OAPS

Documentation & Procedural Manual

Aging & Disability / SAMS

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Pennsylvania Department of Aging

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CHAPTER 1:
REGISTERING A CONSUMER IN AGING & DISABILITY (A&D)

Introduction

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

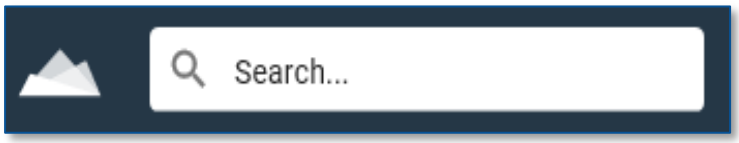
> **Important Note:** Registering the Consumer can also be done in Mobile Assessments. For instructions relating to Mobile Assessments, please see the WellSky - Mobile Assessments Training Guide from the WellSky portal (under Application Support Resources) and/or reference the Mobile Assessments training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

Search for an Existing Consumer Record or Create New Record

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

Using Quick Search

Use the **Search…** box in the upper left corner to type key criteria such as the consumer ID, name (type last name, first name), phone number, social security number, etc.



Click on a Consumer in the search results to open the Consumer Record.

Advanced Search

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

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

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

Active Consumer Record Found

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

To change the Default Agency:

1) On the Details tab, click Open to the left of Basic information.
2) Scroll down and select the current Default Agency.

3) Click Save and Close.
4) Proceed to the Care Enrollment chapter.

Deactivated Consumer Record Found

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

1) On the Details tab, click Open to the left of Basic information.
2) Under Basic Information, place a checkmark in the checkbox next to Active.
3) Enter today's date in the Status Date field. (Reason is not required.)
4) Click Save and Close.

Creating a New Consumer Record (No Existing Record Found)

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

1) On the menu bar at the top of the screen, click Consumers.
2) Click the orange "plus" icon to add a new Consumer. 
3) Select Consumer in the Add new… pop-up.
4) In the Add Consumer window, enter all available information regarding the Consumer.
5) When you have finished entering all information listed in the sections below, click OK at the bottom, right corner of the window to save and create the Consumer Record:

Basic Information Guidelines

First Name: Enter the Consumer's legal first name (**do not** use nicknames or unnecessary special characters, such as hyphens, which are not part of the consumer's name).

Middle Initial: Enter if known.

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

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

Gender Identity: Enter the Consumer's gender identity if known; leave blank if unknown.

DOB: Use the MM/DD/YYYY format to enter the Consumer's birthdate; leave blank if unknown.

SSN: Enter the complete 9-digit SSN if known. If the full SSN is unknown; leave the field blank.

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

Primary Ethnic Race: Enter the Consumer's ethnicity/race if known.

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

Care Providers Guidelines

Primary Care Manager: 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 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.

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

Addresses Guidelines

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

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

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

NAPIS Information

NAPIS: Fill in all information that is known at the moment for the National Aging Program Information System (NAPIS). This section will be further completed as the case progresses and additional information is acquired. Refer to Chapter 15 (*NAPIS Information*) for additional information.

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

Other Sections (if visible)

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

Care Enrollment

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

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

Prior to clicking OK, you may add the OAPS/APS Care Enrollment by clicking the “Add New” link in the Care Enrollments section. See the CREATING CARE ENROLLMENTS chapter for additional instructions.

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

CHAPTER 2 :
CREATING CARE ENROLLMENTS

Introduction

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

Before Adding a New Care Enrollment

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

If there is already an active OAPS/APS Care Enrollment, the new/additional RON shall be taken under the currently active Care Enrollment and no new Care Enrollment will be created for the additional RON. See the OAPS REPORT OF NEED (RON) ASSESSMENT for additional instructions.

Creating a Non-Caremanaged Services (NCM) Care Enrollment

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

If no active NCM care enrollment exists, a new NCM care enrollment must be created prior to creating the OAPS/APS Care Enrollment. An active NCM care enrollment must exist in order for a consumer to receive aging services through A&D.

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

Level of Care: Leave blank (not applicable).

Service Program: Select Community Programs.

Care Program Name: Auto-populates to Non-Caremanaged Services.

Application Date: Auto-populates with the registration date; this date must be changed to the date the Report of Need was received at the AAA or agency.

Received Date: This field will auto populate with the registration date. This date must be changed to the date the RON was received.

Termination Date: Leave blank.

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

Reason: Leave blank.

Status Date: Automatically populates to registration date. Change to today's date (date NCM care enrollment is being created).

Start Date: Automatically populates to registration date. This date should be changed to the same date the RON was received. It is not changed for subsequent RONs received during an active investigation.

End Date: Leave blank.

Adding a 60+ (OAPS) Care Enrollment

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

Level of Care: Leave blank (not applicable).

Service Program: Protective Services.

Care Program Name: Auto-populates to Protective Services.

Application Date: Enter date RON was received.

Received Date: Enter date RON was received.

Termination Date: Leave blank.

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

Reason: PS RON Received.

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

Start Date: Enter date RON was received.

End Date: Leave blank.

Adding an 18 to 59 (APS) Care Enrollment

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

Level of Care: Leave blank (not applicable).

Service Program: Adult Protective Services Act 70.

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

Application Date: Enter date RON was received.

Received Date: Enter date RON was received.

Termination Date: Leave blank.

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

Reason: PS RON Received.

Status Date: Enter date RON was received.

Start Date: Enter date RON was received.

End Date: Leave blank.

Under 18 (ChildLine) & Out-of-State Consumers

Care Enrollments and RONs are no longer entered for Under 18 consumers. Care Enrollments for Out-of-State Consumers are only entered when the consumer is a resident of Pennsylvania who is temporarily located in another state (i.e. hospital in bordering state). Please reference “Child Protective Services” and “An Older Adult Within the Jurisdiction of the Commonwealth of Pennsylvania” sections of the PS Chapter found on Aging’s website.

CHAPTER 3 :
OAPS REPORT OF NEED (RON) ASSESSMENT

Introduction

When creating a RON, some information will automatically populate from the Consumer Record (Details tab). For example, the Consumer's name and address. If the information is incorrect, correcting the data in the RON will automatically update the Consumer Record when the RON is saved and closed. Questions that display a "chain-link" icon are linked to the consumer record and are the only questions that will update the consumer record. However, this update only occurs from the most recently created assessment form.

An example is if a RON was taken on May 15th and another was taken on May 16th, making a change in the May 15th RON **will not** update the consumer record. Only changes to the May 16th RON will update the consumer record (the same applies to Investigation Summary & Assessment (ISA) forms; if an ISA is created after the RON, only the most recent ISA will update the consumer record, and the RON no longer will).

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

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

See SUPPLEMENT F in this manual for more information.

Creating a Report of Need (RON) Assessment

1) After opening or creating the Consumer Record, click on the Assessments tab.
2) Click the Add New link.
3) Enter the following information in the "New Assessment" window and click OK when complete (when saving the assessment, if a "Map Consumer Details" window pops up, click OK):

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

   Care Program: Protective Services.

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

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

Next Assessment Date: Delete date and leave blank. New OAPS/APS Care Enrollment shall be added only if there is not an existing active OAPS/APS Care Enrollment. To verify the existence of an active OAPS/APS Care Enrollment, click the "Show All" link under Care Enrollments on the Details tab. If there is no "Show All" link, then no other Care Enrollments exist, other than those already shown.

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

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

Password Reminder: If an alleged perpetrator is an employee and has access to A&D, you should follow the guidance provided in the "Conflict of Interest Reports" section of the PS Chapter found on Aging's website, and also refer to the ALLEGED PERPETRATOR HAS ACCESS TO SYSTEM chapter in this manual for password requirements and other instructions.

RON Documentation and Data Requirements

All questions in the RON are required to be answered unless otherwise noted (e.g., skip patterns), not applicable, or the reporter does not know the answer. Follow the instructions that are provided in SUPPLEMENT F in this manual for each question contained within the RON. See the illustrated guide at the end for completing Section 6 of the RON for No Needs.

Gathering Information from the Reporter

Policy and procedure guidance on completion of the RON and intake procedures can be found in the "Intake Process" section of the PS Chapter found on Aging's website, and by completing the Intake Worker Training.

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

Notes Section of RON Questions

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

Notes are used to provide **supplemental** information to support the checkbox responses 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. The selection of "Other" as a response is to be used only in rare instances when there is no appropriate choice provided.

Do not copy and paste the same notes from one question to other questions. This makes it difficult to read the RON and makes it unnecessarily long. Instead, simply make a note in subsequent questions that refers back to the original note. For example, if the notes entered under Allegations question 3.A.1. support why question 3.A.8. was answered in a particular way, the note in 3.A.8. should read, "See question 3A1's notes for details."

RON Categorized as No Need for Protective Services

When a RON is confirmed as or changed to a No Need by a supervisor after Intake, the Reporter and Alleged Perpetrator information in the RON shall be immediately redacted. See REDACTING & EXPUNGING ELECTRONIC PS RECORDS chapter and "Unsubstantiated Case & No Need Reports" section of the PS Chapter found on Aging's website. In addition, the PS Care Enrollment must be terminated at the time the RON is categorized as No Need. See TERMINATING THE PS CARE ENROLLMENT chapter for additional instructions.

Updating the Report of Need

The original allegations and accompanying narrative for the allegations should never be changed in the RON. There are circumstances when it is appropriate to update the information originally documented or automatically populated into the RON. For example, the Consumer's birthdate or address are incorrect, the Mandatory Abuse Reporting information has been obtained, additional demographic data has been acquired, etc. Any additional demographic information received will be documented in the corresponding section of the RON. Any additional information received around allegations, risk and/or safety shall be documented in the narrative section of the RON. Please reference "Categorization" section of the PS Chapter found on Aging's website.

1) Open the Consumer's record, if not already open.
2) Click on the Assessments tab.
3) Double-click on the applicable RON to open it for editing.
4) Navigate to the section(s) of the RON to be updated.
5) Click on the "Save and Close" link after updating the RON.

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

Multiple, Identical Allegation(s) Received

Policy and procedure guidance on multiple identical entries for the same older adult can be located in the "Intake and handling of multiple entries for the same RON" section of the PS Chapter found on Aging's website.

If the Consumer has an active PS Care Enrollment at the time an additional, identical report is received from a voluntary reporter, the allegation(s) shall be incorporated into the current investigation and documented in the care plan journals. The receipt of additional reports with the same allegations shall be notated in the narrative section of the initial RON. No additional Initial Investigation Summary & Assessment (ISA) form will be created for subsequent allegation(s) (the caseworker will utilize the existing Initial ISA for additional allegation(s) received during the active investigation). However, once a PS Care Enrollment is terminated and an additional RON(s) is received, a new PS Care Enrollment must be created, and a new investigation conducted, if appropriate.

Facility All Residents RONs

Policy and procedure guidance on Multiple or "All" Residents RONs can be found in the "Multiple or All Residents" section of the PS Chapter found on Aging's website.

The goal of an All-Residents RON is to identify any Consumer who needs services and enter those Consumers in A&D so that an individualized Care Plan can be developed and services implemented. The following procedures will allow an agency to document the report and initiate an investigation without an undue documentation burden. The purpose of this process is to allow an agency to enter a RON, then, through an investigation, identify those individuals who are in need of Protective Services, if any.

General Process Overview (No Consumer Identified)

1) Create a Consumer Record (or open it if one already exists) entering the **name** as the "First Name" and **All Residents** as the "Last Name."
    a) Enter the Date of Birth as 1/1/1950.
    b) Enter the phone number of the facility.
    c) Enter the facility address.
    d) Select the Default Agency.
    e) All other fields may remain unanswered.
2) Create a Protective Services Care Enrollment according to the instructions in the CREATING CARE ENROLLMENTS chapter.
3) Create the Report of Need according to the instructions in SUPPLEMENT F.
4) Investigate allegations. It is not necessary to interview every resident. A large enough random sample to ascertain if the allegations are accurate is adequate.
5) Determine specific Consumers, if any, who are in need of Protective Services.
    a) Create or open a Consumer Record for each Consumer identified as being in need of Protective Services.
    b) Create a PS Care Enrollment using the date of the original all residents RON.
    c) Create a RON and enter all applicable information (dates, allegations, etc.) from the original all residents RON as well as any demographic or pertinent information gathered regarding the Consumer.
    d) Create all other required documentation (Initial ISA, Care Plan, Service Plan, Service Order(s), Service Deliveries, and Reassessment).

Finalizing the Original All Residents RON

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

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

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

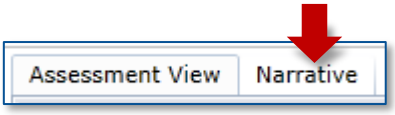
2) Care Plan Journals should include the names of each Consumer (and Consumer / Client IDs, if applicable) who was interviewed and/or investigated and determined to not be in need of Protective Services.

3) Terminate the PS Care Enrollment as "Invest-Unsubstantiated."

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

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

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



3) Terminate the Care Enrollment using the appropriate Substantiated reason. See TERMINATING THE PS CARE ENROLLMENT chapter in this manual for the list of reasons.

Referring an OAPS RON to Another AAA

See the APS ONLY REPORT OF NEED (RON) chapter in this manual for instructions for referring a RON to APS.

The Commonwealth has a "no wrong door policy" for OAPS and APS RONs within the Commonwealth. Therefore, a AAA must accept and document all RONs received at their agency, even if the Consumer is not permanently located within a AAA's planning and service area or when a Consumer is temporarily located in a planning and service area for another AAA at the time of the report. *See OAPS regulations §15.23(d) and §15.26(b)(4).* Under no circumstances should a reporter be instructed to contact another AAA to make a report of need. Please reference the "Another Planning and Service Area" section of the PS Chapter found on Aging's website. After documenting a RON for a Consumer who permanently resides (or is temporarily located) in another planning and service area, the RON must be immediately referred to the appropriate agency for review, confirmation, and if appropriate, investigation. Refer to below sections and SUPPLEMENT F in this manual for details on documenting categorization and referral.

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

Important Note: To ensure all appropriate agencies/providers have access to and can interact with the shared consumer's record, each agency/provider should be listed as a Provider on the consumer's record. If your agency needs added to a consumer's Provider list, you should contact the Default Agency to be added.

Referred RON Steps for Each Agency to Take

1) Intake agency will create the PS Care Enrollment in the Consumer Record.

   a) If a Consumer Record does not exist, the Intake agency will create the Consumer Record as outlined in the REGISTERING A CONSUMER IN AGING & DISABILITY (A&D) chapter.

2) The Intake agency completes the Report of Need in A&D according to the guidelines outlined in this chapter and additional instructions in SUPPLEMENT F.

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

Categorization and Referral Overview

1) The Intake Agency categorizes the RON as "Referred to another planning and service area (AAA)."
2) The RON is then transferred to the Investigating/Receiving Agency and the Intake Agency documents in the RON the date, time, and name of the person with whom they spoke when transferring the RON. Note: The Intake Agency supervisor does **not** confirm the intake category.
3) The Investigating/Receiving Agency will disagree with the "Referred" Intake category by answering "No" to the RON "category confirmation" question (do not change the original Intake category).
4) The **Investigating/Receiving** agency then determines the appropriate category and assigns it to the RON in the "final category" question.
5) The RON is signed by the Investigating/Receiving Agency's caseworker and supervisor, not the Intake supervisor.
6) All notifications will be performed and documented by the Investigating/Receiving Agency.
7) Refer to SUPPLEMENT F for additional instructions.

> **Important Note:** If the PS Helpline is transferring the RON to a AAA, the PS Helpline will choose the appropriate category in accordance with the appropriate statute/regulations prior to transferring the RON.

Adding Intake Agency as a Provider

1) The Intake agency will contact the Default Agency to request that they add the Intake agency as a Provider. Once added as a Provider, the Intake agency will then have access to create the PS Care Enrollment.
2) Immediately after the RON is entered into A&D, the Intake agency will contact the Investigating/Receiving AAA again to notify them that the RON has been entered and that the RON is ready for confirmation.
3) The agency receiving the RON will then enter the remaining information in the RON in the following sections:
    a) RON Confirmation (which includes the date & time RON was received by the PS worker, disagreement of the Intake category, assigning the "final" (changed) category, and referrals).
    b) Signatures (by both the Investigating/Receiving agency's PS caseworker and supervisor).

Intake Agency is Currently Listed as a Provider

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

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

3) The agency receiving the RON will then enter the remaining information in the RON in the following sections:
   a) RON Confirmation (which includes date & time RON was received by the PS worker, disagreement of the Intake category, assigning the "final" (changed) category, and referrals).
   b) Signatures (by both the receiving agency's PS caseworker and supervisor).

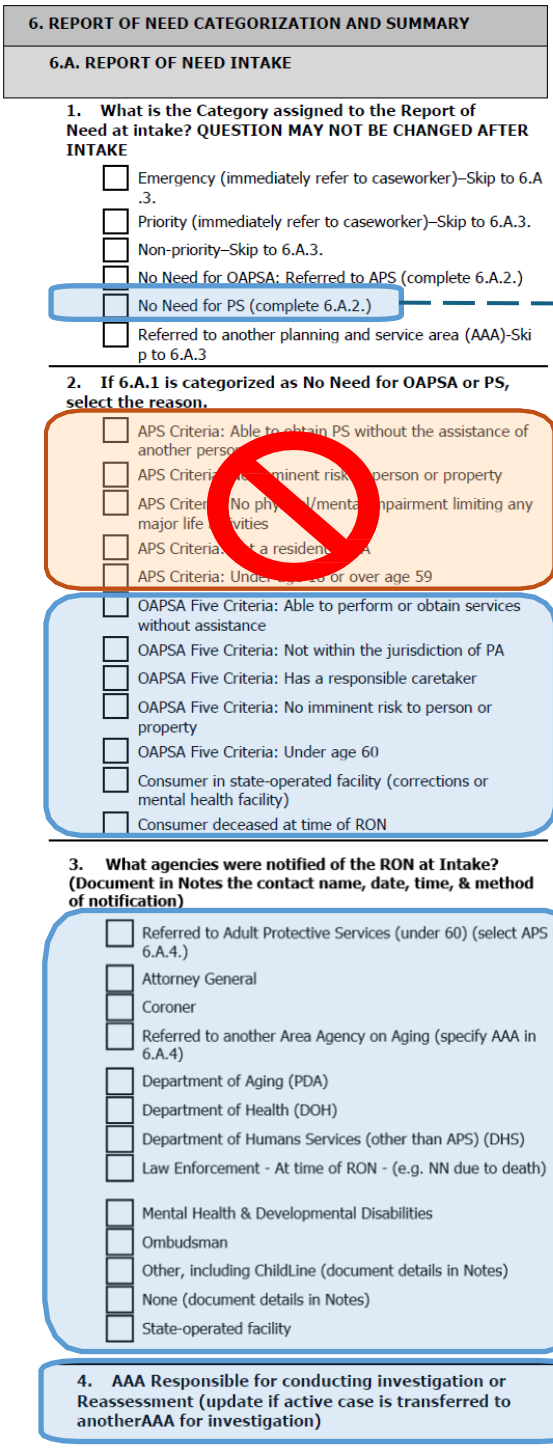
Record Retention

For policy and procedure information regarding documentation standards and timeframes, please see the "Maintenance of Records" section of the PS Chapter found on Aging's website. The agency that conducts the investigation will be responsible for maintaining records following the guidelines detailed in §15.43 and §15.44. This includes hard copy files and all A&D electronic documentation. (A&D access roles may affect the ability to expunge certain records in A&D. When that happens, agencies should work together to expunge the records.)

Important Note: The date of deletion should be completed based on the Termination Date of the PS Care Enrollment (see TERMINATING THE PS CARE ENROLLMENT for additional information on Termination Dates). For unsubstantiated and No Need cases, any information identifying the person who made the report and the alleged perpetrator, if applicable, shall be immediately deleted from the case record. This includes all hard copies and electronic documentation. Please refer to §15.43(b).

Categorizing an OAPS RON as No Need

This illustrated guide is in reference to completing Section 6 only. The entire RON must be completed, See SUPPLEMENT F for complete RON instructions.



6. REPORT OF NEED CATEGORIZATION AND SUMMARY

6.A. REPORT OF NEED INTAKE

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

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

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

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

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

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

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

Step 1

Answer 6A1 as No Need for PS.

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

Step 2

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

See the APS ONLY REPORT OF NEED (RON) chapter for APS (under age 60) RON instructions.

Step 3

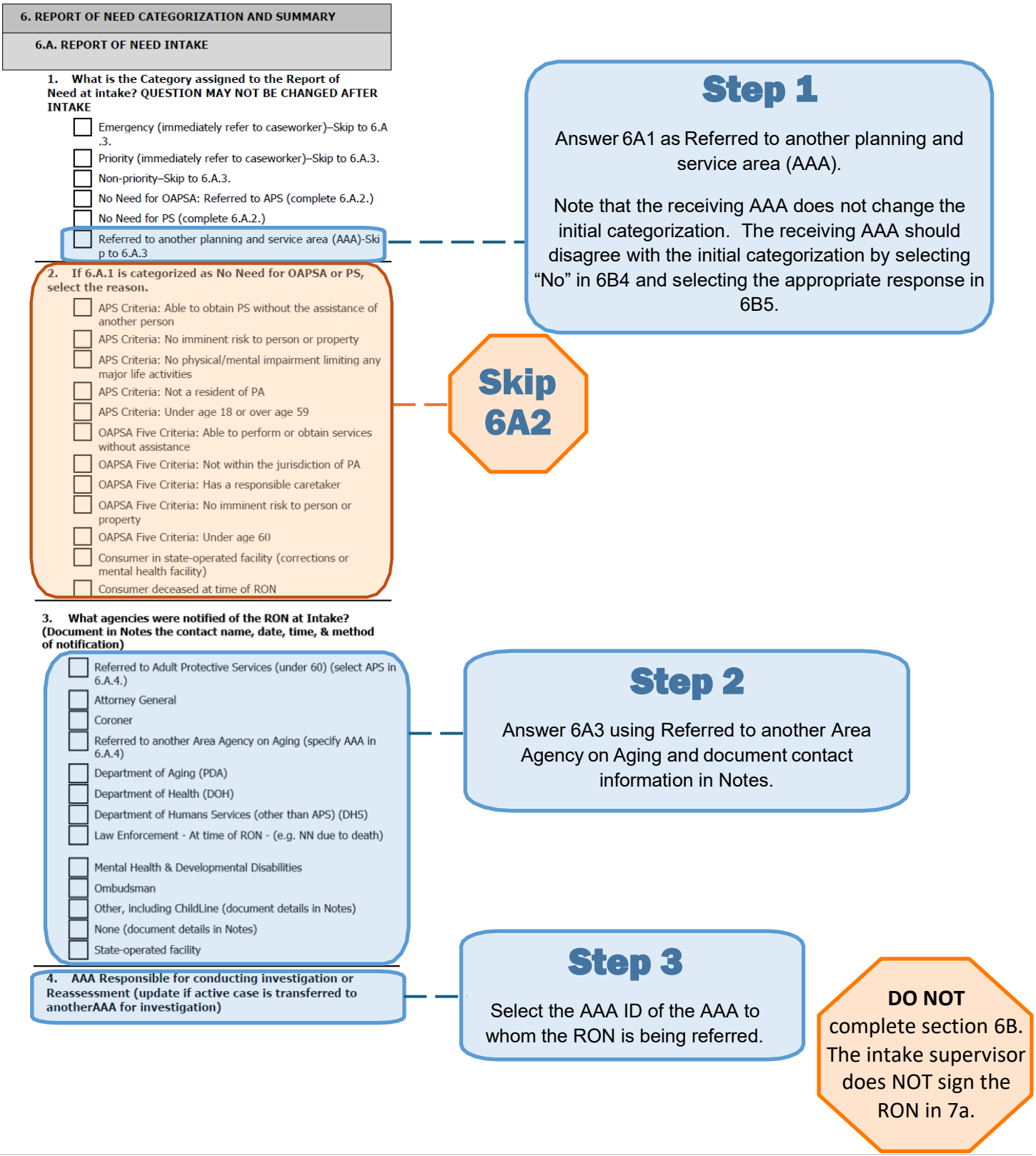
Answer 6A3 with all applicable referrals made and document the name, date, time, & method(s) of referral in the Notes.

Step 4

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

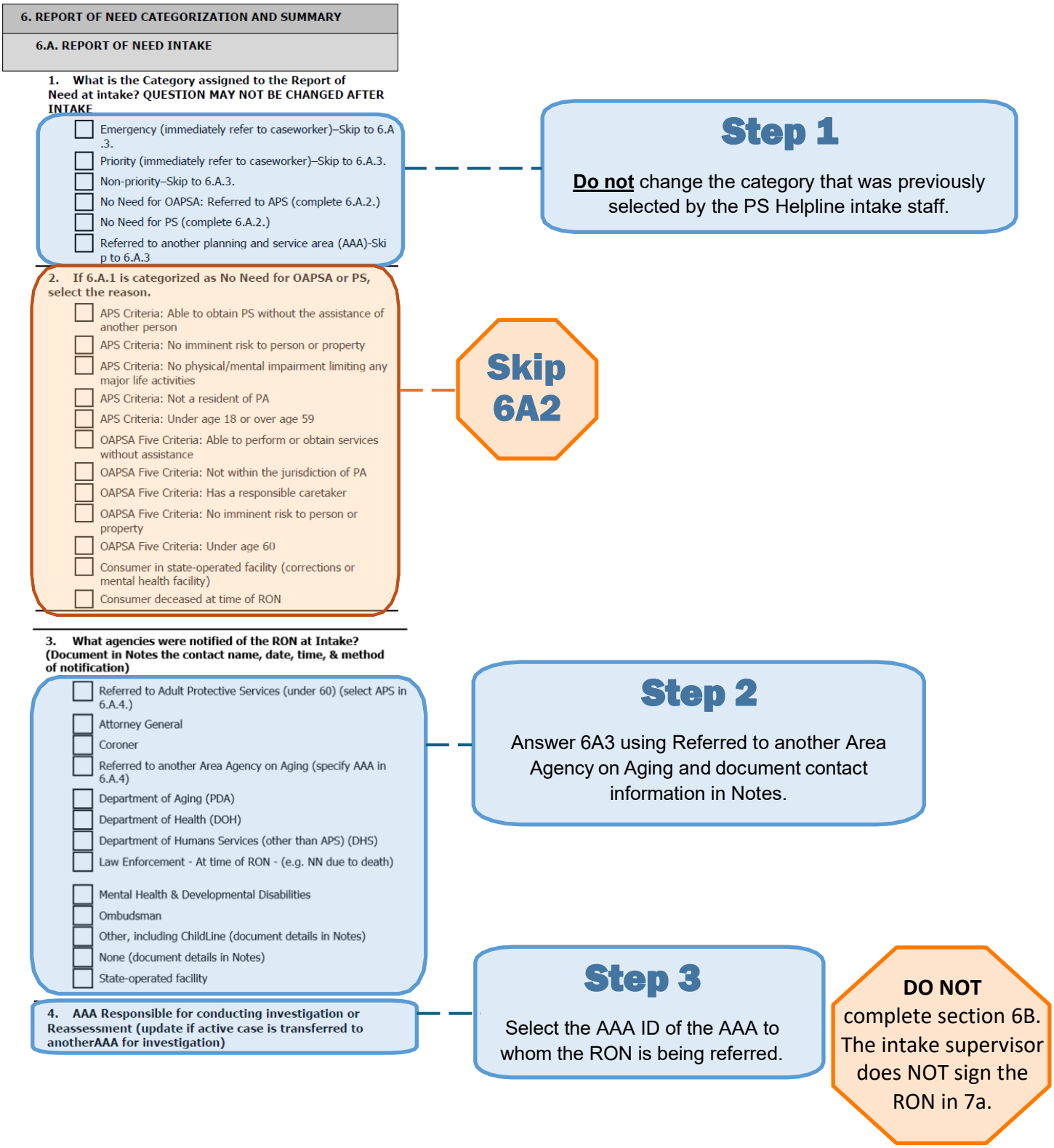
Transferring a RON that was Taken by a AAA to Another AAA

This illustrated guide is in reference to completing Section 6 only. The entire RON must be completed. See SUPPLEMENT F for more RON completion instructions.



