

PENNSYLVANIA'S PROTECTIVE SERVICES

DOCUMENTATION PROCEDURAL MANUAL

NOTE: This manual was developed by staff from the Department and the P4A Protective Service/Guardianship Committee at the request of the Aging Network. The purpose of this manual is to support the work of the Network by giving them the necessary tools to be able to quickly, concisely and accurately document their actions in SAMS. The manual was developed for use by staff that has had at least a basic understanding of the SAMS system.

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CHAPTER 1

OPENING SAMS DATABASE

I. PROCEDURES TO OPEN SAMS DATABASE:

- a) Click on Agenet Icon located on your desktop (child window will appear) or access the internet and enter this address: <https://agenet.state.pa.us>
- b) Child window will appear -- Choose a digital certificate – highlight the digital certificate to be used and then click “ok”
- c) Child window will appear – Signing data with your private signature key -- enter your assigned digital certificate password and click “ok”
- d) Citrix Access Gateway page will appear – enter your password and click “logon”

NOTE: Depending upon how your system was set up, you may have to respond “YES” to a child window which inquires if you want to run the Citrix Endpoint Analysis scan

- e) Application home page will appear – double click on SAMS 2000
- f) Child window will appear – Starting SAMS 2000 – be patient and wait
- g) Child window will appear – Log In SAMS -- Enter user name and password (database will auto populate to your agency) – click “ok”

NOTE: Navigation through SAMS is best accomplished via use of the up/down arrows or by typing the first letter of a word for areas with drop down selections. Using these methods to navigate does not save any information until you hit the “Save” button on the toolbar. Use of the tab key may not always move your cursor from one question to another but rather may move your cursor from the question to the notes section of that question. Ensure your cursor is properly placed before completing an entry.

CHAPTER 2

CONSUMER REGISTRATION

Reports of Need can be received in a number of ways (ie telephone calls, letters, referrals, etc). Upon receipt of a Report of Need, the consumer must first be registered in SAMS in order to record and manage all agency actions. The following steps are to be followed:

I. STEPS FOR CONSUMER REGISTRATION

- a) Open SAMS using procedures outlined in Chapter 1(Opening SAMS Database)
- b) Click on “Consumers” button located on toolbar
- c) Click on the “Search” button located on the toolbar
 - i. A child window will appear
 - ii. Complete as much information as known (ie consumer’s first and last name, address, etc)
 - iii. Click on the “Find” button
 1. If Consumer Exists in SAMS, their name will appear in the lower half of the child window:
 - a. Highlight your consumer
 - b. Double click on highlighted consumer
 - c. Consumer Summary page will open
 - d. Click Details located on right side
 - e. Proceed to Chapter 3 – Entering a Care Enrollment
 2. If Consumer does not exist in SAMS, a child window box will appear – Zero records matched the specified search criteria – click “ok”

- a. Click the “add new” button located in the bottom left of the lower half of the child window
- b. Child window will appear - Register New Consumer
NOTE: All information entered during the search step will auto-populate into the appropriate fields
- c. Enter following information:
 - i. Prefix – leave blank
 - ii. First Name (actual first name, not nickname)
 - iii. Middle Initial (list, if known)
 - iv. Last Name
 - v. Suffix, only if applicable (i.e. Jr, Sr, II, III, IV)
 - vi. AKA Name – if known complete or leave blank
 - vii. Gender (M/F)
 - viii. Birthdate (MM/DD/YYYY)
 - ix. SSN
 - x. Area Code (for telephone number)
 - xi. Home Phone
 - xii. Default Agency (your AAA)
 - xiii. Default Provider (optional)
 - xiv. Date Registered (auto populates)
 - xv. Residential Address -- click “+” sign to expand and complete as follows:
(NOTE: Residential address is the physical location where the consumer votes, pays taxes, sleeps, etc. Residential address is the consumer’s permanent physical location. If it is known, with certainty, that the consumer is placed in a facility on a temporary basis, with the definite expectation to return to their permanent residential address

and the residential address is being maintained for this purpose while the consumer is in the facility on the temporary basis, then the residential address is still the consumer's permanent physical location 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.

1. Street 1: the street address. If the consumer only has a PO Box or RR address, enter that information here. If the consumer has both a street address and a PO Box, enter only the street address here
2. Street 2: If the consumer has both a street address and a PO Box, enter the PO Box here. If the consumer has a building name or facility name, enter it here
3. County: Enter the appropriate county.
4. Town: Select the appropriate town (
5. State: Enter the appropriate state.
6. ZIP: Enter the appropriate ZIP code
7. Municipality: Enter the appropriate municipality
8. Directions: Enter directions to consumers residential address

xvi. Mailing Address - click "+" sign to expand and complete as follows:

(NOTE: 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 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)

1. Same as Residential: Check Yes or No, based on the criteria noted in (n) and (o) above. If "No," complete the following information in mailing address:
2. Street 1: the street address. If the consumer only has a PO Box or RR address, enter that information here. If the consumer has a street address for their

residential address, but uses a PO Box for mail delivery, enter only the PO Box here

3. Street 2: If the consumer has a building name or facility name, enter it here
4. County: Enter the appropriate county.
5. State: Enter the appropriate state
6. ZIP Code: Enter the appropriate ZIP code

xvii. Care Enrollment – skip section – will be completed in Section III – Entering a Care Enrollment

xviii. NAPIS – skip section

NOTE: This section will get completed as the case progresses and additional data entry is completed

xix. Characteristics – skip section

xx. Click “ok” located in the upper right of the Register New Consumer child window

xxi. Child Window will appear – Search Consumers – double click on your consumer’s name

d) Consumer Summary page will open

e) Proceed to Chapter 3 - Entering a Care Enrollment

CHAPTER 3

CARE ENROLLMENT

INCLUDES:

- ✓ **Entering a new care enrollment**
 - **Active consumers**
 - **Deactivated consumers**

It is highly recommended that entering the care enrollment be done immediately after registering or selecting your consumer. By doing the following steps at this time will comply with the legal requirements of ensuring confidentiality begins at in-take. In addition, by completing these steps now, less time will be spent doing duplicate and edit steps. If you complete your assessment form before doing the care enrollment you will have to complete additional editing steps to ensure your assessment forms meet confidentiality requirements. Completing the care enrollment now will not require jumping back and forth between procedures and performing multiple additional steps.

However, as the Department recognizes that not all agency in-take personnel have access to SAMS, steps taken may not be in the order in which the Department recommends. Your agency may need to modify the suggested flow of data entry into SAMS.

The following steps are to be completed after you have already utilized the search feature, highlighted and opened your consumer. From the consumer summary page, complete the following steps:

I. IF CONSUMER IS ACTIVE IN SAMS, FOLLOW THESE STEPS:

- a) Click “Details” icon on left hand side of the consumer’s summary page
- b) Review and verify all sections/information within the Details page are accurate and update accordingly

NOTE: An active consumer in SAMS will have “yes” marked in the general section – line identified as “+ Status”. Expand the status by clicking on the “+” and the line “active” will indicate “yes”. If this consumer is not active, skip to Section II below (If Consumer is Not Active in SAMS procedures)

- c) Click - Care Enrollment which is located within the Details page

- d) If there is an existing/active non-caremanaged services care program care enrollment, do not edit or change this care enrollment.
- e) Click “Add Care Enrollment” button in toolbar
- f) Child window will appear – Add Care Enrollment
- g) Enter the following:
 - i. Level of Care: Not applicable
 - ii. Service Program: Protective Services
 - iii. Care Program Name: Auto Populates to Protective Services
 - iv. Application Date: this is the first date of initial call or request for a service in a specified service program (this field will auto populate with the current date; this date must be the date the Report of Need was received at the AAA.)
 - v. Received Date: date consumer is determined eligible to receive services in a specified service program (this field will auto populate with the current date; this date must be the date the Report of Need was received at the AAA.)
 - vi. Termination Date: Leave Blank at this time
 - vii. Status: Active will auto populate – do not change
 - viii. Reason: Select “PS RON Received”
 - ix. Status Date: auto populates – change to date the data is being edited in SAMS.
 - x. Start Date: auto populates (date consumer is authorized to begin receiving services. Note: this date should be same as the application/received date.)
 - xi. End Date: Leave Blank at this time
- h) Select “ok” located in the “Add Care Enrollment” child window

Note: Your consumer will now have, at minimum, the following two active care program care enrollments:

- 1-Non-Caremanaged Services care enrollment
- 2-Protective Services care enrollment

For a newly registered consumer (steps completed in Chapter 2, Section II), the system automatically creates/assigns a Non-Caremanaged Services care program care enrollment. If this does not occur, please contact your SAMS Administrator.

