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COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF AGING  
Harrisburg, Pa. 17101

# PENNSYLVANIA DEPARTMENT OF AGING

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5. Program Area: Protective Services - Intake/Investigation	
6. Origin: Division of Quality Assurance and Consultation	7. Contact: Division of Quality Assurance and Consultation (717) 783-6207

## AGING PROGRAM DIRECTIVE

**SUBJECT:** PROTECTIVE SERVICE REPORT OF NEED AND INVESTIGATION SUMMARY AND ASSESSMENT FORM

**TO:** COUNTY COMMISSIONERS                      CHAIRPERSONS, NON-PROFIT AAA GOVERNING BOARDS

**COPIES FOR:**

EXECUTIVE STAFF	PA COUNCIL ON AGING
DIVISION OF QUALITY ASSURANCE & CONSULTATION	DPW OFFICE OF PROGRAM DEVELOPMENT & SUPPORT
AREA AGENCIES ON AGING	PENNSYLVANIA ASSOCIATION OF COUNTY COMMISSIONERS
PA ASSOCIATION OF AREA AGENCIES ON AGING	COMPTROLLER
ADMINISTRATION ON AGING REGION III	

**FROM:** Richard Browdie  
RICHARD BROWDIE  
SECRETARY  
DEPARTMENT OF AGING

**PURPOSE:** The purpose of this Aging Program Directive (APD) is to set forth policy pertaining to assessment requirements for protective service cases and to introduce the revised "Report of Need" form and the new "Investigation Summary and Assessment" form.

**BACKGROUND:** In June of 1996, at the Protective Services Enrichment Conference, a group of over thirty protective services supervisors met and relayed their concerns about paperwork and regulatory requirements.

The Department of Aging formed a task force in October, 1996 consisting of one representative from each of the five regional networks and PDA staff. The task force surveyed the network and developed a format that reduced the amount of paperwork but did not

sacrifice the quality of required documentation. They were also very careful to insure compliance with the protective service regulations.

By the spring of 1997, the task force solicited the opinion of the network through their attendance at regional network meetings held throughout Pennsylvania. Upon receiving a consensus from the field, the task force presented the final product to a PAAAA subcommittee for review and comment. It was unanimous that the APD be distributed for review and comment while allowing AAA's to immediately use the proposed forms. Following receipt of comments from the APD process and another round of network meetings, the task force made appropriate content and format changes.

This APD includes the final product:

- Report of Need Form
- Protective Services Investigation Summary and Assessment Form
- Instructions

AAA's should note that there are content and form changes from the original draft.

**POLICY:**

Upon issuance of this APD, the AAA's will be required to use the revised "Report of Need Form" and the new "Investigation Summary and Assessment Form." Completion of the OPTIONS Assessment Form will no longer be required for substantiated protective service cases. The Investigation Summary and Assessment Form contains the assessment information required by Act 79.



**REPORT OF NEED - page 2**

<b>REPORTED PHYSICAL CONDITION AND HEALTH:</b>	<b>YES</b>	<b>NO</b>	<b>UNKNOWN</b>
<b>PHYSICAL TRAUMA</b> (e.g., bruises, cuts, burns, signs of sexual abuse)			
<b>RECENT HOSPITALIZATIONS</b> (has the consumer been hospitalized within the last 30 days?)			
<b>POOR PERSONAL HYGIENE</b> (e.g., dirty, odorous, poor dental health)			
<b>POOR NUTRITIONAL STATUS</b> (e.g., malnourished, dehydrated, weight loss)			
<b>UNMET PERSONAL NEEDS</b> (e.g., lack of false teeth, eyeglasses, hearing aid)			
<b>MEDICATION MISUSES</b> (e.g., undermedicated, substance abuse)			
<b>UNTREATED MEDICAL CONDITION</b> (e.g., ulcerations, bedsores)			
<b>FUNCTIONAL LIMITATION</b> (Describe under comments)			

**COMMENTS** (Note any recent hospitalizations, current medical problems, history of alcoholism, any formal/informal support the consumer currently receives):