Transferring a RON that was Taken by the PS Helpline to Another AAA

This illustrated guide is in reference to completing Section 6 only. The entire RON must be completed. See SUPPLEMENT F for more RON completion instructions.



CHAPTER 4 :
APS ONLY REPORT OF NEED (RON)

Introduction

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

Creating a Report of Need (RON) Assessment

1) After opening or creating the Consumer Record, click on the Assessments tab.
2) Click the Add New link.
3) Enter the following information in the New Assessment window:

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

   Care Program: Adult Protective Services Act-70.

   Agency: Your AAA (Intake Agency).

   Provider: Your AAA (Intake Agency).

   Subprovider: Optional.

   Site: Optional.

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

   Next Assessment Date: Delete date and leave blank.

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

   Password and **Verify Password** fields: Do not enter a password. Leave blank.

   Comments: Optional.

RON Completion and Referral

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

An APS RON must be **immediately** referred to the Department of Human Services (DHS) Adult Protective Services (APS) provider. Refer to the E-Modules within the LMS,OAPS Resource Library.

Important Note: The Intake agency's supervisor does not confirm the Intake category for the referred RON, nor does the Intake supervisor sign the RON in Section 7.A. The APS supervisor or caseworker assigns the appropriate final category and signs the RON.

APS RON Referral and Payment Requirements

Although APS RONs no longer require a RON Service Delivery to be created, AAAs still receive payment for taking APS RONs. To receive payment, the RON must be completed accurately. Please refer to the E-Modules within the LMS OAPS Resource Library for instructions.

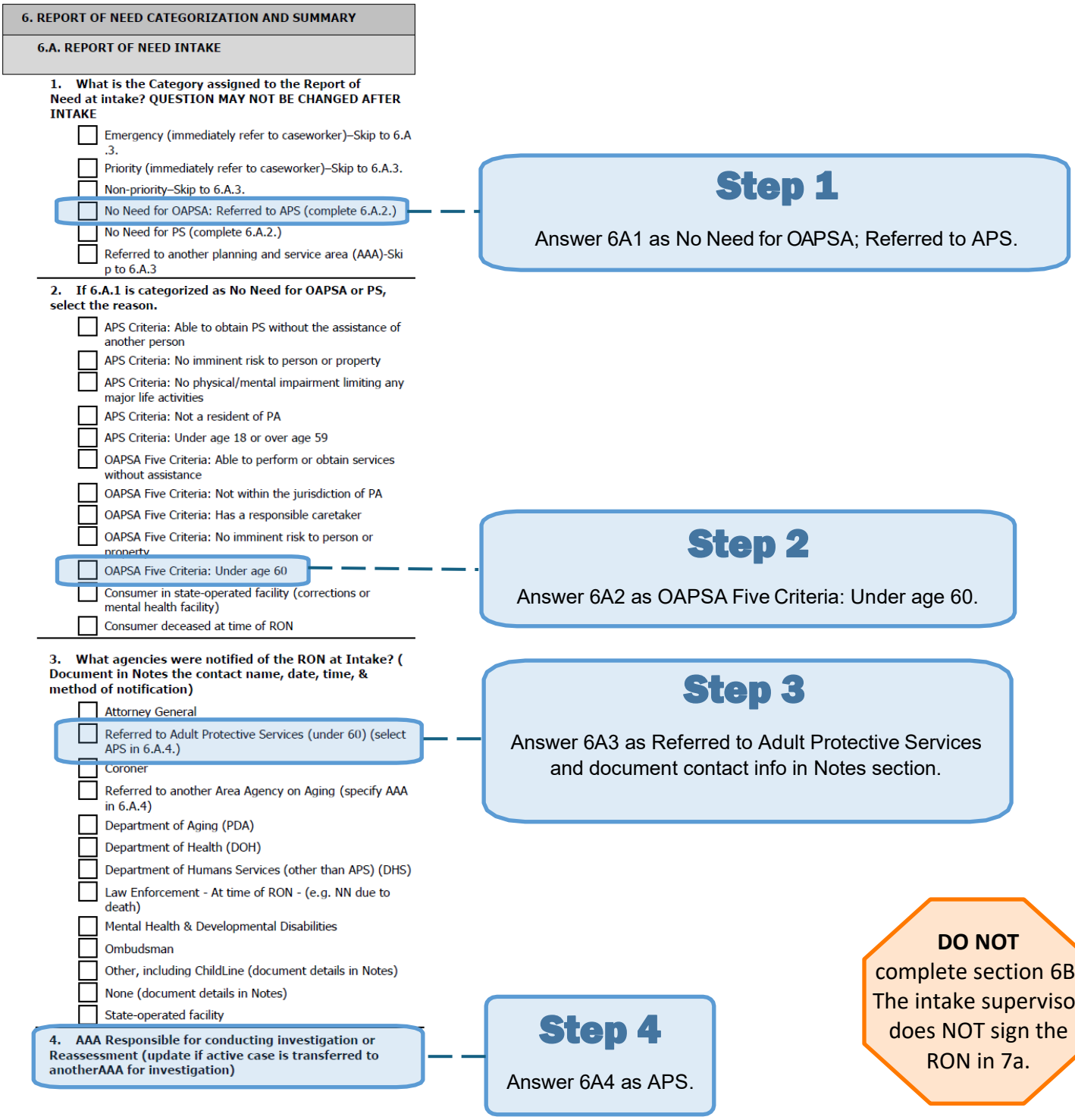
For the purpose of taking APS RONs, business hours for all AAAs are as follows (even if these differ from the agency's actual business hours): Monday through Friday, 8:00 AM to 5:00 PM.

For holidays, only the 11 federal holidays are to be used. Other holidays or office closures observed by an agency are not to be considered non-working hours, unless the RON is received outside of 8 AM to 5 PM.

1) New Year's Day
2) Martin Luther King, Jr. Day
3) Washington's Birthday
4) Memorial Day
5) Juneteenth
6) Independence Day
7) Labor Day
8) Columbus Day
9) Veterans Day
10) Thanksgiving Day
11) Christmas Day

Referring a RON to Adult Protective Services (APS)

This illustrated guide is in reference to completing Section 6 only. The entire RON must be completed. See SUPPLEMENT F at the end of this manual for RON completion instructions.



6. REPORT OF NEED CATEGORIZATION AND SUMMARY

6.A. REPORT OF NEED INTAKE

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

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

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

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

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

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

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

Step 1

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

Step 2

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

Step 3

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

Step 4

Answer 6A4 as APS.

DO NOT complete section 6B. The intake supervisor does NOT sign the RON in 7a.

CHAPTER 5 :
OUT-OF-STATE REPORTS OF NEED (RON)

Introduction

Pennsylvania does not take reports on behalf of other states. For policies and procedure information regarding Out of State RONs, please reference the “Another Planning and Service Area” section of the PS Chapter found on Aging’s website.

CHAPTER 6 :
ALLEGED PERPETRATOR HAS ACCESS TO SYSTEM

Introduction

If an alleged perpetrator has access to the Protective Services system, the steps below must be followed in order to prevent the alleged perpetrator from accessing the case files.

PS Chapter Resources

See “Conflict of Interest Reports” and “File attachments” sections of the PS Chapter found on Aging’s website for additional guidance.

File Attachments

For policy and procedure guidance regarding File Attachments please reference the “File Attachments” and “Documentation Standards and Timeframes” sections of the PS Chapter found on Aging’s website.

Documents shall be maintained outside of the PS system in a secure manner, either electronically or physically, to prevent the alleged perpetrator’s access to the files. No documents should be uploaded into the online File Attachments. Any references made to file attachments should be made within the initial ISA because the form is password protected.

CHAPTER 7 :
INITIAL INVESTIGATION SUMMARY & ASSESS (ISA) FORM

Introduction

For policy and procedure information regarding the ISA Form, please reference the PS Chapter "Investigation Summary and Assessment (ISA) Form" section of the PS Chapter found on Aging's website.

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 **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. Refer to SUPPLEMENT G in this manual for details.

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

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

Creating an ISA

1) After creating (updating or reactivating) a consumer record, creating a Non-caremanaged Care Enrollment, creating an OAPS Care Enrollment, creating an OAPS Care Plan, and creating a RON, click on the Assessments tab.
2) Single-click the Report of Need to select and highlight it.
3) On the menu, click the "Copy" link.
4) In the Copy window, update the following fields:

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

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

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

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

the investigation was transferred.

Provider: Same as above "Agency."

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

Site: Not required.

Date of Assessment: Automatically populates with the current date.

Next Assessment Date: Delete the date and leave blank.

Assessor Name: Automatically copies the name from the RON. This field is not required for the ISA. The existing name may be deleted.

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

> **Password Reminder:** If an alleged perpetrator is an employee and has access to A&D, a unique password must be assigned to the ISA to ensure the alleged perpetrator cannot access the ISA. You should also follow the guidance provided in the "Conflict of Interest Reports" section of the PS Chapter found on Aging's website, and refer to the ALLEGED PERPETRATOR HAS ACCESS TO SYSTEM chapter in this manual for password requirements and other instructions.

Comments: Not required.

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

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

5) After filling out the information in the Copy window, click the "Open" button. If a "Map SAMS Consumer Details" message appears, verify the information, make any necessary changes, and click "OK."
6) See next section for information that must be entered immediately after creating the ISA. Once all initial information is entered, click the "Save and Close" link on the menu bar.

Key Information to Update Immediately After Creating the ISA

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

1A2: AAA Responsible for Conducting the Investigation
Select the AAA responsible for investigating the RON.

1A3: Assigned Investigator's Name
Enter the name of the caseworker who will be conducting the investigation and completing the ISA.

1A4: Type of Assessment

Select “Initial Investigation.” This is crucial to ensure real-time reports and dashboards provide accurate information. This question is not available on the RON, so it must always be answered immediately after creating the ISA.

For additional details and instruction on entering and/or updating an ISA, see SUPPLEMENT G instructions.

Dates of Determination

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

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

For example, if a Consumer lives in a skilled nursing facility and you confirm on the first day that they are currently located in that facility, then abandonment is clearly unsubstantiated. Therefore, the Date of Determination would be that first day. If the investigation takes three days to determine that an allegation of caregiver neglect (CN) is substantiated/unsubstantiated, then day three is the date recorded in the ISA for CN. Additionally, if it takes 14 days to review financials and determine that the Consumer’s facility bills are paid up to date, etc., then day 14 is the Date of Determination for financial exploitation, and so on.

Consumer Death or Relocation Outside of Pennsylvania’s Jurisdiction

Please reference the policy and procedure manual for guidance on Death of an Older Adult and Transferring Out of State: “Death of an Older Adult” and “Transferring Out of State” sections of the PS Chapter found on Aging’s website.

When a Consumer dies or relocates outside the jurisdiction of Pennsylvania during an investigation, the actual date of death/relocation is used when documenting the Face-to-Face and Determination Dates in the ISA. If this information is not available, the date the investigator uncovered this fact is used when documenting the Face-to-Face and Determination Dates in the ISA. For additional instructions, please refer to SUPPLEMENT G in this manual.

Consumer Unable to Locate

Please reference the policy and procedure manual for guidance on when an older adult cannot be located. See the “When an Older Adult Cannot be Located” section of the PS Chapter found on Aging’s website.

All attempts, including any details pertaining to efforts regarding initial and follow-up attempts to locate an older adult, must be clearly and chronologically documented in the PS System. In rare situations where the PS case is closed and the older adult was not able to be located, complete the corresponding sections on the Initial ISA.

Deleting an Erroneous Initial ISA

When an Initial ISA form is accidentally created, the erroneous ISA must be deleted within 60 days to prevent the ISA from becoming a permanent and incomplete ISA in the PDA reports database. Erroneous ISAs that are not properly deleted will result in inaccurate data in the PDA Annual Report, the weekly automated reports delivered to each AAA, and the PS profile reports on compliance.

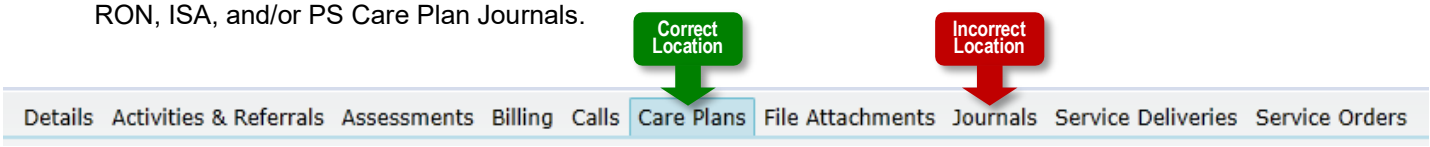
Key Information to Update Immediately After Creating the ISA

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

CHAPTER 8 :
CREATING AN OAPS CARE PLAN

Introduction

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



Creating an OAPS Care Plan

1) After opening or creating the Consumer Record, click on the Care Plan tab.
2) Click the "Add New" link on the menu bar.
3) Enter the following information in the "Add Care Plan" window:

Primary Care Manager Agency: Your agency.

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

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

Primary Care Manager Role: Select Care Manager.

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



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

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

End Date: Automatically populates.

Status: Select Active.

Reason: Select RON Received.

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

Prior Authorization No.: Leave blank.

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

CHAPTER 9 :
OAPS CARE PLAN JOURNAL ENTRIES

Introduction

All completed and attempted activities of a PS case are to be documented as PS Care Plan Journals. For policy and procedure guidance on protective service journal entries, please reference the "PS System Care Plan Journals" and "Documentation Standards and Timeframes" sections of the PS Chapter found on Aging's website.

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

Adding an OAPS Care Plan Journal

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

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

Journal entries must be completed within the following timeframes based on the case's categorization:

1) Emergency Cases: As soon as possible but no later than 24 hours after the date the activity was completed.
2) Priority Cases: As soon as possible but no later than 3 calendar days after the date the activity was completed.
3) Non-priority Cases: As soon as possible but no later than 5 calendar days after the date the activity was completed.

Additional information and guidance regarding documentation and timeframes can be found in the "Documentation Standards and Timeframes" section of the PS Chapter found on Aging's website.

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

1) After opening the Consumer Record, click on the Care Plan tab.
2) Double-click the Protective Services Care Plan.
3) Click the "Add New" drop-down list and select Journal or scroll down to the Journals section and click the "Add New" link.
4) Enter the following information:

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

Important Note: The MEDICAL INFO (SET 1) through (SET 3) Journal Types may not be used more than once per Care Plan. See SUPPLEMENT B in this manual for more details and example scenario.

Subject: Briefly document what the event/activity is. Be brief so that it can be referenced quickly.

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

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

Comments: Document the event/activity as clearly, completely, and concisely as possible. Journal entry signatures are required by the Department and all journal entries must be signed and dated by the individual entering the note; for example, if clerical worker Paul enters a note on behalf of case worker Sally, the entry should read: Note entered by Paul Jones (clerical worker) on behalf of case worker Sally Smith. Supervisory guidance and instructions for next steps must be entered by the PS Supervisor or the supervisor's own clerical support staff, not by the caseworker. See the "Documentation Standards and Timeframes" section of the PS Chapter found on Aging's website for more information.

Tip: When documenting, entries should be written for the layperson, as they could be used in legal proceedings. You should also use bullets to save data entry time, easier to read, and avoid repeating the same information. For example, instead of writing: Reporter stated, "ABC." Reporter stated, "XYZ." use bullets:

- Reporter stated the following:
  - ABC.
  - XYZ.

5) Click "OK" to close the journal entry.
6) Click the "Save" link before entering another journal.
7) If no other journal entries will be made at this time, click the "Save and Close" link.

Important Note: Even though the entered PS Care Plan Journal appears in the Journals window, you must Save the Care Plan or your Journal will not be saved. It is therefore imperative that you press Save or Save and Close to exit the Care Plan after you have entered a Care Plan Journal to save your entry.

Care Plan Journal Print Preview

1) From the Care Plan tab, single-click the PS Care Plan to highlight it.
2) Click the "Print" button on the menu bar. 
3) In the Print Options popup, select "Care Plan Printout" and click the "Print" button.
4) In the Care Plan Print popup, select the desired checkboxes to be included in the printout. At a minimum, "Journals" must be checked.
5) Click "OK."

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

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

Unprotected Journals Tab – Request Deletion

If Protective Services information is incorrectly entered within the “unprotected” Journals tab, see SUPPLEMENT A in this manual for instructions on how to request a deletion.

CHAPTER 10 :
OAPS SERVICE PLAN

Introduction

For policy and procedure guidance on PS Service Plans, please reference the "Requirements of a Service Plan of a Substantiated Case," "Delivery of Services," "Purchasing Services," and "Documenting Investigative Findings, Service Deliveries and Reassessments" sections of the PS Chapter found on Aging's website.

A Service Plan must be created when any service under Older Adult Protective Services has been planned or provided to the Consumer by a third-party provider. Services provided by the AAA should not be added to the Service Plan, unless the AAA is the third-party provider and the AAA pays themselves. For example, the AAA PS unit needs to authorize payment to the AAA's Meals on Wheels program as part of the PS Care Plan. A Service Plan must be created before generating any Service Orders and Service Deliveries, unless the service was provided directly by the AAA (refer to OAPS SERVICE DELIVERIES for details).

Important Note: Substantiated Cases
When a substantiated case identifies a need for services, the written service plan must be developed and discussed with the consumer, or other authorized representative, within 14 calendar days of determining that services are needed (PS Chapter, Service Plan section; 6 Pa. Code Sections 15.2, 15.93, 15.94). Document the date services were identified as needed and the date the service plan was discussed with the consumer to demonstrate this timeframe was met.

Important Note: Protective Services Related Services
All services needed as part of Protective Services must be entered in a Protective Services Care Enrollment and Care Plan. Services needed as part of Protective Services should not be entered into an OPTIONS enrollment or any other Care Enrollment. This is critically important for reporting in order for each AAA and PDA to accurately depict the type and scope of Protective Services provided to Consumers.

Within A&D, Consumer services can only be associated to a single service category. The correct way to enter services into a Protective Services Care Plan is by selecting the service category for the actual service desired and then selecting the service from the drop-down menu. For example, if personal care is needed as part of a Protective Services Care Plan, select the service category of personal care, then select the service of personal care.

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

Creating a Service Plan

1) Open the Consumer Record.
2) Click the "Care Plans" tab.
3) Double-click to open the current PS Care Plan.

4) Click the “Add New” button on the menu.

5) Select “Service Plan” and follow the directions below.

Entering Service Details

Service Category: Select the appropriate service from the drop-down menu investigator/supervisor should contact the AAA at least two weeks prior to the Consumer turning 60, or as soon as possible, to facilitate transfer of the case to OAPS.

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

Subservice: (Displayed only if applicable.) Optional.

Unit Type: Automatically populates.

Agency: The AAA for the county where Consumer resides.

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

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

Subprovider: (Displayed only if applicable.) Optional.

Site: (Displayed only if applicable.) Optional.

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

Start Date: Enter the date services are to begin.

End Date: Enter if known or leave blank.

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

Entering Subservice Details

This section can be skipped.

Entering Service Schedule Details

Services that are being provided by PS program, such as in-home meals, home modification, overnight shelter, etc., require a service schedule. See available list of services provided in SUPPLEMENT C in this manual for additional information. Enter the following:

Summary: Automatically populates.

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

Allocation Type: Select appropriate schedule.

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

Start Date: Enter date services are to begin.

End date: Enter if known or leave blank.

Subservice: Enter if applicable.

Daily Units: Depending upon service, Daily Units may or may not appear. Complete as appropriate. Click "OK" located on the Schedule toolbar, not the "OK" from the Service Plan toolbar.

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

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

Completing and Saving a Service Plan

1) After completing the steps above, click "OK" on the menu.
2) Click the "Save" link on the menu if you would like to generate a Service Order from this plan at this time. Otherwise, click the "Save and Close" link.
3) To create a Service Order now (if Service Plan wasn't closed in previous step), click the "Service Orders" link.
4) Refer to the OAPS SERVICE ORDER chapter and complete the steps listed starting with step 6.

CHAPTER 11 :
OAPS SERVICE ORDER

Introduction

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. Before a Service Order can be generated, a Service Plan must be created.

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

Creating a Service Order

1) Open the Consumer Record.
2) Click the "Care Plans" tab.
3) Open the Care Plan.
4) Single-click to highlight the specific Service Plan for which a Service Order is needed.
5) Click the "Open" button in the Service Plan section and select "Service Orders."
6) Click the "Generate" link from the Service Order toolbar.
7) Verify the information displayed in the Generate Service Order window and click the "OK" button:

   Care Program: Automatically populates and cannot be changed here.

   Agency: Automatically populates and cannot be changed here.

   Provider: Automatically populates and cannot be changed here.

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

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

   Effective Date: Automatically populates.

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

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

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

CHAPTER 12 :
OAPS SERVICE DELIVERIES

Introduction

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

Creating a Service Delivery

1) Open the Consumer Record.
2) Click the "Service Deliveries" tab on the toolbar.
3) Click the "Add New" link and enter the following:

Care Program: Select the current Protective Services Care Enrollment.

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

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

Subprovider: Displayed only if applicable. Optional.

Site: Displayed only if applicable. Optional.

Service Category: Select service being delivered (see SUPPLEMENT C in this manual for list).

Service: Select service being delivered (see SUPPLEMENT C in this manual for list).

Subservice: Displayed only if applicable. Optional.

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

Service Month/Year: The month and year should match the month and year that the service was provided.

Daily Unit Calendar:

a) Click on the date that the service was provided.

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

Units: Automatically populates after entering Daily Unit Calendar.

Unit Price: Automatically populates to $0.00. Change to the cost of the service, if there is a cost associated with the service. (Care Management Service Deliveries shall be entered with a Unit Price of $0.00) If a unit cost is already associated with the provider, the unit cost will automatically populate.

Type: Automatically populates with the Unit Type.

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

Diagnosis Code: Leave blank.

Service Order No.: Automatically populates to none.

Service Order No.: Automatically populates to none.

4) Click “Save and Close” located on the toolbar.
5) Repeat steps 3 and 4 for each service requiring a Service Delivery.

Creating a Service Delivery for Petition to Court

Creating the Service Delivery

1) Open the Consumer Record.
2) Click “Service Deliveries” tab on the toolbar.
3) Click the “Add New” button and enter the following:

Care Program: Select the current Protective Services Care Enrollment.

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

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

Subprovider: Displayed only if applicable. Optional.

Site: Displayed only if applicable. Optional.

Service Category: Select “Protective Services.”

Service: Select “PS Petition to Court.”

Subservice: Displayed only if applicable. Optional.

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

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

Daily Unit Calendar:

a) Click on the date that the service was provided.
b) Type a “1” on the specific day of the month the petition was filed.

Units: Automatically populates after entering Daily Unit Calendar.

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

Type: Automatically populates with the Unit Type.

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

Diagnosis Code: Leave blank.

Service Order No.: Automatically populates to none.

Service Order No.: Automatically populates to none.

Adding a Topic to the Service Delivery

1) Click the “Add Topics” link in the Topics section.
2) Click the checkbox next to the applicable petition(s):
    a) PS/Access to Persons
    b) PS /Access to Records
    c) PS/Agency as Guardian
    d) PS/ Injunction Against Interference with Services
    e) PS/Involuntary Emergency Intervention
    f) PS/Other as Guardian
    g) PS Initiated Protection from Abuse (PFA)
3) Complete the following fields to the right of the Topic selected and click “OK” when finished:

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

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

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

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

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

    Comments: Enter comments as appropriate (optional).
4) Click “OK” in the Topics window.
5) Click the “Save and Close” link on the menu.

CHAPTER 13 :
FILE ATTACHMENTS

Introduction

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

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

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

Document Examples

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

- Authorization for Release of Records
- Consent for PS
- Perpetrator Notification
- POA/guardianship documents
- Brief relevant Medical/Financial documents
- Competency Evaluation
- MA-51, Physician's certification or Physician's script
- Court Documents (POA, guardianship, petitions to court)
- Termination Notice
- OAPSA Service Plan for PS and Informed Consent Form

Supported File Types

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

- Adobe Portable Document Format (PDF)
- Text Files (TXT)
- Microsoft Word (DOC)
- Comma Separated Values Files (CSV)
- Microsoft Excel (XLS or XLSX)
- Rich Text Format Files (RTF)
- Photos (JPEG format only

Uploading an Electronic Document as a File Attachment

Important Note: Although you may scan different document types into a PDF as a single attachment, please keep in mind that the **file size limit is 12.5 MB**. If your file is larger than 12.5 MB, you will not be able to upload it. In that case, the document will need to be separated into multiple files for uploading; e.g., FileName_01, FileName_02, etc.

