent contact with the Consumer is identified during the investigation, it is prudent to contact that person as they may have information that has not been otherwise discovered during the investigation. It is also important to note that the older adult may be a victim of elder abuse and the investigation may be substantiated, but for reasons other than the original allegations on the Report of Need. For this reason, all investigations must evaluate all of the potential types of elder abuse, not just those alleged on the Report of Need form. Further, a Consumer may be a victim of elder abuse and/or the allegations on the Report of Need may be affirmed through investigation, but, upon evaluation, the older adult does not meet all five of the criteria to substantiate the need for Protective Services.

#### **Summary**

A Protective Services Investigation is just that – an investigation. The goal of an investigation is to gather sufficient information to permit the protective services worker to evaluate and conclude whether or not the case will be substantiated. Substantiation comes as the result of a thorough investigation where the protective services worker determines that the older adult fits the five criteria by a “preponderance of the evidence” (i.e. 50.1% or more). Medical professionals must be included in investigations of abuse and neglect, and should be included in all investigations. Various financial documents must be examined in cases of financial exploitation. In most cases, the protective services worker also must interview social and collateral contacts to obtain a balanced perspective of the allegation. This is especially important if the case is ultimately classified as unsubstantiated, since the Consumer will not be provided with services for protection.

## **Protective Services Investigation Instructions**

Proper completion of this form requires that all questions **must** be completed, unless otherwise specified. It is **required** that the PS Investigation form be created in SAMS **immediately** upon confirmation that a Report of Need (RON) will be investigated (that is, the Intake category has been confirmed as or changed to Emergency, Priority, or Non-Priority). This allows the worker to document information in the PS Investigation form as it is acquired and determined to be accurate and in accordance with the instructions. 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).

Care should be taken to assure that all information documented on the PS Investigation is correct. Any information that is carried over from the Report of Need form must be verified for accuracy. If, despite a thorough investigation, information to answer a question is unknown, use the Notes section to document that the answer is unknown. If a question is not applicable to this specific Consumer/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 format for the 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.

To open a Protective Services Investigation Form:

1. Open the Consumer in SAMS
  - Click the “Assessment” icon
  - Highlight the current Report of Need
  - Click the “Reassess” button
  - Pick “PS Investigation” as filename
  - Enter the date that enough information has been gathered to substantiate or unsubstantiate the investigation or use the auto-populated date if the investigation is not yet completed
  - Leave blank the “next assessment date” unless your Agency policy is different
  - Enter name of Assessor
  - Enter and verify password
  - Check box to “copy Notes and Narratives”
  - Answer questions that are prompted
  
2. Open the Consumer in Omnia
  - Highlight the current Report of Need
  - Click the “Reassess” button
  - Pick “PS Investigation” as filename
  - Enter name of Assessor
  - Enter the date that enough information has been gathered to substantiate or unsubstantiate the investigation or use the auto-populated date if the investigation is not yet completed

- Leave blank the “next assessment date” unless your Agency policy is different
- Enter and verify password
- Check box to “copy Notes and Narratives”
- Answer questions that are prompted
- If you complete the Investigation form in Omnia, you must export it to SAMS.

If the Investigation is unsubstantiated, skip those sections indicated to skip (sections 8, 9, 10 and 11). If there is no perpetrator or if the perpetrator is the Consumer themselves, skip section 7. If this is an Initial Investigation, enter the date in number 13A # 3 as the date on which you have determined that you have enough information to decide that the investigation is either substantiated or unsubstantiated. During the investigation, you must make every effort to gather information on the Consumer’s finances to fill out all of section 3E, even if financial exploitation is not alleged. Also, make sure to include all known contacts in the social and collateral contact sections (12B and 12C). Complete the PS Investigation form as described below:

Any time that the PS Investigation form is opened, click “Notes” to open the Notes area at the bottom of the page. Each time that the user wishes to enter a note, the cursor must be moved to the Notes area. When documentation is done in the Notes area, the user must move the cursor must back to the question area.

## **1. INTRODUCTION**

### **1. A. INVESTIGATION BACKGROUND:**

**Question 1:** Date Report of Need was received

Using the MM/DD/YYYY format, document the date the Report of Need was taken which initiated this investigation.

**Question 2:** AAA responsible for conducting investigation or reassessment (update if active case is transferred to another AAA for completion).

Choose the PSA number of the agency responsible for conducting the investigation or reassessment. This question must be changed each time an active (already started by one AAA) PS case is transferred to another AAA for investigation or reassessment.

**Question 3:** Date Investigation Initiated

Using the MM/DD/YYYY format, document the date that the investigation was initiated. Initiation can be through visits, telephone calls, file review, etc.