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**REPORT OF NEED - page 3**

<b>REPORTED MENTAL/EMOTIONAL CONDITION:</b>	<b>YES</b>	<b>NO</b>	<b>UNKNOWN</b>
<b>DISORIENTED</b> (e.g., to person, place or time)			
<b>UNABLE TO COMMUNICATE AND/OR COMPREHEND</b>			
<b>RECENT SUICIDAL TALKS/ACTIONS</b>			
<b>HALLUCINATIONS</b> (e.g., hearing voices, seeing non-existent things)			
<b>FEELS THREATENED OR INTIMIDATED</b>			
<b>CONFUSION</b> (e.g., memory loss, wandering)			

**COMMENTS** (if currently hospitalized, note if psych eval has been done)  
 Involvement of Mental Health System and name of caseworker)

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<b>REPORTED PHYSICAL ENVIRONMENT:</b>	<b>YES</b>	<b>NO</b>	<b>UNKNOWN</b>
<b>INADEQUATE UTILITIES</b> (e.g., heat, plumbing)			
<b>SAFETY HAZARDS</b> (e.g., fire danger, leaky roof)			
<b>ARCHITECTURAL BARRIERS</b> (e.g., inaccessible, bathroom, stairway)			
<b>INSECT/PEST INFESTATION</b>			
<b>PET/ANIMAL PROBLEM</b> (e.g., overpopulation, inadequate care)			
<b>GARBAGE/TRASH ACCUMULATION</b>			

**COMMENTS** (if known, note whether consumer owns or rents the property and whether there are any particular dangers to a potential OAPS Investigator going into the home, i.e., weapons, pets, known drug activity, gang activity, history of violent behavior in home)

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**REPORT OF NEED - page 4**

<b>REPORTED FINANCIAL PROBLEMS:</b>	<b>YES</b>	<b>NO</b>	<b>UNKNOWN</b>
MISSING ASSETS (e.g., checks, cash, personal property)			
MISMANAGEMENT OF FUNDS (e.g., unpaid bills, utility shutoffs)			
UNEXPECTED CHANGE OF NAME ON ACCOUNTS			
DEPLETED BANK ACCOUNT WITH NO REASON			
OTHER UNUSUAL FINANCIAL ARRANGEMENTS			

COMMENTS (if known, note whether the consumer has an attorney in fact or a legal guardian or representative payee)

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**CATEGORY OF REPORT**

- Emergency
- Priority
- Non-Priority
- Another PSA

**HOW SOON REFERRED TO OAPS WORKER**

- IMMEDIATELY
- IMMEDIATELY
- NORMAL BUSINESS
- DEPENDS ON OTHER CATEGORY
- NORMAL BUSINESS HOURS

No need for OAPS

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**OLDER ADULT PROTECTIVE SERVICES  
INVESTIGATION SUMMARY/ASSESSMENT  
DIRECTIONS**

**ALL SECTIONS MUST BE COMPLETED UNLESS OTHERWISE INDICATED AS OPTIONAL.**

This form is divided into two sections, consisting of summary of investigative activity and assessment necessary on substantiated cases.

**Part I** serves as a summary to be completed from the narrative notes after the investigation is concluded. The only exceptions are the questions in Part I-E addressing financial exploitation. These questions are to be done during the course of the investigation.

**Part II** includes the medical information and can be done anytime during the investigative process.

**Part III** includes the short portable Mental Status questionnaire which is optional and can be done anytime during the investigative process. There are also three questions in Part III-B addressing cognitive functioning which are to be done during the course of the investigation.

**Part IV** again is part of the investigative summary and is done after the investigation is concluded.

**Part V** is for substantiated cases only and satisfies the requirements of assessment found in the regulations and can be done anytime during the process.

This form represents the minimum requirements under the law and regulations and local discretion of the Area Agency on Aging can be used in requiring additional III, IV and V information. If an Options Assessment Form is used, Section II and V will not need to be completed on the Summary Assessment Form and a copy of the Options Assessment Form must be maintained in the protective service record.

## **SPECIFIC DIRECTIONS**

The demographic section is self explanatory.

Under Part I, Section 1-A, "**Describe evidence of physical abuse**", there is a series of words in bold Italic lettering. These are prompts that are to be used as guidelines for the investigation summary. These prompts appear in subsequent sections and are to be used in the same way throughout the form. There is ample space on the back of each page to complete the summary. When it is clearly documented during the investigation that no substantiation of physical abuse was discovered, then a check mark is all that is needed next to the line that says "**no substantiation of physical abuse discovered during the investigation.**"

Page 2 is self explanatory.

Page 3 repeats the directions on Page 1.