Tip: To reduce the size of scanned documents, set the scanning software to scan the document as Text. This setting may be labeled as Plain Text, Readable Text, OCR (Optical Character Recognition), etc. Check your scanner's instruction manual for configuring this setting.

1) Open the Consumer Record.
2) Select the "File Attachments" tab.
3) Click the "Add New" link.
4) **Folder**: Select the "**OAPSA Case Documents**" folder. **Important!** Be sure to select the correct folder to ensure A&D users without Protective Services permissions cannot access the uploaded documents.
5) **Description**: Give the document a short, meaningful name such as, POA, Wound Photos, Hoarding Photos, Capacity Eval, Meds List, Bank Statement X-date, Credit Card Statement X-date, etc.
6) **File Name**: Click the ellipsis button  and navigate to the location on your computer or network containing the document or photo to be uploaded.
    a. Only one photo can be uploaded at a time. For multiple photos, you may want to paste them into a single Word or PDF document for upload. However, the total file size must be less than 12.5 MB.
7) If uploading additional documents, click the "Save" link.
    a. To add additional files after clicking Save, click the "Add Next" link and repeat the above steps.
8) When finished, click the "Save and Close" link.

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

File Attachments Expungements

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

Refer to REDACTING & EXPUNGING ELECTRONIC PS RECORDS for instructions regarding deleting File Attachments.

CHAPTER 14 :
REASSESSMENT ISA FORM

Introduction

For policy and procedure guidance on Reassessments, please reference the "Reassessments" section of the PS Chapter found on Aging's website.

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.

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

Creating a Reassessment ISA

1) Open the Consumer Record.
2) Click the "Assessments" tab on the toolbar.
3) Single-click the current Initial ISA to select it (or single-click the most recent Reassessment ISA if this is a subsequent Reassessment being conducted). This will ensure the most recent information will transfer to the new ISA form.
4) Click the "Copy" link on Assessment screen toolbar and enter the following:

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

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

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

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

   Subprovider: Optional.

   Site: Optional.

   Date of Assessment: Enter the date of Reassessment.

   Next Assessment Date: Delete date and leave blank.

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

   Assessor Name: Automatically copies the name from the Initial ISA. This field is not required for the Reassessment ISA. The existing name may be deleted.

   Password & Confirm Password: Only required if alleged perpetrator has access to the ISA. The password must be provided to the Specialists at PDA. Please reference "Conflict of Interest Reports"

section III-E-10 of the PS Chapter on Aging's website, if the alleged perpetrator is an employee.

Comments: Optional.

5) Ensure the "Copy notes and narratives" checkbox is checked (this ensures all information entered in the ISA being copied will carry over to the new assessment form being created).
6) Click the "Open" button.
7) Click on the "Show Notes" link. This will allow you to see existing notes and enter new information. The Questions Notes panel should be used to document how information has changed from the Initial Investigation compared to the time of Reassessment. Do not delete any previous notes. The new notes should be written under the previous notes entered and should begin with the date of the observation, event, activity, etc.

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

8) Complete all assessment sections and questions on the Reassessment form in accordance with PDA instructions. Again, the investigatory portion of the form should not be modified and must remain the same as the initial PS Investigation Summary and Assessment form including the "Notes" sections. Refer to SUPPLEMENT G in this manual for details regarding each ISA question.
9) Click "Save and Close" when finished.

CHAPTER 15 :
NATIONAL AGING PROGRAM INFORMATION SYSTEM (NAPIS)

Introduction

The Consumer Record (Details tab) should be updated throughout the course of the investigation and/or whenever new/ updated information is obtained. Some information will automatically update with information entered into the **most recent** assessment form. Questions in the assessment form that automatically update the Consumer Record can be identified by the "chain-link" icon to the left of the question.



Only information entered into the last assessment form created will automatically update the Consumer Record. For example, if RON assessment form is created on 5/1/21 and an ISA assessment form is created on 5/15/21, any data corrected/updated in the RON will **not** automatically update the Consumer Record. Only the information entered into the 5/15/21 ISA will change the Consumer Record.

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

Updating Information on the Consumer Record (Details Tab)

1) Open the Consumer Record.
2) To update the sections on the left side of the Details tab (Basic Information, NAPIS, Insurance, Other Characteristics, Care Management, MFP Target, Emergency Planning, COVID-19), click the "Open" link to the left of Basic Information.
3) Update any applicable information.
4) Click the "OK" link when finished.
5) If no other changes are required (on the left side of the screen), click the "Save" link.

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

6) To add new information to any section on the right side of the screen, click the "Add New" link for that section. Note: The directions to the Consumer's Home are entered directly into the text box (there is no "Add New" link) and will overwrite any existing directions. The same applied to the "Notes" section.
7) To correct or update information (not adding new information), double-click the existing entry, update the information, and click the "OK" link after updating.
8) Click the "Save" link on the Details tab menu bar to save any changes/additions made.

CHAPTER 16 :
TRANSFERRING AN ACTIVE CASE BETWEEN APS & OAPS

Introduction

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

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

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

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

Consumer Turns 60 During an Active Investigation

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

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

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

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

Steps to be Taken by the AAA

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

1) Create a new Protective Services Care Enrollment with a Start Date matching the date that the Consumer will turn or has turned 60.
2) Create a new Protective Services Care Plan linked to the PS Care Enrollment.
3) Make a copy of the original RON(s) and change it to the Protective Services Care Program. To do so, highlight the RON(s), click the "copy" link, and fill out the information as detailed in OAPS REPORT OF

NEED (RON) ASSESSMENT chapter.

4) Open the copy of the original RON(s) which were created in Step 3 and update question 1.A.1 “Protective Services Care Enrollment Start Date” to match the Protective Services Care Enrollment Start Date which was entered in Step 1.
5) Make a copy of the original ISA and change it to the Protective Services Care Program. To do so, highlight the ISA, click the “copy” link, and fill out the information as detailed in INITIAL INVESTIGATION SUMMARY & ASSESS (ISA) FORM chapter.
6) Open the copy of the original ISA which was created in Step 5 and update question 1.A.1a “Protective Services Care Enrollment Start Date” to match the Protective Services Care Enrollment Start Date which was entered in Step 1
7) Update all applicable information in the ISA (e.g., (1A2) AAA Responsible for Conducting the Investigation, (1A3) Assigned Investigator’s Name, etc.).
8) Request a physical or electronic copy of the APS Investigation’s Care Plan Journal entries. Emailed documents must be sent via encrypted email.
9) Upload the APS Journals file received into the Consumer’s File Attachments.
10) Enter an initial Journal entry with the following information:
    a) The date that the original APS RON was received.
    b) A note indicating that the Consumer turned 60 during an active APS investigation and the date that the Consumer turned 60.
    c) The date that the AAA officially took over the investigation.
    d) Reference that the APS journals have been uploaded to the Consumer’s File Attachments and journal a brief summary of what has been completed thus far in the case by APS.
    e) Document the next steps for the AAA’s investigation.

APS Consumer’s Age was Incorrect (Correct Age 60+)

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

1) Create a new Protective Services Care Enrollment with a Start Date matching the date that the case transferred from APS to OAPS.
2) Create a new Protective Services Care Plan linked to the PS Care Enrollment.
3) Make a copy of the original RON(s) and change it to the Protective Services Care Program. To do so, highlight the RON(s), click the “copy” link, and fill out the information as detailed in the OAPS REPORT OF NEED (RON) ASSESSMENT chapter.
4) Open the copy of the original RON(s) which were created in Step 3 and update question 1.A.1 “Protective Services Care Enrollment Start Date” to match the Protective Services Care Enrollment Start Date which was entered in Step 1.
5) Make a copy of the original ISA and change it to the Protective Services Care Program. To do so, highlight the ISA, click the “copy” link, and fill out the information as detailed in the INITIAL INVESTIGATION SUMMARY & ASSESS (ISA) FORM chapter.
6) Open the copy of the original ISA which was created in Step 5 and update question 1.A.1a “Protective

Services Care Enrollment Start Date" to match the Protective Services Care Enrollment Start Date which was entered in Step 1.

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

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

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

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

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

   b) A note indicating that the Consumer's age was incorrect and that during an active APS investigation it was determined the Consumer's age was actually 60 or older.

OAPS Consumer's Age was Incorrect (Correct Age is Under 60)

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

1) Create a new Adult Protective Services Act 70 Care Enrollment with a Start Date matching the date that the case transferred from OAPS to APS.

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

   b) Click "Save."

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

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

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

   c) Do not create a password. APS RONs no longer require a password.

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

   e) Click the "Save & Close" button.

4) Reopen the RON which is associated to the Protective Services Care Program

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

   b) Update the RON Intake Category to "No Need for OAPSA: Referred to APS."

   c) Select "OAPSA Five Criteria: Under age 60" for No Need Reason.

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

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

f) Click the “Save and Close” link.

5) Open the copy of the RON which was created in Step 3 and is associated to the Adult Protective Services Act 70 Care Program

a) Change “Protective Services Care Enrollment Start Date” to match the Start Date which was used for new Adult Protective Services Act 70 Care Enrollment that was created in Step 1

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

a) Enter all information acquired through the investigation.

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

c) Enter Dates of Determinations for all Abuse Types.

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

e) Click the “Save and Close” link.

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

8) Terminate the Care Plan using the “Investigation Complete” Status Reason.

9) Terminate the Protective Services Care Enrollment using the “Invest-Unsubstantiated” Reason.

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

CHAPTER 17 :
TERMINATING SERVICE PLANS & CLOSING SERVICE ORDERS

Introduction

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

Terminating a Service Plan & Bulk Closing All Future Service Orders

1) Open the Consumer Record.
2) Click on the "Care Plans" tab.
3) Double-click the Care Plan to open it.
4) Open the Service Plan to be deactivated and enter the following:

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

   Status: Change to Terminated.

   Reason: Select the applicable reason.

   Status Date: Enter the date that the Status is being updated in A&D.
5) Press "OK."
6) Repeat steps 4 and 5 for each Active Service Plans to be terminated.
7) Click the "Save" link in the Care Plan details page.
8) An "Unlink Records" window will appear.

   Important Note: All Service Orders which were created and have a service month after the month in which the Service Plan was terminated will be closed.

   Example: If your End Date is August 2nd, the related August Service Order will remain open so that you may still Service Deliver against it. However, all related future month's Service Orders (September forward) will be closed.
9) Enter the following information in the "Unlink Records" window:

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

   Status: Change to Terminated.

   Reason: Select appropriate reason.

   Status Date: Enter the date that the Status is being updated in A&D.
10) Click the "OK" link.

Terminating a Service Plan & Closing All Future Service Orders

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

1) Open the Consumer Record.
2) Click "Service Orders" tab.
3) Click on the Service Order which is no longer needed and click the "Open" link.
4) Click on the service listed within the Services sub-table.
5) Click the "Open" link.
6) Click "Open" in the Service Details sub-table and update the following fields:

   Status: Change to Closed.

   Reason: Select appropriate reason:

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

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

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

   Status Date: Enter the date that the Status is being updated in A&D.
7) Click "Okay".
8) Click "Okay" and the Service Order Details window will appear with Service status and Reason listed within the Services sub-table.
9) Click "Save and Close" and the Service Orders list window will appear and the Service Order for that time period and Status will be updated to Closed.
10) Repeat these steps as necessary to deactivate the desired Service Orders.

CHAPTER 18 :
DEACTIVATING THE PROTECTIVE SERVICES CARE PLAN

Introduction

For policy and procedure guidance on case closure and terminating protective services, please reference the "Termination of Protective Services," "PS System Care Plan Journals," and "Documentation Standards and Timeframes" sections of the PS Chapter found on Aging's website.

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

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

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

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

Deactivating the PS Care Plan

1) Open the Consumer Record.
2) Click on the "Care Plans" tab.
3) Double-click the Care Plan to open it.
4) Click the "Edit Care Plan Details" link and enter the following information:

   End Date: Change the date to match ISA question "Date Investigator signed as complete." See SUPPLEMENT G instructions for details on how to document this question.

   Status: Change from active to inactive.

   Reason: Select one of the following:

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

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

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

   Investigation Complete: For unsubstantiated cases or substantiated cases for which no services

were provided, including when the Consumer relocates outside the jurisdiction of Pennsylvania.

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

Comments: Optional.

CHAPTER 19 :
TERMINATING THE PS CARE ENROLLMENT

Introduction

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

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

Terminating Unsubstantiated/Unable to Determine Care Enrollments

1) Open the Consumer Record.
2) From the Details tab, click the folder icon  for the Protective Services Care Enrollment to open it.
3) Update the following information:

   Termination Date: Change the date to match ISA question "Date Investigator signed as complete." See SUPPLEMENT G instructions for details.

   Status: Change from Active to Terminated.

   Reason: Select the applicable reason for termination:

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

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

   Invest-Incomplete/Unable to Locate Consumer: Used when unable to locate Consumer (after following all guidelines in the section, "When an Older Adult Cannot be Located" sections of the PS Chapter found on Aging's website).

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

   End Date: Enter the date all investigative activities were completed or when the investigation was stopped for cases that could not be completed (should be same as the Termination Date).
4) Click "OK."
5) On the Details tab, click the "Save" or "Save and Close" link.

Terminating Substantiated Care Enrollments

1) Open the Consumer Record.

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

3) Update the following information:

Termination Date: Change the date to match ISA question "Date Investigator signed as complete." See SUPPLEMENT G instructions for details.

Status: Change from Active to Terminated.

Reason: Select the applicable reason for termination:

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

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

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

Substantiated – No Services Needed: Use for substantiated case which the problem was solved without protective services intervention and no services were needed/provided by the AAA, or when a case is substantiated and the older adult relocates outside of the jurisdiction of Pennsylvania before services are implemented.

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

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

4) Click "OK."

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

Terminating No Need Care Enrollments

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

1) Open the Consumer Record.

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

3) Update the following information:

Termination Date: Enter the date the RON was received.

Status: Change from Active to Terminated.

Reason: Select "No Need for PS."

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

End Date: Enter the date the RON was received.

4) Click "OK."

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

CHAPTER 20 :
TERMINATING THE NON-CAREMANGED CARE ENROLLMENT

Introduction

Protective Services will NOT terminate a Non-Caremanaged Services Care Enrollment when the consumer is receiving or being referred to active care managed services under another program (e.g., OPTIONS, CSP) or Non-Caremanaged Services, such as congregate meals. The Non-Caremanaged Services Care Enrollments is terminated when the consumer is no longer receiving any Aging services.

Terminating the Non-Caremanaged Care Enrollment

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

1) Open the Consumer Record.
2) From the Details tab, click the folder icon  for the Non-Caremanaged Services Care Enrollment to open it.
3) Update the following information:

   Termination Date: Date the enrollment is being closed.

   Status: Change from Active to Terminated.

   Reason: Services Complete.

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

   End Date: Enter the date the enrollment is being terminated.
4) Click “OK.”
5) On the Details tab, click the “Save” or “Save and Close” link.

CHAPTER 21 :
DEACTIVATING A CONSUMER RECORD

Introduction

The Consumer Record shall remain active after a Protective Services case is terminated. The only time the Consumer Record must be deactivated is when (a) the Consumer permanently relocates outside the jurisdiction of Pennsylvania, (b) is not actively enrolled in any other programs (e.g., OPTIONS, CSP, or congregate meals), or (c) or they pass away.

Deactivating the Consumer Record

1) Open the Consumer Record.
2) From the Details tab, click the “Open” link in the Basic Information panel.
3) Under the Basic Information section, deselect the “Active” checkbox.

   a) If the consumer is deceased, select “Died” in the Reason drop-down list.
4) Update the “Status Date” to the date of deactivation.
5) Click the “OK” link (scroll back up to see the OK link).
6) Click the “Save and Close” link.
7) Click the “Yes” button in the confirmation window.

CHAPTER 22 :
REDACTING & EXPUNGING ELECTRONIC PS RECORDS

Introduction

Refer to the Protective Services Chapter VII for guidelines regarding when documents must be deleted. The policy can be found under the “Maintenance of Case Records” section of the PS Chapter found on Aging’s website.

For policy and procedure guidance on redaction of information from no need, unsubstantiated cases and undetermined cases, please reference the “Unsubstantiation”, “Redaction or Removal of Perpetrator Identifiable Information Upon Case Resolution,” and “Deletions in the Case Record” sections of the PS Chapter found on Aging’s website.

PDA provides access to the Six-Month and Three-Year Deletion reports. These reports should be run on a monthly basis to identify which records should be deleted from A&D, in addition to securely shredding the hard copy files. Refer to SUPPLEMENT E of this manual for instructions on running the reports.

Redactions

Refer to the “Redaction or Removal of Perpetrator Identifiable Information Upon Case Resolution” section of the PS Chapter found on Aging’s website for guidance of when to redact. As case records are “legal documents” that can be used by law enforcement and the courts, redaction should be documented in such a manner that a layperson can clearly understand that text was redacted.

Redacting Journal Entries

Remember, journal entries cannot be redacted, so they must be deleted. Therefore, Reporter and Alleged Perpetrator names/identity should not be included in the journal entries. Instead, use "R” or “RS” for the reporting source and “AP” for the alleged perpetrator. Work with your PS Supervisor or AAA System Admin to delete PS Care Plan journal entries.

Redacting File Attachments

For File Attachments, the only information that needs to be redacted is information that identifies the Reporter(s) and/or Alleged Perpetrator(s).

Redacting Assessments

Replace the text with Xs, asterisks, the word “redacted”, or similar terminology. For check box responses, simply uncheck the response. There is no need to type “REDACTED” in the Notes field for these types of questions.

Expungement Deletion Order

Electronic records in A&D must be deleted in the order outlined below. Not all users have the ability to delete records. If you have difficulties or are unable to delete the necessary records, please work with your supervisor and local AAA SAMS Administrator.

Deleting Service Deliveries

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

Deleting Service Orders

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

Deleting Service Plans

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

Deleting Care Plans

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

Deleting File Attachments

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

Deleting RON and ISA Assessments

1) Open the Consumer Record, if not already open.
2) Click the “Assessments” tab.
3) Single-click the RON/ISA assessment to be deleted and click the red X “Delete” button.
4) Repeat for each RON/ISA to be deleted.

Deleting Protective Services Care Enrollment

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

SUPPLEMENT A :
TECHNICAL & PROGRAMMATIC SUPPORT

Introduction

This section provides various guidance and support to correct and address errors within SAMS / A&D. If after reviewing the guidance below you are not sure how to proceed or which email address to use, you may send an email to RA-AISAMSTECHASSIST@pa.gov and your email will be forwarded to the correct unit for assistance. For policy specific questions, you may send an email to PDA.ProtectiveServices@pa.gov.

Additional Resources and Links

Pennsylvania Department of Aging

The official Pennsylvania Department of Aging website is: https://www.pa.gov/agencies/aging

1) Contains extensive sources of information and access to PDA's policies and procedures.
2) Includes official chapters, manuals, appendices and regulations that can be viewed or downloaded for offline use.

Pennsylvania Department of Aging – Learning Management System (PDA-LMS)

The official PDA-LMS training website is: https://www.pda-lms.org/

1) Contains numerous SAMS/A&D and OAPS trainings, documents, and webinars that can be viewed and downloaded for offline use.
2) To obtain access to this site, please work with your local AAA SAMS Administrator, Supervisor, or submit a ticket with the PDA-LMS Help Center (https://www.pda-lms.org/help-center/).

Deletion Request Overview and Instructions

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

Where to Access the Deletion Request Form

The form is available from the following sources:

b. **PDA-LMS Website**: Training Categories > Protective Services > OAPS Resource Library (Eff.12/01/2024) > OAPS Resource Library > "D"

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

Unprotected Journal Deletion Instructions

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

2) PS staff or PS Supervisor must copy the information from the unprotected journal into the PS Care Plan Journal (protected) and fill out a *PS Deletion Request Form* (see below for location of form).
3) Sections 1 and 2 of the *PS Deletion Request Form* must be filled out completely.
4) The completed form must be submitted to: RA-AISAMSTECHASSIST@pa.gov (click the form's "Submit Completed Form" button to send).
5) A PDA A&D Administrator will review the request, complete the deletion, and file a copy of the request.
6) The PDA A&D Administrator will e-mail the PS Supervisor to confirm that the deletion has been completed.

APS Deletion Instructions

1) The *PS Deletion Request Form* is also used to request deletion of an erroneously created APS Care Enrollment (CE), Report of Need (RON), and/or Service Delivery (SD).
2) Sections 1 and 3 of the form must be filled out completely.
3) The completed form must be submitted to: RA-AISAMSTECHASSIST@pa.gov (click the form's "Submit Completed Form" button to send).
5) The PDA A&D Administrator will e-mail the requestor to confirm that the deletion has been completed.

How to Correct PS Data Entered on Incorrect/Unrelated Consumer Record

When Protective Services information (RON, ISA, Care Enrollment, Care Plan, etc.) is entered on an incorrect Consumer Record, it is imperative that the documentation be corrected within the system to ensure Protective Services information is associated to the correct Consumer record.

Correcting Incorrect/Unrelated Consumer Record

When Protective Services information (RON, ISA, Care Enrollment, Care Plan, etc.) is entered on an incorrect and completely unrelated Consumer Record, the documentation must be recreated on the correct Consumer Record.

After the information is recreated on the correct Consumer Record, you must delete the erroneous documentation within 60 days. Ensure you delete the Care Enrollment and Care Plan, if one was created. Erroneous documentation that is not properly deleted will result in inaccurate data in the PDA Annual Report, the weekly automated reports delivered to each AAA, and the PS profile reports on compliance.

How to Correct PS Data Entered on Duplicate Consumer Record

When Protective Services information (RON, ISA, Care Enrollment, Care Plan, etc.) is entered on a duplicate Consumer Record, it is imperative that the documentation be corrected within the system to ensure Protective Services information is associated to the correct Consumer record.

Correcting Duplicate Consumer Record

If it is discovered that the Consumer has two Consumer Records and the RON was taken on the "non-primary" record (the one with less activity/information), the information is not deleted. Instead, the two Consumer Records are merged, which will transfer the RON to the merged record.

Merge Request Overview and Instructions

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

Submitting a Merge Request

1) The AAA PS Supervisor should send their merge request to Lynnette Holmes (anholmes@pa.gov).
2) Within the email request, the PS Supervisor must indicate the following:
    a) Which Consumer ID is the **primary ID** (meaning the profile which should remain in A&D).
    b) Which Consumer ID is the **secondary ID** (this secondary ID will no longer be accessible in A&D; all its data will be merged into the primary ID).
3) The PDA A&D Administrator will e-mail the requestor once the merge has been completed.

Additional Technical and Programmatic Contacts

Important Note: None of the email addresses below should be provided to the public or anyone who is not a Protective Services employee; they are for internal use only.

Policy and Procedure Questions

Questions regarding the PS program, policy, procedures, etc. may be emailed to the PDA's general Protective Services account: PDA.ProtectiveServices@pa.gov

Data Entry and Technical/System Questions

Questions regarding A&D data-entry, technical issues, or related questions:
RA-AISAMSTECHASSIST@pa.gov

LexisNexis Requests

Please contact: PDA.ProtectiveServices@pa.gov

User Requests and Permission Questions

Questions regarding A&D user access, roles, or other related questions:
RA-AISAMSUSERREQUEST@pa.gov

Provider Requests and Questions

Provider requests should be submitted via the FTP site. Any questions regarding the status of or assistance completing a provider request: RA-SAMSPUrequests@pa.gov

SUPPLEMENT B :
MEDICAL RECORDS REQUEST JOURNAL TYPES

Medical Documentation Journal Types

- Medical Info (Set 1) Requested
- Medical Info (Set 1) Received
- Medical Info Follow-up
- Medical Info (Set 2) Requested
- Medical Info (Set 2) Received
- Medical Info (Set 3) Requested
- Medical Info (Set 3) Received

Use-Case Scenarios

1) Medical Info (Set 1) Requested
    a) Request sent to Primary Care Physician for medical records. Do not reuse for any medical records requested from other sources.
2) Medical Info (Set 1) Received
    a) Use this Journal Type when the above records are received from the PCP. Do not reuse for any medical records received from other sources.
3) Medical Info (Set 2) Requested
    a) Request sent to psychiatrist for copy of competency evaluation. Do not reuse for any medical records requested from other sources.
4) Medical Info (Set 2) Received
    a) Use this Journal Type when the above requested competency eval is received from the psychiatrist. Do not reuse for any medical records received from other sources.
5) Medical Info (Set 3) Requested
    a) Request sent to hospital for medical records from consumer's hospitalization. Do not reuse for any medical records requested from other sources.
6) Medical Info (Set 3) Received
    a) Use this Journal Type when the above requested hospital records are received. Do not reuse for any medical records received from other sources.
7) Medical Info Follow-up
    a) Use this Journal Type when following up on any of the requested medical records. This Journal Type may be used as many times as needed.

SUPPLEMENT C :
AVAILABLE OAPS SERVICES

Introduction

Below are the available PS Services for which each AAA should have access to provide under the Protective Services program. The first table provides the policy office's definition for each service, the second table sorts the services by Service Category and provides the associated Unit Type, the third table lists the services alphabetically and details any necessary data entry requirements (Care Plan, Service Order) for the associated service.