If the above protective service care enrollment was completed on an existing consumer that does not already have an existing/active Non-caremanaged Service Care Program care enrollment, you will need to manually create a Non-Caremanaged Services care enrollment by completing steps “d” thru “f” of Chapter 3, Section II.

Every active protective service case must always have an active protective service care enrollment and an active non-caremanaged services care enrollment.

- i) Click General
- j) Scroll to bottom of page
- k) Care Management -- click “+” sign to expand and complete as follows:
 - i. MFP Target – NO
NOTE: If consumer is already enrolled in another care program and has been designated as “MFP Target – YES”, do not change.
- l) Select “Save” located on the toolbar
- m) From the Details Page – Select “Care Manager”
- n) Care Manager – click “+” sign to expand and complete as follows:
 - i. Select “Add Care Manager” from top toolbar
 - 1. Agency Filter: select your AAA
 - 2. Care Manager: select your name
 - 3. Primary ?:
 - a. Is being care managed under another program – Select “no”
 - b. Is not being care managed under another program – Select “yes”
 - 4. Start Date: Date case opened to protective services
 - 5. End Date: Complete when case is closed under protective services
 - ii. Select “ok”
- o) Select “Save and Close” located on the top toolbar
- p) You will be returned to the main consumer listing page. Select the “refresh” button located on the toolbar.

II. IF CONSUMER IS NOT ACTIVE IN SAMS, FOLLOW THESE STEPS:

Consumers that were previously registered in SAMS and have been deactivated will need to be reactivated. The following steps must be completed:

- a) Click “Details” icon on left hand side of main page
- b) Review and verify all sections/information within details are accurate and update accordingly
 - i. Within details, expand status and change Active from “no” to “yes”. Reason and status date are not required.
- c) Click - Care Enrollment
- d) Click “Add Care Enrollment” button in toolbar
- e) Child window will appear – Add Care Enrollment
- f) Enter the following:
 - i. Level of Care: Not applicable
 - ii. Service Program: Community Programs
 - iii. Care Program Name: Auto Populates to Non-Care Managed Services
 - iv. Application Date: this is first date of initial call or request for a service in a specified service program (this field will auto populate with a previous care enrollment date, this date must be the date the Report of Need was received at the AAA.)
 - v. Received Date: date consumer is determined eligible to receive services in a specified service program (this field will auto populate a previous care enrollment date; this date must be the date the Report of Need was received at the AAA.)
 - vi. Termination Date: Leave Blank at this time
 - vii. Status: Active will auto populate – do not change
 - viii. Reason: Leave blank
 - ix. Status Date: auto populates – change to date the data is being edited in SAMS.

- x. Start Date: auto populates (date consumer is authorized to begin receiving services. Note: this date should be same as the application/received date.)
 - xi. End Date: Leave Blank at this time
 - xii. Select “ok” located in the add care enrollment child window
- g) Click “Add Care Enrollment” button in toolbar
- h) Child window will appear – Add Care Enrollment
- i) Enter the following:
- i. Level of Care: Not applicable
 - ii. Service Program: Protective Services
 - iii. Care Program Name: Auto Populates to Protective Services
 - iv. Application Date: this is the first date of initial call or request for a service in a specified service program (this field will auto populate with a past care enrollment date; this date must be the date the Report of Need was received at the AAA.)
 - v. Received Date: date consumer is determined eligible to receive services in a specified service program (this field will auto populate with a past care enrollment date; this date must be the date the Report of Need was received at the AAA.)
 - vi. Termination Date: Leave Blank at this time
 - vii. Status: Active will auto populate – do not change
 - viii. Reason: Select “PS RON Received”
 - ix. Status Date: auto populates – change to date the data is being edited in SAMS.
 - x. Start Date: auto populates (date consumer is authorized to begin receiving services. Note: this date should be same as the application/received date.)
 - xi. End Date: Leave Blank at this time

- j) Select “ok” located in the add care enrollment child window
- k) Click General
- l) Scroll to bottom of page
- m) Care Management -- click “+” sign to expand and complete as follows:
 - i. MFP Target – NO
NOTE: If consumer is already enrolled in another care program and has been designated as “MFP Target – YES”, do not change.
 - ii. Select “Save” located on the toolbar
- n) From the Details Page – Select “Care Manager”
- o) Care Manager – click “+” sign to expand and complete as follows:
 - i. Select “Add Care Manager” from top toolbar
 - 1. Agency Filter: select your AAA
 - 2. Care Manager: select your name
 - 3. Primary ?:
 - a. Is being care managed under another program – Select “no”
 - b. Is not being care managed under another program – Select “yes”
 - 4. Start Date: Date case opened to protective services
 - 5. End Date: Complete when case is closed under protective services
 - ii. Select “ok”
- p) Select “Save and Close” located on the top toolbar
- q) You will be returned to the main consumer listing page. Select the “refresh” button located on the toolbar.

CHAPTER 4

REPORT OF NEED

INCLUDES:

- ✓ **COMPLETING A REPORT OF NEED**
- ✓ **UPDATING REPORT OF NEED**
 - **Confirming Report of Need**
 - **Act 13 Updates**
 - **5D – Investigation Outcome**

- ✓ **UPDATING CARE ENROLLMENT FOR NO-NEED REPORT OF NEED)**

- ✓ **HANDLING MULTIPLE REPORTS OF NEED FOR SAME CONSUMER**

I. COMPLETING PROTECTIVE SERVICE REPORT OF NEED:

NOTE: When completing this form, it is important to periodically use the save button. Do not wait until total completion to utilize the save button. SAVE OFTEN!!

- a) From the main consumer listing page, select and open your consumer's file
- b) Click on the Assessments icon on left side of the main screen
- c) Click "New Assessment" from tool bar
- d) Child window will appear – New Assessment

NOTE: agency, date of assessment, and next assessment will automatically populate when this window opens.

- e) Assessment Form – click on drop down for Filename
 - i. Choose the Filename – Interviewer\Assessment Forms\PS Report of Need.afm
 - 1. If the above file name is not available in the drop down list:
 - a. click browse
 - b. child window will appear – browse for assessment form
 - c. highlight the correct assessment (PS Report of Need.afm)
 - d. click "ok"
 - ii. Name , Author, Last Updated and Version auto populate and do not need to be changed.
 - f) Organization
 - i. Care Program: select from drop down menu – Protective Services
NOTE: If you did not enter a protective service care enrollment as previously instructed, the option will not be present
 - ii. Agency: your AAA (should auto populate)
 - iii. Provider: AAA
 - iv. Subprovider: (optional)
 - v. Site: (optional)
 - g) Assessment
 - i. Date of Assessment: will automatically populate with the current date – *the date of the assessment must be the actual date of the Report of Need – be sure the correct date is recorded*
 - ii. Next assessment date: Delete date and leave blank

- iii. Assessor: Fill in the name (first and last) of the person who took the Report of Need.
 - iv. Password: Fill in your assigned agency password
 - v. Verify Password: Fill in your assigned agency password
- h) Comments: Enter appropriate comments, if any
- i) Click “ok”
- i. Child window may appear – Map SAMS Consumer Details – verify information, make any necessary changes and click “ok”.
 - ii. Child window may appear – Social Assistance Management System – the assessment form contains indicators and must be saved before the indicators can be evaluated. If you choose not to save then indicators will not be active. Do you want to save the assessment now? – click “yes”
- j) Report of Need form will open/appear on screen - some information from registration will automatically populate into the Report of Need.

NOTE: Occasionally click SAVE to avoid a loss of information in a time out. When the Report of Need is complete, click SAVE AND CLOSE.

- i. Click on “Notes” button located in the tool bar – this will allow you to enter text and expand on answers. Note: questions are to be answered in accordance with PDA instructions.
- ii. Click on question 1A#1.
- iii. Complete all sections and questions on the Report of Need in accordance with PDA instructions. See Appendix A. Completion is based upon the information provided only by the reporter. Ask all questions and prompts in every section. If the reporter does not know the answer to a question, use the Notes section to document that the answer is unknown.

Note: Information documented in the Notes sections of each individual 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.

