

PS Investigation Instructions

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

Summary

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

Protective Services Investigation Instructions

Proper completion of this form requires that all questions **must** be completed, unless otherwise specified. The PS Investigation form is to be opened as soon as the worker determines that an investigation is required. This allows the worker to document information in the PS Investigation form as it is acquired and determined to be accurate and in accordance with the instructions. Care should be taken to assure that all information

documented on the PS Investigation is correct. Any information that is carried over from the Report of Need form must be verified for accuracy. If, despite a thorough investigation, information to answer a question is unknown, use the Notes section to document that the answer is unknown. If a question is not applicable to this specific Consumer/case, document "n/a" in the "Notes" section. The Notes sections throughout the form are to be used to document: information that supports the answers for each question; information that does not precisely fit into the data field format for the question; additional information that does not fit into the data field for a question; and/or quoted information that is gathered from sources during the investigation.

To open a Protective Services Investigation Form:

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

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

If the Investigation is unsubstantiated, skip those sections indicated to skip (sections 8, 9, 10 and 11). If there is no perpetrator or if the perpetrator is the Consumer themselves, skip section 7. If this is an Initial Investigation, enter the date in number 13A # 3 as the date on which you have determined that you have enough information to decide that the investigation is either substantiated or unsubstantiated. During the investigation, you must make every effort to gather information on the Consumer's finances to fill out all of section 3E, even if

financial exploitation is not alleged. Also, make sure to include all known contacts in the social and collateral contact sections (12B and 12C). If you opened the Investigation form prior to knowing the date of substantiation or unsubstantiation, open “edit” at this time and modify the date of the Investigation form to reflect the date that the case was substantiated or unsubstantiated. Do NOT complete number 13A # 8 at this time unless the investigation is unsubstantiated or no Protective Services are going to be provided. Complete the PS Investigation form as described below:

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

1. INTRODUCTION

1. A. INVESTIGATION BACKGROUND:

Question 1: Date Report of Need was received

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

Question 2: PSA number for this Investigation

Enter the PSA number assigned to the AAA who is conducting this investigation.

Question 3: Date Investigation Initiated

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

Question 4: Date of face-to-face

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

Question 5: Date of Reassessment (if Reassessment)

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

1. B. CONSUMER'S IDENTIFICATION:

Question 1: Consumer's last name

Document the Consumer's last name as it appears on his/her birth certificate or SS card or as known (i.e. do not use nicknames).

Question 2: Consumer's last name suffix

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

Question 3: Consumer's first name

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

Question 4: Consumer's middle initial

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

Question 5: Consumer's date of birth (DOB)

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

Question 6: Consumer's gender

Document if the Consumer is male or female.

Question 7: Consumer's ethnicity

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

Question 8: Consumer's race(s)

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

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

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

Question 10: Consumer's marital status

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

1. C. CONSUMER'S DEMOGRAPHICS:

Question 1: Consumer's place of residence at the time of the Report of Need

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

Question 2: Consumer's current living arrangement

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

- Select the first response if the Consumer lives alone.
- Select the second response if the Consumer lives with his/her spouse. This response should be chosen regardless of whether anyone else also resides with the Consumer and his/her spouse (i.e. the Consumer lives with spouse and a child).
- Select the third response when the Consumer lives with a child (no spouse).
- Select the fourth response when the Consumer lives with another family member (not spouse or child).
- Select the fifth response when the Consumer lives with another person (not spouse, child or another family member) or resides in a nursing facility, personal care home or domiciliary care home. Document in Notes where csr resides/who csr resides with.

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

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

Question 4: Type of VOLUNTARY Reporter

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

Question 5: Consumer's primary language

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

Question 6: Is Consumer a veteran?

Choose the appropriate response.

1. D. ADDRESS INFORMATION:

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

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

Question 2: Consumer's mailing address city or town

Document the Consumer's mailing address city or town.

Question 3: Consumer's mailing address state

Document the Consumer's mailing address state.