PS Service Definitions

Service	Service Definition
ADC-Full Day	Attendance at an Older Adult Daily Living Center for a period of four hours or more.
ADC-Full Day w/Bath	Attendance at an Older Adult Daily Living Center for a period of four hours or more with a bath.
ADC-Full Day w/NSIP Meal	Attendance at an Older Adult Daily Living Center for a period of four hours or more and provided an NSIP (Nutrition Services Incentive Program) Meal.
ADC-Full day w/NSIP Meal & Bath	Attendance at an Older Adult Daily Living Center for a period of four hours or more and provided an NSIP (Nutrition Services Incentive Program) Meal with a bath.
ADC-Half Day	Attendance at an Older Adult Daily Living Center for a period of less than four hours.
ADC-Half Day w/Bath	Attendance at an Older Adult Daily Living Center for a period of less than four hours with a bath.
ADC-Half Day w/NSIP Meal	Attendance at an Older Adult Daily Living Center for a period of less than four hours and provided an NSIP (Nutrition Services Incentive Program) Meal.
ADC-Half Day w/NSIP Meal & Bath	Attendance at an Older Adult Daily Living Center for a period of less than four hours and provided an NSIP (Nutrition Services Incentive Program) Meal with a bath.
Assessment-Competency Evaluation	A professional assessment of an individual's ability to understand, appreciate, and participate in decisions regarding their personal, financial, or medical affairs. It determines whether the person can make informed decisions independently, requires supports, or may need formal decision-making assistance such as guardianship.
Assessment-Physician Consult	An evaluation in which a licensed physician reviews an older adult's medical condition, capacity, or treatment needs in relation to a protective services case. The consult provides medical expertise to help determine risk, support case findings, and guide appropriate interventions or care planning.
Belted Undergarments	Absorbent belted undergarments worn for incontinence care.
Breakfast-In-Home Meal	A morning meal prepared and served within the older adult's residence. It provides essential nutrition in a familiar setting and supports independence, well-being, and daily functioning.
Breathable Underpads	Waterproof pads used to absorb moisture and protect surfaces used by the Older Adult with incontinence.
Briefs, Med	Absorbent garment worn under the Older Adult's clothing for incontinence care.
Briefs, Sml	Absorbent garment worn under the Older Adult's clothing for incontinence care.
Briefs, XL	Absorbent garment worn under the Older Adult's clothing for incontinence care.

Service	Service Definition
Care Management	Hands-on assistance by Protective Services staff. Examples can include transporting the consumer when other forms of transportation cannot be accessed, arranging appointments, coordinating with providers such as Independent Enrollment Broker (IEB) or service coordinator (SC), completing applications, and following up to confirm the older adult's safety and well-being.
Care Management-RN Evaluation	An assessment completed by a registered nurse to identify an individual's medical, functional, and care needs. The evaluation guides the development of a coordinated care plan and ensures services are appropriate to support the person's health and safety.
Diapers, Bariatric Size 2X+	Absorbent garment worn under the Older Adult's clothing for incontinence care.
Diapers, Lg	Absorbent garment worn under the Older Adult's clothing for incontinence care.
Diapers, Med	Absorbent garment worn under the Older Adult's clothing for incontinence care.
Diapers, Sml	Absorbent garment worn under the Older Adult's clothing for incontinence care.
Diapers, XL	Absorbent garment worn under the Older Adult's clothing for incontinence care.
Dinner-In-Home Meal	An evening meal prepared and served within the older adult's residence. It ensures access to balanced nutrition in a comfortable setting while supporting health, independence, and overall well-being.
Dinner-Rate 2-In-Home Meal	An evening meal provided within the older adult's residence that includes enhanced portions or additional items beyond a standard meal. This higher-level meal service is intended to better meet nutritional requirements and support overall health and well-being.
Discrete Liner	Absorbent pad used by the Older Adult for incontinence care.
Disposable Undergarments	Absorbent garment worn under the Older Adult's clothing for incontinence care.
Disposable Undergarments, Bariatric Size	Large absorbent garment worn under the Older Adult's clothing for incontinence care.
Emergency Pack-In-Home Meal	A shelf-stable meal delivered to the older adult's residence for use when regular meal service is disrupted. It ensures access to essential nutrition during emergencies such as severe weather, power outages, or other unexpected events.
Emergency Pack-Rate 2-In-Home Meal	A shelf-stable meal provided in the older adult's residence that offers enhanced portions or additional items beyond the standard emergency pack. It is designed to ensure adequate nutrition and food security during extended service disruptions or emergencies.
Financial Analyst Services	Professional expertise used to review and interpret an older adult's financial records to detect exploitation, quantify losses, and support Protective Services investigations.
Frozen-In-Home Meal	A nutritionally balanced meal delivered in a frozen state to the older adult's residence. It can be stored and reheated as needed, ensuring ongoing access to proper nutrition and convenience.
Frozen-Rate 2-In-Home Meal	A nutritionally balanced frozen meal delivered to the older adult's residence that includes larger portions or additional items beyond the standard frozen meal. It is intended to provide enhanced nutrition and support for individuals with greater dietary needs.
Gloves, Disposable	Gloves used in the provision of personal care for Older Adults.
Guardianship	A legal process in which a court appoints a person or entity to make decisions on behalf of an individual deemed incapable of managing their personal, medical, or financial affairs. It is intended to protect vulnerable individuals while balancing their rights, autonomy, and best interests.
Guardianship-Competency Evaluation	A formal assessment conducted by a qualified medical or mental health professional to determine an individual's ability to make informed decisions about their personal, financial, or medical affairs. The results help the court decide whether guardianship is necessary and, if so, the scope of authority that should be granted.

Service	Service Definition
Guardianship-Physician Consult	A medical evaluation by a licensed physician to assess an individual's physical or cognitive capacity to make informed decisions. The physician's findings provide the court with objective medical evidence to help determine the need for guardianship and its appropriate scope.
Guardianship-Startup	The initial phase of a guardianship case in which the court process begins and a guardian is formally appointed. It includes establishing the guardian's authority, outlining responsibilities, and putting protections in place to support the individual's personal, medical, or financial needs.
Home Health-Aide	A trained professional who provides personal care and assistance with daily living activities—such as bathing, dressing, meal preparation, and light housekeeping—in an individual's residence. They may also perform basic health-related tasks under the supervision of a licensed nurse or healthcare provider to support the person's safety and well-being.
Home Health-LPN	A licensed nurse who provides medical care and monitoring in an individual's residence under the direction of a registered nurse or physician. Their responsibilities may include administering medications, performing wound care, monitoring vital signs, and supporting the individual's overall health and treatment plan.
Home Health-Medication Setup	A service in which a licensed nurse organizes an individual's prescribed medications into a clear, easy-to-follow system—such as pill boxes or blister packs—within the home. This ensures accuracy, promotes adherence to the treatment plan, and reduces the risk of medication errors.
Home Health-Occupational Therapy	A rehabilitative service provided in an individual's residence to help them regain, develop, or maintain the skills needed for daily living and independence. An occupational therapist designs personalized activities, adaptive techniques, and home modifications to support safety, function, and quality of life.
Home Health-Physical Therapy	A rehabilitative service provided in an individual's residence to improve mobility, strength, balance, and physical function. A physical therapist develops and guides personalized exercise and treatment plans to support recovery, reduce pain, and promote independence in daily activities.
Home Health-RN	A licensed nurse who provides skilled medical care, assessments, and care coordination in an individual's residence. Their responsibilities include developing care plans, administering treatments, monitoring health conditions, educating patients and families, and supervising other home health staff to ensure safe, effective care.
Home Health-Speech Therapy	A rehabilitative service provided in an individual's residence to address speech, language, voice, communication, or swallowing difficulties. A speech-language pathologist designs and delivers personalized therapy to improve function, safety, and quality of life.
Home Health-Transportation Cost to Consumer	Travel-related expenses that may be charged to an individual receiving home health services when providers must commute to their residence. These costs cover mileage or transportation fees and are added to the overall cost of care delivered in the home.
Home Modification-Ramp	Installation/construction of a ramp onto the Older Adult's residence to enhance their mobility, increase safety, etc.
Home Mod-Other Exterior	A modification to the exterior of the Older Adult's residence (other than a ramp) to enhance their provision of care such as outdoor wheelchair lift attached to the residence, entryway repair and outdoor lighting to increase safety, etc.
Home Mod-Stair Glide	Costs associated with the purchase, installation, repair and maintenance of a stair glide to enhance the mobility of the Older Adult.
Home Support	Assistance provided in an individual's residence to help with non-medical daily living tasks such as meal preparation, housekeeping, laundry, shopping, and companionship. These services are designed to maintain a safe, clean, and supportive home environment while promoting independence and quality of life.

Service	Service Definition
Home Support - Errands	Assistance provided to an individual with tasks outside the home, such as grocery shopping, picking up prescriptions, mailing items, or other essential errands. This service helps ensure the person's daily needs are met while supporting independence and community living.
Home Support-Home Maintenance	Assistance with basic upkeep tasks in an individual's residence, such as light cleaning, minor repairs, lawn care, or seasonal chores. These services help maintain a safe, functional, and comfortable living environment.
Informal Support Activity	Help provided to an individual by family, friends, neighbors, or community members rather than paid professionals. These activities may include transportation, meal preparation, companionship, or other day-to-day assistance that supports independence and well-being.
Information and Assistance	A service that provides individuals, families, and caregivers with accurate details about available programs, services, and resources, along with guidance on how to access them. It helps connect people to the support they need while offering follow-up to ensure their concerns are addressed.
Kosher Hot-In-Home Meal	A freshly prepared meal that meets Jewish dietary laws (kashrut) and is delivered to an individual's residence. It provides culturally appropriate nutrition while supporting health, independence, and religious observance.
Kosher/Frozen-In-Home Meal	A nutritionally balanced meal prepared in accordance with Jewish dietary laws (kashrut), delivered in a frozen state to an individual's residence. It can be stored and reheated as needed, ensuring both convenience and adherence to religious dietary practices.
Legal Advice and Representation To Individual	Legal or financial services provided by a licensed/certified professional necessary to manage the affairs of the older adult.
Lunch-In-Home Meal	A midday meal prepared and served within the older adult's residence. It provides balanced nutrition in a familiar setting to support health, independence, and daily functioning.
Lunch-Rate 2-In-Home Meal	A midday meal provided within the older adult's residence that includes larger portions or additional items beyond a standard meal. It is designed to meet higher nutritional needs and support overall health and well-being.
Med Eq/Sup/Adapt Dev-Adapt Device	Assistive devices, equipment, etc. used to assist Caregivers, or enable Older Adults with functional disabilities, to perform Activities of Daily Living (ADLs) or Instrumental Activities of Daily Living (IADLs).
Med Eq/Sup/Adapt Dev-Consumables	Expendable or disposable items such as ***over-the-counter medications***, incontinence care supplies, etc. needed to provide care to the Older Adult.
Med Eq/Sup/Adapt Dev-Durable Equip	Prescribed devices or equipment, used by Older Adults such as a hospital bed, wheelchair, walker, etc.
Med Eq/Sup/Adapt Dev-Nutritional Suplmt, Brand B	A prescribed or recommended nutritional product provided to support an individual's dietary needs when regular food intake is insufficient. Brand B supplements are used to help maintain or improve health by providing essential calories, protein, vitamins, or minerals in a convenient form.
Med Eq/Sup/Adapt Dev-Nutritional Suplmt, Brand C	A specific brand of dietary supplement provided to individuals who need additional nutritional support beyond regular meals. These supplements supply essential calories, protein, vitamins, or minerals to help maintain strength, prevent malnutrition, and support overall health.
Med Eq/Sup/Adapt Dev-Nutritional Suplmt, Brand D	A designated brand of dietary supplement given to individuals requiring added nutrition when regular food intake is inadequate. It provides essential calories, protein, vitamins, and minerals to support health, recovery, and overall well-being.
Med Eq/Sup/Adapt Dev-Nutritional Supplement	Nutritional supplements used by Older Adults such as meal replacement drinks (Ensure), vitamins, etc.

Service	Service Definition
Med Eq/Sup/Monthly Fee/Durable Equip	Monthly fees associated with the rental of assistive devices, equipment, etc. used to assist Caregivers, or enable Older Adults with functional disabilities, to perform Activities of Daily Living (ADLs) or Instrumental Activities of Daily Living (IADLs).
OCS-PERS - Cellular Monthly Fee	PERS is an electronic device which enables Older Adults to receive help in the event of an emergency and associated costs may include installation, repair, replacement, monthly maintenance and rental fees, etc.
Overnight Shelter/Supervision	Services provided by an individual or agency during overnight hours to assist Older Adults with Activities of Daily Living such as bathing, bowel care, eating, grooming, toileting, transferring, etc. to allow Caregivers respite from their regular caregiving duties.
Pants Liner	Light absorbency pad used for Older Adults with minor incontinence.
PERS-Basic Installation	The setup of a standard Personal Emergency Response System in an individual's residence, ensuring the equipment is properly connected and the person is instructed on its use. This service provides immediate access to emergency assistance and enhances safety in the home.
PERS-Basic Maintenance/Replacement/Repair	The service of inspecting, fixing, or replacing a standard Personal Emergency Response System to ensure it remains functional and reliable. This helps maintain continuous access to emergency assistance and supports the individual's safety at home.
PERS-Basic Monthly Fee	The recurring charge for monitoring and support services connected to a standard Personal Emergency Response System. This fee covers 24/7 access to emergency assistance, ensuring the device remains active and responsive.
PERS-Enhanced Installation	The setup of an upgraded Personal Emergency Response System in an individual's residence, which may include additional features such as fall detection, GPS tracking, or expanded communication options. This service ensures the equipment is properly installed, tested, and the individual is instructed on its enhanced functions.
PERS-Enhanced Maint/Rplcmnt/Repair	The service of inspecting, repairing, or replacing an upgraded Personal Emergency Response System with advanced features such as fall detection or GPS. It ensures the system remains fully functional and reliable to provide continuous safety and emergency support.
PERS-Enhanced Monthly Fee	The recurring charge for monitoring and support services connected to an upgraded Personal Emergency Response System with advanced features such as fall detection or GPS. This fee ensures continuous 24/7 access to emergency assistance and the functionality of enhanced safety features.
Personal Care	Services provided by an individual or agency during normal business hours to assist Older Adults with Activities of Daily Living such as bathing, bowel care, eating, grooming, toileting, transferring, etc. to allow Caregivers respite from their regular caregiving duties.
Personal Care/Evenings	Services provided by an individual or agency after normal business hours to assist Older Adults with Activities of Daily Living such as bathing, bowel care, eating, grooming, toileting, transferring, etc. to allow Caregivers respite from their regular caregiving duties.
Personal Care/Holidays	Services provided by an individual or agency over a holiday to assist Older Adults with Activities of Daily Living such as bathing, bowel care, eating, grooming, toileting, transferring, etc. to allow Caregivers respite from their regular caregiving duties.
Personal Care/Weekends	Services provided by an individual or agency during weekend hours to assist Older Adults with Activities of Daily Living such as bathing, bowel care, eating, grooming, toileting, transferring, etc. to allow Caregivers respite from their regular caregiving duties.
Pest Control/Fumigation	Services provided by a licensed pesticide business for the purpose of eliminating pests or rodents in order to maintain safe, sanitary living conditions in the Care Receiver's residence.
Pet Boarding/Kenneling	The costs associated with housing and caring for an individual's pet in a boarding facility, including expenses for food, bedding, cleaning, and other necessary supplies. These fees ensure the pet's well-being and comfort during the owner's absence.

Service	Service Definition
Power of Attorney (POA)	A legal authorization that allows an individual (the “agent” or “attorney-in-fact”) to make decisions and act on behalf of another person (the “principal”). It can cover financial, legal, or healthcare matters and may be limited in scope, durable, or springing, depending on how it is written.
PS Emergency Supplies	Essential items maintained to ensure the safety and well-being of older adults during emergencies or service disruptions. These may include shelf-stable meals, bottled water, flashlights, batteries, blankets, first aid items, fans, and other basic necessities to support individuals until regular services can be restored.
PS Petition to Court	A formal legal request filed by Protective Services when judicial intervention is needed to safeguard an older adult. This petition may seek actions such as appointing a guardian, authorizing medical treatment, accessing records, or removing the individual from an unsafe environment.
Representative Payee	A person or organization appointed by a government agency, such as the Social Security Administration, to manage benefit payments on behalf of an individual who cannot manage their own funds. The representative payee ensures the money is used for the individual’s basic needs, including housing, food, medical care, and personal expenses.
Specialized Medical Transportation	Transportation for Older Adults who are unable to be transported for medical trips via regular transport due to requiring a stretcher and/or door through door service.
Specialized Medical Transportation Attendant	A professional attendant required for transportation of Older Adults who are unable to be transported for medical trips via regular transport due to requiring a stretcher and/or door through door service.
TC /Chronic Health Status Monitoring	An ongoing service in which a professional regularly tracks and reviews an individual’s long-term medical conditions and overall health status. This monitoring helps identify changes, prevent complications, and guide timely interventions to support stability and quality of life.
TC /Health Status Monitoring Equip Install/Remove	The setup or removal of devices used to track an individual’s health status in the home, such as blood pressure monitors, glucose monitors, or emergency response systems. This service ensures the equipment is properly installed, safely removed when no longer needed, and ready to support accurate monitoring of the individual’s condition.
TC /Medication Dispenser w/Remote Monitoring	An electronic device placed in the individual’s home that organizes and dispenses medications on schedule while transmitting usage data to caregivers or providers. This service helps ensure medication adherence, reduces errors, and allows for timely intervention if doses are missed.
Therapeutic Cream	Topically applied creams, gels or ointments used to relieve effects of incontinence and/or prevent skin breakdown for the Older Adult.
TPP-Adult Day Care	Third Party Payer - A structured, community-based program that provides social, health, and support services during the day to adults who need supervised care outside their home.
TPP-DME	Third Party Payer - Medically necessary equipment, such as walkers, wheelchairs, or hospital beds, provided to adults in the program to support mobility, safety, and independence.
TPP-Home Health	Third Party Payer - Skilled medical care and support services delivered in an individual’s residence, including nursing, therapy, and health monitoring, to promote recovery, manage chronic conditions, and maintain independence.
TPP-Home Support	Third Party Payer - Assistance provided in an individual’s residence with non-medical daily living tasks, such as meal preparation, housekeeping, and errands, to help maintain a safe home environment and support independence.
TPP-Medical Supplies	Third Party Payer - Essential health-related items, such as dressings, gloves, or catheters, provided to support an individual’s medical needs and ensure safe, effective care in the home or community setting.

Service	Service Definition
TPP-PERS	Third Party Payer - An electronic device that allows an individual to quickly call for help in an emergency, providing 24/7 access to assistance and enhancing safety in the home.
TPP-Personal Care	Third Party Payer - Services provided by an individual or agency during normal business hours to assist Older Adults with Activities of Daily Living such as bathing, bowel care, eating, grooming, toileting, transferring, etc. to allow Caregivers respite from their regular caregiving duties.
TPP-Telecare Services	Third Party Payer - Remote support services that use technology—such as phone, video, or monitoring devices—to check on an individual's safety, health status, and well-being. These services provide timely assistance, promote independence, and help reduce the risk of emergencies.
TPP-Transportation	Third Party Payer - A service that provides rides to and from medical appointments, adult day programs, or other essential destinations, ensuring individuals can safely access needed care and community resources.
Transport/Trip	A service that provides rides to and from medical appointments, adult day programs, or other essential destinations, ensuring individuals can safely access needed care and community resources.
Undelivered-In-Home Meal	A scheduled meal that could not be provided to the individual's residence due to factors such as absence, safety concerns, or service disruptions. It is documented to track missed service and address any follow-up needs.
Underpads	Waterproof pads used to absorb moisture and protect surfaces used by Older Adults with incontinence.
Wipes, Disposable	Disposable cloths used to cleanse Older Adults.

PS Services by Service Category

Service Category	Service	Unit Type
Adult Daily Living Center	ADC-Full Day	Full Day
Adult Daily Living Center	ADC-Full Day w/Bath	Full Day
Adult Daily Living Center	ADC-Full Day w/NSIP Meal	Full Day
Adult Daily Living Center	ADC-Full day w/NSIP Meal & Bath	Full Day
Adult Daily Living Center	ADC-Half Day	Half Day
Adult Daily Living Center	ADC-Half Day w/Bath	Half Day
Adult Daily Living Center	ADC-Half Day w/NSIP Meal	Half Day
Adult Daily Living Center	ADC-Half Day w/NSIP Meal & Bath	Half Day
Assessment	Assessment-Competency Evaluation	Consult Fee
Assessment	Assessment-Physician Consult	Consult Fee
Care Management	Care Management	Hour
Care Management	Care Management-RN Evaluation	Consult Fee
Environmental Modification	Home Modification-Ramp	Home Mod/Repair
Environmental Modification	Home Mod-Other Exterior	Home Mod/Repair
Environmental Modification	Home Mod-Stair Glide	Home Mod/Repair
Guardianship	Guardianship	Guardianship Managed
Guardianship	Guardianship-Competency Evaluation	Consult Fee
Guardianship	Guardianship-Physician Consult	Consult Fee
Guardianship	Guardianship-Startup	Consult Fee
Guardianship	Power of Attorney (POA)	Fee
Guardianship	Representative Payee	Fee
Home Health	Home Health-Aide	Hour
Home Health	Home Health-LPN	Hour
Home Health	Home Health-Medication Setup	Billable Order
Home Health	Home Health-Occupational Therapy	Hour
Home Health	Home Health-Physical Therapy	Hour
Home Health	Home Health-RN	Hour
Home Health	Home Health-Speech Therapy	Hour
Home Health	Home Health-Transportation Cost to Consumer	Hour
Home Health	TC /Chronic Health Status Monitoring	Per Day
Home Health	TC /Health Status Monitoring Equip Install/Remove	One Installation
Home Health	TC /Medication Dispenser w/Remote Monitoring	Monthly Fee
Home Support	Home Support	Hour
Home Support	Home Support - Errands	Hour
Home Support	Home Support-Home Maintenance	Hour
Incontinence Supplies	Belted Undergarments	Billable Order
Incontinence Supplies	Breathable Underpads	Billable Order
Incontinence Supplies	Briefs, Med	Case
Incontinence Supplies	Briefs, Sml	Case
Incontinence Supplies	Briefs, XL	Case
Incontinence Supplies	Diapers, Bariatric Size 2X+	Case
Incontinence Supplies	Diapers, Lg	Case
Incontinence Supplies	Diapers, Med	Case
Incontinence Supplies	Diapers, Sml	Case
Incontinence Supplies	Diapers, XL	Case
Incontinence Supplies	Discrete Liner	Case
Incontinence Supplies	Disposable Undergarments	Case
Incontinence Supplies	Disposable Undergarments, Bariatric Size	Case
Incontinence Supplies	Gloves, Disposable	Billable Order
Incontinence Supplies	Pants Liner	Billable Order
Incontinence Supplies	Therapeutic Cream	Billable Order
Incontinence Supplies	Underpads	Billable Order
Incontinence Supplies	Wipes, Disposable	Billable Order
Informal Supports	Informal Support Activity	Hour
Information & Assistance	Information and Assistance	Contact

Service Category	Service	Unit Type
In-Home Meals	Breakfast-In-Home Meal	Meal
In-Home Meals	Dinner-In-Home Meal	Meal
In-Home Meals	Dinner-Rate 2-In-Home Meal	Meal
In-Home Meals	Emergency Pack-In-Home Meal	Meal
In-Home Meals	Emergency Pack-Rate 2-In-Home Meal	Meal
In-Home Meals	Frozen-In-Home Meal	Meal
In-Home Meals	Frozen-Rate 2-In-Home Meal	Meal
In-Home Meals	Kosher Hot-In-Home Meal	Meal
In-Home Meals	Kosher/Frozen-In-Home Meal	Meal
In-Home Meals	Lunch-In-Home Meal	Meal
In-Home Meals	Lunch-Rate 2-In-Home Meal	Meal
In-Home Meals	Undelivered-In-Home Meal	Meal
Legal Assistance	Legal Advice and Representation To Individual	Hour
Medical Equipment & Supplies	Med Eq/Sup/Adapt Dev-Adapt Device	One Item
Medical Equipment & Supplies	Med Eq/Sup/Adapt Dev-Consumables	Billable Order
Medical Equipment & Supplies	Med Eq/Sup/Adapt Dev-Durable Equip	One Item
Medical Equipment & Supplies	Med Eq/Sup/Adapt Dev-Nutritional Suplmt, Brand B	Case
Medical Equipment & Supplies	Med Eq/Sup/Adapt Dev-Nutritional Suplmt, Brand C	Case
Medical Equipment & Supplies	Med Eq/Sup/Adapt Dev-Nutritional Suplmt, Brand D	Case
Medical Equipment & Supplies	Med Eq/Sup/Adapt Dev-Nutritional Supplement	Case
Medical Equipment & Supplies	Med Eq/Sup/Monthly Fee/Durable Equip	Monthly Fee
Overnight Shelter/Supervision	Overnight Shelter/Supervision	Overnight Stay
Personal Care	Personal Care	Hour
Personal Care	Personal Care/Evenings	Hour
Personal Care	Personal Care/Holidays	Hour
Personal Care	Personal Care/Weekends	Hour
PERS-Personal Emergency Response System	OCS-PERS - Cellular Monthly Fee	Monthly Fee
PERS-Personal Emergency Response System	PERS-Basic Installation	One Installation
PERS-Personal Emergency Response System	PERS-Basic Maintenance/Replacement/Repair	Per Service
PERS-Personal Emergency Response System	PERS-Basic Monthly Fee	Monthly Fee
PERS-Personal Emergency Response System	PERS-Enhanced Installation	One Installation
PERS-Personal Emergency Response System	PERS-Enhanced Maint/Rplcmnt/Repair	Per Service
PERS-Personal Emergency Response System	PERS-Enhanced Monthly Fee	Monthly Fee
Pest Control/Fumigation	Pest Control/Fumigation	One Time
Protective Services	Financial Analyst Services	Hour
Protective Services	Pet Boarding/Kenneling	Per Day
Protective Services	PS Emergency Supplies	One Purchase
Protective Services	PS Petition to Court	Consumer
Third Party Payer	TPP-Adult Day Care	Hour
Third Party Payer	TPP-DME	One Purchase
Third Party Payer	TPP-Home Health	Hour
Third Party Payer	TPP-Home Support	Hour
Third Party Payer	TPP-Medical Supplies	One Purchase
Third Party Payer	TPP-PERS	Monthly Fee
Third Party Payer	TPP-Personal Care	Hour
Third Party Payer	TPP-Telecare Services	Hour
Third Party Payer	TPP-Transportation	Round Trip
Transportation	Specialized Medical Transportation	One-Way Trip
Transportation	Specialized Medical Transportation Attendant	One-Way Trip
Transportation	Transport/Trip	One-Way Trip

PS Services Data Entry Requirements (Care Plan, Service Order)