**Question 4: Date of face-to-face**

Using the MM/DD/YYYY format, document the date that the PS investigator met with the Consumer face-to-face. Use the Notes section to list more than one date of face-to-face visits, if more than one visit was conducted.

**Question 5: Date of Reassessment (if Reassessment)**

Using the MM/DD/YYYY format, document the date that the PS investigator met with the Consumer face-to-face to complete the reassessment. This section may “auto-populate” with a date. If a Reassessment is not being conducted, highlight the auto-populated date and delete it, then document “n/a” in the “Notes” section.

**1. B. CONSUMER’S IDENTIFICATION:****Question 1: Consumer’s last name**

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**

Document the Consumer’s name suffix (i.e. Sr., Jr., III, etc.), if applicable.

**Question 3: Consumer’s first name**

Document the Consumer’s first name as it appears on his/her birth certificate or SS card or as known (i.e. do not use nicknames). If the Consumer goes by another name, document that name in the Notes section.

**Question 4: Consumer’s middle initial**

Document the Consumer’s middle initial as it appears on his/her birth certificate or SS card (i.e. no nicknames), if known.

**Question 5: Consumer’s date of birth (DOB)**

Using the MM/DD/YYYY format, document the Consumer’s date of birth.

**Question 6: Consumer’s gender**

Document if the Consumer is male or female.

**Question 7: Consumer's ethnicity**

Document the Consumer's ethnicity as described by the Consumer. Choose only one response.

**Question 8: Consumer's race(s)**

Document the Consumer's race as described by the Consumer. Choose as many responses as the Consumer provides.

**Question 9: Consumer's Social Security Number (SSN)**

Document the Consumer's social security number as it appears on his/her social security card.

**Question 10: Consumer's marital status**

Document the Consumer's marital status as described by the Consumer. Choose only one response.

**1. C. CONSUMER'S DEMOGRAPHICS:****Question 1: Consumer's place of residence at the time of the Report of Need**

Document the Consumer's place of residence at the time of the Report of Need. Choose the most appropriate answer. Choose only one answer.

**Question 2: Consumer's current living arrangement**

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

- Select the first response if the Consumer lives alone. 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."
- Select the second 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 (i.e. the Consumer lives with spouse and a child).
- Select the third response when the Consumer lives with a child (no spouse).
- Select the fourth response when the Consumer lives with another family member (not spouse or child).
- Select the fifth 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 where csr resides/who csr resides with.

**Question 3:** Type of MANDATED Reporter (Note: Facilities with an asterix (\*) are exempt from reporting under age 60 abuse)

Choose the most appropriate answer. Choose only one answer. If the reporter is a mandated reporter, complete this question, then skip to question 1C #5. If Reporter is not a mandated reporter, skip this question and answer question 1C #4.

**Question 4:** Type of VOLUNTARY Reporter

Choose the most appropriate answer. Choose only one answer. If Reporter is not a voluntary reporter, skip this question and continue on to question 1C #5.

**Question 5:** Consumer's primary language

Choose one response. Document the primary language understood and spoken by the Consumer, if listed. If the primary language understood and spoken by the Consumer is not listed, use the Notes section to document the primary language.

**Question 6:** Is Consumer a veteran?

Choose the appropriate response.

### **1. D. ADDRESS INFORMATION:**

**Question 1:** Consumer's mailing address, street or P.O. Box

Document the Consumer's mailing address; including the Street and/or P.O. Box (this may be different from the Consumer's residential address).

**Question 2:** Consumer's mailing address city or town

Document the Consumer's mailing address city or town.

**Question 3:** Consumer's mailing address state

Document the Consumer's mailing address state.

**Question 4:** Consumer's mailing address ZIP code

Document the Consumer's mailing address ZIP code.

**Question 5:** Consumer's residential street address

Document the Consumer's residential street address (i.e. the street address where the person actually resides). This question must be answered and cannot be completed using the word "Same" or "As above," etc.

**Question 6:** Consumer's residential city, town or municipality

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 7:** Consumer's residential county

Document the consumer's county of residence

**Question 8:** Consumer's residential state

Document the consumer's state of residence

**Question 9:** Consumer resides in a rural area?

If this form is completed in SAMS, the computer will answer this question automatically, based upon the answer in 1D # 6. If the form is completed in Omnia, the user must answer this question appropriately.

**Question 10:** Directions to the Consumer's home

Document the directions that the worker would utilize to travel to the Consumer's home.

**Question 11:** Consumer's telephone number

Document the telephone number where the Consumer can be most readily reached. This may be a home or cellular telephone number.

