# PROTECTIVE SERVICES MEMORANDUM

**EOEA - PSM- 03- 07**

**REF: PI-89-73**
**PI-02-10**

TO: Aging Services Access Points
Designated Protective Services Agencies
Elder At Risk Agencies
Elder Abuse Hotline

FROM: Gregory Giuliano

DATE: December 12, 2003

SUBJ: Protective Services and Elder at Risk Intake Instructions

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The purpose of this PSM is to issue revised instructions for the Elder Protective Services (PS) and Elder At Risk (EAR) Intake and On-call After Hours forms. Comments received from PS and EAR staff and Regional Coordinators have been reviewed, and revisions made to address those concerns.

Please send recommendations for Intake and On-call After Hours form changes to Craig Fox at Craig.Fox@state.ma.us or call 617.222.7488. Suggestions need to be received by April 1, 2004.

Questions about this PSM should be directed to your Regional Manager.

# Personal Data

Intake Pages 1 - 3

## STEP BY STEP – PAGE 1

***INITIAL PERSONAL DATA*** gathering is broken into three (3) sections. First is obtaining basics about the elder. (*Page 1*).

Second, is information about the Reporter (*Page 2*) and lastly the elder's providers, the alleged perpetrator and collateral contacts (*Page 3*).

Page 1.

First you are gathering basic information about the elder who is the alleged victim of abuse. With information about age, address of residence and current residence, or the expected length of stay at a current facility, you can decide if this Intake needs to be taken, or the caller should be referred for help elsewhere.

Page 2.

The second page is for information about the Reporter. This needs to be competed whether or not the Intake is referred elsewhere.

Page 3.

The third page is for information about the elder's providers, the perpetrator and collaterals. Where the alleged perpetrator is staff of a hospital or agency, this is noted to support referral to the appropriate agency / or oversight body because the Intake is out of the jurisdiction of our program.

The Intake Worker (IW) starts by noting the date and time that the call started. Circle either AM or PM.

### CASE NUMBER

The PSA or the EAR Agency completes the nine (9) case number boxes.

Fill in the first box on the far left. This designates:

**P** Protective Services Case

or

**E** Elder at Risk Case

The set of two (2) boxes designates the agency code:

**3** **5**

In this example, 35 indicates that this case Intake belongs to South Shore Elder Services, Inc.

Continuing from the left, in boxes 4 and 5 record the last two digits of the ***fiscal year***.

For example, record

| 0 | 3 |
|---|---|

for Intakes coming in from 12:01 AM of July 1, 2002 through to midnight June 30, 2003. The Massachusetts state fiscal year runs from July 1 to June 30 each year. At 12:01 AM on July 1, 2003 this would change to " 0 4 ".

In the next set, of three boxes, record the actual case number for the fiscal year you are in. For example, the first case received after midnight entering into the new fiscal year would be case number

| 0 | 0 | 1 |
|---|---|---|

The next Intake would be " 0 0 2 ", then the next " 0 0 3 " and so on in chronological order of the Intakes received.

The last box on the right is to identify elders living in the same household, who are alleged to be abused, neglected or exploited.

The number

| 1 |
|---|

would be entered for the first elder in the household for whom a report is received. The second elder in the household would have a " 2 ", the third elder a " 3 " and so on. Boarding homes, unlicensed Rest Homes, Congregate Housing or Assisted Living Facilities are not considered to be the same household for numbering purposes.

***Fill in the case number later, after checking to see if this is an elder in the same household of an existing case.***

If another report is filed on a closed case, then the same previous case number is used.

If the living situation has changed and a second elder in the same household has moved or the first elder is gone, then a new number is given. For example, a report of alleged physical abuse of an elderly man, received at South Shore Elder Services, at 9:15 AM on July 1, 2002, is given a case number of:

**P – 35 – 03 - 001 - 1**

A report of alleged neglect called in a week later for his sister living at the same apartment would have this number:

**P – 35 – 03 – 001 - 2**

If the elderly man's case was closed and they still lived together, the sister would get the same case number, " P – 35 – 03 – 001 – 2 ".

If the report made for the sister was of alleged self-neglect, and she lived with her physically abused brother, she would be given a new Elder at Risk number. It would be the next sequential EAR number with the suffix of – 2, indicating this is an elder in a household with another elder for whom there is an open case. An example number would be:

**E – 35 – 03 – 051 – 2**

If the elderly man had moved to a nursing home, and a report of alleged neglect was made for the sister then she would get his Protective Services number with a **–2** because they have been living in the same household:

**P – 35 – 03 – 001 - 2**

Cases that Screeners change from PS to EAR, or EAR to PS, at the time of screening should change the **P or E** in the first box, change the case number in the set of three boxes, and check "Investigate as PS" or "EAR" on page 10. The Intake does not have to be written over.