Service	Requires Care Plan	Requires Service Order
ADC-Full Day	Yes	Yes
ADC-Full Day w/Bath	Yes	Yes
ADC-Full Day w/NSIP Meal	Yes	Yes
ADC-Full day w/NSIP Meal & Bath	Yes	Yes
ADC-Half Day	Yes	Yes
ADC-Half Day w/Bath	Yes	Yes
ADC-Half Day w/NSIP Meal	Yes	Yes
ADC-Half Day w/NSIP Meal & Bath	Yes	Yes
Assessment-Competency Evaluation	No	Yes
Assessment-Physician Consult	No	Yes
Belted Undergarments	Yes	Yes
Breakfast-In-Home Meal	Yes	Yes
Breathable Underpads	Yes	Yes
Briefs, Med	Yes	Yes
Briefs, Sml	Yes	Yes
Briefs, XL	Yes	Yes
Care Management	No	No
Care Management-RN Evaluation	No	Yes
Diapers, Bariatric Size 2X+	Yes	Yes
Diapers, Lg	Yes	Yes
Diapers, Med	Yes	Yes
Diapers, Sml	Yes	Yes
Diapers, XL	Yes	Yes
Dinner-In-Home Meal	Yes	Yes
Dinner-Rate 2-In-Home Meal	Yes	Yes
Discrete Liner	Yes	Yes
Disposable Undergarments	Yes	Yes
Disposable Undergarments, Bariatric Size	Yes	Yes
Emergency Pack-In-Home Meal	Yes	Yes
Emergency Pack-Rate 2-In-Home Meal	Yes	Yes
Financial Analyst Services	Yes	Yes
Frozen-In-Home Meal	Yes	Yes
Frozen-Rate 2-In-Home Meal	Yes	Yes
Gloves, Disposable	Yes	Yes
Guardianship	Yes	Yes
Guardianship-Competency Evaluation	No	Yes
Guardianship-Physician Consult	No	Yes
Guardianship-Startup	No	Yes
Home Health-Aide	Yes	Yes
Home Health-LPN	Yes	Yes
Home Health-Medication Setup	Yes	Yes
Home Health-Occupational Therapy	Yes	Yes
Home Health-Physical Therapy	Yes	Yes
Home Health-RN	Yes	Yes
Home Health-Speech Therapy	Yes	Yes
Home Health-Transportation Cost to Consumer	Yes	Yes
Home Modification-Ramp	Yes	Yes
Home Mod-Other Exterior	Yes	Yes
Home Mod-Stair Glide	Yes	Yes
Home Support	Yes	Yes
Home Support - Errands	Yes	Yes
Home Support-Home Maintenance	Yes	Yes
Informal Support Activity	No	No
Information and Assistance	No	No

Service	Requires Care Plan	Requires Service Order
Kosher Hot-In-Home Meal	Yes	Yes
Kosher/Frozen-In-Home Meal	Yes	Yes
Legal Advice and Representation To Individual	Yes	Yes
Lunch-In-Home Meal	Yes	Yes
Lunch-Rate 2-In-Home Meal	No	Yes
Med Eq/Sup/Adapt Dev-Adapt Device	Yes	Yes
Med Eq/Sup/Adapt Dev-Consumables	Yes	Yes
Med Eq/Sup/Adapt Dev-Durable Equip	Yes	Yes
Med Eq/Sup/Adapt Dev-Nutritional Suplmt, Brand B	Yes	Yes
Med Eq/Sup/Adapt Dev-Nutritional Suplmt, Brand C	Yes	Yes
Med Eq/Sup/Adapt Dev-Nutritional Suplmt, Brand D	Yes	Yes
Med Eq/Sup/Adapt Dev-Nutritional Supplement	Yes	Yes
Med Eq/Sup/Monthly Fee/Durable Equip	Yes	Yes
OCS-PERS - Cellular Monthly Fee	No	No
Overnight Shelter/Supervision	Yes	Yes
Pants Liner	Yes	Yes
PERS-Basic Installation	Yes	Yes
PERS-Basic Maintenance/Replacement/Repair	Yes	Yes
PERS-Basic Monthly Fee	Yes	Yes
PERS-Enhanced Installation	Yes	Yes
PERS-Enhanced Maint/Rplcmnt/Repair	Yes	Yes
PERS-Enhanced Monthly Fee	Yes	Yes
Personal Care	Yes	Yes
Personal Care/Evenings	Yes	Yes
Personal Care/Holidays	Yes	Yes
Personal Care/Weekends	Yes	Yes
Pest Control/Fumigation	Yes	Yes
Pet Boarding/Kenneling	Yes	Yes
Power of Attorney (POA)	Yes	Yes
PS Emergency Supplies	Yes	Yes
PS Petition to Court	Yes	Yes
Representative Payee	Yes	Yes
Specialized Medical Transportation	Yes	Yes
Specialized Medical Transportation Attendant	Yes	Yes
TC /Chronic Health Status Monitoring	Yes	Yes
TC /Health Status Monitoring Equip Install/Remove	Yes	Yes
TC /Medication Dispenser w/Remote Monitoring	Yes	Yes
Therapeutic Cream	Yes	Yes
TPP-Adult Day Care	No	No
TPP-DME	No	No
TPP-Home Health	No	No
TPP-Home Support	No	No
TPP-Medical Supplies	No	No
TPP-PERS	No	No
TPP-Personal Care	No	No
TPP-Telecare Services	No	No
TPP-Transportation	No	No
Transport/Trip	No	No
Undelivered-In-Home Meal	No	No
Underpads	Yes	Yes
Wipes, Disposable	Yes	Yes

SUPPLEMENT D :
QUALITY ASSURANCE SUPERVISORY TOOLS

Introduction

The PDA provides weekly, scheduled reports to assist PS supervisors with monitoring OAPSA regulations compliance and documentation requirements, as well as ensuring case and investigative activities progress on a timely basis. Some reports are available in the A&D application. Refer to the OAPS Reports User Guide for instructions on running reports in A&D. The user guide is available on the PDA LMS Website.

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

Scheduled Weekly Reports

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

1) APS RON Missing Responses Report
2) Care Plan Journal Entry Counts Report
3) ISA Errors Report
4) OAPSA RON Missing Responses Report
5) OAPSA ISA Missing Responses Report
6) QA Case Inspection Report
7) 20-Day Countdown Report

Monthly Reports

The following reports should be used on at least a monthly basis Refer to SUPPLEMENT E in this manual for instructions on running the reports.

1) Deletion Reports for Substantiated, Unsubstantiated, and No Need reports.
    a) 6 Month Deletion
    b) 3 Year Deletion
2) Consumer Listing Report: PDA OAPSA - Monitoring List.

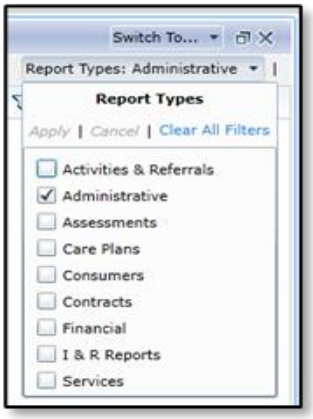
SUPPLEMENT E :
A&D OAPS REPORT USERS GUIDE

IMPORTANT REMINDER:
Never save a Protective Services Report Definition with the password.

Doing so will allow non-PS users with SAMS/A&D access to see the password and run the report. Protective Services Report Definitions found to be saved with a password will be deleted from SAMS/A&D without notice.

How to Run a Report in SAMS/A&D

1) Log into SAMS/A&D.
2) Click the Reports menu along the top of the screen.
3) Select Report Types:
    a) Click the **Report Types:** dropdown arrow in upper right corner of the Reports pane (see illustration at right).
    b) Click the appropriate checkbox for the Report Type, as specified in the particular report's instructions below.
    c) Deselect any previously enabled Report Types.
    d) Click the **Apply** link.



4) Run the report:
    a) Scroll to the **Report Title** (in the Reports pane) specified in the particular report's instructions below.
    b) Click once to highlight / **select it.**
    c) If the report has one or more Report Definition (shown in the bottom pane), select the Report Definition specified in the report's instructions below.
        1. To navigate a long list of Report Definitions:
            i. Use the forward and back buttons at the bottom OR
            ii. If you know part of the Title, click the Filter icon
                a. on the column header to search. *
            iii. The list can be sorted by clicking any of the filters in the column headers. 
5) **Double-click** the Title in the Report Definitions pane to open it.
6) Click the **Open** hyperlink (below Comments).
7) Configure the parameters as specified in the particular report's instructions below.
8) Click the **Preview** button.
9) Click **Close .**
IMPORTANT: Do NOT save changes after running a report.
10) Click **Discard My Changes.**

Be sure to clear your filter(s) when finished. A filtered column will have a dark blue filter icon. 
Simply click the filter icon and click Clear Filter.

Overview of Specific Reports

PDA OAPSA - QA Case Inspection

1) **Report Types:** Administrative
2) **Report Title:** PDA OAPSA – PS QA Case Inspection
3) **Report Definitions Title:** N/A; double-click the report's Title in the top Reports pane
4) **Report Filters:**
    a. **Password**: See supervisor for password
    b. **Exclude records updated within the past X days:** 0 to 7*
    c. **Consumer's Default Agency**: Select AAA

If you set the Report Filter to exclude records updated within the past 0 days, all active cases will be displayed. If you set the value to 1 through 7, any case that was updated within the specified timeframe will be excluded (unless it is missing a care plan or ISA). However, the agency's and caseworker's total case count will still be displayed (including any excluded records).

Note: The report utilizes the Default Agency to generate records. This means it may contain another agency's records for one or more of their caseworkers. **If the Default Agency is incorrect for the consumer, please correct it.** This will make the record appear on the proper agency's report. For conflict cases and consumers temporarily relocated in another service area, please refer any issues with the PS case to the investigating agency.

The report output includes:

1) Number of days since last Care Plan Journal Entry (review cases with no journal entries, no entries within the past seven calendar days, or within the past two days for Emergency cases.)
2) Number of days since last Assessment update.
3) Cases without a recent Assessment or Assessment update for active CE (if any).
4) Cases that have an active PS Care Enrollment, but no Care Plan (if any).
5) Ended PS Care Enrollment with Active Status (if any).
6) Care Plans with no Primary Care Plan Manager (if any).

As a quick overview on how to read the report, the following may be indicators of problems to be addressed; however, please see the last page of the report for further details.

1) **Caseworkers highlighted in pink.**
2) **Records highlighted in yellow.**
3) **Records with a red font.**

PDA OAPSA – 20-Day Countdown Report

1) **Report Types:** Administrative
2) **Report Title:** PDA OAPSA – 20-Day Countdown Report
3) **Report Definitions Title:** N/A; double-click the report's Title in the top Reports pane
4) **Report Filters:**
    a. **Agency ID Number:**
    b. **Password:** See supervisor for password
    c. **Agency Name:**

PDA OAPSA – Active Protective Services Case Loads

1) **Report Types:** Care Plan
2) **Report Title:** Active Protective Services Case Load
3) **Report Definitions Title:** N/A; double-click the report's Title in the top Reports pane
4) **Report Filters:**
    a. **Agency Name:**
    b. **Care Program:**
    c. **Password:** See supervisor for password

PDA OAPSA – PS Care Plan Journal Entry Counts

1) **Report Types:** Administrative
2) **Report Title:** PDA OASPSA – PS Care Plan Journal Entry Counts
3) **Report Definitions Title:** N/A; double-click the report's Title in the top Reports pane
4) **Report Filters:**
    a. **Journal Start Date**
    b. **Journal End Date:**
    c. **Agency Name:**
    d. **Password:** See supervisor for password

OAPSA Terminated Enrollments

1) **Report Types:** Administrative
2) **Report Title:** OAPSA Terminated Enrollments
3) **Report Definitions Title:** N/A; double-click the report's Title in the top Reports pane
4) **Report Filters:**
    a. **Start Date:**
    b. **End Date:**
    c. **Password:** See supervisor for password
    d. **Agency Name:**

This report lists all RONs that were terminated during the date ranged entered, regardless of when the RON was created. In comparison, above "PDA OAPSA - Monitoring List" Report provides only those RONs that were both created and terminated within the date range.

Consumer Listing Report: PDA OAPSA Monitoring List

1) **Report Types:** Consumers
2) **Report Title:** Consumer Listing Report
3) **Report Definitions Title:** PDA OAPSA – Monitoring List
4) **Report Filters:**
    a. **Care Enrollment Start Date (on or after):** Enter start date
    b. **Care Enrollment End Date (on or before):** Enter end date
    c. **Care Providers / Default Agency:** Select AAA

This report lists all RONs that were both created and terminated within the date range specified. See "OAPSA Terminated Enrollments" Report above to capture terminated RONs that were created both inside and outside the date range but were terminated within the date range.

Consumer Listing Report: PDA OAPSA – Active Care Enrollments Comparison

1) **Report Types:** Consumers
2) **Report Title:** Consumer Listing Report
3) **Report Definitions Title:** PDA OAPSA - Active Care Enrollments Comparison
4) **Report Filters:**

a. **Care Providers / Default Agency**: Select AAA

When comparing to the cases from the below "PDA OAPSA – Active Protective Services Case Load" report, this "PDA OAPSA - Active Care Enrollment" report is useful for finding PS Care Enrollments that may have been overlooked when terminating or deleting a case.

Consumer Listing Report: Deletion – 6 Months (Unsubstantiated)

1) **Report Types:** Consumer
2) **Report Title:** Consumer Listing Report
3) **Report Definitions Title:** Deletion- 6 months (Unsubstantiated)
4) **Report Filters:**
    a. **Care Enrollment Termination Date (on or before):** Set to 6 months back from yesterday's date.
    b. **Care Providers / Default Agency:** Select AAA

Consumer Listing Report: Deletion – 3 Year (Substantiation)

2) **Report Types:** Consumer
3) **Report Title:** Consumer Listing Report
4) **Report Definitions Title:** Deletion- 3 Year (Substantiation)
5) **Report Filters:**
    a. **Care Enrollment Termination Date (on or before):** Set to 3 years back from yesterday's date.
    b. **Care Providers / Default Agency:** Select AAA

SUPPLEMENT F :
REPORT OF NEED (RON) ASSESSMENT FORM

Introduction

Policy and procedure guidance on Completion of the RON and intake procedures can be found in the "Intake Process" section of the PS Chapter found on Aging's website.

Report of Need (RON) Overview

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

All questions on the RON form must be completed unless:

1. An automated/built-in skip pattern is activated during entry.
2. The question applies to APS (under 60) only.
3. The question is not relevant to the Consumer (e.g., Consumer does not have a Medicaid Number).

All appropriate check boxes should be marked and supporting information for the selection is to be recorded in the Notes section. If a question is not applicable or information is not known, please utilize the appropriate check box for that question (e.g., None or Unknown). Care should be taken to ensure all information documented on the RON form is accurate. *ALL Information used to complete the RON form must come from the reporter*. Refer to the "Categorization" section of the PS Chapter found on Aging's website for information regarding making additional calls.

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

The "None" and "Unknown" responses are only used when the reporter provides the response as "None" or "Unknown". "Unknown" signifies that the reporter is unable to answer the specific question, but the risk could potentially still be present. "None" signifies that no risk or concern has been reported by the reporter for the related question.

Additionally, it is critical for all staff to ensure that, when they are logging into A&D or Mobile Assessments, they use their individually assigned user ID and password. It is a violation of security policy to enter data under someone else's login.

Printing a Blank Report of Need (RON)

A blank RON form may be printed from A&D and utilized during a live Report of Need call to guide the Intake worker through documenting all required information prior to committing the information to the official electronic record in A&D.

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

1) Click the three vertical dots on the black menu bar.
2) Select “Tools.”
3) Click “Print Blank Assessment Forms.”
4) Open the “Select a Form to Print:” list box.
5) Select the PS Report of Need.afm option.
6) Change the “Style” and “Settings” options, if desired.
7) Click the Preview button.
8) A blank form will open in a new tab and can be printed from the new tab.

Instructions for Completing the Report of Need (RON)

1. REPORT OF NEED GENERAL INFORMATION

*1.*A RON INTAKE

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

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

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

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

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

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

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

2. REPORTER'S DATA

2.A. REPORTER'S INFORMATION

1. ***REPORTER'S First and Last Name***
   Document the reporter's first and last name. If reporter chooses to remain anonymous, document "anonymous." Note: Mandatory reporters can choose to report anonymously. If they choose to do so, accept and enter the RON as an "anonymous" voluntary report.

   This question must be redacted for RONs categorized as "No Need" and unsubstantiated cases. To accomplish this, the text may be replaced by Xs, asterisks, with the word "redacted," etc. to show that information was obtained and redacted.

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

   This question must be redacted for RONs categorized as "No Need" and unsubstantiated cases. To accomplish this, the text may be replaced by Xs, asterisks, with the word "redacted," etc. to show that information was obtained and redacted.

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

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

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

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

1. ***NAME of the Organization/Facility (mandatory facilities cannot report anonymously)***
   Document the name of the organization/facility the reporter is calling from.

   Since this question does not specifically identify the reporter, it does **not** need to be redacted.

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

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

Since this question does not specifically identify the reporter, it does **not** need to be redacted.

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

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

2. ***Was the mandatory reporter advised of additional reporting requirements to the appropriate State Agency and Law Enforcement?***
   Select the appropriate response. If the answer is NO, skip to 2.C.5.

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

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

4. ***Time the PS Agency reminded the facility of the additional reporting requirements to the appropriate state agency and law enforcement (include AM or PM)***
   Document the time that the facility was notified of the additional reporting requirements to the appropriate state agencies and law enforcement. Do not use military time. The time must be in the following format: hh:mm AM or hh:mm PM (it must include the colon and a space between the time and AM or PM). Do not use periods in AM or PM.

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

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

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

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

3. ALLEGATIONS AND CONSUMER'S CHARACTERISTICS

3.*A. CONSUMER'S CURRENT SITUATION*

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

   NOTE: for allegations of Sexual Harassment, Physical abuse should be selected as the reported allegation.

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

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

   - Adult day services center (non-specific)
   - A different county (indicate county name in the Notes section)
   - Licensed adult day services center
   - Licensed residential care community
   - Nursing home (non-specific)
   - Other (explain in Notes)
   - Own residence or private residence of relative or caregiver
   - Place of business or other services
   - Residential care community (non-specific)
   - Skilled nursing facility
   - Unlicensed adult day services center
   - Unlicensed nursing home
   - Unlicensed residential care community

3. ***Is the Consumer in a Life-Threatening Situation?***
If the reporter does not know or the reporter's answer is contradicted by other information stated by the reporter, document this discrepancy in the Notes section. The question should be answered using the response provided by the reporter, regardless of any contradictions.

4. ***Is the Consumer at risk of or found to be socially isolated?***
Below are several examples that could be indicators that a Consumer is at risk of being or is socially

isolated. As best you can, document YES or NO based on the information provided by the reporter. If there are no indicators, select the response "Unknown". You may also ask the reporter if they believe the Consumer is socially isolated and respond to this question based on the response from the reporter.

Social Isolation indicators include but are not limited to the following:

- Marital status of single, divorced, widowed, separated
- Lives alone
- In-poverty
- Disabled
- Difficulty with one or more ADL, which is listed as "Number of ADLs" on A&D Details screen

5. ***Check all Program Offices through which the Consumer was receiving services at the time of intake***

   Asking if the consumer is receiving any services allows the investigator to establish what services the consumer is currently receiving and select the appropriate response. This information should be used to establish collateral contacts, when services should be in the home, and where there may be unmet needs. Contacting current service providers often provides the investigator with insight as to what goes on in the home on a day-to-day basis, the older adult's care needs and decision-making ability, and identify any informal supports available to the Consumer.

6. ***Reported physical and health conditions of Consumer (document all details in Notes)***

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

7. ***Type(s) of disability(ies) reported***

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

8. ***Indicate the types of substance abuse***

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

9. ***Reported emotional and mental conditions of Consumer (document all details in Notes)***

   Check all responses that the reporter uses to describe the Consumer's emotional and/or mental condition. After checking all appropriate responses, describe in the Notes section all supporting documentation/ information supplied by the reporter regarding each response that has been checked. If the Consumer has been formally diagnosed with an emotional or mental condition, document this in the Notes section. If the Consumer has been declared incapacitated by a court through a

guardianship hearing, document this in the Notes section. If there are no reported emotional and/or mental conditions, check the box designated as NONE. If the reporter indicates they are uncertain ("I'm not sure." "I don't know." etc.), check the box designated as UNKNOWN.

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

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

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

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

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

4. ALLEGED PERPETRATOR'S DATA

4.A. ALLEGED PERPETRATOR'S INFORMATION

1. ***Who is the alleged perpetrator?***
   Check the most appropriate response. Check only one box. If there is more than one alleged perpetrator, select the response for the person who the reporter believes is the primary person alleged to be abusing/ neglecting the Consumer. Note: Consumer's alleged to self-neglecting are never to be considered an alleged perpetrator. Therefore, this question must remain unanswered for cases of self-neglect. If no alleged perpetrator is identified, this question should remain unanswered.

   For unsubstantiated cases, regardless of response, including "Unknown," this question must be redacted/unchecked to remove the selected response.

   For substantiated cases, reference the "Redaction or Removal of Perpetrator Identifiable Information Upon Case Resolution" section of the PS Chapter found on Aging's website.

2. ***Name of alleged perpetrator? (document if N/A or unknown)***
   If the reporter can identify an alleged perpetrator, document this information in the Notes section. To accomplish this, the text may be replaced by Xs, asterisks, the word "redacted," or similar terminology to show that information was obtained and redacted. Include the name of the alleged perpetrator, contact information, location, etc., along with any characteristics of the individual. In cases of multiple alleged perpetrators, each AP's information should be entered. If there is no alleged perpetrator reported, the reporter specifically indicates that there is no alleged perpetrator, or the consumer is self-neglecting, indicate N/A. If the reporter indicates they are uncertain of any alleged perpetrator, indicate UNKNOWN.

   For unsubstantiated cases, this question must be redacted to remove the selected response. Replace the text with Xs, asterisks, the word "redacted", or similar terminology.

   For substantiated cases, reference the "Redaction or Removal of Perpetrator Identifiable Information Upon Case Resolution" section of the PS Chapter found on Aging's website.

3. ***Does the Alleged Perpetrator currently have access to the Consumer and/or Consumer assets?***
   Do not answer if allegation is "Self-Neglect" (consumers shall not be identified as an alleged perpetrator of Self-Neglect). Choose the response that is most appropriate given the information supplied by the reporter. Document all applicable details in the Notes section. If the reporter is unsure (e.g., the reporter indicates "Possibly." "I don't know." "Not sure." "Maybe." etc.), select UNKNOWN and document details in the Notes section.

5. CONSUMER'S INFORMATION

5.A. CONSUMER'S DEMOGRAPHIC DATA

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

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

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

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

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

6. ***If date of birth is unknown, indicate the Consumer's age range.***
   If date of birth was unknown in question 5.A.5, document whether Consumer is reported to be 60 years or older or under 60 in this question. Skip this question if the DOB is known and question 5.A.5 is answered.

7. ***Consumer's Social Security Number (SSN)***
   Document the Consumer's full nine-digit social security number, if known. If you do not know the full social security number, you must leave this field blank. This field is critical for accuracy in the database, and it must contain valid information only.

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

9a. ***Consumer's current gender identity (defined as one's inner sense of one's own gender)***
   Document the Consumer's gender identity. If reporter does not know, select "Choose not to disclose."

9b. ***Consumer's sex assigned on their birth certificate at birth***
   Document the Consumer's sex at birth. Note: This question is not available on the Consumer record.

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

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

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

13. ***What type of communication assistance will the Consumer require?***
    Document any information the reporter provided that indicates or suggests that communication

assistance will or may be required when contacting and communicating with the Consumer.

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

15. ***Current Living Arrangement (Include in the "Lives Alone" category, Consumers who live in AL, Dom Care, and PCH, pay rent, or have no roommate.)***
Document the Consumer's current living arrangement. The purpose of this question is to determine if the Consumer lives alone or with other people.

- **Lives Alone**: Select this response if the Consumer lives alone or has no roommate. Also select this response if the person lives in a personal care home, assisted living, domiciliary care home, group home. Also select this if the consumer rents their residence with no other people living there.
- **Lives with Spouse or Domestic Partner**: Select this response if the Consumer lives with his/her spouse or domestic partner. This response should be chosen regardless of whether anyone else also resides with the Consumer and his/her spouse (i.e. the Consumer lives with spouse along with any other individuals residing in the home).
- **Lives with Child(ren) but not Spouse**: Select this response when the Consumer lives with a child, but there is no Consumer spouse within the residence.
- **Lives with Other Family Members(s)**: Select this response when the Consumer lives with another family member (not spouse or child).
- **Other-Document Details in Notes**: Select this response when the Consumer lives with another person (not spouse, child, or another family member) or resides in a skilled nursing facility. or other setting. Document the specifics regarding the Consumer's living arrangements in the Notes section (i.e. where Consumer resides and with whom they reside).
- **Don't Know**: Select this response when the reporter does not know the living arrangements of the Consumer.

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

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

5.B. CONSUMER'S RESIDENTIAL ADDRESS INFORMATION

Important Note: All questions in this section (except 5B2 - Facility Name, 5B9 - Mailing Address, 5B12 - Current Location, and 5B13 Directions to Current Location) will automatically populate from and are linked to the Consumer Record (Details tab). If these responses need to be updated with correct information, updating the information in the RON will automatically update the Consumer Record. Only changes made to the current or most recently created assessment form will update the Consumer Record. Changes made to prior RONs or ISAs will not update the Consumer Record, nor will prior RONs or ISAs be updated by changes to the current assessment form. Likewise, a change to the Consumer Record will automatically update only the most recently created assessment form.

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

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

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

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

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

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

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

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

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

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

incorrect or missing, update response.

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

12. ***Where is the Consumer currently located?***
    Document where the Consumer is physically located at the time of the report (e.g., home, hospital, nursing facility, homeless, etc.), including the address if different from their residence. This information is provided to assist the investigator in performing a successful face-to-face visit if the Consumer is not currently at their residence.