Report of Need In-Take Form Completion Reminders:

- ✓ Notes must accompany checkbox or ellipsis responses
- ✓ Act 13 Completion Steps:
 - Complete Question 4A1 – Type of Mandatory Reporter

- Complete Question 4A2 - Type of Act 13 Abuse Reported
 - If the abuse is not sexual, serious bodily injury, serious physical injury or suspicious death, complete question 4A3 – “No-Skip to 5-A-1”
 - Remind reporter of 48 hour written report and document in journal notes
 - If the abuse is sexual, serious bodily injury, serious physical injury or suspicious death, complete question 4A3 – “Yes” and questions 4A4 and 4A5
 - Remind reporter of additional reporting requirements to law enforcement and PDA
 - Remind reporter of 48 hour written report
- ✓ Question 5D#1 is left blank until a determination of substantiated or unsubstantiated has been made

k) Click Save and Close

l) Child window mayl appear “Map SAMS value” – Click OK

REMINDER: When completing the Report of Need form, it is important to periodically use the save button. Do not wait until total completion to utilize the save button. SAVE OFTEN!!

II. UPDATING THE REPORT OF NEED

Section 5B – RON Confirmation needs to be confirmed by a PS Supervisor or PS Worker after initial in-take.

Section 5C – Act 13 Summary Report must be updated in accordance with the 48 hour written report receipt timeframe for those reports being made under Act 13 provisions.

Section 5D - Investigation Outcome must be updated upon completion of the investigation to identify if the report was substantiated or unsubstantiated.

The following steps should be followed when updating the Report of Need Form:

- a) From the main consumer listing page, select and open your consumer’s file
- b) Click on the Assessments icon on left side of the main screen
- c) Highlight corresponding PS Report of Need

- d) Skip to appropriate section and update appropriately.
 - i. Section 5B - PS Supervisor or PS Worker complete Section 5B.
 - ii. Section 5C - Act 13 updates to Report of Need
 - 1. Section 5C1 – Select appropriate time frame the Act 13 report was received from the facility.
 - 1. Section 5C2 – Complete as appropriate.
 - ii. Section 5D - Investigation Outcome
 - 1. Substantiated -- Substantiated – Allegations found to be TRUE, Consumer needs OAPS
 - 2. Substantiated – Allegations UNFOUNDED – Consumer fits PS criteria for other reason
 - 3. Unsubstantiated – Unsubstantiated
 - 4. No-Need – leave blank
- e) Select “save and close”

NOTE: If you have multiple Reports of Need for the same incident, all forms will need updated.

III. NO-NEED REPORTS OF NEED – UPDATING CARE ENROLLMENT

For No-Need Reports of Need, the protective service care enrollment can be updated immediately after confirmation of the no-need. The following steps are to be followed:

- a) **No-Need Report of Need:**
 - i. Click Details icon on left hand side of main page
 - ii. Click Care Enrollment
 - iii. Double Click Current PS Care Enrollment
 - iv. Termination date: Date the Report of Need was received or date the Report of Need was categorized as a no-need
 - v. Status: Change to terminated
 - vi. Reason: No Need for PS
 - vii. Status Date: auto populates – change to date the data is being edited in SAMS.
 - viii. End Date: Date the Report of Need was received or date the Report of Need was categorized as a no-need (should be same as termination date)
 - ix. Click OK

IV. HANDLING MULTIPLE REPORTS OF NEED FOR SAME CONSUMER:

a) How To Handle Multiple RONS

PDA expects every report of need will be taken and entered into the SAMS system. This includes reports categorized as “no-need”. Below is previously issued information pertaining to multiple reports of need.

PS Update #2 – September 14, 1990 – Regulatory Reference 15.21

When multiple reports are received concerning an individual client, must a report of need and an investigation be completed for each report?

A report of need form must be completed for each incoming report. Regarding the actual investigation, common sense would prevail. If the multiple reports are clearly reporting the same incident, a single investigation is all that is required. If, however, subsequent reports of need are reporting incidents which happened after those described in the original report or if it is not clear whether the reports are describing the same occurrences, additional investigations must be conducted. The additional investigations may be done by completing a new investigation form or, if the original investigation has not been completed, the subsequent investigative findings can be added to that investigation form. If this is done, the additions should be clearly identified and dated. The rule of thumb should be to over-investigate rather than under-investigate.

When additional information is reported to the agency concerning an active protective services case, the same common sense approach should dictate whether or not a new report of need is necessary. If the information simply supplements the existing record by providing additional detail or clarification, it should be added to the case file as a file note or entry in the case narrative. If, however, the information concerns a new incident of abuse, neglect, exploitation, or abandonment, a new report of need should be completed and an investigation initiated.

PS Update #3 – March 22, 1993 – Regulatory Reference §15.41

Is there ever a point when the protective service agency can decide not to conduct an investigation after receiving repeated reports that were always found to be unsubstantiated or where the client always refused protective services?

The regulations require that each report of need for protective services be investigated to determine if it can be substantiated. The only exception to this requirement is when a report is categorized as “no need for protective services” because the person named in the report fails to meet the criteria for an older adult in need of protective services. If bad faith reporting is suspected based on a pattern of unsubstantiated allegations by an

individual, an agency may consider an extremely limited investigation. AAAs are advised to clearly document their reasoning in limiting their investigations in situations such as these. Absent that type of scenario, reported cases must be investigated. Reluctant victims who qualify for protective services must be offered the opportunity to accept services even though they have refused in the past.

Also reference APD 93-24-01 – Protective Service Investigations

CHAPTER 5

REPORT OF NEED SERVICE DELIVERY

I. ADDING A REPORT OF NEED SERVICE DELIVERY

- a) Click Service Delivery icon on the left side of the main screen
- b) Click “Add Service” button on toolbar
- c) Child window will appear -- Select Service Period
 - i. Auto populates – if not the correct date, edit it.
 1. Clicking on the ellipsis beside the date showing
 2. Child window will appear – Month/Year
 3. Click left arrow to go back and right arrow to advance to the correct month.
NOTE: Be sure the correct month is selected. This date should be the month and year the Report of Need was received.
 4. Click “ok”
 - ii. Click “ok”
- d) Service Delivery Menu
 - i. Care Program - use the drop down menu and select the current Protective Services Care Enrollment
 - ii. Service Category - use the drop down menu and select: Protective Services
 - iii. Service – use the drop down menu and select: Report of Need.
Note: if service does not appear, your admin tables may not be set up appropriately – contact your SAMS administrator
 - iv. Sub-Service: leave blank (unless your agency uses this field)
 - v. Fund Identifier: leave blank
 - vi. Topics: click on ellipsis
 1. click “add topics”
 2. Child window will appear – Add Topics –[Report of Need]
 - a. Select one of the following topics:
 - i. Act 13 Mandatory Abuse Report
 - ii. Protective Services Voluntary Report

NOTE: Ensure the topic selected corresponds with the information documented in the Report of Need

- b. Topic Date: Date is date Report of Need was received
- c. Topic Time: Enter the amount of time used to take the Report of Need
- d. Click Add
- e. Click Close
3. Follow-up: optional
4. Outcome: from drop down menu select "Pending (RON ONLY)"
 - a. If this is a No-Need Report of Need:
 - i. Select PS Investigation Not Needed
5. Add Comments, if applicable.
 - a. To add comments: click on the ellipsis
 - b. Child window – Comments – [either Act 13 mandatory abuse report or PS voluntary report] – will appear.
 - c. Type applicable comments
 - d. Select "ok"

NOTE: If you have multiple Reports of Need for the same incident, each Report of Need will have its own service delivery topic and outcome.

- vii. Service Month: completed in step "c" above.
- viii. Agency: auto populated with your AAA
- ix. Provider: AAA
- x. Subprovider (optional)
- xi. Caregiver: leave blank
- xii. Care Recipient: leave blank
- xiii. Site: (optional)
- xiv. Place of service: leave blank
- xv. Units: Should auto-populate to 1 after entering the topic
- xvi. Unit Price: Auto-populates with \$0.00
- xvii. Daily Unit Details:
 1. Click on ellipsis to open
 2. Child window will appear – Daily Units - calendar
 3. Click on the date that the report(s) were received.

4. Enter the appropriate number of reports received on a specific day(s) of the month

NOTE: this feature is very helpful for recording multiple RONS taken on the same day or in the same month for the same incident.