Reports on previous EAR cases that come in now should be given new numbers, in agencies that have used any other numbering system other than the current system. Note in the Intake that this is a prior case, and what the original case number was.

Reports on prior PS cases should have the **'P'** added.

### *BEGIN THE INTERVIEW*

Begin the phone call or contact with the reporter by seeking to obtain the basics.

While he or she has called you, the reporter may need you to first address some or all of the following. Let the reporter be the one to cue you in to concerns they may have as the interview proceeds. For example:

**IS THIS A CONSULTATION?**

Mandated Reporters may call and be unsure about making a report. Offer to consult with them about the case, without using personal identifiers. If you believe the information given to you identifies a Reportable Condition, then the Reporter should continue with the Intake.

Remember to let the Reporter know that, if you are given the elder's name or other identifiers, and if you believe this rises to a Reportable Condition, an Intake will be taken.

Mandated reporters need to report as required by law. There is a $ 1,000 fine for failure to report.

Mandated reporters cannot remain anonymous.

***Focus on the elder getting help. The concern of the Reporter should help you move past his or her fear of making a report.***

- **DO I HAVE TO GIVE MY NAME?**

Family and friends may hesitate to tell you who they are. Or might not want to answer some questions because they are afraid of who might find out they made a report. Reassure the Reporter that their name and any identifying information they give about themselves is held as confidential information. Case-workers who go out to conduct an assessment or investigation do not under any circumstances tell the elder or others who made the report.

The only exception to this is in cases where the Reporter assists the investigating caseworker gain access to the elder.

A frank discussion may include the possibility that, on occasion, the elder or the alleged perpetrator may guess who reported. The Reporter has to weigh their concern for the elder against risk to themselves.

In some instances the District Attorney's Office may learn they made the report. Or the courts may ask this to be revealed during a court proceeding. However, this is the most carefully held information there is in our system. All attempts will be made, even in court, to hold their name in confidence.

The most important objective is to find out who the elder is, where they are and what the allegation is. And to proceed with obtaining additional information once the Reporter is ready to talk.

If the Reporter wants to remain anonymous, the IW should arrange a time to call back after the Intake is completed. This is in case additional information is needed.

- **WHAT WILL HAPPEN?**

  Most of the time the Reporter hopes you will intervene to get the elder help. However, sometimes the reporter may hesitate once specific factual questions are asked. Reassurance is needed that they are "doing the right thing" to protect the elder.

  A clear discussion with the Reporter about "next steps" and what happens "in these kinds of cases" can be helpful.

## THE BASICS

Obtain the elder's name, address, phone number and age. If age is unknown, give the closest approximation. If the elder is at a temporary address, find out where. Assessment of risk will include questions about how long the elder will likely be there, and with whom if anyone else is present.

When completing the Type of Residence line, write in one of the following options: own home; elderly housing; assisted living; adult foster care; nursing home; private apartment; rest home; family; homeless; congregate housing; or, specify 'other' type of residence. For the Temporary Address section, use the choices of family, shelter, hospital, friend/neighbor, nursing home/ rehabilitation, or 'other' and specify.

**STOP THE INTAKE** and refer if:

- ***The Elder is Under 60.***

  Cases need to be referred to the appropriate agencies for services.

  If the elder is just about to turn 60, the Intake should be completed, although referrals may also be made. You may suggest to the Reporter that certain actions might be taken to help the elder until the case can be re-reported when the elder turns 60.

  In egregious cases there may be some flexibility in screening in a case before the elder turns 60. If there are only days or weeks left before the elder turns 60 it may make sense to screen the case in for investigation.

  If you do not know the elder's exact age, the Intake must be completed.

- ***The Elder is Living in a Facility.***

  It is important to find out what kind of residence the elder is living in as his or her permanent residence.

  There are several types of residences that will mean that the case must be referred because the Protective Services Program does not cover these kinds of cases:

  - ***Correctional Facilities***

    Elders incarcerated in correctional facilities, who are alleged to be abused or neglected, need to be referred to the General Counsel at the Secretariat of Public Safety: phone 617.727.7775.

***COMPLIANCE***

***PSS make sure all IWs are trained on when to stop Intakes and refer. Cases "referred out" should be reviewed by PSS or back-up screeners to ensure that only the right cases leave the system.***

*See PI 01-07 Instructions page 8, 1A-3 Existence of a Reportable Condition*

- ***DMH / DMR Group Homes***

  Elders residing in Department of Mental Health (DMH) or Department of Mental Retardation (DMR) facilities that are staffed with 24-hour care should be referred. Please refer to your local lists of DMR and DMH inves-tigators.