## **2. ALLEGATIONS ON THE REPORT OF NEED**

### **2. A. REPORTER'S ALLEGATIONS:**

**Question 1:** Allegations on the Report of Need

Check all appropriate responses for the type of elder abuse that is alleged on the Report of Need that initiated this investigation. Do **NOT** routinely check the "other" box. The "other" box should **ONLY** be checked when a specific type of elder abuse is reported that is not included in one of the other responses. If the "other" box is checked, a description of what "other" type of abuse is being alleged must be specified in the Notes section. Regardless of the allegations, use the Notes section to describe, in detail, what the reporter alleges.

### **3. EVIDENCE OF ABUSE, NEGLECT AND/OR EXPLOITATION**

#### **3.A. PHYSICAL ABUSE:**

**Question 1:** Was substantiation of physical abuse discovered during the Investigation?

Check the appropriate response. If “No,” the computer will skip to 3B # 1.

**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.

#### **3. B. EMOTIONAL ABUSE:**

**Question 1:** Was substantiation of emotional abuse discovered during the Investigation?

Check the appropriate response. If “No,” the computer will skip to 3C # 1

**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

#### **3. C. SELF NEGLECT:**

**Question 1:** Was substantiation of self neglect, neglectful actions and/or failure to provide for oneself discovered during the Investigation?

Check the appropriate response. If “No,” the computer will skip to 3D # 1.

**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.

#### **3. D. CARETAKER/CAREGIVER NEGLECT:**

**Question 1:** Was substantiation of Caretaker/Caregiver neglect, neglectful actions and/or failure to provide discovered during the Investigation?

Check the appropriate response. If “No,” the computer will skip to 3E # 1.

**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.

### **3. E. EXPLOITATION (FINANCIAL/LEGAL MANAGEMENT):**

All questions in this section must be answered for every investigation, with the exception of 3E #2, as this question will only be answered in cases of substantiated financial exploitation.

**Question 1:** Was substantiation of financial exploitation discovered during the Investigation?

Check the appropriate response. If “No,” the computer will skip to 3E # 3.

**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.

**Question 3:** 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.

**Question 4:** Check applicable assistance with legal/financial matters.

Check appropriate response. Use the Notes section to specify names and duties performed, as well as any other additional/pertinent information.

**Question 5:** 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 is in need of assistance and/or is eligible for programs that might improve his/her quality of life.

**Question 6:** Did the Consumer refuse to give financial information?

Check appropriate answer. Document any relevant information regarding refusal to give financial information.

**Question 7:** 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 8:** 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 course of 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 is in need of assistance and/or is eligible for programs that might improve his/her quality of life.

**Question 9:** Describe how the Consumer does banking.

Document how the Consumer deposits and withdraws money from his/her financial institution (i.e. bank, credit union, etc.).

**Question 10:** 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 those individual(s) in the Notes section. Document if the individual(s) takes Consumer into the bank and/or actually do the banking for the Consumer.

**4. PHYSICAL ENVIRONMENT****4. A. PHYSICAL ENVIRONMENT ISSUES:**

**Question 1:** Was evidence of problems in physical environment discovered during investigation?

Check the appropriate response. If "No," the computer will skip to 5A # 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.

**5. COGNITIVE FUNCTIONING AND MENTAL HEALTH****5. A. SHORT PORTABLE MENTAL STATUS QUESTIONNAIRE - OPTIONAL:**

Completion of the SPMSQ or other Mini-Mental Status Exam is optional – but **highly** recommended. Complete the correct response for numbers 1 – 10. Use the Notes section to list what answer the Consumer's actually states.

**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.

**Question 11:** Consumer subtraction test result?

Check "Correct" if the Consumer answered every one of the questions correct in question 10. If the Consumer missed even one question in number 10, 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.

(Should score automatically if questions 1 – 12 are all answered).

**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?

Document here any evidence that was obtained during the investigation which indicates the Consumer's cognitive capacity. Also document anything that the worker did to assess the Consumer's cognitive capacity (i.e. administer SPMSQ, interview with the Consumer, consult with the Consumer's physician, etc).

**Question 2:** Do you think the Consumer can make an informed decision? Explain in Notes

Check the appropriate response. Document in the Notes section whether you believe the Consumer can make an informed decision or not and your rationale.

**Question 3:** Does the Consumer understand the consequences of decisions? Use Notes for Explanation.

Check the appropriate response. Document in the Notes section whether you believe the Consumer can understand the consequences of decisions or not and your rationale.

**Question 4:** What is the Consumer's current level of cognitive functioning?

Check the appropriate response. Explain in the Notes section the rationale for your decision.