5. Click “ok”

xviii. Total Cost: Auto populates to \$0.00

xix. Caregiver Service Delivery: Leave blank

xx. Diagnosis Code: Leave blank

xxi. Service Order: Auto populates to none

xxii. Comments: Add comments, if applicable

e) Click “Apply” located on the tool bar

f) Click “Close” located on the tool bar

g) Child window will appear – Service Delivery – Confirm Save – click “yes”

CHAPTER 6

ENTERING A PS CARE PLAN

I. **ADDING A PS CARE PLAN**

Completion of this step is required immediately as all journal entries must be recorded in the Care Plan Journal section of this PS care plan in order to be protected

- a) Click Care Management icon on left side of the main screen
- b) Click “New Care Plan” using button in toolbar

NOTE: If a child window appears stating “You have modified consumer’s care enrollment, please save your changes before adding/modifying Care Plan Records“

- i. Click OK
 - ii. Click “Save”(not “Save and Close) button on tool bar
- c) Child window will appear – New Care Plan. Complete as follows:
 - i. Agency Filter: Your AAA Name
 - ii. Primary Care Manager: Choose appropriate care manager from drop down menu.
 - iii. Provider Role: Leave blank
 - iv. Service Program: Click Ellipsis and select current PS Care Enrollment
 - v. Child window will appear – Select Consumer Care Enrollment
 - 1. Select appropriate care enrollment.
NOTE: If you did not complete the care enrollment instructions provided above, you will not have a PS service program to select. See Chapter 3
 - 2. Click “select” button
 - vi. Start Date: Auto populates. This date must be changed to reflect the date the Report of Need was taken
 - vii. End Date: Auto-populates
NOTE: the end date needs to change to be the last day of the month in accordance with QMMA directive. If the date that auto-populates is between the 1st and 15th then the date must revert to the last day of the previous month. If the auto-populated date is between the 16th and end of the month use the last day of the month that auto-populated.
- d) Status: Active
- e) Reason: Current

- f) Status date – Auto populates. Change to the date the data is being edited in SAMS
- g) Prior Authorization No.: Leave Blank
- h) Comments: Add appropriate comments, if any
- i) Click “ok”
- j) Close Care Management by selecting “Save and Close” button on tool bar

CHAPTER 7

ADDING PS JOURNALS

INCLUDES:

- ✓ Adding PS Journals
- ✓ Print Previews of PS Journals
- ✓ Instructions for Deleting Journals Incorrectly Entered in Consumer Journal

Journal entries were previously known as case narratives. All PS Journal Entries must be entered in the PS Care Plan Journal. DO NOT enter protective service information in the Consumer Journal.

The following steps are to be used to record all activities including but not limited to visits, phone calls, findings, consults, supervisory reviews, notifications, reassessments, etc.

I. ADDING PS JOURNAL

- a) Click Care Management icon, on left side of screen or click on Care Management from the Consumer Summary page
- b) Double Click on current Protective Services care program
- c) Click Care Plan Journal icon, on left side of screen
- d) Click “Add Journal Entry” button on toolbar (one entry per activity)
 - i. Blank care plan journal page appears
 - ii. Journal Type auto-populates to Progress Notes, use drop down menu for other choices
 - iii. Subject: briefly document the subject of the event
NOTE: Using the same terms and entering in the same manner for each activity will make filtering more efficient.
 - iv. Entry Date: auto populates - change the entry date to the date that the event occurred
 - v. Entry Time: auto populates – change the entry time to the time that the event occurred
 - vi. Comments: document the entire activity/event clearly and concisely
 1. Sign journal entry
 2. Include date and time journal entry was data entered
- e) Click “Apply” button on toolbar to save this journal entry
- f) Click “Close” button on toolbar to close this journal entry

- g) Click “Add Journal Entry” button on toolbar and follow above steps to enter additional journal entries.
- h) Click “Close Care Plan” button on toolbar when done entering journal entries. A child window may appear asking “Do you want to save changes to this care plan?” Click “Yes” to save the journal entries you entered.

NOTE: If you will be entering a large/lengthy journal, it is suggested that the journal first be typed in Word and then the copy/paste feature be used to place into SAMS.

II. JOURNAL PRINT PREVIEWS

Journals can be print previewed (and printed) in two ways. One way arranges all entries in chronological order from oldest to newest and another way arranges all entries in order from newest to oldest. Below are steps for viewing in the various ways:

a) Oldest to Newest Order:

- i. Open current protective service care plan
- ii. click “print preview care plan” button
- iii. child window will appear – care plan print
- iv. to review journals only:
 - 1. from “choose sections to print” part of the child window uncheck all boxes except “journal”
 - 2. “include fields” part of the child window can remain checked
- v. click “ok”
- vi. care plan log will appear - note journals are in chronological order from oldest to newest
- vii. journals can be read on screen or printed by selecting the “print report” button on the toolbar.
- viii. Click “close” button from the toolbar
- ix. Child window – care plan – confirm save – will appear, select “yes”

b) Newest to Oldest Order:

- i. Open current protective service care plan
- ii. Select care plan journal from right toolbar
- iii. click “print preview journal entry” button
- iv. child window will appear – print preview
- v. choose to review the entire journal log or specific entries by selecting “Journal Log”
 - 1. child window will appear – print preview
 - 2. choose the entries you wish to view or select all to view the entire log
 - 3. click “preview”

4. care plan log will appear – note journals are in chronological order from newest to oldest
5. journals can be read on screen or printed by selecting “print report” button on the toolbar
6. click “close” button from the toolbar
- vi. click “close care plan” from the toolbar
- vii. Child window – care plan – confirm save – will appear, select “yes”

III. DELETING PS JOURNALS FROM THE CONSUMER JOURNAL

If protective service journals are incorrectly entered in the Consumer Journal, the following steps must be taken to have the journals removed from the unprotected consumer journal.

a) Procedures for Deleting Protective Service Journals Incorrectly Entered in the Consumer Journal

- i. Copy the incorrectly entered information and enter it into the PS Care Plan Journal.
- ii. Electronically complete the “PS Request for Deletion Form” (see Appendix C . – A copy of this form is also located on the ftp site in the Omnia > User > Form Instructions folder).
- iii. The completed form must be submitted by the PS Supervisor to both PS Specialists and to Ms. Denise Getgen, Chief of the Division of Consumer Protection Division within 24 hours of the error being identified.

Following PDA’s review and approval of the deletion request, Department staff will remove the information from the Consumer Journal. Once this task has been completed the AAA Director will be notified by e-mail.

CHAPTER 8

INVESTIGATION SUMMARY AND ASSESSMENT

I. COMPLETING A PROTECTIVE SERVICES INVESTIGATION SUMMARY AND ASSESSMENT

NOTE: When completing this form, it is important to periodically use the save button. Do not wait until total completion to utilize the save button. SAVE OFTEN!!

- a) Click on Assessments icon on left hand side of the main screen
- b) Highlight by single clicking on the most recent PS Report of Need completed. This will ensure the most recent information will transfer to the Investigation form
- c) Click “Reassess” button on toolbar
- d) Child window will appear – “password”
 - i. Enter your agency assigned password
 - ii. Select ok
- e) Child window will appear – Reassessment
NOTE: agency, date of assessment, and next assessment will automatically populate when this window opens.
- f) Assessment Form - click on drop down for Filename
 - i. Choose the Filename – Interviewer\Assessment Forms\PS Investigation.afm
 1. If the above file name is not available in the drop down list:
 - a. click browse
 - b. child window will appear – browse for assessment form
 - c. highlight the correct assessment (PS Investigation.afm).
 - d. click “ok”
 - ii. Name , Author, last updated and version auto populate and do not need to be changed.
- g) Organization

- i. Care Program: from drop down menu selection – Protective Services
NOTE: If you did not enter a protective service care enrollment as previously instructed, you will not be able to choose Protective Services as a care program. See Chapter 3
 - ii. Agency: your AAA (should auto populate)
 - iii. Provider: AAA
 - iv. Subprovider: (optional)
 - v. Site: (optional)
- h) Assessment
- i. Date of Assessment: will automatically populate with the current date
 - ii. Next assessment date: Delete date and leave blank
 - iii. Assessor: Fill in the name (first and last) of the person completing the Investigation Summary and Assessment.
 - iv. Password: Fill in your assigned agency password
 - v. Verify Password: Fill in your assigned agency password
- i) Comments: Enter appropriate comments, if any
- j) “Copy notes and narratives” auto populates with a check in the box – it is important to ensure this box is checked; otherwise, information entered on the Report of Need will not auto populate into the Investigation form.
- k) Click “ok”
- l) Child window may appear – Map SAMS Consumer Details – verify information, make any necessary changes and click “ok”.
- m) Child window may appear – Social Assistance Management System – the assessment form contains indicators and must be saved before the indicators can be evaluated. If you choose not to save then indicators will not be active. Do you want to save the assessment now? – click “yes”
- n) PS Investigation Summary and Assessment form will open/appear on screen - corresponding questions from the Report of Need will automatically populate into the PS Investigation Summary and Assessment.