  **Exception:** Elders residing in DMR or DMH community group homes that are not staffed must have an Intake completed. Or if it unknown if the group home is staffed. Protective Services does serve elders living in homes that are not staffed, even if there is an assigned DMH or DMR case manager.

- ***Nursing Homes***

  Intakes on elders, who are long-term residents in licensed nursing homes, should be referred to the facility Ombudsman and/ or to the Department of Public Health (DPH).

  **Exception 1**: If the nursing home placement is or may be for short-term rehabilitation, with plans for return to the community, then the Intake must be completed. Note any existing date of expected or pending discharge on Page 4, Elder Whereabouts box.

  In these kinds of cases elders are considered to be in a setting similar to a hospital in that return home is likely or immanent. Hospitals are covered by Protective Services / Elders at Risk.

  **Exception 2:** If the elder was <u>recently</u> placed in a nursing home and there are allegations to suggest the placement was not appropriate, against the elder's wishes or related to financial exploitation or other abuse, then a complete Intake should be taken.

- ***Licensed Rest Homes***

  For elders who are residents of licensed rest homes the Reporter should be referred to the Ombudsman for that facility and/ or to the Department of Public Health (DPH).

  **Exception**: If it is an unlicensed Rest Home, or the reporter and IW do not know if it is licensed, then the Intake must be completed.

- ***VA Hospitals***

  An elder who is a permanent resident of a VA Hospital, and is not expected to be discharged, should be referred to DPH.

  **Exception:** If the VA hospital placement is or may be short-term for rehabilitation, or discharge is immanent then a complete Intake must be taken.

There are three (3) other situations in which you will refer the Reporter:

- ***Abuse by Hospital, Facility or Agency Staff***

  Reporters who wish to make reports of alleged abuse by professionals working in hospitals, facilities or agencies should be referred to the appropriate oversight Board or agency Director or Administrator who should investigate their complaints. Protective Services does

not handle alleged abuse by persons serving elders in a professional capacity.

**Exception:** When a Reporter calls to file a report of abuse, neglect or exploitation by caregivers employed by ASAP provider agencies, an Intake shall not be completed. Information about the Reporter's concerns should be passed on to the ASAP contracts person. It is expected that the contracts person will look into any allegation, and handle problems that are found with the contracted agency.

- ***Reports Belonging to Another Catchment Area***

Mandated Reporters or professionals that are non-Mandated Reporters may be referred to the appropriate catchment area PSA or EARA. Complete Intakes should be taken if the caller / Reporter is a friend or family member, or hesitates to call another area's office. Most professionals will most likely turn around and call the appropriate agency.

There is legitimate concern that Reporters who are family or friends of elders are more likely to have second thoughts about making a report or may become easily frustrated being referred to another agency.

In these kinds of cases, a report is taken and a call made to the PSA / EARA to which the Intake will be transferred. A copy of the Intake should immediately be faxed to the receiving agency PSS / screener.

- ***Disabled Persons Protection Commission (DPPC) Reports***

DPPC should immediately fax the report to the appropriate PSA / EARA or to the Hotline.

Pages 1 and 2 of the Protective Services Intake form should be completed and attached to the report faxed from DPPC. Screening page 10, or 10 and 11 for the Hotline, should also be attached. Screening should be completed and referral to the appropriate DMR or DMH investigator should be made.

For example, a mandated reporter is referred:

8/21/02 – 10:20 AM Wednesday -- Susan Reynolds, Reporter.

Referred Reporter this date to Cindy Karlson – DPH in Boston, 617.727.2005 x 3127, and Bill Nagle – Ombudsman for Bretwood Manor NH, 617.524.8224.

Referral made because allegation is of a nurse crushing [unspecified] medication into elder's food to control behavior. Elder is a permanent resident for about 1 year, and no discharge is expected.

Recommended immediate contact, as type of medication and impact on elder is unknown. Reporter stated she would call now.

When Intakes are stopped and callers are referred, make sure to document action taken in the “Notes Before Screening”:

- Date and time of contact;
- Name of the person you spoke to;
- Agency name;
- Phone number;
- The reason for the referral.

### *SOCIAL SECURITY NUMBER*

Fill in the elder’s social security number if the Reporter knows it. This is helpful for verification of identity, for example, in cases where it is difficult to locate the elder. Or the elder has been recently taken out of state.

### *DATE OF BIRTH / GENDER*

Complete both. If the elder’s birth date is unknown, record the Reporter’s best guess of the elder’s approximate age.

