Older Adult Protective Services – Appendix D.1

SAMS/A&D DATA ENTRY REQUIREMENTS

Reports of Need can be received in several different ways (e.g. telephone calls, letters, referrals). Upon receipt of a Report of Need (RON), the consumer shall first be registered in Aging & Disability (A&D), formerly SAMS. The registration of a consumer can also be done in Mobile Assessments.

Protective Service consumers' entire electronic case record is recorded and maintained in A&D (see the definition of "case file, case record, or record" in OAPSA Regulation § 15.2. Definitions.). This information includes consumer details, National Aging Program Information System (NAPIS) data, Care Enrollments, Care Plans, Service Plans, Service Orders/Deliveries, Journal Notes, Assessments, investigative activities/data, and File Attachments.

The table below provides high-level details about the Protective Services program data collection in A&D. The OAPS Aging & Disability Documentation Procedural Manual shall be consulted to obtain detailed and specific step-by-step instructions, and field level information.

Consumer Search	• Prior to entering a consumer into A&D, it is essential to search for an existing record for that consumer.
	• If a Consumer Record exists and is associated to the correct Default Agency.
	  ○ Utilize the current Consumer Record for the individual.
	• If the Consumer Record exists, but is registered under another county to which they no longer reside in that county,
	  ○ Do not create a new Consumer Record; instead, change the Default Agency to the correct AAA for the county in which the Consumer currently resides.
	• If the Consumer Record exists but is inactive,
	  ○ The Consumer Record should be reactivated.
	• If no Consumer Record exists,
	  ○ A new Consumer Record shall be created.
	
	(See OAPS Manual Chapter 1 for detailed guidance and additional instruction.)

Registering a New Consumer	• Consumer demographics should always be reviewed to ensure accuracy.

<u>Basic Information Guidelines</u>	• When registering a consumer, the following fields at minimum shall be entered in the consumer details field in A&D.
	  ○ First Name and Last Name: This shall be the Consumer's legal name, not a nickname.
	  ○ Social Security Number (SSN): Enter the complete 9-digit SSN if known.
	  ▪ If the full SSN is unknown, leave this field blank. <u>Do not enter a partial SSN</u>.
	  ○ Default Agency: This is the AAA for the county where the older adult permanently resides.
	  ▪ The Default Agency must be updated each time the Consumer permanently moves to a new county and is serviced by a different AAA.

<u>Care Provider Guidelines</u>	• Primary Care Manager: Should be left blank until is determined that the RON will be investigated.

	○ If it has been determined that the RON will be investigated, select the caseworker's name who will be investigating. • Default Provider: Leave blank until it is determined that the RON will be investigated. ○ If it has been determined that the RON will be investigated, select the AAA that matches the Consumer's Default Agency.
Address Guidelines	• Home Address ○ Enter the Consumer's permanent residential address information. This is the physical location where the Consumer votes, pays taxes, sleeps, etc. Leave blank if unknown. ▪ If it is known, with certainty, that the Consumer is placed in a facility/rehab on a temporary basis, with the definite expectation to return to their permanent residential address, then the residential address shall be entered as the Consumer's permanent address and not the facility. ▪ If the Consumer is permanently placed at a facility, or if it is unknown whether the Consumer is temporarily or permanently placed at a facility, then the facility address is used as the residential address. ○ If the Consumer's permanent residential address is the same as their mailing address, keep the Same for Mailing checkbox checked. ○ If their mailing address is different than their residential address (e.g., they have a Power of Attorney with a different address, or a PO Box, etc.), then uncheck the Same for Mailing checkbox and enter the Mailing Address information. **(See OAPS Manual Chapter 1 for detailed guidance and additional instruction.)**
Care Enrollment	• Every active Protective Services (OAPS or APS) case must always have an active OAPS/APS Care Enrollment and an active Non-Caremanaged Services Care Enrollment. • The Care Enrollment must be created before proceeding to create a RON, ISA, Care Plan, etc.
Active Non-Caremanaged Care Enrollment	• Automatically created with the date of registration or was manually created if consumer was reactivated. • Shall have a start date on or before the date the Protective Services Care Enrollment was created.
Active Protective Services Care Enrollment	• All active Protective Service consumers shall have a Protective Services Care Enrollment, with one of the following Care Programs, Status Codes, and Reason Codes: ○ If consumer is 60+: Protective Services ○ If consumer is 18 to 59: Adult Protective Services Act 70 ○ Status: Active ○ Reason: PS RON Received **(See OAPS Manual Chapter 2 for detailed guidance and additional instruction.)**