NOTE: Occasionally click SAVE to avoid a loss of information in a time out. When the Investigation Summary and Assessment form is complete or when using as a working document and you have entered all information you currently have, click SAVE AND CLOSE.

- i. Click on “notes” button located in the tool bar – this will allow you to enter text and expand on answers.
- ii. Click cursor on to question 1A#1.

- iii. Complete all sections and questions on the PS Investigation Summary and Assessment Form in accordance with PDA instructions. See Appendix B.

Note: Information documented in the Notes sections of each individual 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.

Reminders:

Question 1A5 Reminder – remove this date since this is not a reassessment but an initial investigation.

Question 13A2 Reminder – be sure to check this is an initial investigation.

Question 13A8 Reminder – this question is only answered when closing the case; thus, unless you are closing at the time of investigation, this question is to be answered when completing the closing reassessment form.

o) Click Save and Close

p) Child window may appear "Map SAMS value" – Click OK

REMINDER: When completing the PS Investigation Summary and Assessment form, it is important to periodically use the save button. Do not wait until total completion to utilize the save button. SAVE OFTEN!!

CHAPTER 9

INVESTIGATION SUMMARY AND ASSESSMENT SERVICE DELIVERY

I. SERVICE DELIVERY FOR PS INVESTIGATION

NOTE: Service delivery for the PS Investigation is done at the completion of the investigation or when the investigation must be stopped before being able to make a determination

- a) Click Service Delivery icon on the left side of the main screen
- b) Click “Add Service” button on toolbar
- c) Child window will appear - Select Service Period
 - i. Auto populates – if not the correct date:
 1. Click on the ellipsis beside the date showing
 2. Child window will appear – Month/Year
 3. Click left arrow to go back and right arrow to advance to the correct month.
NOTE: Be sure the correct month is selected. This date should be the month and year the Investigation was completed.
 4. Click “ok”
 - ii. Click “ok”
- d) Service Delivery Menu
 - i. Care Program - use the drop down menu and select the current Protective Services Care Enrollment
 - ii. Service Category - use the drop down menu and select: Protective Services
 - iii. Service – use the drop down menu and select: PS Investigation Summary and Assessment.
Note: if service does not appear, your administration tables may not be set up appropriately – contact your SAMS administrator
 - iv. Sub-Service: leave blank (unless your agency uses this field)

- v. Fund Identifier: leave blank
 - vi. Topics: click on ellipsis
 - 1. click “add topics”
 - 2. Child window will appear – Add Topics –[PS Investigation Summary and Assessment]
 - a. Select ONE topic
 - i. Act 13 Mandatory Abuse Report
 - ii. Protective Services Voluntary Report

NOTE: Ensure the topic selected corresponds with the information documented in the Report of Need and the PS Investigation Summary and Assessment
 - b. Topic Date: Date is date investigation was substantiated or unsubstantiated
 - c. Topic Time: optional
 - d. Click Add
 - e. Click Close
 - 3. Follow-up: optional
 - 4. Outcome: from drop down menu select:
 - a. Referred to Another AAA
 - b. Substantiated-allegations true- OAPS appropriate
 - c. Substantiated-allegations unfounded but still OAPS
 - d. Unable to Complete
 - e. Unsubstantiated
 - 5. Add comments if applicable
- vii. Service Month: completed in step “c” above.
- viii. Agency: auto populated with your AAA
- ix. Provider: AAA
- x. Subprovider (optional)
- xi. Caregiver: leave blank
- xii. Care Recipient: leave blank
- xiii. Site: (optional)
- xiv. Place of service: leave blank
- xv. Units: Should auto-populate to 1 after entering the topic
- xvi. Unit Price: Auto-populates with \$0.00

CHAPTER 9

- xvii. Daily Unit Details:
 - 1. Click on ellipsis to open
 - 2. Child window will appear – Daily Units - calendar
 - 3. Click on the date that the PS Investigation Summary and Assessment was completed.
 - 4. Enter a one (1) on the specific day of the month

NOTE: this feature is optional when completing the PS Investigation; however, will need to be used when completing reassessments in the same month as the initial investigation. This calendar is to be used for recording multiple PS Investigation Summary and Assessment forms completed in the same month

 - 5. Click “ok”
- xviii. Total Cost: Auto populates to \$0.00
- xix. Caregiver Service Delivery: Leave blank
- xx. Diagnosis Code: Leave blank
- xxi. Service Order: Auto populates to none
- xxii. Comments: Add comments, if applicable
- e) Click “Apply” located on the tool bar
- f) Click “Close” located on the tool bar
- g) Child window will appear – Service Delivery – Confirm Save – click “yes”

CHAPTER 10

UPDATING A REPORT OF NEED SERVICE DELIVERY (FOR ALL CASES EXCEPT NO-NEEDS)

II. UPDATING REPORT OF NEED SERVICE DELIVERY (FOR ALL CASES EXCEPT NO-NEEDS):

- a) Click Service Delivery icon on the left side of the main screen
- b) Double click on current Report of Need Service Delivery
- c) Click on Outcome
- d) Click drop down on Outcome
- e) Change option from “pending” to
 - i. Referred to Another AAA
 - ii. Substantiated-allegations true- OAPS appropriate
 - iii. Substantiated-allegations unfounded but still OAPS
 - iv. Unable to Complete
 - v. Unsubstantiated

NOTE: this outcome should be the same outcome as the corresponding PS Investigation Summary and Assessment service delivery
- f) Click “Apply” located on the tool bar
- g) Click “Close” located on the tool bar
- h) Child window will appear – Service Delivery – Confirm Save – click “yes”

NOTE: If you had multiple Reports of Need for the same incident, each Report of Need will have its own service delivery topic and outcome; therefore, each topic and outcome must be updated appropriately.

CHAPTER 11

CARE PLAN WORKSHEET

I. **CARE PLAN WORKSHEET – Substantiated Cases Only**
(To Be Used When PS Services Will Be Rendered) – Sample in Appendix D

- a) Click on Care Management icon on left hand side of main page
- b) Double click on current PS Care Plan
- c) Click on Worksheet icon on left hand side of the screen
- d) Complete the Care Plan Worksheet as per the Department's instructions
(See Appendix "D" for a sample of a completed PS Care Plan Worksheet)
- e) Click Save and close

NOTE: The care plan worksheet must be updated as necessary and when reassessments are completed. The initial worksheet entries will indicate areas of risk as "unmet needs". At time of closure, the worksheet should reflect the PS issues as being met or partially met. This change of unmet to met can be documented with date of change in the comments section

Additionally, if the consumer has an active care plan under another care program the entire care plan worksheet does not need to be completed under protective services; rather, only complete those areas where needs are unmet and protective services are required. However, if the consumer does not have an active care plan under another care program then the entire care plan worksheet must be completed and all areas marked as appropriate.

Sample available in the "80" database. Consumer ID#1017369456, Polly Protective. Case start date 8/13/08

CHAPTER 12

SERVICE PLAN

I. **CREATING SERVICE PLAN – Substantiated Cases Only**

Create a service plan when the Protective Service Program has rendered a service. The following steps are to be followed:

- a) Click on Care Management icon on the left hand side of the main page
- b) Double click on current Protective Service Care Plan
- c) Click on Service Plan icon on the left hand side of the screen
- d) Click Add Service from top toolbar
- e) New screen - Service Plan Details - will open
- f) Service Category: select appropriate service from the drop down menu
- g) Service: select service being delivered from the drop down menu
- h) Subservices: Leave blank
- i) Schedules: services that are being provided by PS program such as home delivered meals, environmental modifications; overnight shelter, etc require a service schedule. Enter as follows:
 - i. Click on Schedules
 - ii. Click Add from the Service Plan Schedules screen
 - iii. Service Plan Schedule window will appear
 1. Summary: auto populates
 2. Units Allocated: (may auto populate based on the service selected. If not:
 - a. enter number of units of service intended to be provided
 - b. Allocation Type: select appropriate schedule
 3. Frequency enter number of times per allocation type the service will be delivered.
 4. Start Date: enter date services are to begin
 5. End date: leave blank
 6. Week Detail: depending upon service may/may not appear. If appears, complete as appropriate
 7. Subservice: leave blank
 8. Click – Apply and Close – located on the Service Plan Schedule screen, not the apply and close from the top toolbar

