

PS Report of Need Instructions

All questions **must** be completed unless the information provided, when placed in the corresponding sections in the Report of Need document, allows for a skip pattern. When multiple responses are provided for questions, the user must select one of the given responses. If additional information is provided for any question, this information must be documented in the Notes section. If the question is not applicable to a specific Consumer/case, document “n/a” in the Notes section. Care should be taken to assure that all information documented on the Report of Need is accurate. If the reporter does not know the answer to a question, use the Notes section to document that the answer is unknown. Use the Notes sections throughout the form 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 statements from the reporter. Information used to complete the Report of Need must come from the reporter only. Additional calls to gather statistical data **only** (i.e. telephone numbers, addresses) are permissible. Calls made to gather any other information to evaluate risk are **not** permissible as this constitutes the start of an investigation.

The worker completing the Report of Need should not expect the reporter to understand or have a working knowledge of Older Adult Protective Services. Therefore, it is imperative that the worker completing the Report of Need ask probing questions to determine what the reporter is actually alleging, the presence or absence of risk and other information included in the Report of Need. It is essential that the worker completing the Report of Need accurately record information so that the need for protective services and the categorization of the Report of Need can be accurately evaluated.

It is critical for all staff to ensure that, when they are logging into SAMS or Omnia, they use their individually assigned user ID and password. This is imperative because SAMS/Omnia will use the name/ID of the user signed on to the computer to record an electronic signature for the person completing the PS work. Never share user ID or passwords. If you use someone else’s computer, you must log into SAMS/Omnia with your user ID and password for the computer to recognize that you are completing the work. If you do not log on under your user ID, the computer will assign the electronic signature of the person signed onto SAMS/Omnia for the work that you have completed.

A potential Protective Services case starts when a referral is made to the AAA and a Report of Need is completed. The Report of Need can be completed either in SAMS or in Omnia. If the Consumer is not in SAMS or Omnia, the Consumer must be entered into the system before completing the Report of Need.

To open a new Report of Need in SAMS for an existing Consumer:

1. Locate the consumer in SAMS (double click on the consumer – verify that you have the correct consumer by verifying DOB, SSN and/or client ID of the existing Consumer with the new Consumer).
2. Open “Assessment” by clicking the “Assessment” icon on the left side of the screen.
3. Open a “new assessment.” When the child window appears, click the down arrow on “Filename” and choose “PS Report of Need.”
4. “Name,” “Author,” “Last updated” and “Version” will automatically populate.
5. Date the Report of Need with the date that the contact was made with the AAA which precipitated the AAA taking the Report of Need.
6. Highlight the “next assessment” date and click “delete.”
7. Enter the assessor’s name.
8. Enter the appropriate password and verify the password.
9. Click “OK.”

To open a new Report of Need in Omnia for an existing Consumer:

1. Locate and open the Consumer in Omnia (double click on the consumer – verify that you have the correct Consumer by clicking on “Properties” on the left side of the screen, then verifying DOB, SSN and/or client ID of the existing Consumer with the new Consumer).
2. Click on “assessment” on the left side of the screen.
3. Click “new” and a child window will open for a new assessment.
4. Click the down arrow at “Filename” and choose “PS Report of Need.”
5. “Name,” “Author,” “Last updated” and “Version” will automatically populate.
6. Enter the assessor’s name.
7. Date the Report of Need with the date that the contact was made with the AAA which precipitated the AAA taking the Report of Need.
8. Highlight the “next assessment” date and click delete.
9. Enter the appropriate password and verify the password.
10. Click “OK.”

As soon as the Report of Need 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 back to the question area.

1. REPORTER'S DETAILS

1A: Consumer's Information

Question 1: Date of Report of Need was received

Using the MM/DD/YYYY format, document the date that the Report of Need was received.

Question 2: Time Report of Need was received

Document the time of day that the Report of Need was received. Include "AM" or "PM."

Question 3: Date(s) of the Incident(s)

If there was an incident or incidents that occurred which are the subject of this report, document the date(s) of the incidents(s), if known. If the exact date(s) is/are unknown, document in the Notes section the information that is provided by the reporter regarding the date(s) of the incidents(s) {i.e. "it happened three weeks ago" or "it happened about six months ago" or "I don't; know when it happened" or "it is ongoing" etc}.