Terminating Protective Services Care Enrollments	• The Protective Services Care Enrollment must be terminated for substantiated, unsubstantiated, and undetermined cases, as well as RONs categorized as "No Need."
"No Need"	• RONs categorized as "No Need," Care Enrollment termination is done immediately upon confirmation by the supervisor or caseworker that Intake's categorization of "No Need" is confirmed. The Care Enrollment must be updated as follows: o Termination Date: Date the RON was received. o Status: Terminated o Reason: No Need for PS o Status Date: Date the user updated information in A&D o End Date: Date the RON was received.
"Unsubstantiated or Unable to Determine"	• RONs categorized as unsubstantiated/unable to determine cases, Care Enrollment termination is done immediately upon determination that the case is unsubstantiated. The Care Enrollment must be updated as follows: o Termination Date: Date must match ISA question "Date Investigator signed as complete." o Status: Terminated o Reason: Select the appropriate reason from the list below: ▪ Invest-Unsubstantiated ▪ Invest-Incomplete/Death ▪ Invest-Incomplete/Unable to Locate Consumer o Status Date: Date the user updated information in A&D o End Date: Date all investigative activities were completed or when the investigation was stopped for cases that could not be completed (should be same as the Termination Date).
"Substantiated"	• RONs categorized as substantiated cases, the Care Enrollment is terminated immediately after confirming the risk has been reduced and/or eliminated and the case is being closed. o Termination Date: Date must match ISA question "Date Investigator signed as complete." o Status: Terminated o Reason: Select the appropriate reason from the list below: ▪ Substantiated - Consumer Refused Services ▪ Substantiated - Deceased ▪ Substantiated - Services Complete ▪ Substantiated - No Services Needed o Status Date: Date the user updated information in A&D o End Date: Date all investigative activities were completed or when the investigation was stopped for cases that could not be completed (should be same as the Termination Date). **(See OAPS Manual Chapter 19 for detailed guidance and additional instruction.)**

Non-Caremanaged Care Enrollment	• The only time a Non-Caremanaged Care Enrollment is terminated is when a consumer will no longer be receiving any Aging services (OPTIONS, CSP, meals, etc.). • The reason for terminating a Non-Caremanaged Care Enrollment is always: Services Complete **(See OAPS Manual Chapter 20 for detailed guidance and additional instruction.)**
Report of Need (RON)	• All questions in the RON are required to be answered unless otherwise noted (e.g., skip patterns), not applicable, or the reporter does not know the answer.

Creating a RON	• Enter the following information in the "New Assessment" window
	  ○ Care Program: Protective Services
	  ○ Agency: Select the AAA for the county where the Consumer permanently resides.
	  ▪ This must match the Consumer's Default Agency on the Details tab (if the Default Agency is incorrect, the Default Agency must be updated immediately upon obtaining the correct permanent residence for the Consumer).
	  ○ Provider: The Intake Agency (the agency that entered the RON into the system). This field must not be changed for any reason to ensure accurate data for reporting and invoicing purposes.
	  ○ Subprovider: Optional.
	  ○ Site: Optional
	  ○ Date of Assessment: Must match the actual date the Report of Need was received.
	  ○ Next Assessment Date: Delete date and leave blank.
	  ○ Assessor: The name should be the same person who took the RON.
	  ○ Password: Leave blank unless AP has access to A&D.