- j) Status: Click on the ellipsis
 - i. Child window – Service Status - will open:
 - 1. Status: Active
 - 2. Reason: Eligible
 - 3. Status Date: Date the data is being edited in SAMS
 - 4. Click OK
- k) Special Instructions: click on ellipsis - child window will appear. Type any special instructions required and select “ok”.
- l) Agency: auto-populates
- m) Provider: select appropriate provider from drop down menu
Note: if a unit cost is associated with this provider the unit cost will automatically populate at this time
- n) Subprovider: optional
- o) Fund Identifier: leave blank
- p) Caregiver: leave blank
- q) Site: leave blank
- r) Start Date: enter the date services are to begin
- s) End Date: enter if known or leave blank
- t) Unit Type: will auto populate or leave blank
- u) Units Allocated: will auto populate from the schedule
- v) Posted Deliveries: leave blank
- w) Pending Orders: Leave Blank
- x) Click Apply & Close from top tool bar
- y) If generating service orders from this plan; see Chapter 13 to proceed
- z) Click “close care plan” from top toolbar
- aa) Child window – Care Plan Confirm Save - will appear, select “yes”

CHAPTER 13

SERVICE ORDERS

I. **CREATING SERVICE ORDER – Substantiated Cases Only**

All services provided through the Protective Service Care Plan must have a service order -- excluding Report of Need, Investigation Summary and Reassessment. **If Service Orders are being generated from the Service Plan, begin with Line (e).**

- a) Click on Care Management icon on the left hand side of the main page
- b) Double click on current Protective Service Care Plan
- c) Click on Service Plan icon on the left hand side of the main page
- d) Care Plan Service Plan page will appear
- e) Single click to highlight the specific service that needs a service order created
- f) Click Service Orders button on the top toolbar
- g) Child window – Service Orders – will open
 - i. Click on Generate at the right side of the Service Order Window
 - ii. Child window – Service Orders Properties – will open
 - iii. Review the information for accuracy
 - iv. Click “ok”
 - v. Child window – Generate Service Orders – will appear
 - vi. Wait – service orders will generate
 - vii. Once orders are generated, Generate Service Orders window will display “done” at the end of all orders
 - viii. Select “done” button located in the upper right of the Generate Service Orders child window
- h) Child window – Service Orders – will appear
 - i. Check the information for accuracy
 - ii. Click “close”
- i) Repeat above steps for all services in the Protective Service Care Plan Service Plan

- j) Click close care plan from the top toolbar
- k) Click service orders icon in the left side pane
 - i. Screen – [consumer name] – Service Order – will appear
- l) Click Save and Close from top toolbar

CHAPTER 14

REASSESSMENT & REASSESSMENT SERVICE DELIVERY

I. **COMPLETING A PROTECTIVE SERVICES REASSESSMENT – Substantiated Cases Only**

Reassessment is a case management function and must be completed for all protective service clients. Reassessments must be done before a protective service case is terminated, transferred, it is the agency's judgment that a reassessment is appropriate or the older adult's condition has changed. Below are procedures for completing a reassessment in SAMS.

Reassessment for substantiated Protective Service cases shall be done before a case is terminated, transferred, when it is the agencies judgment that a reassessment is appropriate or when the older adults condition has changed. § 15.95 (c) (2).

Sample available in the “80” database. Consumer ID#1017369456, Polly Protective. Date of Assessment 1/13/09.

NOTE: When completing this form, it is important to periodically use the save button. Do not wait until total completion to utilize the save button. SAVE OFTEN!!

- a) Click on Assessments icon on left hand side of the main screen
- b) Highlight by single clicking on the most recent PS Investigation Summary and Assessment completed. This will ensure the most recent information will transfer to the Investigation form
- c) Click “Reassess” button on toolbar
- d) Child window will appear asking for the password, fill in your agency password
- e) Child window will appear – Reassessment
NOTE: agency, date of assessment, and next assessment will automatically populate when this window opens.
- f) Assessment Form - click on drop down for Filename

- i. Choose the Filename – Interviewer\Assessment Forms\PS Investigation.afm
 - 1. If the above file name is not available in the drop down list:
 - a. click browse
 - b. child window will appear – browse for assessment form
 - c. highlight the correct assessment (PS Investigation.afm).
 - d. Click “ok”.
 - ii. Name , Author, last updated and version auto populate and do not need to be changed.
- g) Organization
- i. Care Program: from drop down menu selection – Protective Services
NOTE: If you did not enter a protective service care enrollment as previously instructed, you will not be able to choose Protective Services as a care program. See Chapter 3
 - ii. Agency: your AAA (should auto populate)
 - iii. Provider: AAA
 - iv. Subprovider: (optional)
 - v. Site: (optional)
- h) Assessment
- i. Date of Assessment: will automatically populate with the current date
 - ii. Next assessment date: Delete date and leave blank
 - iii. Assessor: Fill in the name (first and last) of the person who is completing the reassessment.
 - iv. Password: Fill in your assigned agency password
 - v. Verify Password: Fill in your assigned agency password
- i) Comments: Enter “Reassessment” and any additional comments, if any.
- j) Click “ok”
- k) Child window will appear – Map SAMS Consumer Details – verify information, make any necessary changes and click “ok”.
- l) If a child window appears asking to save due to changed indicators, click yes
- m) PS Investigation Summary and Assessment form will open/appear on screen - corresponding questions/notes from the prior PS Investigation Summary and Assessment form will automatically populate into the PS Investigation Summary and Assessment.

NOTE: Occasionally click SAVE to avoid a loss of information in a time out. When the Investigation Summary and Assessment form is complete or

when using as a working document and you have entered all information you currently have, click SAVE AND CLOSE.

- i. Click on “notes” button located in the tool bar – this will allow you to enter text and expand on answers. The notes section should be used to document how information has changed from the initial investigation and at the time of reassessment.
 - ii. Click cursor on to question 1A#1.
- n) Complete all assessment sections and questions on the PS Investigation Summary and Assessment Form in accordance with PDA instructions. The investigation portion of the form should not be modified and must remain the same as the initial PS Investigation Summary and Assessment form. See Appendix C for example.

Note: Information documented in the Notes sections of each individual 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.

Reminders:

Question 1A5 – this date will auto populate and needs to be changed to the date of the actual reassessment.

Question 13A2 – be sure to check this is a reassessment.

Question 13A8 – this question is only answered if this is the closing reassessment.

- o) Click Save and Close
- p) Child window will appear “Map SAMS value” – Click OK

REMINDER: When completing the PS Reassessment, it is important to periodically use the save button. Do not wait until total completion to utilize the save button. SAVE OFTEN!!

II. SERVICE DELIVERY FOR PS REASSESSMENT – Substantiated Cases Only

NOTE: Service delivery for the PS Reassessment is done at the completion of the reassessment

- a) Click Service Delivery icon on the left side of the main screen

- b) Click “Add Service” button on toolbar
- c) Child window will appear – Select Service Period
 - i. Auto populates – if not the correct date:
 - 1. Click on the ellipsis beside the date showing
 - 2. Child window will appear – Month/Year
 - 3. Click left arrow to go back and right arrow to advance to the correct month.
NOTE: Be sure the correct month is selected. This date should be the month and year the reassessment was completed.
 - 4. Click “ok”
 - ii. Click “ok”
- d) Service Delivery Menu
 - i. Care Program - use the drop down menu and select the current Protective Services Care Enrollment
 - ii. Service Category - use the drop down menu and select: Protective Services
 - iii. Service – use the drop down menu and select: PS Investigation Summary and Assessment.
Note: if service does not appear, your admin tables may not be set up appropriately – contact your SAMS administrator
 - iv. Sub-Service: leave blank (unless your agency uses this field)
 - v. Fund Identifier: leave blank
 - vi. Topics: click on ellipsis
 - 1. click “add topics”
 - 2. Child window will appear – Add Topics –[PS Investigation Summary and Assessment]
 - a. Select one topic
 - i. Act 13 Mandatory Abuse Report
 - ii. Protective Services Voluntary Report
 - b. Topic Date: Date is date reassessment was completed
 - c. Topic Time: optional
 - d. Click Add
 - e. Click Close
 - 3. Follow-up: optional
 - 4. Outcome: from drop down menu select:
 - a. Referred to Another AAA
 - b. Substantiated-allegations true- OAPS appropriate
 - c. Substantiated-allegations unfounded but still OAPS

CHAPTER 14

- d. Unable to Complete
- 5. Add comments if applicable
NOTE: It is suggested that the comments “reassessment” be added. This will allow users to quickly identify this service delivery as a reassessment and not an actual investigation.