Question 4: 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 5: 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 it in the Notes section.

Question 6: Consumer's Middle Initial

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

Question 7: Consumer's Name Suffix

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

1B: CONSUMER'S RESIDENTIAL ADDRESS

Question 1: Consumer's Residential Street Address

Document the consumer's residential street address (i.e. the street address where the consumer actually resides).

Question 2: 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 3: Enter the Consumer's Mailing City or Town

Document the name of the city or town where the Consumer lives.

Question 4: Consumer's residential county

Document the county in which the Consumer resides.

Question 5: Consumer's state of residence

Document the state in which the Consumer lives

Question 6: Consumer's residential telephone number

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

Question 7: Directions to the Consumer's location

Document the directions that the worker would utilize to travel to the consumer's home/location.

Question 8: Consumer's Place of Residence at the time of the Report of Need

Document the consumer's place of residence at the time that the Report of Need was taken. Choose the most appropriate answer. Choose only one answer.

Question 9: 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.

- Check Lives Alone if the consumer lives alone.

- Check Lives with Spouse 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).
- Check Lives with Child but not Spouse when the consumer lives with a child (no spouse).
- Check Lives with other Family Member when the consumer lives with another family member (not spouse or child).
- Check Other only 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.

In addition to selecting the appropriate response from the from down menu, use the Notes section to detail any other information or specifics regarding the consumer's living arrangement.

Question 10: Are there other individuals residing with the consumer

Document whether there are others living in the consumer's residence or if others stay with the consumer for any length of time. If "yes," document the name and relationship of these individuals to the consumer in the Notes section. Also document when/how long these individual(s) stay with the consumer. If "Possible" or "N/A," select "Unknown" and document details in the Notes.

1. C. CONSUMER'S DEMOGRAPHIC DATA

Question 1: Consumer's Primary Language

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. Choose only one response.

Question 2: Consumer's Date of Birth

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

Question 3: Consumer's Marital Status

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

Question 4: Consumer's Gender

Document if the consumer is male or female

Question 5: Consumer's Social Security Number

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

Question 6: Consumer's Ethnicity

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

Question 7: Consumer's race(s)

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

Question 8: Name and telephone number of the consumer's primary care physician

Document the full name and telephone number of the Consumer's primary care physician. Document in the Notes if either or both the name and telephone number of the physician are unknown.

2. REPORTER'S DATA

2.A. REPORTER'S INFORMATION

Question 1: Reporter's full name

Document the reporter's first and last name. If reporter chooses to remain anonymous, document "anonymous."

Question 2: If the reporter is calling for or from an organization/facility, document the name of the organization/facility. ACT 13 Reporters must complete Section 4 on Mandatory Reports. Mandatory reporters CANNOT be anonymous

Document the name of the organization/facility if applicable, whether or not this is an ACT 13 report. If the reporter is not from an organization or facility, document "N/A."

Question 3: Reporter's telephone 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.

Question 4: Reporter's address

Document the address of the organization/facility that the reporter is calling from/for. If the reporter is not from an organization or facility, the address should be the reporter's home address.

Question 5: Is this a mandated report as defined by the Older Adult Protective Services Act (OAPSA)

Check appropriate response. If "yes," remind reporter of additional reporting requirements, if applicable. (Additional reporting requirements: if consumer is a victim of serious bodily injury, serious physical injury, sexual abuse and /or suspicious death, the reporter must also contact PDA and law enforcement).

Question 6: Type of VOLUNTARY reporter

Choose the response that is most appropriate given the information supplied by the reporter. If this is a MANDATORY report, do not select any responses and document "n/a" in the notes.

3. REPORTER'S OBSERVATIONS

3. A. PHYSICAL CONDITION AND HEALTH:

Question 1: Reported physical and health conditions of the consumer

Check all responses that the reporter uses to describe the Consumer's physical condition and health. 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 health conditions, document "n/a" in Notes.

3.B. EMOTIONAL AND MENTAL CONDITION:

Question 1: Reported emotional and mental conditions of the consumer

Check all responses that the reporter uses to describe the Consumer's emotional and 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 dementia, 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 mental health conditions, document "n/a" in Notes.