On Page 4, Section E, there are a series of questions that must be answered. They are preceded by the heading "**Please answer these questions.**" These questions are to be asked during the course of the investigation.

Page 5 again repeats the instructions from the first page.

Page 6 begins the assessment portion of the form and this can be completed at any time during the process.

Page 7, Part 3 Short Portable Mental Status questionnaire is optional.

On Page 8, the questions on the level of cognitive functioning must be answered and are asked during the course of the investigation.

Page 8 on the bottom, Section C through the top of Page 9, an appropriate number must be circled. Please circle the category which best fits the consumer based on his/her need for assistance in decision making.

Page 9, Part 4, again follow directions from Page 1.

Page 10 is to be completed for substantiated cases only and describes the consumer's ability to perform the activities of daily living, instrumental activities of daily living and describes the consumer's mobility.

**Page 11, Part 7** requires the signature of the investigator and supervisor on the date the case is closed to Older Adult Protective Services. The signature of the Director is to be obtained for investigations cited under APD #93-12-01, referring to when a "limited" investigation can be conducted.

**Page 12** lists the social contacts and collateral contacts pertinent to the investigation. This puts all key numbers on one page and allows easy access to anyone looking for a phone number pertaining to the investigation.

In the social contact section the frequency of contact column is used to satisfy the regulatory requirements necessary for substantiated cases. If there is a family member who has no contact or has had no contact with the consumer for a long period of time, a zero should be entered in the Frequency of Contact column.

**OLDER ADULT PROTECTIVE SERVICE INVESTIGATION  
SUMMARY/ASSESSMENT**

**PART I - INVESTIGATION OF ABUSE, NEGLECT, EXPLOITATION OR ABANDONMENT**

CONSUMER'S NAME \_\_\_\_\_ SEX \_\_\_\_\_ D.O.B. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
\_\_\_\_\_ SOC. SEC. # \_\_\_\_\_

DATE INVESTIGATION WAS INITIATED \_\_\_\_\_ DATE OF FACE-TO-FACE \_\_\_\_\_  
DATE INVESTIGATION WAS COMPLETED \_\_\_\_\_ ( ) Substantiated ( ) Unsubstantiated

**I. CHECK ALLEGATIONS ON REPORT OF NEED:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Physical Abuse  | <input type="checkbox"/> Self-Neglect      | <input type="checkbox"/> Financial Exploitation |
| <input type="checkbox"/> Emotional Abuse | <input type="checkbox"/> Caregiver Neglect | <input type="checkbox"/> Abandonment            |
| <input type="checkbox"/> Sexual Abuse    | <input type="checkbox"/> Other _____       |   |

**A. DESCRIBE EVIDENCE OF PHYSICAL ABUSE**

<i>Bruises or Welts</i>	<i>Dislocations</i>	<i>Cuts</i>	<i>Sexual Assault</i>
<i>Struck or kicked victim</i>	<i>Burns</i>	<i>Broken Bones</i>	<i>Sprains</i>
<i>Wounds</i>	<i>Internal Injuries</i>	<i>Attempted to Harm</i>	<i>Threw Objects at Victim</i>
<i>Pushed/Grabbed Victim</i>	<i>Threatened Victim</i>	<i>Injured Victim w/weapon</i>	<i>Other</i>