Use of Notes	• Notes are used to provide supplemental information to support the checkbox responses and should not be used in lieu of selecting the appropriate checkbox response. • The information entered in Notes cannot be captured in reports; therefore, it is imperative that check boxes are used.
Use of "Other"	• The selection of "Other" as a response is to be used only in rare instances when there is no appropriate choice provided. • A note shall be added to each question where "Other" is a response. **(See OAPS Manual Chapter 3 for detailed guidance and additional instruction.)**
Investigation Summary and Assessment (ISA): Initial	• The Investigation Summary & Assessment (ISA) form is a dual-purpose form, meaning there are two types of ISA forms that are created: An Initial Investigation form or a Reassessment form. • After creating an ISA, you must immediately specify in question 1A4 (Type of Assessment) whether the ISA is an "Initial Investigation" or a "Reassessment."

Initial ISA	• The Initial ISA is a working document that must be continually updated during the investigation. It should be utilized throughout the investigation to document new information as it is obtained.
	• The Initial ISA shall be created immediately after a RON is confirmed to be investigated (i.e., Categorized as Emergency, Priority, or Non-Priority).
	• Only one initial ISA form shall be created, regardless of whether subsequent RONs are received while the case is active.
	  ○ If there is an active PS Care Enrollment, the new allegations shall be addressed within the same ISA.
	• When creating an ISA use the following:
	  ○ Care Program: Protective Services
	  ○ Agency: Select the AAA who will be conducting the investigation.
	  ▪ This may differ from the Consumer's Default Agency.
	  ▪ If the active investigation is transferred to another AAA during the investigation, this field must be updated to reflect the AAA to which the investigation was transferred.
	  ○ Provider: Should match the selection above in "Agency."
	  ○ Subprovider: This must be the name of the caseworker who will be assigned to investigate the RON.
	  ▪ If an investigation is reassigned to a different caseworker and/or AAA, this field must be updated with the new caseworker's name.
	  ○ Site: Optional
	  ○ Date of Assessment: Populates to current date.
	  ○ Next Assessment Date: Delete date and leave blank.
	  ○ Assessor: Not required and can be deleted.
	  ○ Password: Leave blank unless AP has access to A&D.
	  ○ Comments: Not required.
	  ○ Copy Notes and Narrative check box: This must be checked to ensure that all information contained in the RON will carry over to the ISA.

Use of Notes	• Notes are used to provide supplemental information to support the checkbox responses and should not be used in lieu of selecting the appropriate checkbox response. • The information entered in Notes cannot be captured in reports; therefore, it is imperative that check boxes are used.
Use of "Other"	• The selection of "Other" as a response is to be used only in rare instances when there is no appropriate choice provided. • A note shall be added to each question where "Other" is a response. **(See OAPS Manual Chapter 7 for detailed guidance and additional instruction.)**
Investigation Summary and Assessment (ISA): Reassessment	• The Investigation Summary & Assessment (ISA) form is a dual-purpose form, meaning there are two types of ISA forms that are created: An Initial Investigation form or a Reassessment form. • After creating an ISA, you must immediately specify in question 1A4 (Type of Assessment) whether the ISA is an "Initial Investigation" or a "Reassessment." • The investigatory sections of the Reassessment form should not be modified and must remain the same as the initial ISA, including the "Notes" sections.