### **5. C. MENTAL HEALTH FUNCTIONS:**

**Question 1:** Was evidence of problems with mental health functions discovered during the Investigation?

Check appropriate response. Use the Notes section to describe evidence supporting all items selected. If "No," the computer will skip to 5D #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.

### **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 and document evidence supporting all items selected.

## **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.

### **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.)

### **6. C. PHYSICIAN CONTACTS:**

**Question 1:** Consumer has a family physician/primary care physician?

Check the appropriate response. If "no," skip to 6D # 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?

Document here the date (exact if known, approximate if exact date unknown) and the reason for the visit.

### **6. D. CURRENT MEDICATIONS:**

**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 response 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 cases ONLY)**

**Complete this section ONLY if this is a Substantiated case**

### **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 the computer will automatically skip to Section 8. Check "No" if this case is substantiated for self neglect as the Consumer is not a perpetrator.

**Question 2:** Who is the primary perpetrator?

Check the most appropriate response. Check only one box.

**Question 3:** Indicate characteristics of the perpetrator in substantiated cases.

Check all appropriate responses. Document any supporting information in the Notes section.

**Question 4:** What is the perpetrator's ethnicity?

Check the appropriate response.

**Question 5:** What is the perpetrator's race?

Check the most appropriate response. Check only one response.

**Question 6:** Select the perpetrator's gender

Check the appropriate response.

**Question 7:** Age range of the primary perpetrator

Check the appropriate response. Check only one response. If more than one perpetrator, document this in Notes.

**Question 8:** 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. If Notification was not provided, document why it was not provided.

## **8. ACTIVITIES OF DAILY LIVING (Substantiated Cases ONLY):**

**Complete this section ONLY if this is a Substantiated case**

### **8. A. ADL**

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 additional information and specific question prompts, please refer to Chapter 1 of the Home and Community Based Procedures Manual.

## **9. INSTRUMENTAL ACTIVITIES OF DAILY LIVING (Substantiated Cases Only)**

**Complete this section ONLY if this is a Substantiated case**

### **9. A. IADL**

IADL tasks are those which are not necessarily done everyday, 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 additional information and specific question prompts, please refer to Chapter 1 of the Home and Community Based Procedures Manual.

## **10. MOBILITY (Substantiated Cases Only)**

**Complete this section ONLY if this is a Substantiated case**

### **10. A. MOBILITY:**

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 and 3 – 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 additional information and specific question prompts, please refer to Chapter 1 of the Home and community-based procedures manual.

## **11. NUTRITION (HDM & Substantiated Consumers Only)**

### **11. A. NUTRITIONAL RISK ASSESSMENT (Substantiated Cases Only) Complete this section only if considering for Home Delivered Meals:**

#### **Question 1. Changes in lifelong eating habits because of health problems?**

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. Without wanting to, lost or gained 10 pounds 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/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

Document the relationship of the emergency contact to the Consumer.

**Question 3:** Address

Document the home Address of the emergency contact.

**Question 4:** City or Town

Document the City or Town in which the Emergency Contact lives.

**Question 5:** Home telephone number

Document the telephone number where the Emergency Contact can most readily be reached.

**Question 6:** 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.

### **12. B. SOCIAL CONTACTS:**

For each contact listed, list the name of the contact, the relationship of the contact to the Consumer, the telephone number where the social contact can be most readily reached and the frequency of contact that the identified individual has with the Consumer.

### **12. C. COLLATERAL CONTACTS:**

For each contact listed, list the name of the contact, the relationship of the contact to the Consumer and the telephone number where the collateral contact can be most readily reached.

## **13. PROTECTIVE SERVICES INVESTIGATION SUMMARY AND ASSESSMENT RESULTS**

### **13. A. DECISION INFORMATION:**

**Question 1:** Investigator's name.

Document the name of the Protective Services Worker/Investigator who completed this investigation.

**Question 2:** Is this an Initial Investigation or a Reassessment?

Select the correct choice.

**Question 3:** Date of Determination for Initial Investigation OR Date of Reassessment (MM/DD/YYYY)

For an Initial Investigation form, using the MM/DD/YYYY format, enter the date that the worker gathered enough information to either substantiate or unsubstantiate the need for Protective Services based on the investigation.

In cases of multiple allegations in which not all allegations are substantiated or unsubstantiated at the same time (investigation ongoing), use the first date in which any allegation is substantiated or unsubstantiated. This date is **NOT** changed when the remaining allegations are substantiated or unsubstantiated.

If this is a reassessment, using the MM/DD/YYYY format, list the date that the worker made the completed the reassessment in person with the individual.