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

5.C. COLLATERAL CONTACTS

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

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

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

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

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

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

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

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

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

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

10. ***Consumer has a family physician/primary care physician?***
    Select applicable response. If “NO” or “Unknown”, skip to question 6.A.1. This question does not automatically populate.

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

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

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

6. REPORT OF NEED CATEGORIZATION AND SUMMARY

6.A. REPORT OF NEED INTAKE

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

Choose the appropriate category for this RON in accordance with the appropriate statute/regulations (Older Adults Protective Services Act or Adult Protective Services). Policy and procedure guidance regarding RON categorization can be found in the "Categorization" section of the PS Chapter found on Aging's website. The categorization must be based on the information provided during intake and documented on the RON.

- For **all Adult Protective Services (APS) RONs**, only the following response may be selected:
  - NO NEED FOR OAPS: REFERRED TO APS (COMPLETE 6.A.2). If any other response is selected or this question is unanswered, the RON will not be approved for payment.
- If an **OAPS RON is categorized as No Need for PS**, select the following response:
  - NO NEED FOR PS (COMPLETE 6.A.2) and proceed to question 6.A.2.
- If **AAA takes an OAPS RON and it is being referred to another AAA**, intake must select
  - REFERRED TO ANOTHER PLANNING AND SERVICE AREA (AAA) - SKIP TO 6.A.3.
  - The contact person at the receiving AAA shall be documented in the Notes section of question 6.A.3, including the contact name, date, time, and method of notification. **Note**: The receiving AAA (who will be investigating) must also be selected in 6.A.4.
- If **PS Helpline is transferring the RON to a AAA**,
  - The PS Helpline will choose the appropriate category in accordance with the appropriate statute/regulations prior to transferring the RON.
  - The PS Helpline should not select the option "REFERRED TO ANOTHER PLANNING AND SERVICE AREA (AAA) - SKIP TO 6.A.3"
- If **AAA is referring an OAPS RON received from PS Helpline to another AAA,**
  - The PS Helpline already selected the appropriate category in accordance with the appropriate statute/regulations prior to transferring the RON.
  - The AAA should not update this field.
  - The contact person at the receiving AAA shall be documented in the Notes section of question 6.A.3, including the contact name, date, time, and method of notification. **Note**: The receiving AAA (who will be investigating) must be selected in 6.A.4.

Important Note: 6.B.4 and 6.B.5 are completed by the **Investigating Agency**. A referred RON is **never** confirmed by the Intake Agency.

Once the RON is categorized by Intake, this question may **not** be changed by any person, including the person confirming the RON. To change the Intake category, respond NO to question 6.B.4 and select the final category in 6.B.5. In addition, Intake may not leave question 6.A.1 blank for someone else to respond. This question must be answered by the person speaking with the reporter and creating the RON.

RONs categorized and confirmed as Emergency, Priority, and Non-Priority must have the Initial ISA

created immediately upon receipt by the caseworker or supervisor. This step is important to ensure dashboards and reports contain real-time data and automated alerts can function properly.

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

2. ***If 6.A.1 is categorized as No Need for OAPSA or No Need for PS, select the reason***
If the *Report of Need* was categorized as either of the No Need for OAPSA or PS options, select the appropriate reason for this question. The Notes section must be used to provide supporting documentation to justify each selection made.

However, RONs referred to APS do **not** require justification in the Notes section. The contact name, date, time and method for the referral will be recorded in the Notes section of the next question (6.A.3).

Only the following responses are to be used by OAPSA:

- CONSUMER DECEASED AT TIME OF RON
- CONSUMER IN STATE-OPERATED FACILITY
- OAPSA FIVE CRITERIA responses

The APS CRITERIA responses are used only by APS or the Helpline. For **APS** RONs taken by the AAA, only the following response may be selected: OAPSA FIVE CRITERIA: UNDER AGE 60.

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

For RONs referred to another AAA and those taken by the state Helpline, the receiving/investigating AAA is responsible for all notifications, even though they are not the Intake agency. Therefore, for any notifications made at the time of the RON confirmation, this question must be updated by the AAA receiving the referred RON, regardless of Final Categorization. For OAPS RONs referred to another AAA, the contact name, date, time, and method for the referral must be recorded in the Notes section by the Intake Agency.

The AAA is responsible for notifying the Ombudsman for APS RONs.

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

4. ***AAA responsible for conducting investigation or reassessment (update if active case is transferred to another AAA for investigation)***
Select the AAA ID number of the agency receiving the RON and responsible for conducting the initial investigation if not confirmed as a No Need. For RONs that will be investigated by the Intake agency, select the Intake agency's ID. For RONs being referred to another AAA for investigation, the Intake agency must select the AAA to whom the RON will be referred for investigation.

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

on the RON and ISA.

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

6.B. RON CONFIRMATION

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

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

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

2. ***Time RON was received for confirmation (include AM or PM)***
   Document the time of day that this RON was received by the PS worker or supervisor for confirming the report categorization. Do not use military time. The time must be in the following format: hh:mm AM or hh:mm PM (it must include the colon and a space between the time and AM or PM). Do not use periods in AM or PM.

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

3. ***Were additional calls made to clarify demographic information, level of risk posed to the older adult and any potential safety concerns to ensure proper and/or consistent RON categorization?***
   Select YES if the trained PS Caseworker or PS Supervisor made one or more additional calls, before a PS Caseworker is assigned, solely to clarify demographic information, the level of risk to the older adult, or safety concerns needed for proper or consistent categorization. Document the date, time, and content of each call in the Notes section.

   Select NO if categorization was completed using only the information gathered during the original report. These calls are for clarification only and do not begin the investigative process.

4. ***Does the supervisor/caseworker agree with the category assigned at Intake? (May not be the same person who took and created the RON at Intake).***
   Document whether the initial category assigned to the RON at Intake was confirmed. If the PS worker or supervisor agrees with the categorization, select YES, All No Needs skip to question 6.B.6, All others skip to question 6.B.10.

   If NO, proceed to question 6.B.5 and answer appropriately. Do not change Intake's original categorization in question 6.A.1.

   If this RON is a referral from another agency, only the Receiving/Investigating Agency answers NO to this question and categorizes the RON in question 6.B.5.

5. ***If disagreeing with Intake's categorization, enter the final and appropriate category here (do not change 6.A.1)***
   Skip this question if 6.B.4. was answered YES. If question 6.B.4. was answered NO, select the

appropriate final and appropriate categorization assigned to the RON. When disagreeing with the Intake category, it must be documented only in this question. The original Intake category in question 6.A.1 must not be changed after Intake has passed the RON to the PS worker or supervisor. If the RON is being changed to a No Need, question 6.A.2 must also be answered and a Note explaining the reason for No Need must be entered (the Note may be entered in this question, and 6.A.2's Note can simply refer to this question).

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

6. ***Select the reason for no needs***
   If the Investigating Agency's confirmed or corrected category (6.B.4 / 6.B.5) is "No Need for OAPSA" or "No Need for APS," select the appropriate reason for this question. Note: Documentation should be a point of emphasis related to any decisions on categorizations of RONs.

7. ***Was reporter provided additional information or referred to another program area or service?***
   Select YES if, at confirmation, the reporter was given information about, or referred to, a program or service outside of OAPS/APS Protective Services (for example, AAA for OPTIONS referral, PA Link, the Ombudsman, or another community resource. Select NO if no such referral or information was provided.

8. ***Type of Organization Referred to***
   Complete only when 6.B.7 is YES. Select the category of organization the reporter or older adult was referred to (for example: AAA for OPTIONS referral, PA Link, the Ombudsman, or another community resource).

9. ***Actions for Referral (select all that apply)***
   Complete only when 6.B.7 is YES, in conjunction with 6.B.8. Select the specific action(s) taken (for example: provided contact information, made a warm hand-off call, mailed or emailed information, scheduled a follow-up). Note: Referrals may not always be related to state or local services. Documenting information given should be emphasized here.

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

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

7. SIGNATURES

7.A. RON SIGNATURES

1. ***Signature & Title of Intake Worker***
   The person completing the initial RON shall be designated as the intake worker and is required to use this section to record their name and title. For referred RONs, Intake agency must skip questions 7.A.3 through 7.A.6.

2. ***Date Intake Worker Completed RON***
   The person completing the initial RON shall document the date the intake was completed using the MM/DD/ YYYY format. For referred RONs, the Intake agency must skip questions 7.A.3 through 7.A.6.

3. ***Signature & Title of PS staff confirming Intake***
   Document the name and title of the person who reviewed the RON and confirmed Intake's categorization. Remember, this must not be the PS staff who did the intake (it must be done by a "second set of eyes"). If the RON is referred to another AAA or APS, only the agency to whom the RON will be transferred (investigating agency) completes this question.

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

5. ***Signature of supervisor confirming accurate completion of RON and assignment to caseworker***
   Document the name of the PS staff who reviewed the RON for accuracy and assigned the RON to the caseworker (this does not need to be a supervisor and can be the same person who will investigate the RON). If the RON is referred to another AAA or APS, only the agency to whom the RON will be transferred (investigating agency) completes this question.

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

ASSESSMENT NARRATIVE TAB

Used for journaling when an alleged perpetrator has access to the PS system. Optional for other uses but may not be used for normal journaling. For other uses, see "Categorization", and "Intake and handling of multiple entries for the same RON for Older Adult Protective Services" sections of the PS Chapter found on Aging's website.

SUPPLEMENT G :
INVESTIGATION SUMMARY & ASSESSMENT (ISA) FORM

Introduction

For policy and procedure guidance regarding the ISA, please reference the PS Chapter found on Aging's website.

Investigation Summary & Assessment (ISA) Overview

The Initial Investigation Summary and Assessment (ISA) form is to be created immediately upon deciding that an investigation of an allegation of abuse, neglect, exploitation, or abandonment is needed to determine the need for protective services. In other words, when the intake category of a Report of Need (RON) is confirmed or changed to Emergency, Priority or Non-Priority, the initial investigation form must be immediately created by the supervisor or caseworker.

This allows the caseworker to document information in the ISA as it is acquired. In addition, it allows PDA to provide real-time reporting crucial to managing cases according to regulations (such as number of days left to conduct a face-to-face interview and number of days left to make a determination).

If there is already an active Protective Services (PS) investigation in A&D when an additional allegation(s) is reported, a second ISA is not created. The same ISA will be used and completed, regardless of how many RONs are received while the initial investigation remains open. When transferring an active investigation to another AAA, a second initial ISA form is not created. The agency taking over the investigation must use the existing ISA form.

The ISA form can be completed either in A&D or Mobile Assessments. If the ISA form is completed in Mobile Assessments, the user will need to utilize the proper A&D procedures to upload the form into A&D. Please refer to INITIAL INVESTIGATION SUMMARY & ASSESS (ISA) FORM for instructions on how to copy the RON and carry information over to an initial ISA form.

Proper completion of the ISA form requires that all questions must be completed, unless otherwise specified. For example, some questions are skipped (they can be identified by the instructions in the response to "Skip to . . .)." In some cases, A&D will automatically skip (by graying out the question(s) to be skipped) based on the response documented in a previous question. Questions designated as "APS Only" are always skipped for OAPS investigations. For unsubstantiated cases, any question or section marked for "Substantiated cases only" should be skipped.

Care should be taken to ensure that all information documented on the ISA is correct, especially when information changes or is discovered through the investigation to be different than initially documented. The ISA instructions must be followed when completing the ISA. Please pay special attention to the instructions provided regarding information that is carried over from the RON form and must be updated.

When updating a RON or ISA, be sure that the corresponding information on the Details tab is updated, as well. If you are updating the most recent assessment form (either a RON or ISA), A&D may update the Details tab automatically. However, this will not happen if updating older assessment forms. Always confirm that any applicable information corrected in an assessment form is updated on the Details tab and any other applicable locations.

If, despite a thorough investigation, information required to answer a question is unknown, unavailable, not provided, etc., use the Notes section of that question to document why the question is unanswered. Unless there is an applicable checkbox (e.g., Unknown, Refused, None, etc.), the question should be left blank after

documenting in the Notes section. If a question is not applicable to a specific case, document “n/a” in the Notes section. The Notes sections throughout the form are to be used to document information that supports the answers for each question, information that does not precisely fit into the data field provided for that question, additional information that does not fit into the data field for a question, and/or quoted information that is gathered from sources during the investigation. Any time that the ISA is opened, click “Show Notes” to open the Notes section. Each time the user must enter Notes, the question must first be highlighted, then the cursor moved to the Notes section. When documentation in the Notes section is complete, the user must move the cursor back to the question area.

The ISA form is also utilized as a reassessment form for substantiated cases only. Policy and procedure guidance regarding reassessments can be found in the “Reassessments” section of the PS Chapter found on Aging’s website. After the initial ISA is completely filled out, it is copied in A&D in order to carry over all information from the initial investigation to the reassessment. Follow the instructions below as they relate to updating information and which type of assessment should be used for the collection of certain data. Please refer to REASSESSMENT ISA FORM chapter for instructions on copying the ISA to a reassessment.

All users entering data into the ISA form must use their own A&D login ID. The A&D application records an electronic signature and timestamp in its database for every action performed in A&D. This signature and timestamp are based on the user’s login. Users may never view information, enter data, make changes, or perform other updates/functions in A&D using someone else’s logon session or user ID. Using A&D with someone else’s login session or ID is a violation of the Commonwealth IT User Agreement and associated Security Policies.

Printing a Blank Investigation Summary & Assessment (ISA)

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

1) Click the three vertical dots on the black menu bar.
2) Select “Tools.”
3) Click “Print Blank Assessment Forms.”
4) Open the “Select a Form to Print:” list box.
5) Select the PS Investigation.afm option.
6) Change the “Style” and “Settings” options, if desired.
7) Click the Preview button.
8) A blank form will open in a new tab and can be printed from the new tab.

Instructions for Completing the Investigation & Summary (ISA)

1. INTRODUCTION

1.A. INVESTIGATION BACKGROUND

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

Using the MM/DD/YYYY format, enter the PS Care Enrollment (PSCE) Start Date. If subsequent RONs are received during the active PSCE, enter the same PSCE Start Date for all additional RONs received until the PSCE is terminated. This question will allow the Department to match multiple RONs to a single investigation in reports.

1b. ***Date Report of Need was received***

This response will carry over from the RON. Do not change the response. If a subsequent RON(s) is received prior to terminating the PS Care Enrollment, the date of the additional documented calls and/or RON(s) should be entered in the Notes section of this question. See question 2.A.1 if new allegations are received on the subsequent RON.

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

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

When an APS RON is transferred to the APS contractor/agency, they will create the ISA and select APS as the agency responsible for investigation.

3. ***Assigned Investigator's name (update if active case is transferred to another AAA for investigation)***

Document the name of the Protective Services Caseworker/Investigator assigned to conduct the investigation. When transferring an active investigation to another AAA, the current investigator's name is replaced with the new investigator's name.

4. ***Type of Assessment***

Select the correct choice. When copying an ISA to a reassessment, this response must be changed to reassessment.

5. ***Date Investigation Initiated***

Using the MM/DD/YYYY format, document the date that the investigation was initiated. Initiation must be in accordance with regulatory requirements for initiation and the corresponding dates must be entered.

5a. ***Time Initiation Occurred (include AM or PM)***

Document the time of day that the investigation was initiated. Do not use military time. The time must be in the following format: hh:mm AM or hh:mm PM (it must include the colon and a space between the time and AM or PM). Do not use periods in AM or PM.

6. ***Date of face-to-face***

Using the MM/DD/YYYY format, document the date that the PS caseworker initially and successfully met with the Consumer face-to-face (F2F). Face-to-face visits must be made in accordance with regulatory requirements.

- Dates of **attempted** F2F visits shall not be recorded in this question. Unsuccessful attempts to make a F2F visit must be recorded in the Care Plan Journals.

- Dates of **additional** F2F visits shall be recorded in the Care Plan Journals.

Note: If the Consumer dies prior to conducting the face-to-face visit and **after the RON was received**, document the date the Consumer died in this question. If the date of death is unknown or the consumer died prior to receiving the RON, document the date that the agency discovered that the Consumer was deceased. Likewise, if the Consumer left the jurisdiction of Pennsylvania prior to the face-to-face visit and **after the RON was received**, document the date they left the jurisdiction of Pennsylvania. If the exact date is unknown or the date is prior to the RON data, enter the date that the agency discovered the Consumer is no longer within the jurisdiction of Pennsylvania. If the Consumer could not be located, enter the date of case closure. (After having followed the instructions in the "When an Older Adult Cannot be Located" section of the PS Chapter found on Aging's website.)

6a. Time Face-to-Face Occurred (include AM or PM)

Document the time of day that the face-to-face occurred. Do not use military time. The time must be in the following format: hh:mm AM or hh:mm PM (it must include the colon and a space between the time and AM or PM). Do not use periods in AM or PM. This field should be left blank if the Consumer dies prior to conducting the face-to-face, left the jurisdiction of Pennsylvania, or is unable to be located.

7. *Date of Reassessment (if Reassessment)*

Using the MM/DD/YYYY format, document the date that the PS caseworker met with the Consumer face- to-face to complete the reassessment. This question will no longer auto-populate with the date of the assessment.

1. B. CONSUMER'S IDENTIFICATION

1. *Consumer's last name*

This response will carry over from the RON. If this response needs to be updated with correct information, update the information on the Consumer Record (Details page), ISA(s), and RON(s). Document the Consumer's last name as it appears on his/her birth certificate or SS card or as known (i.e., do not use nicknames).

2. *Consumer's last name suffix*

This response will carry over from the RON. If this response needs to be updated with correct information, update the information on the Consumer Record (Details page), ISA(s), and RON(s). Document the Consumer's name suffix (e.g., Sr., Jr., III, etc.), if applicable.

3. *Consumer's first name*

This response will carry over from the RON. If this response needs to be updated with correct information, update the information on the Consumer Record (Details page), ISA(s), and RON(s).

4. *Consumer's middle initial*

This response will carry over from the RON. If this response needs to be updated with correct information, update the information on the Consumer Record (Details page), ISA(s), and RON(s).

5. *Consumer's date of birth (DOB) (If unknown, document an indicated age range in 1B6, if DOB entered here, skip Question 1B6)*

This response will carry over from the RON. If this response needs to be updated with correct information, update the information on the Consumer record (Details page), ISA(s), and RON(s).

6. *If Date of Birth is unknown, indicate the Consumer's age range.*

This response will carry over from the RON. If this response needs to be updated with correct information, update the information in the ISA(s) and RON(s).

7a. *Consumer's current gender identity (defined as one's inner sense of one's own gender)? (Select one)*

This response will carry over from the RON. If this response needs to be updated with correct information, update the information on the Consumer record (Details page), ISA(s), and RON(s).

7b. *Consumer's sex assigned on their birth certificate at birth (Select one)*

This response will carry over from the RON. If this response needs to be updated with correct information, update the information on the Consumer RON(s) and ISA(s). The question is not available on the Consumer record (Details page).

7c. *Consumer's sexual orientation (defined as one's identification of emotional, romantic, sexual, or affectional attraction to another person) (Select one)*

This response is not included in the RON as the reporter may not know the answer and should be answered by the consumer if they are able.

8. *Consumer's ethnicity*

This response will carry over from the RON. If this response needs to be updated with correct information, update the information on the Consumer record (Details page), ISA(s), and RON(s).

9. *Consumer's race(s)*

This response will carry over from the RON. If this response needs to be updated with correct information, update the information on the Consumer record (Details page), ISA(s), and RON(s).

10. *Consumer's Social Security Number (SSN)*

This response will carry over from the RON. If this response needs to be updated with correct information, update the information on the Consumer record (Details page), ISA(s), and RON(s). Enter the complete 9-digit SSN if known. If you do not know the full social security number, you must leave the field blank. This field is critical for accuracy in the database, and it must contain valid information only. (If only partial SS# is known, such as last 4 digits, enter this information in the notes section).

11. *Consumer's marital status*

This response will carry over from the RON. If this response needs to be updated with correct information, update the information on the Consumer record (Details page), ISA(s), and RON(s).

12. *Consumer's MEDICAID or MCI Number (If applicable)*

This response will carry over from the RON. If this response needs to be updated with correct information, update the information on the Consumer record (Details page), ISA(s), and RON(s).

1.C. CONSUMER'S DEMOGRAPHICS

1. *Consumer's place of residence at the time of the Report of Need*

This response will carry over from the RON. If it is discovered that the residence at the time of the RON(s) was incorrect, update both the RON(s) and ISA(s). If the residence has changed since the original RON(s), do not change the original response.

2. *Consumer's living arrangement - Include in the "Lives Alone" category, Consumers who live in AL, Dom Care, or PCH, pay rent, and have no roommate.*

This response will carry over from the RON. If this response needs to be updated with correct information, update the information on the Consumer record (Details page), ISA(s), and RON(s).

- **Lives Alone:** Select this response if the Consumer lives alone. 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."
- **Lives with Spouse:** Select this response if the Consumer lives with his/her spouse. This response should be chosen regardless of whether anyone else also resides with the Consumer and his/her spouse (e.g., the Consumer lives with spouse and a child).
- **Lives with Child(ren) but not Spouse:** Select this response when the Consumer lives with a child and no spouse or domestic partner resides in the home.
- **Lives with Other Family Member(s):** Select this response when the Consumer lives with other family member(s) (not spouse or child).
- **Other-Document Details in Notes:** Select this response when the Consumer lives with another person (not spouse, child or another family member) or resides in a nursing facility or other "institutional setting." Document in Notes with whom Consumer resides.
- **Don't Know:** If this response was selected on the RON because the reporter did not know, update this question on both the ISA(s) and RON(s) once the Consumer's location is determined through the investigation.

3. ***Is the Consumer at risk of or found to be socially isolated?***
This question will carry over from the RON. It is important that this question is asked at the time of Intake. Below are several examples that could be indicators that a Consumer is at risk of or is socially isolated. Social Isolation indicators include but are not limited to the following:
    - Marital status of single, divorced, widowed, separated
    - Lives alone
    - In-poverty
    - Disabled
    - One or more ADL (difficulty with one or more ADL, which is listed as "Number of ADLs" on details screen)

    If this response needs to be updated with correct information, update the information on the Consumer record (Details page) and ISA(s).

4. ***Identify where the incident occurred. If the county is different than the residence, document details in notes.***
This response will carry over from the RON. If this response needs to be updated with correct information, update the information on the ISA(s). Examples of where the incident occurred include that should be entered in the Notes section:
    - Adult day services center (non- specific)
    - Licensed adult day services center
    - Licensed nursing home
    - Licensed residential care community
    - Nursing home (non-specific)
    - Other (including details)
    - Own residence or private residence of relative or caregiver
    - Place of business or other services
    - Residential care community (non- specific)
    - Unlicensed adult day services center
    - Unlicensed nursing home
    - Unlicensed residential care community

5. ***Type of MANDATED Reporter (Note: Facilities with an asterisk (*) are exempt from reporting under age 60 abuse to PDA)***
   This response will carry over from the RON. If this response needs to be updated with correct information, update the information on the ISA(s) and RON(s).

   For a Service Coordination Agency, please select "Other public-funded entity" and describe in notes.

6. ***Type of VOLUNTARY Reporter (NOTE: Reporters with an asterisk (*) are mandatory for APS)***
   This response will carry over from the RON. If this response needs to be updated with correct information, update the information on the ISA(s) and RON(s).

7. ***Consumer's primary language***
   This response will carry over from the RON. If this response needs to be updated with correct information, update the information on the ISA(s) and RON(s).

8. ***Is Consumer a veteran?***
   This response will carry over from the Consumer record (Details tab). If this response needs to be updated with correct information, update the information on the Consumer record (Details page under Other Characteristics) and ISA(s).

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

1. ***Residential County (Required)***
   This response will carry over from the RON. If this response needs to be updated with correct information, update the information on the Consumer record (Details page by selecting the Default Agency that represents the Consumer's Residential County), ISA(s), and RON(s). This question will need to be updated if the Consumer permanently moves during the investigation. Select the checkbox for the name of the county in which the Consumer **permanently** resides.

2. ***Residential Street Address (Include number of house, apartment or room)***
   This response will carry over from the RON. If this response needs to be updated with correct information, update the information on the Consumer record (Details page under Locations), ISA(s), and RON(s). The residential street address is where the Consumer permanently lives. Do not enter a temporary address (for example, the Consumer is currently in the hospital or rehab but will be returning to their residential address).

3. ***Residential Address Second line, (if needed)***
   This response will carry over from the RON. If this response needs to be updated with correct information, update the information on the Consumer record (Details page under Locations), ISA(s), and RON(s). The second line of residential street address is where the Consumer permanently lives. Do not enter a temporary address (for example, the Consumer is currently in the hospital or rehab but will be returning to their residential address).

4. ***Residential Municipality (Usually a Township or Boro where Consumer Votes, Pays Taxes.)***
   This response will carry over from the RON. If this response needs to be updated with correct information, update the information on the Consumer record (Details page under Locations), ISA(s), and RON(s).

   Document the Consumer's municipality (i.e. the city, borough, town or township where the Consumer pays his/her taxes – which frequently is **NOT** the same as the name of the town/city where the Consumer resides).

5. ***Residential City or Town (optional but must be located withing Residential Municipality)***
   This response will carry over from the RON. If this response needs to be updated with correct

information, update the information on the Consumer record (Details page under Locations), ISA(s), and RON(s). Document the name of the city or town in which the Consumer lives.

6. ***Residential State***
   This response will carry over from the RON. If this response needs to be updated with correct information, update the information on the Consumer record (Details page under Locations), ISA(s), and RON(s). Document the Consumer's state of residence.

7. ***Residential zip code (Required)***
   Document the Consumer's zip code of residence. If this response needs to be updated with correct information, update the information on the Consumer record (Details page under Locations), ISA(s), and RON(s).

8. ***Does Consumer reside in a rural area?***
   If this form is completed in A&D, the system will answer this question automatically, based upon the answer provided in the Details screen. If this response needs to be updated with correct information, update the information on the Consumer record (Details page under Locations), ISA(s), and RON(s).

9. ***Directions to Consumer's CURRENT location***
   This response will carry over from the RON. If this response needs to be updated with correct information, update the information on the Consumer record (Details page under Directions to Home, ISA(s), and RON(s)). Document the directions that the worker would utilize to travel to the Consumer's current location.