***NO SUBSTANTIATION OF PHYSICAL ABUSE DISCOVERED DURING INVESTIGATION [ ]***

**(OBSERVATIONS - Please note all sources and nature of confirmation or other evidence)**

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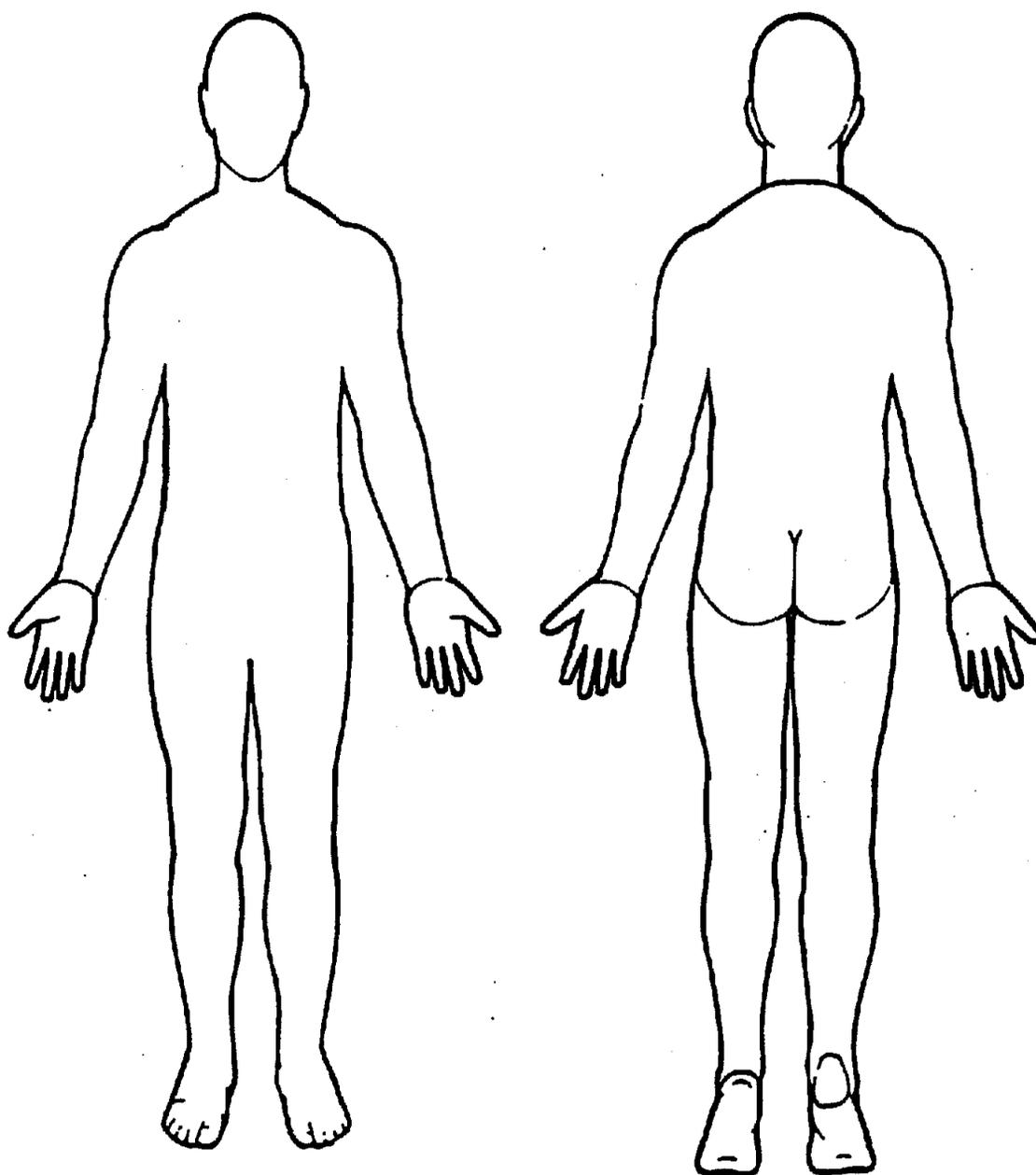
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**OLDER ADULT PROTECTIVE SERVICE INVESTIGATION  
SUMMARY/ASSESSMENT - Page 2**

**(WHEN APPLICABLE, ATTACH PHOTOGRAPH)**



**OLDER ADULT PROTECTIVE SERVICE INVESTIGATION  
SUMMARY/ASSESSMENT - Page 3**

**B. DESCRIBE EVIDENCE OF EMOTIONAL ABUSE**

*Sleep Disturbance*

*Irritable, Easily Upset*

*Loss of Interest*

*Suicidal Talk/Wishes*

*Threatened/Coerced*

*Frequent Shaking Trembling or Crying*

*Anxious*

*Changed Eating Habits*

*Feels Threatened/Fearful/Intimidated*

*Insulted, Swore or Yelled at Victim*

*Confined/Isolated*

***NO SUBSTANTIATION OF EMOTIONAL ABUSE DISCOVERED DURING INVESTIGATION [ ]***

**(OBSERVATIONS - Please note all sources and nature of confirmation or other evidence)**

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**C. DESCRIBE EVIDENCE OF NEGLECT - BY SELF OR CAREGIVER**

*Dirt/Fleas on consumer*

*Malnourished*

*Fecal/Urine Odor*

*Weight Loss*

*Inappropriate Clothing*

*Skin Rash*

*Dehydrated*

*Untreated Medical Problem*

*Sores*

*Other*

***NO SUBSTANTIATION OF NEGLECT DISCOVERED DURING INVESTIGATION [ ]***

**(OBSERVATIONS - Please note all sources and nature of confirmation or other evidence)**

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**OLDER ADULT PROTECTIVE SERVICE INVESTIGATION  
SUMMARY/ASSESSMENT - Page 4**