	○ The notes section should be used to document how information has changed from the initial investigation and at the time of Reassessment. Do not delete any previous notes written. ○ The updated information should follow the previous notes entered and should begin with the date of the new observation, event, activity, etc. • Complete all assessment sections and questions on the Reassessment form in accordance with PDA instructions. **(See OAPS Manual Chapter 14 for detailed guidance and additional instruction.)**
Care Plan: Status <u>Active PS Care Plan</u> <u>Terminating a PS Care Plan</u>	• The Care Plan is an essential component to providing services to those consumers in need and shall be entered immediately for OAPSA investigations. • An Active Protective Services Care Plan shall include ○ Start Date: The date the RON was taken ○ Status: Active ○ Reason: RON Received **(See OAPS Manual Chapter 8 for detailed guidance and additional instruction.)** • A termination journal entry shall be placed in the PS Care Plan Journal prior to terminating the Protective Services Care Plan and shall give a brief summary of the report, information gathered, the findings of the investigation, and indicate that the case has been terminated. • When the consumer's Care Enrollment and Care Plan are Terminated, the Care Plan shall have: ○ Status: Inactive ○ Reason: Select the appropriate reason from the list below: ▪ Consumer's death ▪ CP Complete ▪ Invest-Incomplete-Death ▪ Investigation Complete **(See OAPS Manual Chapter 18 for detailed guidance and additional instruction.)**
Care Plan: Journals	• All PS Journal Entries shall be entered in the PS Care Plan Journal. • Every activity/contact shall be documented in a separate journal entry with the date and time of the event/activity. • Each journal shall have: ○ Journal Type: Select appropriate journal type dropdown. ○ Subject: Briefly document the event/activity. ○ Entry Date: The date the event/activity actually occurred. ○ Entry Time: The time the event/activity actually occurred. ○ Comments: Document the event/activity as clearly, completely, and concisely as possible. ▪ The journal entry should be signed and dated with the actual date that the journal entry was entered into A&D. **(See OAPS Manual Chapter 9 for detailed guidance and additional instruction.)**

Service Plan (Substantiated Cases Only)	• A Service Plan shall be created when any PS-related service has been ordered or provided to the consumer by a third-party provider. ○ Services provided by the AAA shall not be added to the service plan, unless the AAA is the third-party provider and the AAA is paying for the services (e.g., AAA PS unit authorizes payment for AAA's meals on wheels program). • Services needed as part of Protective Services shall not be entered into any other care enrollment.

<u>Active Service Plan</u>	• A Service Plan shall be created before generating any service orders and service deliveries, unless the service was provided directly by the AAA.
	• Entering Service Plan details
	  ○ Service Category: Skip – Will automatically populate after service is selected
	  ○ Service: Select desired service from drop-down.
	  ○ Subservice: Optional
	  ○ Agency: The AAA for the county where the Consumer resides.
	  ○ Provider: Name of provider who will/has provided the service.
	  ▪ If your agency is providing the service, select your agency.
	  ○ Fund Identifier: If the provider has varying rates, select the appropriate county.
	  ○ Subprovider: Optional.
	  ○ Site: Optional.
	  ○ Unit Price: Update to match the cost of service. If there is no cost, leave as $0.00.
	  ○ Start Date: Date services begin.
	  ○ End Date: Enter if known or leave blank until known.
	• Services that are being provided by PS program, such as in-home meals, home modification, overnight shelter, etc., require a service schedule.
	(See OAPS Manual Chapter 10 for detailed guidance and additional instruction.)

<u>Terminating Service Plan</u>	• When there is no longer a need for Protective Services, the Service Plans shall be updated to include:
	  ○ End Date: Date investigation/all activities were completed or date which was determined services were no longer necessary.
	  ○ Status: Terminated
	  ○ Reason: Select appropriate reason from drop-down.
	  ○ Status Date: Date data is being updated in A&D.
	• If there is a need for ongoing services outside of Protective Services, then the Consumer shall be enrolled in the program that meets their ongoing needs.
	(See OAPS Manual Chapter 17 for detailed guidance and additional instruction.)

Service Orders (Substantiated Cases Only)
 	
Terminating Service Order
	• A Service Order must be created when any service under Protective Services has been planned or provided to the Consumer by a third-party provider.
	• A Service Order should not be generated for services provided by the AAA, unless the AAA is the third-party provider and the AAA pays themselves.
	• A Service Order must be created before creating any Service Deliveries, unless the service was provided directly by the AAA.
	