**Question 4:** Date Investigator Signed as Complete.

Using the MM/DD/YYYY format, list the date that the worker signed the Investigation form as complete.

**Question 5:** 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.

**Question 6:** Was an Office of Attorney General referral made under § 2713 or § 2713.1 (neglect/abuse of a care dependent person)?

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 13A.7.

**Question 7:** Did the AAA make a referral to law enforcement? (If yes, document why, the date, 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 go to question 13.A.8.

**Note:** Instructions and resources for Act 53 can be downloaded from your LTLTI 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

*To access the materials, log into the [LTLT Website](#) and navigate to: Course Catalog > Protective Services > Protective Services Webinar Resources > PS Monthly Supervisory Webinars 2018/2019*

**Question 8:** Was this Investigation Substantiated or Unsubstantiated?

After considering all five OAPS criteria, check the appropriate box to indicate whether the investigation is Substantiated or Unsubstantiated. If this investigation is unsubstantiated, skip to question 14.A.

If the consumer died during the course of the investigation, check the appropriate box if you have gathered enough information prior to the death of the consumer to make a substantiation decision. If you have not gathered enough information to make a substantiation decision, do not answer this question, but answer question 13.A.10 as “death.”

**Question 9:** Case closed due to:

Answer this question **only at the time that you close a substantiated case.** If the investigation is unsubstantiated, this would be recorded in Question 9 above and no answer is required here. If the investigation results in a substantiated case, but with no need for protective services, this question would be answered on the (initial) investigation form. If the investigation is substantiated and services are being provided, **this question is not answered at the time that the (initial) investigation form is completed.** Answer this question when the Investigation form is being completed as a Reassessment to close the entire case.

## **14. SIGNATURES:**

### **14. A. SIGNATURES 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. AAA's 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.



# Aging Program Directive Attachment Act 53 Training FAQs

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# § 2713 and § 2713.1 (Act 53) FAQs

PA Department of Aging Protective Services

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- Q1. Under Definitions (f)(4), it says a (Caretaker) “is an adult who resides with a care-dependent person and who has a legal duty to provide care or who has voluntarily assumed an obligation to provide care because of a familial relationship....” How do we determine if the family member has voluntarily assumed this obligation?**

If the case is a protective services case, the intake or investigative processes may provide enough information to determine if the alleged perpetrator meets the definition of a caretaker under the law.

For example, a daughter visits her mother almost every day, and has been doing so for a while. Neighbors comment that the daughter takes care of her mom; like taking her shopping, to doctor appointments, the pharmacy, etc. When interviewing the daughter, she states that she provides care for her mother, including helping her bathe, prepare some of her meals, med-management, etc.

- Q2. Can the family member withdraw their voluntary obligation?**

Yes; however, the older adult needs to be aware of the withdraw of services and/or there must have been an attempt by the caretaker to ensure that the older adult has the services necessary to ensure their health and welfare. The older adult must also have the cognitive capacity to understand that the voluntary services are being withdrawn.

- Q3. How does the family member withdraw a voluntary obligation? Verbal, written.... To whom do they communicate this? Is there a requirement to give an advance notice?**

Under 2713(f)(4) a caretaker is an adult WHO RESIDES WITH a care-dependent person AND who has a legal duty to provide care OR who has voluntarily assumed an obligation to provide care because of a familial relationship, contract, or court order...

2713(f)(5) states that a caretaker is also an adult WHO DOES NOT RESIDE WITH a care-dependent person BUT WHO HAS A LEGAL DUTY to provide care OR who has affirmatively assumed a responsibility for care, OR who has responsibility by contract, or court order.

If they have a legal duty, there is likely a contract of some kind (signed care plan or contractual agreement). In this case, the caretaker must submit a written notice to withdraw their caretaker obligation. The notice must be provided to the person or entity responsible for enforcing the contract or care plan.

It depends upon the nature and scope of the services provided by the voluntary caregiver. If the older adult will be at imminent risk, adequate and written notice should be given to ensure the older adult has time to have alternative arrangements for care/services.

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- Q4. Is there an obligation to arrange for alternate care before the family member can withdraw as a caretaker? If so, during the time they are arranging for alternative care are they obligated voluntarily? If it is required how can it continue to be considered voluntary? Is it appropriate to report to the police if it is not voluntary? Regarding Statute 2713 ONLY.... We realize under Title 6 to not arrange for alternate care could be considered abandonment.**

See responses to questions 2 and 3 above.

- Q5. Does a spouse who lives with the Care-dependent person have an implied obligation? If so is it a voluntary obligation? If not, when can we know that they have entered into or exited from a voluntary obligation? Can they deny ever having had a voluntary obligation?**

Any person who has voluntarily or otherwise assumed the role of caretaker is subject to this law.