Question 4: Consumer's mailing address ZIP code

Document the Consumer's mailing address ZIP code.

Question 5: Consumer's residential street address

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

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

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

Question 7: Consumer's residential county

Document the consumer's county of residence

Question 8: Consumer's residential state

Document the consumer's state of residence

Question 9: Consumer resides in a rural area?

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

Question 10: Directions to the Consumer's home

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

Question 11: Consumer's telephone number

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

2. ALLEGATIONS ON THE REPORT OF NEED

2. A. REPORTER'S ALLEGATIONS:

Question 1: Allegations on the Report of Need

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

3. EVIDENCE OF ABUSE, NEGLECT AND/OR EXPLOITATION

3.A. PHYSICAL ABUSE:

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

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

Question 2: Indicate evidence of physical abuse

Choose all responses that are appropriate. Use the Notes section to describe specifics for each response that is checked.

3. B. EMOTIONAL ABUSE:

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

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

Question 2: Indicate evidence of emotional abuse

Choose all responses that are appropriate. Use the Notes section to describe specifics for each response that is checked

3. C. SELF NEGLECT:

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

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

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

Choose all responses that are appropriate. Use the Notes section to describe specifics for each response that is checked.

3. D. CARETAKER/CAREGIVER NEGLECT:

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

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

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

Choose all responses that are appropriate. Use the Notes section to describe specifics for each response that is checked.

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

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

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

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

Question 2: Indicate evidence of financial exploitation

Choose all responses that are appropriate. Use the Notes section to describe specifics for each response that is checked.

Question 3: Is there a risk to Consumer’s property or assets? Explain in Notes

Check appropriate response. If there is a risk to Consumer's property or assets, explain this risk in the Notes section.

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

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

Question 5: Are Consumer's bills being paid?

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

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

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

Question 7: Indicate Consumer's source(s) of income

Check all appropriate responses which are the sources of Consumer's income, including Social Security, Pensions, Retirement, Annuities, Interest, etc.

Question 8: Specify the amount of the Consumer's monthly income

Document the total amount of Consumer's monthly income. Every effort should be made to determine Consumer's income during the course of the investigation, no matter what allegations were reported. This is important not only in cases of financial exploitation, but in all cases to determine if the Consumer is in need of assistance and/or is eligible for programs that might improve his/her quality of life.

Question 9: Describe how the Consumer does banking.

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

Question 10: Does someone accompany Consumer to the bank? Explain in Notes

Document whether someone accompanies Consumer to the bank. If an individual(s) takes Consumer to the bank, document the name(s) of those individual(s) in the Notes section. Document if the individual(s) takes Consumer into the bank and/or actually do the banking for the Consumer.

4. PHYSICAL ENVIRONMENT

4. A. PHYSICAL ENVIRONMENT ISSUES:

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

Check the appropriate response. If “No,” the computer will skip to 5A # 1.

Question 2: Indicate problems in the Consumer’s physical environment.

Choose all responses that are appropriate. Use the Notes section to describe specifics for each box that is checked.

5. COGNITIVE FUNCTIONING AND MENTAL HEALTH

5. A. SHORT PORTABLE MENTAL STATUS QUESTIONNAIRE - OPTIONAL:

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

Question 1: Consumer knows TODAY’S DATE?

Question 2: Consumer knows DAY OF THE WEEK?

Question 3: Consumer knows LOCATION?

Question 4: Consumer knows TELEPHONE NUMBER (street address if no phone)?

Question 5: Consumer knows AGE?

Question 6: Consumer knows DATE OF BIRTH?

Question 7: Consumer knows CURRENT PRESIDENT?

Question 8: Consumer knows PREVIOUS PRESIDENT?

Question 9: Consumer knows MOTHER’S MAIDEN NAME?

Question 10: SUBTRACTION TEST: Subtract 3 from 20, etc.

Question 11: Consumer subtraction test result?

Check "Correct" if the Consumer answered every one of the questions correct in question 10. If the Consumer missed even one question in number 10, check "Incorrect or Not Answered."