	(See OAPS Manual Chapter 11 for detailed guidance and additional instruction.)
	
	• When the consumer's Service Order(s) are terminated, the Service Order(s) shall have the following:
	  ○ Status: Closed
	  ○ Reason: Select appropriate reason
	  ○ Status Date: Date data is being entered into A&D
	
	(See OAPS Manual Chapter 17 for detailed guidance and additional instruction.)

Service Deliveries	• A Service Delivery must be created for all services provided through the Protective Services program by either a third-party provider or the AAA. • If the service was provided with the assistance of the AAA's intervention, a Service Delivery must be created. • Any service that the Consumer agrees to must have a documented Service Delivery. • Care Management Service Deliveries shall be entered with a Unit Price of $0.00. **(See OAPS Manual Chapter 12 for detailed guidance and additional instruction.)**

File Attachments	• File Attachments associated with "Older Adult Protective Services Information" are confidential and unavailable to those who do not have PS access roles in A&D.
	• All AAAs have access to the shared "OAPSA Case Documents" File Attachments folder.
	• No action is needed to transfer documents when transferring an active investigation to another AAA.
	• The file size limit per attachment in A&D is 12.5 MB.
	• File types allowed to be uploaded are limited to and include:
	  ○ Comma Separate Values File (CSV)
	  ○ Microsoft Word (DOC / .DOCX)
	  ○ Photos (.JPEG)
	  ○ Adobe Documents (.PDF)
	  ○ Rich Text Format (.RTF)
	  ○ Text Files (.TXT)
	  ○ Microsoft Excel (.XLS / .XLSX)
	
	(See OAPS Manual Chapter 13 for detailed guidance and additional instruction.)

Case Transfers	• It is recommended to review the OAPS Manual for additional guidance when there are instances in which a PS case must be transferred due to:
	  ○ Report of Need received for a consumer located in a different county.
	  ○ A Consumer's Protective Services Care Program has changed due to age or an error in the initially assigned investigative entity.
	
	(See OAPS Manual Chapters 3 & 16 for detailed guidance and additional instruction.)

Reports	• PDA makes available a variety of reports to assist PS supervisors and staff with monitoring OAPS regulations compliance and documentation requirements.
Weekly Reports	• The reports below are automatically sent to PS supervisors and staff as requested and identified by each AAA. ○ APS RON Missing Responses Report ○ Care Plan Journal Entry Counts Report ○ ISA Errors Report ○ OAPSA RON Missing Responses Report ○ OAPSA ISA Missing Responses Report ○ QA Case Inspection Report ○ 20-Day Countdown Report
Monthly Reports	• The following reports are available in A&D and should be run/reviewed at least once monthly. ○ Deletion Reports for Substantiated, Unsubstantiated, and No Need reports. ▪ 6 Month Deletion ▪ 3 Year Deletion ○ Consumer Listing Report: PDA OAPSA - Monitoring List
Ad Hoc Reports in A&D	• The following PDA authored reports are also available in A&D: ○ PDA OAPSA - QA Case Inspection ○ PDA OAPSA - Active Protective Services Case Load ○ PDA OAPSA - PS Care Plan Journal Entry Counts ○ OAPSA Terminated Enrollments ○ PDA OAPSA - 20-Day Countdown Report ○ Consumer Listing Report: ▪ PDA OAPSA - Active Care Enrollments Comparison ▪ PDA OAPSA - Monitoring List **(See OAPS Manual Supplement D for detailed guidance and additional instruction.)**
Additional Resources	• Official Pennsylvania Department of Aging website ○ https://www.pa.gov/agencies/aging ▪ Contains extensive sources of information and access to PDA's policies and procedures. ▪ Includes official chapters, manuals, appendices and regulations that can be viewed or downloaded for offline use. • PDA-LMS training website ○ https://www.pda-lms.org/ ▪ Contains numerous SAMS/A&D and OAPS trainings, documents, and webinars that can be viewed and downloaded for offline use.