- vii. Service Month: completed in step “c” above.
- viii. Agency: auto populated with your AAA
- ix. Provider: AAA
- x. Subprovider (optional)
- xi. Caregiver: leave blank
- xii. Care Recipient: leave blank
- xiii. Site: (optional)
- xiv. Place of service: leave blank
- xv. Units: Should auto-populate to 1 after entering the topic
- xvi. Unit Price: Auto-populates with \$0.00
- xvii. Daily Unit Details:
 - 1. Click on ellipsis to open
 - 2. Child window will appear – Daily Units - calendar
 - 3. Click on the date that the reassessment was completed.
 - 4. Enter a one (1) on the specific day of the month
NOTE: this feature is optional; however, may need to be used when completing reassessments in the same month as the initial investigation. It is very helpful for recording multiple reassessments completed in the same month
 - 5. Click “ok”
- xviii. Total Cost: Auto populates to \$0.00
- xix. Caregiver Service Delivery: Leave blank
- xx. Diagnosis Code: Leave blank
- xxi. Service Order: Auto populates to none

- xxii. Comments: Add comments, if applicable
- e) Click “Apply” located on the tool bar
- f) Click “Close” located on the tool bar

CHAPTER 15

NAPIS – CONSUMER DETAILS

I. NAPIS – DETAILS – INFORMATION ABOUT CONSUMER

Note: The Consumer Details Page should be updated throughout the course of the investigation and/or whenever new/more accurate information is obtained.

- a) Click Details icon on left hand side of main page
- b) The General Summary Window will open
 - i. Open each section in Details that has a “+” sign (Residential Address, Mailing Address, NAPIS, Status, Insurance, Other and Characteristics). If information currently listed in any of the sections listed is known to be inaccurate, change it to the correct information. Answer each question with appropriate information, as known. If information for a question is unknown, enter “don’t know” if that option is available or leave blank if “don’t know” is not an available option. Under “Characteristics,” leave as no as this is not a protected area.
- c) Click on Contacts
 - i. Click “add contact” for any new contacts
 1. child window will appear – add contact
 - a. complete all requested information, as known
 - b. add as many contacts as you have
 - ii. To edit existing information
 1. highlight contact to be edited
 2. select “edit contact” from toolbar – child window will appear
 3. make appropriate changes
 4. select ok
- d) Click on Locations: Add or edit any new location information by using “Add Location” or “Edit Location” buttons on tool bar. Enter all information and click “OK” or “Add Next” as appropriate
- e) Click on Phones: Add or edit any new telephone information by using “Add Phone” or “Edit Phone” buttons on tool bar. Enter all information and click “OK” or “Add Next” as appropriate
- f) User Fields: skip

- g) Click on Ethnic Race. As appropriate, click on “Add Ethnic Race” or “Edit Ethnic Race” button on toolbar. Complete/update the information and click “ok” when completed.
 - h) Care Enrollment: refer to specific sections for details on care enrollments provided in Chapter 2 and referenced in various other chapters.
 - i) Co-pay: skip
 - j) Care Manager
 - i. Select “Add Care Manager” from top toolbar
 - 1. Agency Filter: select your AAA
 - 2. Care Manager: select your name
 - 3. Primary ?:
 - a. Is being care managed under another program – Select “no”
 - b. Is not being care managed under another program – Select “yes”
 - 4. Start Date: Date case opened to protective services
 - 5. End Date: Complete when case is closed under protective services
 - ii. Select “ok”
- k) Fund Identifiers: Skip
- l) Providers: Skip
- m) Caregivers: Skip
- n) Care Recipients: Skip
- o) Service Suspensions: Skip
- p) Click Save and Close

CHAPTER 16

PETITIONS TO COURT

I. CREATE SERVICE PLAN AND SERVICE ORDERS FOR PETITIONS TO COURT

For reconciliation purposes, service plans and service orders must be completed for all petitions to court. Please refer to Chapters 12 and 13 for detailed instructions for completing service plans and service orders.

II. COMPLETING A SERVICE DELIVERY FOR PETITION TO COURT

Service deliveries must be completed for all petitions to court.

- a) Click Service Delivery icon on the left side of the main screen
- b) Click “Add Service” button on toolbar
- c) Child window will appear - Select Service Period
 - i. Auto populates – if not the correct date, edit it:
 1. Click on the ellipsis beside the date showing
 2. Child window will appear – Month/Year
 3. Click left arrow to go back and right arrow to advance to the correct month.
NOTE: Be sure the correct month is selected. This date should be the month and year the Petition to Court was completed.
 4. Click “ok”
 - ii. Click “ok”
- d) Service Delivery Menu
 - i. Care Program - use the drop down menu and select the current Protective Services Care Enrollment
 - ii. Service Category - use the drop down menu and select: Protective Services
 - iii. Service – use the drop down menu and select: Petition to Court
Note: if service does not appear, your admin tables may not be set up appropriately – contact your SAMS administrator
 - iv. Sub-Service: leave blank (unless your agency uses this field)
 - v. Fund Identifier: leave blank

- vi. Topics: click on ellipsis
 1. click “add topics”
 2. Child window will appear – Add Topics –[PS Petition to Court]
 - a. Select correct topic
 - i. Access to Person
 - ii. Access to Records
 - iii. Agency as Guardian
 - iv. Injunction against interference with services
 - v. Involuntary Emergency Intervention
 - vi. Other as Guardian
 - vii. PS Initiate Protective from Abuse (PFA)
 - b. Topic Date: Date is date of petition to court
 - c. Topic Time: Enter the time required to complete the petition (optional)
 - d. Click Add
 - e. Click Close
 3. Follow-up: optional
 4. Outcome: from drop down menu select:
 - a. Approved
 - b. Denied
 - c. Pending
 5. Add comments if applicable
- vii. Service Month: completed in step “c” above.
- viii. Agency: auto populated with your AAA
- ix. Provider: AAA
- x. Subprovider (optional)
- xi. Caregiver: leave blank
- xii. Care Recipient: leave blank
- xiii. Site: (optional)
- xiv. Place of service: leave blank
- xv. Units: Should auto-populate to 1 after entering the topic
- xvi. Unit Price: Auto-populates with \$0.00
- xvii. Daily Unit Details:
 1. Click on ellipsis to open

2. Child window will appear – Daily Units - calendar
3. Click on the date that the Petition to Court was completed.
4. Enter the number of petitions completed on the specific day of the month
NOTE: this feature is optional when completing only one Petition to Court; however, is to be used when completing more than one petition on the same day or in the same month.
5. Click “ok”

- xviii. Total Cost: Auto populates to \$0.00
 - xix. Caregiver Service Delivery: Leave blank
 - xx. Diagnosis Code: Leave blank
 - xxi. Service Order: Auto populates to none
 - xxii. Comments: Add comments, if applicable
- e) Click “Apply” located on the tool bar
 - f) Click “Close” located on the tool bar

REMINDER: If service delivery was initially completed and the topic outcome of “pending” was used, once the petition is reviewed and either granted or denied, you will need to update the service delivery with the appropriate outcome.

CHAPTER 17

OUT OF COUNTY TRANSFERS

I. Transfer of Reports of Need to Another PSA

Service Deliveries for Reports of Need are done by the agency that did the in-take and completed the Report of Need form. Agencies receiving the report of need via transfer from another county do not do a service delivery for the Report of Need.

The County doing the in-take and entering the Report of Need in SAMS completes all sections of the Report of Need with the exception of Section 5. ONLY the following information in Section 5 of the Report of Need Form is to be completed:

- a) 5.A.1 -- Choose “referred to another AAA”
- b) 5.B.6 – Document the AAA number and the name of the county that will be receiving the RON transfer
- c) 5.B.7 – Document the name of the individual that accepted the RON in the receiving county
- d) 5.B.8 – Document the date referred to the receiving county
- e) 5.D.1 – Leave blank
- f) Select “save and close”
- g) Immediately contact the receiving county to notify of the report and follow proper procedures for forwarding report. See Appendix E for instructions how to use the secure FTP site to transfer assessment forms.

II. REPORTS OF NEED RECEIVED VIA TRANSFER FROM ANOTHER PSA

a) CREATING/ACCESSING THE CONSUMER IN SAMS:

- i. Prior to importing the Report of Need form, the consumer must be created or already exist in SAMS. Follow procedures in Chapter 1- how to create or locate a consumer.

b) IMPORTING THE REPORT OF NEED FORM

- i. Follow procedures for exporting and importing assessment forms using the secure FTP site. See Appendix E for procedures

c) **UPDATING A RON FORM RECEIVED FROM ANOTHER COUNTY**
The County receiving the RON from another PSA completes ONLY the following information:

- i. 5.B.1– Document the date RON was received by PS worker
- ii. 5.B.2 – Document the time RON was received by PS worker
- iii. 5.B.3 – Must choose NO
- iv. 5.B.4 – Assign the appropriate category
- v. 5.B.5 – Organizations, agencies notified
- vi. Investigation outcome section 5D1 – is left blank
- vii. Select “save and close”

NOTE: The agency receiving the transfer is not to change any information gathered by the in-take agency. All information on the Report of Need is gathered from the reporter by the in-take agency. Should the agency receiving the transfer identify an in-take error or discrepancy, this agency should contact the in-take agency and discuss the discrepancy and both agencies should correct the Report of Need form to ensure uniformity.