Question 12: Highest grade Consumer completed in school? If unknown, enter 0 and document in Notes why it is unknown.

Question 13: Consumer Score on SPMSQ.

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

Question 14: If more than 5 errors, what characteristics describe the Consumer's cognitive state? Enter comments in Notes.

Check all applicable responses. Document any supporting information regarding these answers in the Notes section.

5. B. LEVEL OF COGNITIVE FUNCTIONING

Question 1: What has been done to assess the Consumer's cognitive capacity?

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

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

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

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

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

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

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

5. C. MENTAL HEALTH FUNCTIONS:

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

Check appropriate response. Use the Notes section to describe evidence supporting all items selected. If "No," the computer will skip to 5D #1.

Question 2: Indicate the Consumer's mental health functions.

Check all appropriate responses. Use the Notes section to describe evidence supporting all items selected.

5. D. LEVEL OF SUPERVISION:

Question 1: Evaluate the Consumer's needs for supervision, taking into account physical health, mental impairment and behavior. How long can the Consumer routinely be left alone at home?

Check the appropriate response. Use the Notes section to describe and document evidence supporting all items selected.

6. MEDICAL INFORMATION

6. A. MEDICAL CONDITION:

Question 1: List the Consumer's current medical conditions/diagnoses.

Document all of the Consumer's medical conditions/diagnoses in this section, either on the available line, or in the Notes section.

Question 2: List all medical treatments/therapies the Consumer is receiving or ordered to receive.

Document all of the Consumer's treatments/therapies in this section, either on the available line, or in the Notes section.

6. B. USE OF MEDICAL SERVICES:

Question 1: Has the Consumer been hospitalized in the past 12 months? Explain in Notes (when, where, why, how long, how many times, etc.)

6. C. PHYSICIAN CONTACTS:

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

Check the appropriate response. If "no," skip to 6D # 1.

Question 2: Primary care physician's name?

Document the Consumer's primary care physician's first and last name.

Question 3: Primary care physician's work phone number?

Document the Consumer's primary care physician's work telephone number.

Question 4: Date of the Consumer's last visit to his/her primary medical provider?

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

6. D. CURRENT MEDICATIONS:

Question 1: Prescribed medications taken now or after discharge from hospital/other facility.

First section: Document the name of each prescribed medication

Second section: Document the dosage ordered

Third section: Document the code designated for the route of administration for each medication listed under the first section.

Fourth section: Document the number of tablets/capsules/puffs/etc. taken at the time of each administration.

Fifth section: Document the number of times each medication is administered using the designated coding system.

Sixth section: Document any other relevant or important information provided by the Consumer regarding his/her medication regime.

Question 2: Over the Counter Medications taken now or after discharge from hospital/other facility.

First section: Document the name of each over the counter medication

Second section: Document the dosage of the medication

Third section: Document the code designated for the route of administration for each medication listed under the first section.

Fourth section: Document the number of tablets/capsules/puffs/etc. taken at the time of each administration.

Fifth section: Document the number of times each medication is administered using the designated coding system.

Sixth section: Document any other relevant or important information provided by the Consumer regarding his/her medication regime.

Question 3: What is the name of the Consumer's pharmacist/pharmacy?

Document the name of Consumer's pharmacist or the name of the pharmacy where Consumer has medications filled.

Question 4: What is the telephone number of the Consumer's pharmacy?

Document the telephone number of the pharmacy where the Consumer has medications filled.

Question 5: Managing Medications. Requires assistance in managing medications?

Check the appropriate response. Assistance is defined as the Consumer requiring/needing the help of another person for reminders or cueing to take the medications or set up of the medications. Independently manage his/her medications means that the consumer understands why he/she is taking each medication, when the medication is to be taken, has the ability to set-up and administer each medication and can monitor himself/herself for potential side effects.