### *SCREENING SUMMARY*

<u>Screeners</u> should complete this screening summary box.

Response time and allegations to be investigated are recorded here for quick reference by the PSW or EARW receiving the Intake.

Initials of the assigned Protective Services Caseworker (PSW) Elder at Risk Caseworker (EARW), any involved ASAP Case Manager and the Protective Services Supervisor (PSS) are filled in by the Screener or PSS.

## *STEP BY STEP – PAGE 2*

The Intake Worker completes information about the Reporter. Spaces are present for basic information. Also included are alternative ways to get a hold of the Reporter should the Screener need to make a follow-up call. This includes cell phone, pager number and fax number.

It is important to ask the Reporter how s/he can be reached in the next day or two, as the PSS or involved caseworker often places a return call to the Reporter prior to contacting the elder. Note the ‘Best Time and Day to Contact Reporter’ on the form.

### *REPORT SOURCE*

A Report Source box must be checked, and other agencies specified (if this box, number 37, is checked). If this is an anonymous report or is a report from non-professionals who are not representing an agency, company, practice or facility then the “NOT AN AGENCY” box should be checked. The Hotline is never listed as a report source.

These numbered boxes are used for statistics gathering. Please note that all of the shaded boxes are critical to statistics gathering, and advocating for program funding.

### *OCCUPATION / RELATIONSHIP*

The occupation of the reporter, or relationship to the elder is checked off. Mandated reporters will be listed in the left hand column. If a professional is calling in a report, and this person is not a mandated reporter, then an appropriate box in the “NON-MANDATED” Column would be checked.

A family member, friend, spouse or self-report would be checked in the appropriate box in the “NON-MANDATED” column.

### *MANDATED REPORTER*

This section is present to ensure that the IW has asked all Mandated Reporters if they know where to send the Mandated Reporter Form, or if they need a form. The IW also should make sure to tell reporters, who are mandated to report, that information about case findings and disposition, will be sent to them following the Investigation.

If this is a Mandated Reporter with whom the IW has received previous reports, and who knows this information, then simply check the "Knows where to send mandated reporter form" box.

This will take place for both reports of abuse (PS) and for self-neglect cases (EAR).

- ***Family Members who are Professionals***

  In the rare case where a family member is calling in a report, and this Reporter is also a professional (either Mandated or Non-Mandated) – check the "NOT AN AGENCY" Report Source box, and a "NON-MANDATED" Occupation / Relationship box.

  **Exception:** If this Reporter wishes to be noted as a Mandated Reporter, then record as you would any other Mandated Reporter.

## *STEP BY STEP – PAGE 3*

Page 3 can be used secondarily as a contact sheet – if it is copied after the Intake is completed and attached to the front inside of the chart or file folder. Additional information can then be added to the copy, which can serve as a quick reference for names of contacts and phone numbers.

To complete this section fill out the following:

***You can copy and add an additional page 3 if there are more contacts than space provides for.***

### *ASAP CLIENT*

Note if the elder is a Home Care, Money Management and / or Family Care client. If the Reporter does not know this, the IW, PSS or Back-up Screener should look up agency case lists to see if the elder is already in your system.

This is important because additional information may be available through Case Man-agers, Money Managers (particularly where Financial Exploitation is alleged) or family care hosts.

When this is checked on, and if the elder is not served by the ASAP, mark off the "NOT A CLIENT" box.

### *PRIMARY PHYSICIAN*

Generally, this will be the name of the elder's General Practitioner (GP). If the elder does not have a GP, put in the name of the most recent GP, a specialist the elder has used, a Physician's Assistant (PA) or even a primary health care Registered Nurse (RN). Anyone, who may be able to provide information about the elder's health or capacity to consent, would be useful.

### *PROVIDERS*

Record the top two (2) providers for this elder who would likely have the most contact with the elder, or are known to have the best relations with the elder. This could be Home Health Aide or Homemaker services providers, or other persons hired by agencies or private pay care-takers not listed as alleged perpetrators of neglect. Alleged perpetrators (AP) would be listed below, along with additional providers (C) or providers who are Collaterals with Information (CWI).

Make sure to put in the names of the persons going into the home, or if not available, the name of agency staff who could be contacted to find out.

The 'Provider' box should only contain information from the Reporter, and should not note information from the ASAP. Any other additional information from an ASAP source other than the Reporter should be put in the 'Intake Casenotes' with a note about who the source is.

### *FIDUCIARY*

Ask the Reporter if the elder is known to have a fiduciary. A fiduciary is defined, for our purposes here, as a self-appointed [elder appointed] Power of Attorney (POA) or Durable POA, or Health Care Proxy (HCP), or a court appointed surrogate decision-maker such as a Guardian or Conservator. Representative Payee (Rep Payee) should also be noted here.