If it is not determined that the location of the consumer is in another PSA until after the investigation is initiated: the Report of Need is updated as instructed above. Complete the IS&A to the extent possible. No service delivery is entered as the receiving PSA will complete the service delivery. Since the investigation has been initiated the initial PSA will also enter the Care Plan and initial journal entries. Place the RON and the IS&A on the secure FTP site. Notify the receiving PSA via phone and/or e-mail of the case status and need for transfer.

CHAPTER 18

DEACTIVATING PROTECTIVE SERVICE ORDERS

I. DEACTIVATING PS SERVICE ORDERS

- a) Access your consumer from main consumer listing page
 - b) Click Service Order icon on left side of screen
 - c) Double click and Open service order for the last month the consumer will receive service
 - d) Child window – Service Order – will open
 - e) Click on the Expiration Date located on the left side of this window and change this date to the last date the consumer received or will receive service
 - f) Double click on the Service Order Item on the right side of this window
 - g) Split screen window – Service Order Item – will appear.
 - i. Select the status date and enter the date the data was edited in SAMS
- NOTE: The service order status will remain open to allow service delivery to be applied.
- h) Click on Apply and Close from the top toolbar
 - i) Highlight individually future service orders after the last month the consumer receives services and delete them from the record by selecting the delete order button located on the top toolbar.
 - i. Child window – Service Order – Confirm Delete– will appear
 - ii. Child window requests action - Are you sure you want to delete the service order XXXX and all related records – Yes No - will appear
 - iii. Click “yes” and order will be deleted

CHAPTER 19

DEACTIVATING PROTECTIVE SERVICE CARE PLAN

II. DEACTIVATING PS CARE PLAN

PS care plans must always be terminated when it is determined no further services will be provided under the Protective Service Program. It should also be noted that a terminating journal entry be placed in the PS Care Plan Journal prior to terminating the PS care plan. This journal entry should outline why the care plan is being terminated.

REMINDER: There must be a determination journal for every investigation. This journal must provide specific details of how the consumer does or does not meet all five criteria of an older adult in need of protective services. This journal is to be entered immediately upon making the determination of substantiated or unsubstantiated. For substantiated cases this entry is expected as soon as the determination is made and would most likely precede any journals describing services/actions done for the consumer – it is not to be the closing journal.

To Deactivate the PS Care Plan, Complete the Following Steps:

- a) Click Care Management icon on left side of screen
- b) Double click current PS care enrollment
- c) Click “Modify Care Plan” on right side of screen
- d) Child window will appear – Edit Care Plan
- e) End Date: change to date investigation/services ended
- f) Status: Change from active to inactive
- g) Reason: Select one of the following:
 - i. Consumer’s death (use this for a substantiated case in which the consumer dies prior to terminating PS services)
 - ii. CP Complete (use this for a substantiated case which services were provided and the case is being terminated under PS)
 - iii. Invest-Incomplete-Death (use this when unable to complete the investigation and determine if the case is substantiated or unsubstantiated due to death of consumer)

- iv. Investigation Complete (use this for unsubstantiated cases or substantiated cases which no services were provided)
 - v. Early Termination (use this when case gets transferred to APSA)
- h) Status date: Date the data is being edited in SAMS
- i) Comments: enter any applicable comments
 - j) Click "ok".
 - k) Click "Save and Close" button on toolbar

CHAPTER 20

TERMINATING PROTECTIVE SERVICE CARE ENROLLMENT

I. TERMINATING THE CARE ENROLLMENT FOR UNSUBSTANTIATED CASE OR A CASE THAT THE INVESTIGATION COULD NOT BE COMPLETED:

- a) Click Details icon on left hand side of main page
- b) Click Care Enrollment
- c) Double Click Current PS Care Enrollment
- d) Termination date: Date investigation unsubstantiated or date when the investigation was stopped for cases that could not be completed
- e) Status: Change to terminated
- f) Reason:
 - i. Invest-Unsubstantiated (use when the investigation results in an unsubstantiation outcome)
 - ii. Invest-Incomplete/Death (use when the consumer dies prior to having enough information to make determination outcome)
 - iii. Transferred to Another PSA (use when case is referred to another PSA)
- g) Status Date: Date the data is being edited in SAMS
- h) End Date: Date unsubstantiated or date when the investigation was stopped for cases that could not be completed (should be same as termination date)
- i) Click OK

II. TERMINATING CARE ENROLLMENT FOR SUBSTANTIATED CASE

- a) Click Details icon on left hand side of main page
- b) Click Care Enrollment

- c) Double Click Current PS Care Enrollment
- d) Termination date: Date investigation/services completed
- e) Status: Terminated
- f) Reason:
 - i. Substantiated – Consumer Refused Services (use for substantiated case in which the consumer refuses services)
 - ii. Substantiated – Deceased (use for substantiated case in which consumer died prior to protective service program termination/transfer)
 - iii. Substantiated – Services Complete (use for substantiated case which services were provided and the case is now being terminated or transferred)
 - iv. Substantiated – No Services Needed (use for substantiated case which the problem was solved and no services were needed/provided)
 - v. Substantiated – Transfer to Another PSA (use for substantiated receiving protective services and is being transferred to another PSA for completion of services)
- g) Status Date: Date the data is being edited in SAMS
- h) End Date: Date substantiated/services completed (should be same as termination date)
- i) Click OK

CHAPTER 21

TERMINATING A NON-CAREMANAGED CARE ENROLLMENT

I. Closing Non-Care Managed Care Enrollment

Note: Protective service will terminate a Non-Care Managed Care enrollment only when a consumer is not likely to be receiving active care managed services or congregate services within the subsequent six months.

- a) Click “Details” icon on left hand side of main page
- b) Click - Care Enrollment
- c) Double Click the active “Non-Care Managed” care enrollment
- d) Child window will appear – Edit Care Enrollment
- e) Enter the following:
 - i. Termination Date: date closing the enrollment
 - ii. Status: Termination
 - iii. Reason: Services Complete
 - iv. End Date: date closing the enrollment
- f) Select “ok” located in the add care enrollment child window

CHAPTER 22

DEACTIVATING A CONSUMER IN SAMS

I. DEACTIVATING THE CONSUMER IN SAMS – DETAILS

When it is determined that all activity for a consumer is completed, the consumer's account in SAMS must be deactivated. The following steps are to be followed:

- a) Click Details Icon from the consumer summary page
- b) Select General from the consumer details page
- c) Scroll to Status, click on the "+" to expand
 - i. Click on Active
 1. Select – No
 - ii. Click on Reason
 1. Select – No Longer Needs Services
- d) Status Date: Date the data is being edited in SAMS
- e) Select "Save and Close" from top toolbar
- f) Child window – Social Assistance Management System – will appear
- g) Click "yes" to deactivate consumer

Upon clicking yes to deactivating the consumer, you will be returned to the main consumer listing page. You will now notice that your consumer's name/information is now italicized and the Active box is blank. This indicates the consumer is no longer active in SAMS.

CHAPTER 23

SUPERVISORY/QUALITY ASSURANCE TOOLS

I. SUPERVISION/QUALITY ASSURANCE MEASURES

The following reports should be used at least monthly:

- a) Run Missing Data Reports
 - i. PS IS&A Missing responses: for AAA's use to detect unanswered questions within the Investigation Form
 - ii. PS RON Missing responses: for AAA's use to detect unanswered questions within the Report of Need

- b) SD Expenditures in given time period - to track guardianship, legal expenses or any other service delivered through a PS Care Plan

- c) Self-monitoring tool (Appendix F)
NOTE: It is suggested that this tool be used on an on-going basis to assist agencies with quality assurance.

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APPENDIX A

REPORT OF NEED INSTRUCTIONS

APPENDIX B

IS&A INSTRUCTIONS

APPENDIX C

PS REQUEST FOR DELETION

APPENDIX D

CARE PLAN WORKSHEET

APPENDIX E

FTP SITE INSTRUCTIONS

APPENDIX F

SUPERVISORY/QUALITY ASSURANCE TOOLS

APPENDIX G

SAMS RESOURCES