- Q6. Is there any familial obligation that is not voluntary? Mother taking care of a Son/Daughter? Other?**

Please apply the concept to this scenario:

A son is living with his mother (Mom), 87 years of age, who meets the care-dependent person definition and is the usual (by default, no verbal agreement has been expressed) family caregiver. The son is an alcoholic and announces on a Friday that he is expecting to go on a binge that weekend and leaves the house to do just that.

Under 2713(f)(4) a caretaker is an adult WHO RESIDES WITH a care-dependent person AND who has a legal duty to provide care OR who has voluntarily assumed an obligation to provide care because of a familial relationship, contract, or court order...

2713(f)(5) states that a caretaker is also an adult WHO DOES NOT RESIDE WITH a care-dependent person BUT WHO HAS A LEGAL DUTY to provide care OR who has affirmatively assumed a responsibility for care, OR who has responsibility by contract, or court order.

2713 states that a caretaker is guilty of neglect of a care dependent person if he:

Intentionally, knowingly or recklessly causes bodily injury, serious bodily injury or death by failing to provide treatment, care goods or services necessary to preserve the health, safety or welfare of a care-dependent person for whom he is responsible to provide care.

Intentionally, knowingly or recklessly endangers the welfare of a care-dependent person for whom he is responsible by failing to provide

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treatment, care, goods or services necessary to preserve the health, safety or welfare of the care-dependent person.

Keeping all of this information in mind, it depends upon the amount and nature of the services he provided to his mother prior to the “bender.” If his absence as a caretaker, either physical or cognitive, due to alcohol consumption, put his mother at risk or failed to meet her care needs in some way that results in bodily injury, serious bodily injury or death, he could be found guilty of neglect or abuse of a care dependent person.

**Q7. When a caretaker knowingly endangers the welfare of a care-dependent person does the degree of endangerment come into play. In other words, can the caretaker take a calculated gamble. If so, what kind of gamble? 50/50 chance that something could happen? 25/75 chance? Any chance at all? When do we report to the police?**

There is no exact “chance” figure that can or should be used. Serious consideration would be given to the “reasonable person” standard and injuries incurred by the older adult. What was known at the time of the incident about the older adult’s care needs, what care/services was the person typically giving to the older adult, and what is the level of risk posed if the care/services were not given.

**Q8. What if we do not report this to the police? Are our case managers subject to the penalties under this section?**

Yes. AAA staff could be subject to penalties through both PDA and law enforcement.

**Q9. Should we report all potential cases so as to protect our staff from potential penalty?**

No. Only those cases that you and your agency have determined (through investigation) to meet the definitions set forth in the law shall be reported.

**Q10. When we arrange consumer services that we know are not comprehensive and therefore not adequate under every conceivable circumstance, (happens every day) are we knowingly endangering the welfare of a care-dependent person? Why/why not?**

Please apply the concept to this scenario:

Daughter is family caretaker for Mom. Mom has confusion to the point of not always making the best decisions. Generally, Mom is aware of herself and others, understands the consequences of her actions, and can formulate and implement a plan for self-care. She recognizes her home, does not wander and has taken care of herself for years. During the last two years, she is increasingly unsteady on her feet but verbally refuses repeated offers of assistance. (Note: no written, signed and witnessed instructions.) Daughter works and leaves Mom during the days in her home with instructions and calls Mom during her daily lunch breaks. In comes out-of-town-from-California-expert-

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attorney-daughter who disagrees with the arrangements that in-state-don't-know-nothing-daughter has made. She calls the office of aging and demands a section 2713 (a) (3) report of neglect of a care dependent person be made to the local police department. She cites her sister as having neglected her Mom due to knowingly endangering Mom's safety. Mom is subject to falls when not supervised....an obviously dangerous circumstance.

The reasonableness standard must be applied. All efforts must be documented, including those beyond their control. The AAA must put forth their best effort.

**Q11. Have we clarified the distinction between paid caregivers under the old conception for the law and other non-paid caregivers under the new? For example, typically, familial guardians and other voluntary caregivers who assume a caregiving role that eliminates the need for others to provide care are typically not paid. Does the present iteration of the new law fall upon them as well?**

Yes. The caregiving standard is NOT assumed to be higher just because the caregiver is paid. Therefore, it does not matter if the caregiver is being paid or not.