10. ***Primary Telephone Number***
    This response will carry over from the RON. If this response needs to be updated with correct information, update the information on the Consumer record (Details page on right-hand side under Phones), ISA(s), and RON(s). Document the telephone number where the Consumer can be most readily reached. This may be a home or cellular telephone number.

1.E. CONSUMER'S MAILING ADDRESS

1. ***Is the Consumer's MAILING address the SAME as their residential address?***
   If the Consumer's mailing address is the same as the residential address, select Yes and skip to 3.A.1. If the mailing address is different than the residential address (e.g., P.O. Box or Guardian, POA, etc. address), select No, and enter the complete mailing address in the Notes section. If unknown, select "Unknown".

   Note: This question will not carry over from the RON. It has been added to the ISA in preparation for adding it to the RON. Once the RON is updated, this question will carry over to the ISA. In the meantime, please respond to this question on the ISA. In addition, if the mailing address is not included under the Contacts section of the Consumer record (Details page), please be sure to add it.

2. INFORMATION FROM THE REPORT OF NEED

2.A. ALLEGATIONS & CATEGORY

Important Note: Questions 2-5 in this section must not be changed. However, there are a couple exceptions (see instructions for question 1 and 6 below).

1. ***Allegations on the Report of Need***
   Responses to this question are automatically carried over from the initial RON. Allegations from subsequent RONs will not carry over to the existing Initial ISA.

   If a subsequent RON(s) contains additional allegations that are different from the original, you must add those new allegations to this question by checking the applicable allegation's checkbox. The date of the new RON(s) is recorded in the Notes section of ISA question 1.A.1b (Date RON received). In addition, the receipt of any additional RON(s) during an active investigation is notated in the Care Plan Journals.

2. ***What is the Category assigned to the Report of Need at Intake***
   The response to this question is automatically carried over from initial RON. This information will not be changed and must match the original RON.

3. ***Was the Intake Category confirmed?***
   The response to this question is automatically carried over from initial RON. This information will not be changed and must match the original RON.

4. ***Final Category (If Intake Category was not confirmed)***
   The response to this question is automatically carried over from initial RON. This information will not be changed and must match the original RON.

5. ***Organizations/Agencies notified of RON at intake***
   The response to this question is automatically carried over from initial RON. This information will not be changed and must match the original RON.

6. **Check all Program Offices through which the Consumer was receiving services at the time of intake**

   This question should be asked and answered at Intake. It will automatically carry over to the ISA from the RON and may be further updated during the investigation. This information should be used to establish collateral contacts, when services should be in the home, and where there may be unmet needs.

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

How to document Determinations and Dates of Determination if consumer has died, left the jurisdiction of Pennsylvania, or was unable to locate

1. **Consumer died/relocated prior to receiving the RON** and was discovered after the investigation started:
   a) Answer question 1 in each Abuse Type section using the applicable response:
      - For deceased consumers: Unable to Make a Determination.
      - For consumers who relocated outside of Pennsylvania: Unsubstantiated.
   b) Answer question 3 in each Abuse Type section using the date that you discovered the consumer died/relocated.

2. **Consumer died/relocated/unable to locate after the RON was received** and at any point during the investigation:
   a) **Sufficient information** was gathered to make a determination prior to the consumer's death/ relocation, but before services could be implemented:
      - Answer question 1 in each Abuse Type section with the applicable response:
        - For **death** of consumer: Yes (substantiated) or No (unsubstantiated) for each Abuse Type for which a determination was made.
          - Use Unable to Make a Determination for any Abuse Types for which not enough information was gathered to make a determination on that specific Abuse Type.
        - For **relocation** of consumer: Yes (substantiated) or No (unsubstantiated) for each Abuse Type for which a determination was made.
          - Use Unable to Make a Determination for any Abuse Types for which not enough information was gathered to make a determination on that specific Abuse Type.
      - Answer question 3 in each Abuse Type section with the date on which you made a determination of Substantiated or Unsubstantiated.
        - For Abuse Types that you were unable to make a determination prior to death, enter the date of death. If the date is unknown, enter the date you discovered the consumer died.
        - For Abuse Types that you were unable to make a determination prior to relocation, document the date they left the jurisdiction of Pennsylvania. If the exact date is unknown, enter the date that the agency discovered the Consumer is no longer within the jurisdiction of Pennsylvania.

   b) **Not enough information** was gathered to make a determination prior to the consumer's death/ relocation/unable to locate:
      - Answer question 1 in each Abuse Type section with the applicable response:
        - For **death** of consumer: Unable to Make a Determination.
        - For **relocation** of consumer: Unable to Make a Determination.
        - For **unable to locate** consumer: Unable to Make a Determination.
      - Answer question 3 in each Abuse Type section with:
        - For consumers who died, enter the date of the consumer's death. If the date is unknown, enter the date that you discovered the consumer died.
        - For consumers who relocated, enter the date they left the jurisdiction of Pennsylvania. If the date is unknown, enter the date you discovered the consumer moved out of Pennsylvania.
        - For unable to locate, enter the date of case closure.

3.A. ABANDONMENT

1. ***Was Abandonment substantiated during the investigation***
   Check the appropriate response. If "No", skip to question 3.A.3 to document the date of determination. If unable to make a determination, explain reason(s) in notes, skip to 3.A.3, and document the date that it was discovered that no determination could be made.

2. ***Indicate evidence of Abandonment***
   Choose all responses that are appropriate. Use the Notes section to describe specifics for each response that is checked, unless details are documented in the Care Plan Journal. However, a response of "Other" requires an explanation in the ISA Notes section.

3. ***Date of Abandonment determination***
   Using the MM/DD/YYYY format, enter the first date abandonment was substantiated or unsubstantiated during the investigation. If unable to make a determination, enter the date that it was discovered that no determination could be made.

3.B. CARETAKER/CAREGIVER NEGLECT

1. ***Was Caretaker/Caregiver neglect, neglectful actions, and/or failure to provide substantiated during the Investigation***
   Check the appropriate response. If "No", skip to question 3.B.3 to document the date of determination. If unable to make a determination, explain reason(s) in notes, skip to 3.B.3, and document the date that it was discovered that no determination could be made.

2. ***Indicate evidence of neglect, neglectful actions and/or failure of the caretaker/ caregiver to provide for the Consumer***
   Choose all responses that are appropriate. Use the Notes section to describe specifics for each response that is checked, unless details are documented in the Care Plan Journal. However, a response of "Other" requires an explanation in the ISA Notes section.

3. ***Date of Caretaker Neglect determination***
   Using the MM/DD/YYYY format, enter the first date caretaker/caregiver neglect was substantiated or unsubstantiated during the investigation. If unable to make a determination, enter the date that it was discovered that no determination could be made.

3.C. EMOTIONAL ABUSE

1. ***Was Emotional Abuse substantiated during the Investigation***
   Check the appropriate response. If "No", skip to question 3.C.3 to document the date of determination. If unable to make determination, explain reason(s) in notes, skip to 3.C.3, and document the date that it was discovered that no determination could be made.

2. ***Indicate evidence of Emotional Abuse***
   Choose all responses that are appropriate. Use the Notes section to describe specifics for each response that is checked, unless details are documented in the Care Plan Journal. However, a response of "Other" requires an explanation in the ISA Notes section.

3. ***Date of Emotional Abuse determination***
   Using the MM/DD/YYYY format, enter the first date emotional abuse was substantiated or unsubstantiated during the investigation. If unable to make a determination, enter the date that it was discovered that no determination could be made.

3.D. EXPLOITATION (FINANCIAL/LEGAL MANAGEMENT)

Questions 3d(1) and 3d(3) must be answered for all investigations The remaining questions will be completed if known, otherwise, leave blank. **Do not duplicate or double-enter dollar amounts in multiple categories.** Choose the most applicable category for the asset loss and enter it there. If you are unsure of which category should be used, you may enter the asset amount in Question 24 (Other) and explain the asset type in the Notes section.

Once all itemized losses are entered, calculate the total dollar amount and enter it in Question 25 (Total Loss to Consumer).

1. ***Was Financial Exploitation substantiated during the Investigation?***
   Check the appropriate response. If "No", skip to question 3.D.3 to document the date of determination and continue answering remaining known questions. If unable to make determination, explain reason(s) in Notes section, skip to 3.D.3, and document the date that it was discovered that no determination could be made.

2. ***Indicate evidence of Financial Exploitation***
   Choose all responses that are appropriate. Use the Notes section to describe specifics for each response that is checked, unless details are documented in the Care Plan Journal. However, a response of "Other" requires an explanation in the ISA Notes section.

3. ***Date of Financial Exploitation determination***
   Using the MM/DD/YYYY format, enter the first date financial exploitation was substantiated or unsubstantiated during the investigation. If unable to make determination, enter the date that it was discovered that no determination could be made.

4. ***Is there a risk to Consumer's property or assets? Explain in Notes***
   Check appropriate response. If there is a risk to Consumer's property or assets, explain this risk in the Notes section, unless documented in the Care Plan Journals.

5. ***Check all applicable assistance with legal/financial matters. Specify Details in Notes***
   Check appropriate response to indicate what assistance the Consumer had with legal/financial matters at the time of the incident. Use the Notes section to specify names and duties performed, as well as any other additional/pertinent information, unless documented in the Care Plan Journals.

6. ***Are Consumer's bills being paid?***
   Document whether the Consumer's bills are being paid. This is important not only in cases of financial exploitation, but in all cases to determine if the Consumer needs assistance and/or is eligible for services or programs that might improve his/her quality of life.

7. ***Did the Consumer refuse to give financial information?***
   Check appropriate answer. Document any relevant information regarding refusal to give financial information.

8. ***Indicate Consumer's source(s) of income***
Check all appropriate responses which are the sources of Consumer's income, including Social Security, Pensions, Retirement, Annuities, Interest, etc.

9. ***Specify the amount of the Consumer's monthly income***
Document the total amount of Consumer's monthly income. Every effort should be made to determine Consumer's income during the investigation, no matter what allegations were reported. This is important not only in cases of financial exploitation, but in all cases to determine if the Consumer needs assistance and/or is eligible for programs that might improve his/her quality of life. When the answer to this question is unknown, leave the question **blank**. Do NOT record any numbers.

10. ***Describe how the Consumer does banking.***
Document where the Consumer does their banking (e.g., bank, credit union, etc.) and how (e.g., ATM, debit cards, checks, in-person, on-line, etc.).

11. ***Does someone accompany Consumer to the bank? Explain in Notes***
Document whether someone accompanies Consumer to the bank. If an individual(s) takes Consumer to the bank, document the name(s) of the individual(s) in the Notes section. Document if the individual(s) takes Consumer into the bank and/or does the banking for the Consumer.

12. ***Total asset loss for Sub'd Cases Only – Cash Stolen***
Enter the total dollar amount (actual or estimated) that was taken from the Consumer by withdrawing cash from the Consumer's bank account(s) through over-the-counter bank withdrawals, wire transfers of money, electronic transfers of money, ATM / debit card withdrawals, or cash on hand (cash or gift cards). Include checks made payable to cash where it can be shown the Consumer did not benefit from the use of the cash. For actual purchases made using Consumer's ATM card or cash, see Question 13. All fees and interest for ATM withdrawals should be included in this amount.

Do not include amounts associated with scams under this amount. Refer to question 21.

13. ***Total asset loss for Sub'd Cases Only – Purchase(s) or payment(s) (excluding credit card purchases)***
Enter the total dollar amount (actual or estimated) of the Consumer's loss that was incurred from purchases or payments made where the purchases were unauthorized and/or did not benefit the Consumer. Include all fees incurred as a result of these purchases such as overdraft and insufficient funds fees.

Examples include purchases/payments made for goods and services such as groceries, cable/satellite television subscriptions, utilities, home improvements, Alleged Perpetrator's doctor's appointments or medical expenses, cleaning services, vacations, nail salons, food, etc. It includes automobiles, machinery, electronics, etc., but does not include real estate (see question 16).

This section includes (1) any unauthorized purchases/payments made through coercion or deception, and (2) situations where the Consumer did not truly understand the perpetrator's request due to confusion.

Include purchases made with payments from bank account(s), checks, debit cards, digital wallets, cash, automated clearing house (ACH) payments, electronic fund transfers (EFT), or wire transfers. Do not include purchases made by credit cards or loans (refer to questions 14 and 18).

Do not include amounts associated with scams under this amount. Refer to question 21.

14. ***Total asset loss for Sub'd Cases Only – Purchase(s) or Payment(s) Made by Credit Card Only***
Enter the total dollar amount (actual or estimated) of the Consumer's loss that was incurred from purchases or payments made with the Consumer's credit card(s) where the purchases were

unauthorized and/or did not benefit the Consumer. Include all credit card fees and interest incurred as a result of these purchases.

Examples include balance transfers, cash advances, convenience checks and purchases/payments made for goods and services such as groceries, cable/satellite television subscriptions, utilities, home improvements, AP's doctor's appointments or medical expenses, cleaning services, vacations, nail salons, food, etc.

This section includes (1) any unauthorized purchases/payments made through coercion or deception, and (2) situations where the Consumer did not truly understand the perpetrator's request due to confusion. Do not include amounts associated with scams under this amount. Refer to question 21.

15. ***Total asset loss for Sub'd Cases Only – Drug Theft***
Enter the total dollar amount (actual or estimated) exploited through drug theft. This should include any copays or out of pocket costs to the Consumer. The total asset loss here should not include any costs that the Consumer's insurance paid, or the value of the medication stolen that the Consumer did not pay for out of pocket.

Note: The Consumer's pharmacy can provide the cost of medications paid by the Consumer.

16. ***Total asset loss for Sub'd Cases Only – Real Estate Transfer or Sale***
Enter the total dollar amount (actual or estimated) of Consumer's home or other real property (e.g., rental property) if sold or transferred without benefiting the Consumer. Utilize Zillow.com to estimate a value/loss based on the current value of the home (using the tax valuation may not reflect the current value of the property). If the Consumer was compensated in any way, subtract the actual or estimated compensation from the amount entered in this question.

17. ***Total asset loss for Sub'd Cases Only – Non-contribution to Bills or Living Costs***
Enter the total dollar amount (actual or estimated) exploited through not contributing to living costs, i.e., living off the Consumer. If the Consumer was compensated in any way, subtract the estimated or actual compensation from the amount entered in this question.

This total dollar amount should be based upon an agreement between the Consumer and Alleged Perpetrator(s). If no agreement exists, the amount should be the increase costs to the Consumer (actual or estimated) of having the additional people in the home.

Fixed costs (costs that do not change from month to month, e.g., rent, mortgage, garbage) should not be included if the expense existed prior to the people moving into the home, unless payment of the fixed costs was part of an agreement between the Consumer and AP(s).

18. ***Total asset loss for Sub'd Cases Only – Loans***
Enter the total dollar value (actual or estimated) of the increase in the Consumer's indebtedness from loans opened in the Consumer's name without their knowledge / approval OR outstanding loans the Consumer made to the AP or others for which repayment has not been made or is not actively being repaid. If the Consumer was repaid any amount or if a third party made payments on the loan, subtract the actual or estimated compensation from the amount entered in this question.

19. ***Total asset loss for Sub'd Cases Only – Loss of Income***
Enter the total dollar amount (actual or estimated) of the Consumer's loss of income due to exploitation. For example, the Consumer's Social Security income, dividend payments, royalties, rent paid by a tenant, etc. were intercepted, diverted, stolen, misused without benefiting the Consumer, etc.

20. ***Total asset loss for Sub'd Cases Only – Personal Property Stolen***
Enter the total dollar amount (actual or estimated) of the Consumer's personal property that was exploited/ stolen. Note: Question 16 is used for real estate. If the Consumer was compensated in any way, subtract the actual or estimated compensation from the amount entered in this question.

- If car, use Kelly blue book value.
- If contents within a home, use the appraised value if an appraisal exists, the insured value if listed in an insurance policy, or the cost to replace the missing item with something of like kind and quality, without any deduction for depreciation. For the purpose of data collection, completing an Internet search for an item of like kind and quality is sufficient to find the total dollar amount stolen. Documentation should be provided in the hard or electronic case file for reference.
- If jewelry, ask older adult or obtain average from the Internet or local jeweler
- If motorized vehicle or equipment other than a car, look up average price on the Internet.

21. ***Total asset loss for Sub'd Cases Only – Scams***
Enter the total dollar amount (actual or estimated) exploited through a scam.

22. ***Specify the type of Financial Exploitation SCAM***
If it is determined that the Consumer was exploited through a scam, select the appropriate response(s). If "Other" is selected, indicate in the Notes section what type of scam/how the Consumer was exploited through the scam. Loan scams can be reported under "Other."

23. ***Total asset loss for Sub'd Cases Only – Cash Value of Stocks/Bonds/Investments/ Life Insurance***
Enter the total dollar amount (actual or estimated) of stocks, bonds, life insurance, investments, securities, etc. that were sold/withdrawn/transferred where the funds did not go to or benefit the Consumer. This includes the fees the Consumer may have paid to have the money withdrawn early.

24. ***Total asset loss for Sub'd Cases Only – Other***
Enter the total dollar amount (actual or estimated) exploited through other means not listed in this section. Explain details about the "other" loss in the Notes section. Provide detailed information to clarify what the PS Caseworker is capturing under this question.

25. ***Total loss to Consumer***
Enter the grand total dollar value exploited (sum of all above itemized losses).

26. ***Total assets PROTECTED due to PS intervention (enter date protection began in Notes)***
List the total dollars of all assets that were protected due to PS intervention. For example, if Consumer had $200,000 in their bank account and the perp stole $50,000 before PS assisted older adult in closing account or blocking the AP, the remaining $150,000 would be considered assets protected due to PS intervention. If funds were already protected by the time PS was involved, this should not be included.

If the Consumer owns real estate **and** there was a high probability or actions that indicate the asset was to be exploited, the value of the real estate should be included in the assets protected amount even if the home was not part of financial exploitation investigation. Omitting the home under this question could undervalue the AAA's intervention, especially considering the ease with which the home value can be found, i.e., running the address through Zillow.com. Using the tax valuation would not be appropriate because many times the valuations do not reflect the current value of the home.

27. ***Total assets RECOVERED due to PS intervention***
Enter the total value of all money and assets recovered by PS efforts. Recovered assets include repayments, returning ownership of a vehicle or other property, changing ownership of a loan from the Consumer to the AP, etc.

3.E. PHYSICAL ABUSE

1. ***Was Physical Abuse substantiated during the Investigation?***
   Check the appropriate response. If "No", skip to question 3.E.3 to document the date of determination. If unable to make determination, explain reason(s) in notes, skip to 3.E.3, and enter the date that it was discovered no determination could be made.

2. ***Indicate evidence of Physical Abuse***
   Choose all responses that are appropriate. Use the Notes section to describe specifics for each response that is checked, unless details are documented in the Care Plan Journal. However, a response of "Other" requires an explanation in the ISA Notes section.

3. ***Date of Physical Abuse determination***
   Using the MM/DD/YYYY format, enter the first date physical abuse was substantiated or unsubstantiated during the investigation. If unable to make determination, enter the date that it was discovered no determination could be made.

3.F. SELF NEGLECT

1. ***Was Self Neglect substantiated during the Investigation?***
   Check the appropriate response. If "No", skip to question 3.F.3 to document the date of determination. If unable to make determination, explain reason(s) in notes, skip to 3.F.3, and enter the date that it was discovered no determination could be made.

2. ***Indicate evidence of self neglect.***
   Choose all responses that are appropriate. Use the Notes section to describe specifics for each response that is checked, unless details are documented in the Care Plan Journal. However, a response of "Other" requires an explanation in the ISA Notes section.

3. ***Date of Self Neglect determination***
   Using the MM/DD/YYYY format, enter the first date self-neglect was substantiated or unsubstantiated during the investigation. If unable to make determination, enter the date that it was discovered no determination could be made.

3.G. SEXUAL ABUSE

1. ***Was Sexual Abuse substantiated during the investigation?***
   Check the appropriate response. If "No", skip to question 3.G.3 to document the date of determination. If unable to make determination, explain reason(s) in notes, skip to 3.G.3, and enter the date that it was discovered no determination could be made.

2. ***Indicate evidence of Sexual Abuse***
   Choose all responses that are appropriate. Use the Notes section to describe specifics for each response that is checked, unless details are documented in the Care Plan Journal.

3. ***Date of Sexual Abuse determination***
   Using the MM/DD/YYYY format, enter the first date sexual abuse was substantiated or unsubstantiated during the investigation. If unable to make determination, enter the date that it was discovered no determination could be made.

3.H. SEXUAL HARASSMENT

1. ***Was Sexual Harassment substantiated during the investigation?***
   Check the appropriate response. If "No", skip to question 3.H.3 to document the date of determination. If unable to make determination, explain reason(s) in notes, skip to 3.H.3, and enter the date that it was discovered no determination could be made.

   Note: Sexual harassment includes unwelcome comments, gestures, or physical contact of a sexual nature. Sexual harassment is illegal when it is so frequent or severe that it creates a hostile or offensive work environment, interferes with an employee's work performance, or affects employment decisions - such as the victim being fired or demoted.

   - Sexual harassment can include:
     - Offensive remarks about a person's sex, gender, gender presentation, or sexual orientation.
     - Ongoing comments or teasing of a sexual nature that make someone uncomfortable.
     - Unwelcome sexual advances.
     - Making sexual favors a condition of employment, promotion, or work assignment ("quid pro quo" harassment).
     - Touching another person in a sexual way.
     - Exposing someone to sexually explicit materials without their consent.

   These behaviors are considered sexual harassment regardless of the gender of the victim or the person committing the harassment.

2. ***Indicate evidence of Sexual Harassment***
   Choose all responses that are appropriate. Use the Notes section to describe specifics for each response that is checked, unless details are documented in the Care Plan Journal. However, a response of "Other unwelcomed sexual act" requires an explanation in the ISA Notes section.

3. ***Date of Sexual Harassment determination***
   Using the MM/DD/YYYY format, enter the first date sexual harassment was substantiated or unsubstantiated during the investigation. If unable to make determination, enter the date that it was discovered no determination could be made.

4. PHYSICAL ENVIRONMENT

4.A. PHYSICAL ENVIRONMENT ISSUES

1. ***Was evidence of problems in physical environment discovered during investigation?***
   Check the appropriate response. If “No,” skip to 5.A.1.

2. ***Indicate problems in the Consumer’s physical environment.***
   Choose all responses that are appropriate. Use the Notes section to describe specifics for each box that is checked, unless details are documented in the PS Care Plan Journals. However, a response of “Other” requires an explanation in the ISA Notes section.

5. COGNITIVE FUNCTIONING AND MENTAL HEALTH

5.A. SHORT PORTABLE MENTAL STATUS QUESTIONNAIRE - OPTIONAL

Completion of the SPMSQ or other Mini-Mental Status Exam is **highly** recommended to assist in evaluating the Consumer's cognitive capacity. See Question 13 instructions below for guidance on interpreting test results.

1. ***Consumer knows TODAY'S DATE?***

2. ***Consumer knows DAY OF THE WEEK?***

3. ***Consumer knows LOCATION?***

4. ***Consumer knows TELEPHONE NUMBER (street address if no phone)?***

5. ***Consumer knows AGE?***

6. ***Consumer knows DATE OF BIRTH?***

7. ***Consumer knows CURRENT PRESIDENT?***

8. ***Consumer knows PREVIOUS PRESIDENT?***

9. ***Consumer knows MOTHER'S MAIDEN NAME?***

10. ***SUBTRACTION* TEST: Subtract 3 from 20*, etc.***
    Select each response the Consumer correctly provided while counting down backward by 3s from 20. If the Consumer correctly counts down backward by 3s from 20 to 2, select "Correct answer" in Question 11; otherwise, select "Incorrect or not answered" in Question 11.

11. ***Consumer subtraction test result?***
    Check "Correct" if the Consumer was able to correctly count down by 3s from 20 to 2 in question 10. If the Consumer got one response wrong in the series, check "Incorrect or Not Answered."

12. ***Highest grade Consumer completed in school? If unknown, enter 0 and document in Notes why it is unknown.***
    Use "0" if unknown, enter a number "1" through "12" to represent first through twelfth grade, "14" for associates degree/technical school, or "16" for a bachelor's degree or higher.

13. ***Consumer Score on SPMSQ.***
    The ISA should automatically calculate the total score if all questions are answered.

    To evaluate the score, the total number of wrong answers are added to arrive at the test score. Based on the total number of wrong answers, the Consumer's cognitive ability can be evaluated as:

    Total Number of Errors:

    0 to 2 errors = Intact Intellectual Functioning

    3 to 4 errors = Mild Intellectual Impairment

5 to 7 errors = Moderate Intellectual Impairment

8 to 10 errors = Severe Intellectual Impairment

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

1. ***What has been done to assess the Consumer's cognitive capacity? (check all that apply)***
Select all applicable responses to indicate what was done during the investigation to assess the Consumer's cognitive capacity (e.g., administer SPMSQ, interview with the Consumer, consult with the Consumer's physician, etc.). When selecting "Other," use the Notes section to document the details.

1a. ***Date of capacity or cognitive evaluation***
Enter the date the evaluation was conducted using the MM/DD/YYY format.

1b. ***What is the outcome of the evaluation***
Describe the key points of the findings from the evaluation, including whether or not the consumer has capacity at and to what level.

2. ***Based on the findings during the investigation, can the Consumer make an informed decision? Explain in Notes.***
Check the appropriate response. Document in the Notes section whether findings during the investigation indicate the Consumer can make an informed decision or not by providing their objective rationale.

3. ***Based on the findings during the investigation, does the Consumer understand consequences of decisions? Use Notes for Explanation.***
Check the appropriate response. Document in the Notes section whether findings during the investigation indicate the Consumer understands the consequences of decisions or by providing their objective rationale.

4. ***What is the Consumer's current level of cognitive functioning?***
Check the appropriate response based on information obtained during investigation. Explain in the Notes section the rationale for the PS Caseworker's response.

5.C. MENTAL HEALTH FUNCTIONS

1. ***Was evidence of problems with mental health functions discovered during Investigation?***
Check appropriate response. Use the Notes section to describe evidence supporting all items selected, unless documented in the PS Care Plan Journals. If "No," skip to 5.D.1.