***In order to check off any of the "None" or "Unknown" boxes throughout the Intake make sure you ask. Do not assume that the Reporter does not know because the Reporter did not offer the information you need. Ask before checking off these boxes.***

Obtain the name, address, phone number and agency or practice name if the fiduciary is an agency or professional, such as an attorney paid to act as the elder's fiduciary.

If the fiduciary is a Rogers Guardian or limited guardianship check off "Guardian".

If there are co-guardians or a court contest exists where several persons are seeking to become the elder's fiduciary, explain what is known and who the persons are seeking guardianship or conservatorship in the Overview narrative on the top of page 4.

If a fiduciary is believed to exist, but the type of fiduciary is not known, check "Unknown" and fill out the name, phone and address.

### *ALLEGED PERPETRATORS (AP), CARETAKERS (C) / COLLATERALS WITH INFORMATION (CWI) / EMERGENCY CONTACTS (EC)*

Record the names, addresses and phones of additional persons who are alleged perpetrators, caretakers, or others who would likely have information about this elder. All emergency contacts are also listed here.

Note the primary relationship to the elder, for example, daughter, stepson, grand-daughter, new friend, stranger, provider, or live in companion. These are examples, not a comprehensive list.

The 'Relationship' space denotes the relationship of the elder to the person listed, and not the relationship of the Reporter to the elder.

Be sure to check off **all** the boxes to the right of each contact to further define the roles of each person in the upcoming investigation, assuming the report is screened in. It is important to know relationship and role as this will impact in what order each person is contacted. The safety of the elder, loss of assets and the safety of the PSW or EARW could also be affected by knowledge of who is the alleged perpetrator, and who are persons with additional information.

For example, a daughter who is allegedly neglecting her mother, and is providing care would have checked off:

**AP** **C**

Check off "**R**" if the contact is known to have knowledge of the report being made. If this is not known, leave this box blank.

Collaterals with Information (CWI) should include any persons the Reporter is aware of who would be able to provide additional information during the investigation / assess-ment. This would include any professionals, friends, family, and neighbors. Any other persons the elder has regular contact with, such as grocery store clerks, restaurant waitresses, bank tellers or Meals on Wheels (MOW) drivers should also be noted.

Elders who may be demented should be listed as a CWI. Note that the individual is or may be demented in the Intake narrative. Demented elders may be able to provide some information, depending on the degree of dementia.

Other collaterals known to the ASAP agency that were not provided by the Reporter would be noted in Casenotes.

For those persons who are listed as Alleged Perpetrators or Caretakers who may by neglecting the elder, social security and / or birth dates should be listed if known. These identifiers are critical to, for example, doing CORI checks on potentially dangerous persons with whom caseworkers may be coming in contact.

Emergency Contacts (EC) should be checked for those persons acting as persons who would be called in an emergency, such as a hospitalization.

A blank Page 3 should be copied and added to the Intake if additional space is needed.

***Collateral contacts help the investigator get a clearer picture of what is really going on. Please get as many names as possible up front.***

# What Happened?

Intake Pages 4 - 5

## WHAT HAPPENED

These instructions should be used with the Overview, Description of Alleged Abuse or Financial Exploitation, and the Assessing Current Risk Questions Prompts found at the end of the Instructions. These prompts provide a guideline for complete information gathering.

### OVERVIEW

Finding out about the elder's safety and situation begins with a snapshot picture of the elder. This is the intent of the ***OVER-VIEW*** narrative found on the top of Intake Page 4.

This is similar to the way most psychosocial evaluations begin. It provides the context for the description of the alleged abuse or self-neglect.

The Overview is broken down into nine (9) categories. Not all this information needs to be gathered or addressed in every case. The Intake Caseworker must pick and choose which may be relevant given the allegation(s) presented, what information the Reporter is likely to have, and how coherent the Reporter is.

For example, Physical Appearance is likely to be more important in alleged Neglect reports than where Financial Exploitation is alleged. However, finding out about the Elder's Finances will be more important where exploitation is alleged.

This kind of general information gathering does sometimes lead to Reporters realizing that they may have other concerns. This could result in other allegations of abuse or concerns about risk of self-neglect being raised that would have otherwise been missed.

### ELDER WHEREBOUTS

As part of finding out about the general situation, ask about the current location of the elder. For example, is the elder still at home, or has she left for a friend's house because of the son's coming home drunk?