**D. DESCRIBE NEGLECTFUL ACTIONS (FAILURE OF CAREGIVER OR SELF TO PROVIDE)**

***LACK OF ADEQUATE:***

*Food*

*Heat*

*Personal care*

*Supervision*

*Medical equipment/aids*

*Other medical service*

*Social supports*

*medications*

*Misuse of prescribed medication or over-the-counter drugs*

***NO SUBSTANTIATION OF NEGLECTFUL ACTIONS DISCOVERED DURING INVESTIGATION [ ]***

(OBSERVATIONS - Please note all sources and nature of confirmation or other evidence)

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**E. DESCRIBE EVIDENCE OF FINANCIAL EXPLOITATION**

*Stolen/Missing money or assets of victim*

*Fiduciary Relationships*

*Misusing money or assets*

*Unusual financial arrangements*

*Recent or unexpected change in bank account*

*Access to accounts*

*(List Guardian, Attorney in Fact, Representative Payee, Trustee)*

***NO SUBSTANTIATION OF FINANCIAL EXPLOITATION DISCOVERED DURING INVESTIGATION [ ]***

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***Please answer these questions - (DONE DURING COURSE OF INVESTIGATION)***

Who manages consumer's's financial affairs? \_\_\_\_\_

Are bills being paid? \_\_\_\_\_

Is there a risk to property or assets? \_\_\_\_\_

How does consumer do banking? \_\_\_\_\_

Does someone accompany consumer to the bank? \_\_\_\_\_

Source of income and amount. \_\_\_\_\_

**OLDER ADULT PROTECTIVE SERVICE INVESTIGATION  
SUMMARY/ASSESSMENT - Page 5**

**F. DESCRIBE PROBLEMS IN PHYSICAL ENVIRONMENT**

*In need of repair*

*Architectural Barriers*

*Inadequate living/sleeping area*

*Fire safety*

*Pet/Animal Problem*

*Other*

*Uncleanliness*

*Inadequate kitchen/bath facilities*

*Lack of utilities*

*Insect/Pest Problem*

*Garbage/Trash accumulation*

**NO EVIDENCE OF PROBLEMS IN PHYSICAL ENVIRONMENT DISCOVERED DURING  
INVESTIGATION [ ]**

(OBSERVATIONS - Please note all sources and nature of confirmation or other evidence)

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**G. CHARACTERISTICS OF PERPETRATOR IN SUBSTANTIATED CASES**

*Lives w/victim*

*Emotional problems*

*Mentally retarded*

*Unemployed*

*Age/Sex/Race*

*Relationship*

*Alcohol user or abuser*

*Behavioral problems*

*History of assault on others*

*Dependency on Victim -*

*Income/Finances/Housing*

*Drug user or abuser*

*Previous psychiatric hospitalizations*

*Confused/Disoriented*

*Criminal history record*

*Referral to Law Enforcement*

**NO SUBSTANTIATION OF A PERPETRATOR DISCOVERED DURING INVESTIGATION [ ]**

(OBSERVATIONS - Please note all sources and nature of confirmation or other evidence)

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**OLDER ADULT PROTECTIVE SERVICE INVESTIGATION  
SUMMARY/ASSESSMENT - Page 7**

D. Describe 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

Cannot be left alone at home- Constant supervision needed

Describe supervision needs \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PART III - CONSUMER'S COGNITIVE FUNCTIONING**

A. SHORT PORTABLE MENTAL STATUS QUESTIONNAIRE (SPMSQ) By Eric Pfeiffer, M.D.

**OPTIONAL**

	Correct	Incorrect
What is the date today? (Month/Day/Year)		
What day of the week is it?		
What is the name of this place?		
What is your telephone number? (If no phone, ask their address)		
How old are you?		
When were you born (Month/Day/Year)?		
Who is the President of the United States?		
Who was President before him?		
What is your mother's maiden name?		
Subtract 3 from 20 and keep subtracting 3 from each new number all the way down.		