3.C. PHYSICAL ENVIRONMENT:

Question 1: Reported problems with the consumer's physical environment

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 problems with the physical environment, document "n/a" in Notes.

Question 2: Note any dangers

Check all responses that the reporter uses to describe any dangers in and around the Consumer's environment. After checking all appropriate responses, describe in the notes section supporting documentation/information supplied by the reporter regarding each response that has been checked. If there are no dangers, document "n/a" in Notes.

3. D. FINANCIAL PROBLEMS:

Question 1: Reported Financial Problems

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, document "n/a" in Notes.

Question 2: Assistance with legal/financial concerns

Choose the appropriate response. If No is chosen, the computer will automatically skip to 3E #1.

Question 3: Who assists with legal/financial concerns

If Yes was chosen in 3D #2, check all appropriate responses.

3. E. CONSUMER'S CURRENT SITUATION:

Question 1: Identify ALL ALLEGATIONS made by the reporter. Document ALL details provided regarding EACH Allegation in the Notes section

Check the corresponding response for the type of elder abuse that is/are alleged by the reporter. 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 boxes. After checking the appropriate response(s), use the notes section to describe, in detail, what the reporter alleges. If the "other" box is checked, a description

of what “other” type of abuse is being alleged must be included. 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.

Question 2: Is the Consumer in a Life Threatening Situation

Document the answer provided by the reporter. However, if the reporter does not know, or the reporter’s answer is contradicted by other information stated by the reporter in this Report of Need, document this discrepancy in the Notes section.

Question 3: Can the Reporter identify the Alleged Perpetrator (AP)

If the reporter identifies and individual/individuals or entity/entities that allegedly perpetrated abuse against the older adult, check “Yes” and document this information in the Notes section. If the reporter can only identify characteristics of the individual – but not a specific name – check “No” and document any information that the reporter can provide in the Notes section. If the reporter is unsure if he/she can identify the alleged perpetrator, check the “Unsure” box.

Question 4: Does the alleged perpetrator currently have access to the consumer

Choose the response that is most appropriate given the information supplied by the reporter. Document all applicable details in the Notes section. If “Possible” or “N/A,” select “Unknown” and document details in Notes.

Question 5: Does the alleged perpetrator currently have access to the consumer’s property or assets

Choose the response that is the most appropriate response given the information supplied by the reporter. Document all applicable details in the Notes section. If “Possible” or “N/A,” select “unknown” and document details in Notes.

Question 6: Date consumer was last seen

Document the date the consumer was last seen using the DD/MM/YYYY format. If unknown, document “n/a” in the Notes section.

Question 7: Name of person who last saw the consumer

Document the first and last name, if known, of the last person who saw the consumer. If unknown, document “n/a” in the Notes section.

Question 8: Where is the consumer currently located?

Document where the consumer is physically located at the time of the report (i.e., home, hospital, NF, on the street, etc.).

3. F. CARETAKER/CAREGIVER'S INFORMATION:

Question 1: Does the consumer have a caretaker/caregiver? Skip to 4A if response is "No" or "Unknown."

If "Yes," document the full name of the Caretaker/Caregiver in questions 2 and 3 of this section. If the Consumer is his/her own Caretaker/Caregiver, check "no" and document in the Notes section that the consumer is his/her own Caretaker/Caregiver and skip to Section 4A. If the consumer has not Caretaker/Caregiver, check "No" and document "n/a" in the Notes section. If unknown, check "unknown." If the response to this question is "no" or "unknown," the computer will skip to section 4A.

Question 2: Caretaker/Caregiver's first name

Document the first name of the caregiver as provided.

Question 3: Caretaker/Caregiver's last name

Document the last name of the caretaker/caregiver, as provided.

Question 4: Caretaker/Caregiver's Telephone Number

Document the caregiver's telephone number, including area code, where they can most readily be reached.

Question 5: Caretaker/Caregiver's Address

Document the full address of the Consumer's primary caregiver.

Question 6: Caretaker/Caregiver's Relationship to Consumer

Check the response that corresponds to the Caretaker/Caregiver's relationship to the Consumer as described by the reporter.

4. ACT 13 REPORTING ONLY

4. A. MANDATORY REPORTS (If not an ACT 13 Mandatory Report, Skip to section 5-A).

Complete Section 4-A ONLY if this is an ACT 13 MANDATED Report. If this is not an ACT 13 Mandated report, skip to Section 5A.