If the consumer is able to independently manage his/her own medications, check the response entitled "Independent." If the consumer requires assistance in managing his/her medications, check the response entitled "Assistance needed." If it is unknown if the consumer can manage his/her own medications, check the response entitled "Unknown."

Question 6: Type of help needed with medications? Check all that apply.

Check all appropriate responses. Use Notes section to document who provides assistance and specifically what assistance they provide.

Check the "Information" response if the Consumer needs information regarding his/her medications. Check the "Verbal reminders" response if the Consumer needs verbal reminders to administer his/her medications. Check the "Setup" response if the Consumer needs his/her medications pre-poured by another individual. Check the "Administration" response if the Consumer needs to have the medications administered to him/her by another individual. Administration is defined as having another individual physically provide (in any form or route) the medications (i.e. place the medications in the Consumer's mouth and ensure that the medications are swallowed). Check the "Regular monitoring of effects" response if the Consumer needs another individual to monitor the effects of his/her medications.

7. CHARACTERISTICS OF PERPETRATOR (Substantiated cases ONLY)

Complete this section ONLY if this is a Substantiated case

7. A. PERPETRATOR'S CHARACTERISTICS

Question 1: Did the Investigation result in substantiation of a perpetrator by clear and convincing evidence? Describe all sources and nature of confirmation or other evidence in Notes.

Check the appropriate response. Use the Notes section to summarize the evidence which confirms that the perpetrator is a perpetrator by clear and convincing evidence. If a perpetrator was not discovered, or if a perpetrator is suspected, but was not designated by "clear and convincing" evidence, check "No" and the computer will automatically skip to Section 8. Check "No" if this case is substantiated for self neglect as the Consumer is not a perpetrator.

Question 2: Who is the primary perpetrator?

Check the most appropriate response. Check only one box.

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

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

Question 4: What is the perpetrator's ethnicity?

Check the appropriate response.

Question 5: What is the perpetrator's race?

Check the most appropriate response. Check only one response.

Question 6: Select the perpetrator's gender

Check the appropriate response.

Question 7: Age range of the primary perpetrator

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

Question 8: Was perpetrator notification provided? Provide date, time and type (oral or written) of notification in Notes.

Check the appropriate response. Document in Notes the date, time and type of notification provided. Document in Notes anything else that is relevant about the perpetrator notification. If Notification was not provided, document why it was not provided.

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

Complete this section ONLY if this is a Substantiated case

8. A. ADL

A set of eight items, called ADL, measure the Consumer's ability to perform daily living tasks with reasonable safety. The ADL tasks include bathing, dressing/undressing, grooming, eating, transferring, toileting and bladder and bowel management.

Each ADL item is rated on a 1 to 5 point scale from "1," which indicates that the Consumer performs the task safely and without assistance, to "5," which indicates that the Consumer requires maximum assistance (or assistance with more than half of the activity) or is unable to complete the task at all. The Worker is to check the response which best describes the Consumer's ability to perform each task.

Consumers who are in a hospital or nursing facility at the time of the assessment may not be permitted by the facility to perform certain ADL tasks without assistance. **These Consumers should be assessed on what they have the ability to do rather than what they actually demonstrate in the facility.** Although there are situations when the worker can assess an ADL item without asking the Consumer, workers are strongly encouraged to review all ADL items with each Consumer unless other reliable information is available. It is always better to ask than to assume.

When responses numbered 2 – 5 are checked, the worker must indicate in the Notes section what difficulty, additional help, or other relevant information (including the name(s) of the person(s) who assist the Consumer) is provided to the Consumer in regard to completion of each ADL.

For all ADL tasks:

- Number 1 states that the Consumer is independent
- Number 2 states that the Consumer requires the help of an assistive device, takes a long time or does with great difficulty
- Number 3 states that the Consumer requires supervision, set-up, cueing or coaxing (hands-on help is NOT included here)
- Number 4 states that the Consumer requires some degree of hands on help to complete the task
- Number 5 states that the Consumer requires more than 50% help to complete the task or the Consumer is unable to do the task at all.