17

14

11

8

5

2

**OLDER ADULT PROTECTIVE SERVICE INVESTIGATION  
SUMMARY/ASSESSMENT - Page 8**

**A. SHORT PORTABLE MENTAL STATUS QUESTIONNAIRE (SPMSQ) By Eric Pfeiffer, M.D. - cont'd**

Total number of errors \_\_\_\_\_

Subtract 1 if consumer has had only a Grade School Education \_\_\_\_\_

Add 1 if consumer has had education beyond high school \_\_\_\_\_

Adjusted Score \_\_\_\_\_

0 - 2 Errors = **Intact Intellectual Functioning**

3 - 4 Errors = **Mild Intellectual Impairment**

5 - 7 Errors = **Moderate Intellectual Impairment**

8-11 Errors = **Severe Intellectual Impairment**

If consumer has more than five errors. explore the following areas

*Socially isolated*

*Able to read*

*Able to count*

*Able to find way home*

*Knows to call 911 in case of emergency*

*Alcohol abuser*

*Drug abuser*

*Hearing impaired*

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**B. LEVEL OF COGNITIVE FUNCTIONING - Please answer these questions - (DONE DURING COURSE OF INVESTIGATION)**

1. What has been done to assess capacity?
2. Do you think consumer can make an informed decision? (EXPLAIN)
3. Does consumer understand the consequences of decision? (EXPLAIN)

**C. LEVEL OF COGNITIVE FUNCTIONING - Based on all information obtained and your personal observations throughout investigation, circle the number of appropriate rating.**

1. Intellectually capable of full participation in planning and exercising judgment in decision-making.
2. May have occasional memory lapses or may be slow in grasping content, but is intellectually capable of participating in planning and decision-making with minor, if any, dependence on others.

**OLDER ADULT PROTECTIVE SERVICE INVESTIGATION  
SUMMARY/ASSESSMENT - Page 9**

**C. LEVEL OF COGNITIVE FUNCTIONING - cont'd**

3. Has memory deficits, somewhat disoriented; can function in daily routines without risks to health and safety. However, requires some assistance from others in decision-making.
4. Memory loss, disorientation, or inability to manage environment poses some health and safety risks; regularly dependent on others for planning and decision-making, but capable of following directions.
5. Severe memory loss, disorientation or impaired-judgment; totally dependent on others for planning and decision-making; incapable of following directions.

**PART IV - MENTAL HEALTH FUNCTIONS**

*History of Mental health problems  
Suicidal ideation*

*Hallucinations/Delusions  
Sleep disturbances*

*Depression  
Recent losses*

***NO EVIDENCE OF MENTAL HEALTH PROBLEMS DISCOVERED DURING INVESTIGATION [ ]***

**(OBSERVATIONS - Please note all sources and nature of confirmation or other evidence)**

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**OLDER ADULT PROTECTIVE SERVICE INVESTIGATION  
SUMMARY/ASSESSMENT - Page 10**

**PART V - FOR SUBSTANTIATED CASES ONLY**

**A. DESCRIBE THE CONSUMER'S ABILITY TO PERFORM THE FOLLOWING ACTIVITIES**

1. Bathing
2. Dressing/Undressing
3. Grooming
4. Eating
5. Transferring in & out of bed or chair
6. Toileting
7. Bladder Management
8. Bowel Management

**B. DESCRIBED THE CONSUMER'S ABILITY TO PERFORM THE FOLLOWING ACTIVITIES**

<b>INSTRUMENTAL ACTIVITIES</b>	<b>SELF</b>	<b>WITH HELP</b>
1. Preparing meals		
2. Doing housework		
3. Doing laundry		
4. Shopping		
5. Using transportation		
6. Managing money		
7. Using telephone		
8. Doing home maintenance (Chores & Repairs)		

9. Comments:

**C. DESCRIBE MOBILITY**

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**OLDER ADULT PROTECTIVE SERVICE INVESTIGATION  
SUMMARY/ASSESSMENT - Page 11**

**PART VI - CASE CLOSED TO OAPS**

INVESTIGATOR \_\_\_\_\_

DATE \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

DATE \_\_\_\_\_

DIRECTOR \_\_\_\_\_

DATE \_\_\_\_\_

(When required)

**DISPOSITION:**

Unsubstantiated

Consumer Refused Services

Transfer to Care Management

Placement in LTC Facility

Other

Problem Solved

Transfer to other agency

Death of Consumer

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