Question 1: Type of ACT 13 MANDATORY reporter

Choose the response that is most appropriate given the information supplied by the reporter. Choose only one response.

Question 2: Type of ACT 13 abuse reported

Choose the response that is most appropriate given the information supplied by the reporter.

Question 3: Was the ACT 13 Mandatory Reporter advised of additional reporting requirements to PDA and Law Enforcement?

Document whether the (intake/PS) worker advised the Reporter of additional reporting requirements. If the Reporter was not advised, document why in the Notes section. If there are not additional reporting requirements, document this in Notes. If the user choose the "no" response, the computer will skip to Section 5A.

Question 4: Date the organization/facility was notified of the ACT 13 additional reporting requirements to PDA and Law Enforcement

Using the MM/DD/YYYY format, document the date that the organization/facility was notified of the additional reporting requirements.

Question 5: Time the organization/facility was notified of the additional reporting requirements to PDA and law enforcement

Document the time, including "AM" or "PM" that the organization/facility was notified of the ACT 13 additional reporting requirements to PDA and Law Enforcement.

5. REPORT OF NEED SUMMARY:

5. A. REPORT OF NEED SUMMARY

Question 1: What is the Category assigned to the Report of Need at Intake

Choose the appropriate category for this Report of Need in accordance with the Older Adults Protective Services Act and Protective Services Regulations. Choose only one category. This categorization must be based solely on the information provided by the reporter and which has been documented in this Report of Need.

5. B. Report of Need Confirmation (to be completed by PS Worker or Supervisor)

Question 1: Date Report of Need was received by the Protective Services Worker?

Using the DD/MM/YYYY format, document the date this Report of Need was received by the Protective Services Worker.

Question 2: Time Report of Need was received by the Protective Services Worker

Document the time, including "AM " or "PM," that this Report of Need was received by the Protective Services Worker.

Question 3: Was the Category assigned to this Report of Need at intake confirmed

Document whether the initial category assigned to the Report of need was confirmed. If yes, the computer will automatically skip to 5B #5.

Question 4: If the Category assigned at intake to this Report of Need was changed, enter the appropriate Category here

If the initial category assigned was not confirmed, document here the correct/new category assigned to the report of Need. Choose only one category.

Question 5: Based upon review of the Report of Need, which of these organizations/agencies were notified of the Report of Need? Check all that apply

Document in the Notes AND Consumer's Care Plan Journal in SAMS the dates and individual names contacted for each selection.

Question 6: If referred to another AAA, document the name of the county

Document the name of the county (including PSA number) that this Report of Need was transferred to. If not a transfer, document “n/a” in the Notes section and skip to section 5C #1

Question 7: If referred to another AAA, document the name of the individual who accepted the Report

Document the name of the individual who accepted the Report of Need at the receiving AAA.

Question 8: Date referred to another AAA

Using the MM/DD/YYYY format, document the date that this Report of Need was referred to the receiving AAA.

5. C. ACT 13 SUMMARY REPORT (if not an ACT 13 Mandatory Report, – skip to Section 5D #1):

Complete this section ONLY if this is an Act 13 Report of Need.

Question 1: When was the mandatory written report received by the AAA from the facility (ACT 13 ONLY)

Document when the AAA received the written report from the facility in relation to when the AAA received the oral report from the facility.

Question 2: If one of the 4 serious types of abuse listed in Question 4A #2 was selected, did the AAA forward the facility’s mandated written report to PDA (ACT 13 ONLY)

Document whether the AAA forwarded the mandated written report to PDA when one of the 4 serious types of abuse is alleged (serious physical injury, serious bodily injury, sexual abuse and/or suspicious death).

5. D. Investigation Outcome:

Question 1: Upon completion of the Protective Services Investigation, what was the finding

Record the findings of the Protective Services Investigation, as determined by the Protective Services Worker.

6. SIGNATURES

6. A. SIGNATURES, TITLES AND DATES FOR REPORT OF NEED

Each person completing and/or reviewing any section of this Report of Need must type in their name, title and date in this area.

ASSESSMENT NARRATIVE:

Agencies 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.