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

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

Complete this section ONLY if this is a Substantiated case

9. A. IADL

IADL tasks are those which are not necessarily done everyday, but which are important to independent living. These tasks include preparing meals, doing housework, laundry, shopping, using transportation, managing money, using the telephone and doing home maintenance. The ability to perform IADL tasks can help the Worker to determine the impact of physical and mental impairments, since performance of these tasks requires a combination of memory, judgment and physical ability.

There may be instances in which the Consumer has no opportunity to perform IADL tasks. When administering the IADL questions, it is very important for the worker to stress the ability of the Consumer to perform each task.

The worker is to choose one response for each IADL that best describes the Consumer's ability to perform each task.

When responses numbered 2 – 4 are checked, the worker must indicate in the Notes section what difficulty, additional help, or other relevant information (including the name(s) of the person(s) who assist the Consumer) is provided to the Consumer in regard to completion of each ADL.

For all IADL tasks:

- Number 1 states that the Consumer is independent
- Number 2 states that the Consumer requires mechanical assistance, takes a long time or does with great difficulty
- Number 3 states that the Consumer requires some degree of hands on help to complete the task
- Number 4 states that the Consumer is unable to do the task at all.

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

10. MOBILITY (Substantiated Cases Only)

Complete this section ONLY if this is a Substantiated case

10. A. MOBILITY:

The worker is to choose one numbered response for each question regarding mobility status that best describes the Consumer's ability to perform each task.

A bed bound Consumer is defined as an individual who cannot get out of the bed/chair without the assistance of another person. Without this assistance, the Consumer would remain in the bed/chair. This definition should not be confused with how the Consumer transfers or moves about once the Consumer is out of the bed/chair.

Non-ambulatory means that the Consumer, after rising from the bed/chair (assisted or non-assisted) cannot walk without the assistance of another person.

The worker can evaluate a Consumer's mobility through observation and questioning. If the Consumer is willing, the worker must ask for a demonstration of walking or wheeling ability across a room and back. Evaluate the Consumer's ability to walk steadily. Ask about endurance (i.e. can the Consumer walk distances {approximately 100 feet on level ground or a city block can be used as examples}). Describe the details of indoor/outdoor mobility if there are significant differences.

If responses numbered 2 – 5 are checked, the worker must indicate in the Notes section how the Consumer currently manages the task and any additional help or relevant information (including the name(s) of the person(s) who assist the Consumer) provided regarding the Consumer's mobility. Further, the Notes section should be used to document information that supports the determination, including the worker's observations and/or judgments.

For Mobility, numbers 1 and 3 – 5:

- Number 1 states that the Consumer is independent
- Number 2 states that the Consumer requires the help of an assistive device, takes a long time or does with great difficulty
- Number 3 states that the Consumer requires supervision, set-up, cueing or coaxing (hands-on help is NOT included here)
- Number 4 states that the Consumer requires some degree of hands on help to complete the task
- Number 5 states that the Consumer requires more than 50% help to complete the task or the Consumer is unable to do the task at all.

For numbers 2, 6 and 7:

Check appropriate response and use Notes section as indicated.

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

11. NUTRITION (HDM & Substantiated Consumers Only)

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

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

If “Yes”, explain more fully in the notes section.

Question 2. Eats fewer than 2 meals a day?

Choose appropriate response.

Question 3. Eats less than two servings of dairy products (such as milk, yogurt, or cheese) every day?

Choose appropriate response.

Question 4. Eats fewer than 5 servings (1/2 cup each) of fruits or vegetables every day?

Choose appropriate response.

Question 5. Has 3+ drinks of beer, liquor, or wine almost every day?

Choose appropriate response.

Question 6. Trouble eating well due to problems with chewing/swallowing?

Choose appropriate response.

Question 7. Sometimes does not enough money to buy food?

Choose appropriate response.

Question 8. Eats alone most of the time?

Choose appropriate response.

Question 9. Takes 3+ different prescribed or over-the-counter drugs per day?

Choose appropriate response.