2. ***Indicate the Consumer's mental health functions.***
Check all appropriate responses. Use the Notes section to describe evidence supporting all items selected, unless documented in the PS Care Plan Journals.

5.D. LEVEL OF SUPERVISION

1. ***Evaluate the Consumer's needs for supervision, taking into account physical health, mental impairment and behavior. How long can the Consumer routinely be left alone at home?***
   Check the appropriate response. Use the Notes section to describe information obtained during investigation supporting all items selected, unless documented in the PS Care Plan Journals.

6. MEDICAL INFORMATION

6.A. MEDICAL CONDITION

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.

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.

3. ***What difficulties does the Consumer experience due to disabilities?***
   Check the appropriate response(s). Enter details in the Notes section when appropriate. The response(s) should include any issues that result in limitation in activities and restrictions to fully participate at work, in the community, etc. This can include limitations/difficulties that exist or are experienced by the Consumer because of the disability or a problem without a formal diagnosis.

   Note: This is not the same as Medical Conditions (Question 6A1). For Federal reporting purposes, Medical Conditions and Disabilities are two distinct characteristics.

6.B. USE OF MEDICAL SERVICES

1. ***Has the Consumer been hospitalized in the past 12 months? Explain in Notes (when, where, why, how long, how many times, etc.).***
   Select the appropriate response and explain details in Notes. "Hospitalized" can include emergency room visit without admission, outpatient services, rehab services, etc.

6.C. PHYSICIAN CONTACTS

1. ***Consumer has a family physician/primary care physician?***
   Check the appropriate response. If "no," skip to 6.D.1.

2. ***Primary care physician's name?***
   Document the Consumer's primary care physician's first and last name.

3. ***Primary care physician's work phone number?***
   Document the Consumer's primary care physician's work telephone number.

4. ***Date of the Consumer's last visit to his/her primary medical provider?***
   Using the MM/DD/YYYY format, document the date of the Consumer's last visit to their primary medical provider (exact if known, approximate if exact date unknown) and the reason for the visit.

6.D. CURRENT MEDICATIONS

A copy of the medication list(s) can be uploaded into the A&D file attachments, if preferred, and a note shall be added in this section to indicate that the information is located within the file attachments of the case record.

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.

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.

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.

4. ***What is the telephone number of the Consumer's pharmacy?***
   Document the telephone number of the pharmacy where the Consumer has medications filled.

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".

6. ***Type of help needed with medications? Check all that apply.***
   Check all appropriate responses. Use the 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 OAPSA Cases ONLY)

Complete this section ONLY if this is a Substantiated case, ONLY if you are naming a perpetrator, and ONLY for OAPS Consumers.

> **Important Note:** This section must be completed on the initial investigation form and not the reassessment for data collection purposes; however, it is OK for the questions to be answered on the reassessment, in addition to the initial investigation form (i.e., when copying an initial investigation to a reassessment the responses do not need **to be deleted from the reassessment.**

Policy and procedure guidance for perpetrator designation can be found in the "Perpetrator Designation" section of the PS Chapter found on Aging's website.

Perpetrator characteristic data collection within the assessment forms shall only be completed for an individual being named/identified as a perpetrator.

An older adult found to be self-neglecting shall not be designated as a perpetrator and no statistics shall be gathered related to the perpetrator's characteristics. **Therefore, question 7.A.1. is always answered as "No" in this circumstance.**

If there is more than one perpetrator, only the primary perpetrator's characteristics shall be collected.

7.A. PERPETRATOR'S CHARACTERISTICS

1. ***Did the Investigation result in substantiation of a perpetrator? Describe all sources and nature of confirmation or other evidence in Notes.***
   Check the appropriate response. Use the Notes section to summarize the evidence utilized in designating the perpetrator. If a perpetrator was not discovered, or if a perpetrator is suspected, but was not designated, check NO and skip to Section 8. Check NO if this case is substantiated for self-neglect (the older adult is never to be considered a perpetrator for self-neglect).

2. ***Who is the primary perpetrator?***
   Check the most appropriate response. Check only one box.

3. ***What was the perpetrator's financial relationship with the Consumer at the time of the incident?***
   At the time of the incident, indicate the relationship between the Consumer and perpetrator (including facilities). If there was no financial relationship, select the response, "None or unknown."

4. ***Indicate characteristics of the perpetrator in substantiated cases.***
   Check all appropriate responses. Document any supporting information in the Notes section. If the perpetrator is a facility/entity, answer this question as N/A (Facility) and skip 7.A.9.

5. ***What is the perpetrator's ethnicity?***
   Check the appropriate response. Check only one response.

6. ***What is the perpetrator's race?***
   Check the most appropriate response.

7. ***Select the perpetrator's gender.***
   Check the appropriate response. Check only one response.

8. ***Age range of the primary perpetrator (Enter actual age in Notes section)***
   Check the appropriate response. Check only one response. If more than one perpetrator, document this in Notes. Enter the actual age, if known, in the Notes section.

9. ***Was perpetrator notification provided? Provide date of notification in Notes.***
   Check the appropriate response. Document in Notes the date when written notification was provided (notification may not be made verbally) or delayed. If delayed, explain the reason for the delay. For example: the risk has not been reduced or eliminated. Document in Notes anything else that is relevant about the perpetrator notification, unless already documented in the Care Plan Journals.

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

Complete this section ONLY if this is a Substantiated case.

8.A. ADL's – For Reassessment- Enter a dated Note with change(s) showing risk was eliminated / reduced.

A set of eight items, called ADL, measure the Consumer's ability to perform daily living tasks with reasonable safety. The ADL tasks include bathing, dressing/undressing, grooming, eating, transferring, toileting and bladder and bowel management.

Each ADL item is rated on a 1 to 5 point scale from "1," which indicates that the Consumer performs the task safely and without assistance, to "5," which indicates that the Consumer requires maximum assistance (or assistance with more than half of the activity) or is unable to complete the task at all. The Worker is to check the response which best describes the Consumer's ability to perform each task.

Consumers who are in a hospital or nursing facility at the time of the assessment may not be permitted by the facility to perform certain ADL tasks without assistance. **These Consumers should be assessed on what they have the ability to do rather than what they actually demonstrate in the facility.**

Although there are situations when the worker can assess an ADL item without asking the Consumer, workers are strongly encouraged to review all ADL items with each Consumer unless other reliable information is available. It is always better to ask than to assume.

When responses numbered 2 – 5 are checked, the worker may indicate in the Notes section what difficulty, additional help, or other relevant information (including the name(s) of the person(s) who assist the Consumer) is provided to the Consumer in regard to completion of each ADL.

For all ADL tasks:

- Number 1 states that the Consumer is independent.
- Number 2 states that the Consumer requires the help of an assistive device, takes a long time or does with great difficulty.
- Number 3 states that the Consumer requires supervision, set-up, cueing or coaxing (hands- on help is NOT included here).
- Number 4 states that the Consumer requires some degree of hands-on help to complete the task.
- Number 5 states that the Consumer requires more than 50% help to complete the task or the Consumer is unable to do the task at all.

For reassessment, the note indicating that risk was eliminated/reduced shall be dated with the date that the PS Caseworker identified the risk as eliminated/reduced.

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

Complete this section ONLY if this is a Substantiated case.

9.A. IADLs – For Reassessment- Enter a dated Note with change(s) showing risk was eliminated/reduced.

IADL tasks are those which are not necessarily done every day, but which are important to independent living. These tasks include preparing meals, doing housework, laundry, shopping, using transportation, managing money, using the telephone and doing home maintenance. The ability to perform IADL tasks can help the Worker to determine the impact of physical and mental impairments, since performance of these tasks requires a combination of memory, judgment and physical ability.

There may be instances in which the Consumer has no opportunity to perform IADL tasks. When administering the IADL questions, it is very important for the worker to stress the ability of the Consumer to perform each task.

The worker is to choose one response for each IADL that best describes the Consumer's ability to perform each task.

When responses numbered 2 – 4 are checked, the worker may 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 IADL.

For all IADL tasks:

- Number 1 states that the Consumer is independent.
- Number 2 states that the Consumer requires mechanical assistance, takes a long time or does with great difficulty.
- Number 3 states that the Consumer requires some degree of hands-on help to complete the task.
- Number 4 states that the Consumer is unable to do the task at all.

For reassessment, the note indicating that risk was eliminated/reduced shall be dated with the date that the PS Caseworker identified the risk as eliminated/reduced.

10. MOBILITY (Substantiated Cases Only)

Complete this section ONLY if this is a Substantiated case.

10.A. MOBILITY- For Reassessment - Enter a dated Note with change(s) showing risk was eliminated / reduced.

The worker is to choose one numbered response for each question regarding mobility status that best describes the Consumer's ability to perform each task.

A "bed bound" Consumer is defined as an individual who cannot get out of the bed/chair without the assistance of another person. Without this assistance, the Consumer would remain in the bed/chair. This definition should not be confused with how the Consumer transfers or moves about once the Consumer is out of the bed/chair.

"Non-ambulatory means" that the Consumer, after rising from the bed/chair (assisted or non-assisted) cannot walk without the assistance of another person.

The worker can evaluate a Consumer's mobility through observation and questioning. If the Consumer is willing, the worker must ask for a demonstration of walking or wheeling ability across a room and back. Evaluate the Consumer's ability to walk steadily. Ask about endurance (i.e. can the Consumer walk distances {approximately 100 feet on level ground or a city block can be used as examples}). Describe the details of indoor/outdoor mobility if there are significant differences.

If responses numbered 2 – 5 are checked, the worker may indicate in the Notes section how the Consumer currently manages the task and any additional help or relevant information (including the name(s) of the person(s) who assist the Consumer) provided regarding the Consumer's mobility. Further, the Notes section should be used to document information that supports the determination, including the worker's observations and/or judgments.

For Mobility, numbers 1, 3, 4, and 5:

- Number 1 states that the Consumer is independent.
- Number 2 states that the Consumer requires the help of an assistive device, takes a long time or does with great difficulty.
- Number 3 states that the Consumer requires supervision, set-up, cueing or coaxing (hands-on help is NOT included here).
- Number 4 states that the Consumer requires some degree of hands-on help to complete the task.
- Number 5 states that the Consumer requires more than 50% help to complete the task or the Consumer is unable to do the task at all.
- For numbers 2, 6, and 7: Check appropriate response and use Notes section as indicated.

For reassessment, the note indicating that risk was eliminated/reduced shall be dated with the date that the PS Caseworker identified the risk as eliminated/reduced.

11. NUTRITION RISK ASSESSMENT (HDM & Substantiated Consumers Only)

(Substantiated Cases Only) Complete this section only if considering for Home Delivered Meals or assessment is needed to determine need for protective services.

11.A. NUTRITION - For Reassessment - Enter a dated Note with change(s) showing risk was eliminated/reduced

For reassessment, the note indicating that risk was eliminated/reduced shall be dated with the date that the PS Caseworker identified the risk as eliminated/reduced.

1. ***Changes in lifelong eating habits because of health problems?***
   Choose the appropriate response. If "Yes", explain more fully in the notes section

2. ***Eats fewer than 2 meals a day?***
   Choose appropriate response.

3. ***Eats fewer than two servings of dairy products (such as milk, yogurt, or cheese) every day?***
   Choose appropriate response.

4. ***Eats fewer than 5 servings (1/2 cup each) of fruits or vegetables every day?***
   Choose appropriate response.

5. ***Has 3+ drinks of beer, liquor, or wine almost every day?***
   Choose appropriate response.

6. ***Trouble eating well due to problems with chewing/swallowing?***
   Choose appropriate response.

7. ***Sometimes does not have enough money to buy food?***
   Choose appropriate response.

8. ***Eats alone most of the time?***
   Choose appropriate response.

9. ***Takes 3+ different prescribed or over-the-counter drugs per day?***
   Choose appropriate response.

10. ***Any unexplained weight loss or gain of 10 pounds or more in the past 6 months?***
    Choose appropriate response. If "No," the computer will skip to question 11.A.13.

11. ***How many pounds lost or gained in past 6 months?***
    Document Consumer's response.

12. ***Reason for weight change in past 6 months?***
    Document Consumer's response.

13. ***Not always physically able to shop, cook, and/or feed themselves (or get someone to do it for them)?***
    Choose appropriate response.

14. ***Consumer's nutritional risk based upon responses to the questions above.***
    System automatically calculates the Consumer's nutritional risk based on the above questions.

12. CONTACTS

12.A. EMERGENCY CONTACT

1. ***Name of Friend or Relative (other than spouse/partner) to contact in case of an Emergency.***
   List the name of the Consumer's emergency contact, preferably someone who does not reside with the Consumer.

2. ***Emergency Contact's Relationship to Consumer***
   Document the relationship of the emergency contact to the Consumer.

3. ***County***
   Document the county where the emergency contact to the Consumer resides.

4. ***Street Address***
   Document the home Address of the emergency contact.

5. ***City or Town***
   Document the City or Town in which the emergency contact resides.

6. ***State***
   Document the state in which the emergency contact resides.

7. ***Zip Code***
   Document the zip code in which the emergency contact resides.

8. ***Telephone number***
   Document the home telephone number where the emergency contact can most readily be reached.

9. ***Work telephone number***
   Document the work telephone number of the emergency contact, if appropriate. Document the hours that the emergency contact is at work and able to be contacted.

13. PROTECTIVE SERVICES INVESTIGATION SUMMARY AND ASSESSMENT RESULTS

This section must be completed on the initial investigation form with the exception of those questions which are identified as "Reassessments Only." When copying an initial investigation to a reassessment, the responses do not need to be deleted from the reassessment).

13.A. DECISION INFORMATION

1. ***Was an Office of Attorney General referral made under § 2713 or § 2713.1 (abuse/neglect of a care dependent person)? (Must also answer question 13.A.2)***
   If the referral to the Office of Attorney General falls under the AAA's obligation to report suspected neglect or abuse by a caregiver (according to Title 18, PA.C.S.§ 2713 or § 2713.1), answer "Yes." Provide the date the referral was made in the Notes section. Otherwise, answer "No" and go to question 13.A.2.

   This question must be answered on the initial ISA form, not on the reassessment (it is OK to leave it on the reassessment when copying an initial investigation to a reassessment).

2. ***Did PS make a referral to law enforcement? (If yes, document why and to whom the referral was made in the Notes section.)***
   Check the appropriate box. If a referral to Law Enforcement was made unrelated to § 2713 or § 2713.1 (aka, Act 53), answer "Yes." Provide why, the date, and to whom the referral was made in the Notes section. This question must be answered on the initial ISA form, not on the reassessment (it is OK to leave it on the reassessment when copying an initial investigation to a reassessment).

3. ***Did a supervisor review the investigation to ensure all least restrictive alternatives to mitigate risk were pursued prior to petitioning for guardianship?***
   Applies to both OAPS (as applicable) and APS. Select YES if the PS Supervisor reviewed and confirmed that all least restrictive alternatives were evaluated, offered, and/or attempted before the AAA pursued guardianship or an involuntary intervention petition. Ensure the written service plan and care plan journals detail the alternatives considered. Select NO if this review did not occur or cannot be confirmed.

4. ***Involuntary Intervention – Did PS petition for Involuntary Intervention?***
   Applies to both OAPS (as applicable) and APS. Select YES if the AAA sought an emergency court order for involuntary intervention (excluding guardianship) for this older adult (Ensure a Service Delivery entry for Petition to Court was completed). Select NO and skip to 13.A.7 if no such petition was sought.

5. ***Date of petition***
   Complete only when 13.A.4 is YES. Enter the date the involuntary intervention petition was filed with the court; this date should match the Petition to Court Service Delivery entered for the same action.

6. ***Outcome of petition***
   Complete only when 13.A.4 is YES. Indicate the court's outcome on the involuntary intervention petition once a ruling has been issued (for example, petition granted, petition denied, or withdrawn), Include the date of the outcome as well.

7. ***Guardianship – Did PS petition for guardianship?***
   Select Yes if the AAA petitioned the Orphans' Court for appointment of a guardian of the person and/or estate (ensure a Service Delivery entry for Petition to Court was completed). Select NO and skip to 13.A.12 if no guardianship petition was filed.

8. ***Was guardianship an emergency?***
Complete only when 13.A.7 is YES. Select Yes if the guardianship petition was filed on an emergency basis rather than through the standard process.

9. ***Date of initial petition***
Complete only when 13.A.7 is YES. Enter the date the guardianship petition was initially filed with the court.

10. ***Date of final Outcome***
Complete only when 13.A.7 is YES. Enter the date the court issued its final ruling on the guardianship petition.

11. ***Outcome***
Complete only when 13.A.7 is YES. Indicate the court's final determination on the guardianship petition (for example, guardian appointed, petition denied, or withdrawn); this should be consistent with the guardian details recorded in 13.A.11a-d.

11a. Did PS involvement result in a permanent guardian being appointed for the adult?
Select the appropriate response. If answered "NO" or "N/A," skip to question 13.A.12.

11b. What is the type of guardianship appointed by the Court?
Select the appropriate response for the type of guardianship granted.

11c. What is the guardian's relationship to the consumer?
Select the appropriate response. If "Other," document relationship in Notes.

11d. Name of the guardian or professional agency
Enter the name of the person and/or agency who has been appointed as guardian.

12. ***Program area referrals – Did PS assist the adult to be referred to and enrolled in another program area as required by the service plan?***
Applies to OAPS as well as APS. Select YES if the OAPS service plan called for referral to and enrollment in another program area (for example, a Medicaid waiver, OPTIONS, or another benefits program) and the AAA assisted with that referral. Before answering YES, confirm a Service Plan entry and, once the service is in place, a Service Delivery entry were added, as applicable, to document the referral. Select NO and skip to 13.A.14 if no such referral applied.

12a. Were services offered?
Complete only when 13.A.12 is YES. Select YES if the referred program area's services were offered to the older adult; confirm this offer is reflected in the case's written Service Plan.

12b. Services accepted
Complete only when 13.A.12a is YES. Select YES if the older adult accepted the services offered.

12c. Date services accepted
Complete only when 13.A.12b is YES. Enter the date the older adult accepted the services, and confirm a matching Service Delivery entry was added, as applicable, for the accepted service. Note:

If additional services were accepted on different days, include additional dates in the notes section for this question.

13. ***Indicate program area referred as a result of investigation***

Complete only when 13.A.12 is YES. Select the program area(s) the older adult was referred to (for example, OPTIONS, a Medicaid waiver, or another AAA program), and confirm the Service Plan and any resulting Service Delivery entries were added, as applicable, to reflect the referral.

14. ***Was this Investigation Substantiated or Unsubstantiated?***

Policy and procedure guidance regarding case determinations can be found in the "Investigation Resolution" section of the PS Chapter found on Aging's website.

After investigating all areas of abuse, neglect, exploitation, and abandonment, select the appropriate response based on investigative findings for the case. In cases where the consumer died or moved out of the jurisdiction of Pennsylvania during the investigation and prior to investigating all areas, this question will be answered based on any one or more Abuse Types (in Section 3) for which a determination was able to be made prior to the consumer's death or relocation, if any. See Section 3 above for more details.

1) **SUBSTANTIATED-Allegations found to be TRUE, Consumer needs PS:** The older adult fits the five criteria to be an older adult in need of protective services and the allegation (any one or more in cases of multiple allegations) is found to be true by a "preponderance of the evidence" (i.e., 50.1% or more "it is more likely than not").
2) **SUBSTANTIATED-Allegations UNFOUNDED-Consumer fits PS criteria for other reasons:** The case is substantiated, and the original allegations were unfounded, but Consumer was found to need protective services for other reasons.
3) **SUBSTANTIATED- No need for PS:** This termination reason should be minimally utilized. See PS Chapter for further clarification. The case was substantiated; however, no protective services were offered/needed.
4) **UNSUBSTANTIATED:** The allegations were not found to be true, and the Consumer was not found to need protective services for other reasons. **UNABLE TO MAKE A DETERMINATION:** Reasons that a determination could not be made include:

    - The Consumer died during the investigation before enough information could be gathered to make a determination on any one or more Abuse Types prior to death. Do NOT use this reason if a determination was made, but the Consumer died prior to providing services and/or closing out the case; use the appropriate SUBSTANTIATED reason above, instead. See Section 3 above for more information.
    - The Consumer left the jurisdiction of Pennsylvania before enough information could be gathered to make a determination on any one or more Abuse Types prior to leaving the jurisdiction of Pennsylvania. Do NOT use this reason if a determination was made, but the Consumer left the jurisdiction of Pennsylvania prior to providing services and/or closing out the case; use the appropriate SUBSTANTIATED reason above, instead. See Section 3 above for more information.
    - OA is unable to be located after following the "When an older adult cannot be located" instructions in the PS Chapter found on Aging's website.

This question must be answered on the initial ISA form, not on the reassessment (it is OK to leave it on the reassessment when copying an initial investigation to a reassessment).

15. ***Was the determination made within required timeframe (20 calendar days for OAPS-abuse/ neglect only or 20 calendar days for APS-all areas)***
If the investigation of the **allegation(s)** of abuse and/or neglect goes over 20 days without a determination for the **alleged** abuse type(s), this question must be answered as "No" on day 21. If **all allegations** of abuse and/or neglect had a determination documented within 20 days, this question will be answered "Yes." If "Yes," skip to 13.A.17. This includes additional allegations added from subsequent RONs.

This question must be answered on the initial ISA form.

16. ***In reference to question 13.A.15, if the investigation is taking or took longer than the required timeframe, select the reason for the delay:***
Select the appropriate reason for the investigation for the **allegation(s)** going over required timeframe for investigations. (20 days for OAPS-abuse/neglect only). This question is based on **all allegations** listed in the RON, including subsequent RONs with additional allegations. In cases of multiple allegations, if any one or more allegation is not substantiated or unsubstantiated within 20 days, question 13.A.15 must be answered as "No" and it should not be answered based on "other areas" of ANEA that were investigated but not alleged.

This question must be answered on the initial ISA form, not on the reassessment (it is OK to leave it on the reassessment when copying an initial investigation to a reassessment).

Note: APS is required to complete all financial exploitation investigations within 20 calendar days. Therefore, the following two responses are for APS use only and may not be used for OAPS investigations:

- FE – Awaiting financial records – APS only
- FE – Awaiting forensic analysis – APS only

17. ***Was risk mitigated or reduced (document in Care Plan Journals and in applicable areas of Reassessment)? Reassessments Only***
Select the appropriate response. Details explaining how risk was eliminated or reduced, or was not, shall be detailed in the Care Plan Journals and in the applicable sections of the reassessment form (see instructions in Sections 8 through 11 above for more details).

18. ***Case closed due to (required for Substantiated, Unsubstantiated, & Unable to Determine cases)***
This question shall always be answered for all investigations at the time the case is being closed and the Protective Services Care Enrollment is being terminated.

For substantiated cases, this shall occur after risk has been reduced or eliminated, the final reassessment has been conducted, the Consumer or responsible party has been provided with the PS Termination letter, the PS supervisor has signed the ISA form, and the PS Care Enrollment is terminated.

For unsubstantiated cases, substantiated cases with no need for protective services or cases where a determination was unable to be made, this question shall be answered when the case is closed, the ISA is signed by the PS supervisor, and the PS Care Plan and Care Enrollment are terminated.

If "Other" is selected, explain details in Notes.

This question must be answered on the initial ISA form, not on the reassessment (it is OK to leave it on the reassessment when copying an initial investigation to a reassessment).

19. ***Indicate the Consumer's current living situation at the end of the case***
Enter the appropriate response. The current living situation should be indicated based on the living situation at the time of the case closing.

This question must be answered on the initial ISA form in order for PDA to provide data to NAMRS (the National Adult Maltreatment Reporting System). It is not recorded in the reassessment (it is OK to leave it on the reassessment when copying an initial investigation to a reassessment).

20. ***Did Supervision occur prior to case closure?***
Select the appropriate response to indicate if supervision occurred prior to the closure of the case.

21. ***Date Investigator Signed as Complete.***
Using the MM/DD/YYYY format, list the date that the worker signed the Investigation form as complete. A Substantiated case is considered complete ONLY after services have been implemented and the consumer was reassessed to determine if the services provided reduced or eliminated risk.

This date will be used as the termination date for the Care Enrollment and Care Plan. However, if after submitting a "completed" case to the supervisor, and the supervisor determines that additional actions are required prior to completing the case, this date **must be deleted** from the ISA until those additional actions are complete. Once complete and ready for resubmission to the supervisor, the new "case complete" date will be entered. These steps shall be repeated until the supervisor confirms agreement that the case is ready for closure.

This question must be answered on the initial ISA form, not on the reassessment.

22. ***Date Investigation or Reassessment given to Supervisor for Review.***
Using the MM/DD/YYYY format, list the date that the Investigation or reassessment was given to the Supervisor for review.

This question must be answered on BOTH the initial ISA form and the reassessment ISA form. The entered date is applicable to when the Initial Investigation (and other investigative information) was given to the supervisor for review, or when a reassessment was given to the supervisor to review to ensure risk was reduced and/or eliminated.

14. SIGNATURES

14.A. SIGNATURE AND DATES FOR INVESTIGATION

Type your name, title, and the date (on which you completed or on which you reviewed the form) on the appropriate line.

1. ***Signature, Title of Investigator and Date***
   Document the first and last name of the person who completed this investigation. Whoever completed the investigation, regardless of title (e.g. Investigator or PS Supervisor), completes this item.

2. ***Signature, Title of Supervisor and Date***
   Document the first and last name of the person who is serving as the supervisor and reviewed and approved this Protective Services Investigation form regardless of title (e.g., PS Supervisor, Deputy Director, or Director). 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.

3. ***Signature, Title of Director, and Date***
   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 if this is an abbreviated PS investigation (mandatory review and signature by Director if abbreviated PS investigation).

Assessment Narrative:

When the Alleged Perpetrator has access to the system, PDA requires case documentation, including care plan journals, be recorded in this section. Please see the ALLEGED PERPETRATOR HAS ACCESS TO SYSTEM chapter for specific instructions.

AAAs may use this area at their discretion, as per their Agency policy. However, use of this field must be consistent throughout the Agency and in accordance with the Agency policy. In addition, use of this section may not be a substitute for information entered in the ISA Notes sections and/or the Care Plan Journals. Case journaling must be entered in the Care Plan Journals, unless the Alleged Perpetrator has access to the system.