If the elder is in a hospital, nursing home or other facility, what is the expected discharge date? Or how many days, weeks or months is the elder expected to stay? If this is not known, mark this line 'Unknown'.

Because this has a bearing on determining current risk, it is best to give an approximate time period if possible.

## ALLEGED PERPETRATOR (AP) WHEREBOUTS

Note if the AP is in a facility, such as jail or detox, and when he or she is likely to be let out or discharged.

If the AP still has access to seeing the elder this should be noted in the box marked 'AP WHEREBOUTS' and additional details need to be explained in the 'DESCRIBE CURRENT RISK TO THE ELDER' narrative on Page 5 when available. This is critical in determining how fast to respond to each Report.

For example, if the AP is also a primary caretaker it is important to know if the AP is out of the area and can not shop for food. Or if an angry son is alleged to have beaten his father, is the son likely to return home and when?

## CAPACITY TO CONSENT

Ask the Reporter how much the elder appears to understand the current risk associated with the allegations.

While this is not meant to fully explain an elder's capacity consent to the extent of an investigation, an attempt to ascertain if the Reporter has questions about the elder's cognitive functioning is critical to risk assessment at the time of screening.

When this is discussed with the Reporter, remember that there are four (4) areas of functioning to consider: ability to communicate choices; ability to understand relevant information about a situation; ability to manipulate information rationally; and the ability to appreciate the situation and its consequences.

The 'ability to communicate choices' refers to an elder's ability to maintain and communicate stable choices long enough for them to be implemented. 'The ability to understand relevant information' indicates that the person must be able to comprehend the fundamental meaning of information about their options and understand their role in the decision making process. 'Manipulating information rationally' is the ability to use logical processes to compare the benefits and risks of various options. This is the elder's ability to weigh options presented.

While an elder may have the ability to comprehend information, 'the ability to appreciate the situation and its consequences' is the elder's ability to state what the information means for him/herself.

***Focus on risk that may be present right now.***

***Does the elder appear to understand the immediate risk and know how to respond to protect him or herself from harm or financial loss?***

If the Reporter is a **qualified professional** and states that the elder lacks the capacity in a particular area, this should be explained. It is possible that an elder may lack the capacity in one particular area, but have the capacity to understand risk in another area.

Specifics about a Reporter's concerns about a lack of capacity to comprehend and respond to current risk should be noted on Page 5, in the section 'DESCRIBE CURRENT RISK TO THE ELDER'.

## DESCRIPTION OF ABUSE AND SELF-NEGLECT

Question Prompts for the **'DESCRIPTION OF ALLEGED ABUSE OR FINANCIAL EXPLOITATION'** and for the **'DESCRIPTION OF ALLEGED DEATH, NEGLECT or SELF NEGLECT and ALL ALLEGATIONS'** should be used to ensure complete information gathering during the Intake interview.

Add additional pages of narrative to the Intake when they are needed for the further description of incidents of abuse, neglect or financial exploitation.

## THIS IS NOT A GROCERY LIST

First, and most importantly, the prompts listed should not be used like a grocery list. Do not methodically go through and ask about every item listed here. The Reporter would likely hang up in frustration.

## EXPLORE THE REPORTER'S CONCERNS

Start by exploring the general categories by heading, and then get more specific.

These prompts should be used as:

1. ***Start with the first allegation.***

   Use the specific list for that allegation. For example, if neglect is alleged go to **NEGLECT AND SELF-NEGLECT** ***and*** see the prompts under ***'Current conditions and needs'.*** Then ask about prompts under ***'Indicate if there is a caretaker'.***

2. ***Move on to the 2nd and 3rd allegations that the Reporter is concerned about, if any.***

   Use the specifics under each category.

3. ***Then rule out other allegations or conditions by category.*** It is well established that abuse often involves multiple forms of abuse. For example, in cases where there is physical abuse, financial exploitation and/ or sexual abuse may also exist. In cases where financial exploitation is alleged, neglect should be ruled out.

   Ask questions relating to each type of allegation listed. For example, "Do you have any reason to believe someone is taking the elder's money?"

   If the Report indicates there are, in fact, concerns she or he has about another type of allegation then explore further using the detailed prompt list for that allegation.

***1. Start with the first allegation***

***2. Go to 2nd and 3rd allegations***

***3. Rule out other types of abuse***

***4. Explore self-neglect in abuse cases***

***5. Ask about AP, elder and reporter in all cases***

### *4. Ask if there are any conditions of self-neglect along with allegations of abuse.*

It is not unusual to have conditions of self-neglect occurring in abuse cases. For example, an elder with the capacity to consent can be emotionally abused and be refusing to take a critical medication that results in an alleged condition of self-neglect.