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

Choose appropriate response. If “No,” the computer will skip to question 11A # 13.

Question 11. How many pounds lost or gained in past 6 months?

Document Consumer's response.

Question 12. Reason for weight change in past 6 months?

Document Consumer's response.

Question 13. Not always physically able to shop, cook, and/or feed themselves (or get someone to do it for them)?

Choose appropriate response.

Question 14. Consumer's nutritional risk based upon responses to the questions above.

Computer automatically calculates the consumer's nutritional risk based on the above questions.

12. CONTACTS

12. A. EMERGENCY CONTACT:

Question 1: Name of Friend/relative (other than spouse/partner) to contact in case of an Emergency

List the name of the consumer's emergency contact, preferably someone who does not reside with the Consumer.

Question 2: Relationship

Document the relationship of the emergency contact to the Consumer.

Question 3: Address

Document the home Address of the emergency contact.

Question 4: City or Town

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

Question 5: Home telephone number

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

Question 6: Work telephone number

Document the work telephone number of the Emergency Contact, if appropriate. Document the hours that the Emergency Contact is at work and able to be contacted.

12. B. SOCIAL CONTACTS:

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

12. C. COLLATERAL CONTACTS:

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

13. PROTECTIVE SERVICES INVESTIGATION SUMMARY AND ASSESSMENT RESULTS

13. A. DECISION INFORMATION:

Question 1: Investigator's name.

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

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

Select the correct choice.

Question 3: Date Investigation or Reassessment Completed.

Using the MM/DD/YYYY format, list the date that the worker has gathered enough information to either substantiate or unsubstantiate the need for Protective Services based on the investigation. **At this time, if the worker has opened up the Investigation form before the completion of the investigation, the worker should use the "edit" function to change the date on the Investigation form to the date that the investigation is substantiated or unsubstantiated.**

If this is a reassessment, using the MM/DD/YYYY format, list the date that the worker made the face-to-face contact to complete the reassessment.

Question 4: Date Investigator Signed as Complete.

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

Question 5: Date Investigation or Reassessment given to Supervisor for Review.

Using the MM/DD/YYYY format, list the date that the Investigation or Reassessment was given to the Supervisor for review.

Question 6: Referral to Law Enforcement. Explain in Notes

Check appropriate box. If a referral to Law Enforcement was made, document why and to whom the report was made in the Notes section.

Question 7: Was this Investigation Substantiated or Unsubstantiated?

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

Question 8: Case closed due to:

Answer this question **only at the time that you close a substantiated case.** If the investigation is unsubstantiated, this would be recorded in Question 7 above and no answer is required here. If the investigation results in a substantiated case, but with no need for protective services, this question would be answered on the (initial) investigation form. If the investigation is substantiated and services are being provided, **this question is not answered at the time that the (initial) investigation form is completed.** Answer this question when the Investigation form is being completed as a Reassessment to close the entire case.

14. SIGNATURES:

14. A. SIGNATURES AND DATES FOR INVESTIGATION

Type your name, title and the date (on which you completed or on which you reviewed the form) on the appropriate line.

Question 1: Signature & Title of Investigator

Document the first and last name of the person who completed this investigation.

Question 2: Signature & Title of Supervisor

Document the first and last name of the supervisor who reviewed and approved this Protective Services Investigation form. The supervisor who answers this question is indicating that he/she has ensured that the investigation summary and assessment is complete and may document any additional contributing information in the assessment narrative. The supervisor signature reflects that they concur with the documentation adequacy and determination unless otherwise documented.

Question 3: Signature & Title of Director

Document the first and last name of the Director who reviewed and approved this Protective Services Investigation form. The Director would sign here if he/she is the supervisor of this PS investigation or if this is an abbreviated PS investigation (mandatory review and signature by Director if abbreviated PS investigation).

Assessment Narrative:

AAA's may use this area at their discretion, as per their Agency policy. However, use of this filed must be consistent throughout the Agency and in accordance with the Agency policy.