**Q12. Have we thought out the implications of referring to law enforcement under the "reasonable suspicion" level versus clear and convincing that was, up to this point, required for a written perpetrator notification? Referring a perpetrator to law enforcement requires the issuance of a perpetrator letter. If we are now to be referring to law enforcement on a reasonable suspicion and a substantiated case on a preponderance of evidence. Are we ready for the onslaught of Appeals?**

Regardless of the impact this may or may not have on appeals, you are required to follow the law and have an obligation to report to law enforcement under Act 53.

**Q13. Will the PowerPoint presentation be available on the LTLTI Website for downloading and training purposes?**

Yes, the following resources will be available on the LTLTI LMS training Website:

- The APD (the APD will also be available on the PDA Website)
- Revised IS&A form with annotations
- SAMS Documentation Procedural Manual, Appendix B – IS&A Instructions
- Office of Attorney General (OAG) Referral Flowchart
- OAG Referral Form
- Original 2018 Webinar PowerPoint file (updated June 2019) and the June 2019 Webinar PowerPoint file
- Videos of both Webinars
- This FAQ document

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**Q14. Consent is not required under Act 53. For cases of abuse and neglect that don't fall under Act 53, do we still need the consumer's consent to make a report to law enforcement?**

Consent to report to the Office of the Attorney General or local police are not necessary under this law.

Outside of § 2713 and § 2713.1, it will depend on the individual situation. Always seek guidance from your solicitor.

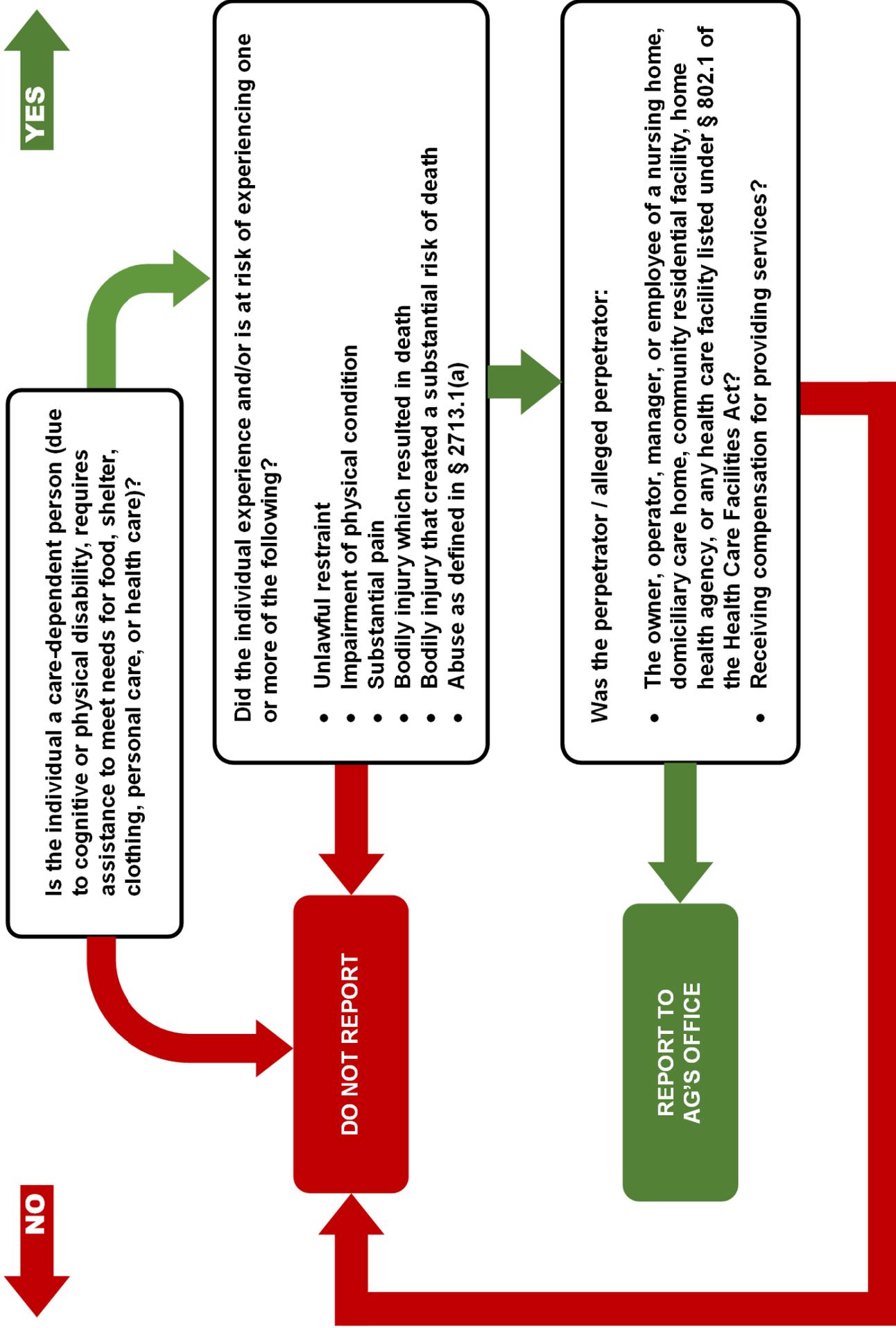
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# Aging Program Directive Attachment OAG Referral Flow Chart