### *5. Last, ask questions that are asked for all types of allegations.*

This includes finding out who the alleged perpetrator (AP) is, obtaining profiles of the AP and elder, and making a determination of the reliability of the information provided by the Reporter.

**EXAMPLE CALL**

**For example, a Reporter wants to report the physical abuse of an elder:**

1. ***START WITH THE FIRST ALLEGATION:***

   After obtaining personal data, you start with a description of the most recent alleged incident, and then explore past incidents and injuries that may have occurred.

2. ***2ND AN 3RD ALLEGATIONS*: If there are no other allegations, then**

3. ***RULE OUT OTHER TYPES OF ABUSE:***

   Ask about neglect, emotional trauma, any signs of sexual advances or financial losses to the elder which are suspicious. If the Reporter said, “Yes, now that you mention it, the elder did say she can’t find her checkbook, and she doesn’t understand why she is always bouncing checks”, you would begin to explore the prompts under the financial exploitation section.

4. ***EXPLORE SELF-NEGLECT:***

   Then ask if there are any other concerns about the condition of the elder which may reveal possible self-neglect.

5. ***ASK ABOUT AP, ELDER AND REPORTER:***

   Next ask questions about the alleged perpetrator and/ or the elder. Ask how the Reporter knows the elder, and about their relationship, particularly if this is a family member or friend.

The last area to focus on is current risk to the elder, the caseworker and how to get in to see the elder. This is covered in the next section of the Intake Instructions.

These are found under the ***ALL TYPES OF ABUSE, NELECT, SELF-NEGLECT AND EXPLOITATION*** prompts.

If you are not sure about clinical terminology, or how to obtain profile information, ask your supervisor or Regional Coordinator for help or training.

Make sure to keep in mind the Protective Services Definitions of Abuse PI-00-46 when gathering information about each type of alleged abuse.

In taking information about alleged conditions of self-neglect, obtain information outlined in the Elder at Risk PI-99-05.

## IS THERE A CARETAKER?

When taking a report of neglect or self-neglect you need to clarify information found on the '***IS THERE A CARETAKER?'*** questions prompts.

Document this in the narrative when describing allegations of neglect or conditions of alleged self-neglect.

This information will provide a basis for screening cases "in" or "out" for investigation / assessment. Supervisors will also need this to determine if screened in cases are PS or EAR.

Questions to ask should focus on:

1. If the elder has a POA or fiduciary.
2. If elder relies on care provided.
3. Who is providing the care.
4. The relationship of the caregiver to the elder.
5. If the care provider is a minor.
6. If the care provider has a guardian or is legally competent.
7. If the caregiver is a professional care provider.
8. What the care is and should be.
9. Who the elder lives with, if anyone.
10. The elder's capacity to consent.
11. If the elder has refused care.

# Current Risk

*Intake Page 5*

## WHAT IS THE CURRENT RISK TO THE ELDER?

These are instructions for obtaining and weighing information about the current risk to the elder. This should be documented in the "DESCRIBE CURRENT RISK TO THE ELDER" section. While the Reporter may voluntarily offer this information to the IW, specific questions will usually need to be asked to elicit details needed to assess what action to take. And how soon to act to offer protection to the elder.

The ***'CURRENT RISK PROMPTS'*** that are included with this Program Instruction should be used as a reference guide by the IW.

Prompts will help in deciding what information is needed from the Reporter in order for the agency to assess risk to the elder. Supervisors then make screening decisions regarding how fast to respond to Reports of abuse and self-neglect, for those cases that are screened in for investigation.

***Successful risk assessment will ensure elder safety.***

***Failure to assess risk puts elders at risk of serious injury or death.***

***'RISK ASSESSMENT'*** prompts are laid out as a matrix, where there are examples of Low Risk, Intermediate Risk and High Risk indicators for each type of abuse and self-neglect allegation. Screeners normally use these.

These indicators assist supervisors to more clearly evaluate information obtained by the Intake Caseworker. Risk Assessment is the

Risk assessment is the single most critical factor in determining what kind of response is needed in order to keep elders safe from serious injury.

The 'Contributing Factors' matrices are to be used in combination with the 'Screening for Response Time' Risk Assessment matrices for each type of allegation. Contributing factors help define the elder's functioning and resources. The level of functioning and resources can shift what, for example would otherwise have required a Low Risk [Routine Response], into an Intermediate Risk [Rapid Response] category.

Screeners need to note that the 'Risk Assessment Prompts: Screening for Response Time' and 'Contributing Factors' matrices should only be used as guidelines. Not all the essential needs of elders could be included in the risk prompts matrices. To decide what level of risk is present, screeners must look at all the essential needs of an elder, not just those given as examples.