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# When to Report Under Act 53



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# Aging Program Directive Attachment OAG Referral Form

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**Office of Attorney General Referral Form – Department of Aging, Protective Services Office**

Referral Source			
<b>Complainant:</b>	Department of Aging 555 Walnut Street Harrisburg, PA 17101		
<b>PDA (AAA) Contact Person(s):</b> ▪ Names ▪ Titles ▪ Telephone ▪ Email			
Victim Information			
<b>First Name:</b>		<b>Last Name:</b>	
<b>Social Security Number:</b>		<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Female
<b>Date of Birth:</b>		<b>Age at Time of Event:</b>	
<b>Location of Residence:</b>	<input type="checkbox"/> Adult Training Facility (2380) <input type="checkbox"/> LTSR/MH (5320) <input type="checkbox"/> Assisted Living Facility (2800) <input type="checkbox"/> Inpatient Psych Facility <input type="checkbox"/> Birth Centers (501) <input type="checkbox"/> Nursing Home (210) <input type="checkbox"/> Caretaker's home <input type="checkbox"/> OA Daily Living Center (11) <input type="checkbox"/> Community Homes for Individuals w/ ID (6400) <input type="checkbox"/> Own Home/Apartment <input type="checkbox"/> CRR-Mental Health (5310) <input type="checkbox"/> Personal Care Home (2600) <input type="checkbox"/> Domiciliary Care Home (21) <input type="checkbox"/> Residential Treatment Fac. For Adults (5100) <input type="checkbox"/> Family's Home <input type="checkbox"/> State Mental Hospital (5100) <input type="checkbox"/> Friend's Home <input type="checkbox"/> Vocational Facilities (2390) <input type="checkbox"/> Family Living/Shared Living (6500) <input type="checkbox"/> Other (Specify): <input type="checkbox"/> Hospital LTC <input type="checkbox"/> ICF/ID (6600)		
<b>Address:</b>		<b>Residential County:</b>	
<b>Special Communication Needs:</b>	<input type="checkbox"/> None <input type="checkbox"/> Primary Language not English <input type="checkbox"/> Nonverbal <input type="checkbox"/> Other (Specify): <input type="checkbox"/> Deaf / Hearing Impaired		
<b>Disability/Impairment</b>	<input type="checkbox"/> Physical <input type="checkbox"/> Cognitive	<b>Diagnoses (List):</b>	
Perpetrator Information			
<b>Name:</b>		<b>Date of Birth (if Known):</b>	
<b>Type of Caretaker:</b>	<input type="checkbox"/> Family Member Compensated for Services <input type="checkbox"/> Other (Specify): <input type="checkbox"/> Friend Compensated for Services <input type="checkbox"/> Provider Employee		

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<b>Complete the section below if the perpetrator was the owner, operator, manager or employee of a nursing home, domiciliary care home, adult daily living center, community residential facility, any health care facility under §802.1 of Health Care Facilities Act, or provider that renders home health services.</b>		
<b>Provider Agency:</b>		
<b>License Number:</b>		
<b>Provider Business Address, if Different from Individual's Address:</b>		
<b>Provider Telephone:</b>		
<b>Chief Executive Officer:</b>		
<b>Event Information</b>		
<b>Referral Type: (Check One)</b>	<input type="checkbox"/> Abuse (§2713.1)	<input type="checkbox"/> Neglect (§2713)
<b>Event Description: (Check all that Apply)</b>	<input type="checkbox"/> Impairment of physical Condition <input type="checkbox"/> Substantial pain <input type="checkbox"/> Bodily injury which resulted in death <input type="checkbox"/> Bodily injury which creates a substantial risk of death	<input type="checkbox"/> Bodily injury which causes serious, permanent disfigurement or protracted loss or impairment of the function of any bodily member or organ <input type="checkbox"/> Unlawful restraint <input type="checkbox"/> Abuse as defined at § 2713.1(a)
<b>Description of Event:</b>		
<b>Attachments (list here):</b>		

Email completed form to: [Nulm@attorneygeneral.gov](mailto:Nulm@attorneygeneral.gov) and your assigned PDA specialists

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