***Most Intakes are out of compliance because of the failure to assess risk.***

## CURRENT RISK PROMPTS

The focus is first on gathering specific factual information about the allegations. As the initial part of the interview begins winding down, the Intake Caseworker should then shift to asking additional questions focusing on the current risk to the elder.

The prompts list in the gray shaded boxes defines specific areas that need to be weighed in the process of making a decision about screening for Routine, Rapid or Emergency response.

This list is to be used by Intake Caseworkers to make sure each appropriate area has been explored. And is to be used by Screeners in recalling what needs to be considered as a part of screening for response time.

***Mistakes in screening happen when there is not enough detail to make an informed decision about how fast to see the elder.***

Examples of how this information is used and weighed occur in the '***RISK ASSESMENT'*** matrices.

Questions that will need to be answered for screening include:

- **WHAT WILL HAPPEN NEXT?**

  Based on what happened in the past, current trends and patterns, situational variables and recent statements by involved persons, the Supervisor or back up screener must make a "best guess" as to what likely will happen next.

  In order to do this the Screener needs enough information gathered by the Intake Caseworker (IW). Or the Screener must call the Reporter back and attempt to ask more questions if it appears the IW did not ask certain questions and more information is needed and may be available.

  For example, an allegation is made of financial exploitation on Friday March 29, 2002. The IW asks questions and learns the type of exploitation alleged is the son's theft of his mother's social security checks.

This amount of this information alone does not give enough to allow the Screener to guess what is likely to happen next.

In asking more detailed questions from the '***QUESTIONS PROMPTS'*** Financial Exploitation section, a pattern of the son taking his mother's social security checks every month for the last 4 months on the first of the month, from his mother's mailbox, is established. In this case, the IW asks who took what assets, as well as the amounts taken from each check. The four months are given as beginning December 2001 through the current month of March 2002, thus establishing when the theft began and the pattern as ongoing. The elder also indicated to the Reporter that she did not give permission for this, and is upset at her loss. No other allegations are made, and the elder has sole control of her other finances. The son is unemployed and lives with his mother.

Additional information, as is listed in the '***CURRENT RISK PROMPTS'***, about the whereabouts of the alleged perpetrator, the ability of the AP to obtain the check on April 1, actions already taken to protect the elder's check, and likelihood of the recovery of this money should be explored.

If the son remains unemployed and has taken his mother's checks for 4 months, and still has access to her mailbox, it is likely that he would steal the check on Monday April 1.

Other factors would make it is less likely that he would steal the elder's next check. Factors such as the son moving overseas last month, becoming

employed, expressing his fear of getting caught, or the elder having recently changed her mailing address, would all be a part of attempting to project what is likely to happen next.

Each case needs detailed information obtained by the IW that will then be weighed by the Screener. While each piece of information is not definitive on it's own, each is a piece of a puzzle that the agency is attempting to assemble and understand. The more pieces of the puzzle that are present to work with, the clearer the Screening decision-making becomes.

In this case, if the son was expected back from Paris a week before the next check would arrive at the elder's mailbox, there is a higher likelihood of this check being taken. If, however, the elder had changed the address her check was mailed to with Social Security, then the son would not be able to steal the last check, and what is likely to happen involves no additional loss to the elder. However, if the address change was recent, the last check may have already been mailed to the elder's old address. This check could still be taken.

Each detailed piece of information, as obtained is crucial to screening.

- **WHEN WILL IT HAPPEN NEXT?**

The screener has to make a "best guess" at when the abuse or self-neglect may next result in serious injury.

In the example above, the elder's Social Security checks normally have arrived on about the first of each month. In this case it is clear when the theft of this elder's assets is likely to again occur, if the son has access to the mailbox.

***You need to link the abuse to a likely precipitant to more readily project when the abuse is likely to occur or could occur again.***

Most Intake information does not present as clear a pattern.

For instance, a frail elder was hit in the face by her husband on July 4, 2003. The last time before this most recent incident was two (2) weeks ago on June 21, 2003. Two weeks ago her husband pushed the elder down several steps and she fell, bruising her knee. He was drinking on both occasions. Before that he broke her arm last year on May 10, 2002 when he was drinking.

In this case additional information is still needed. In making a "best guess" as to when this is likely to happen again other situational factors need to be considered. Is the husband's drinking increasing? Had he stopped prior to the last two incidents? Is he violent when he is not drinking? What precipitated the two most recent events? Are those factors or relational conditions are still present? Or has the elder left her home, and is now living with her daughter?

It is probably safe to say that the abuse is likely related to at least the husband's drinking. If he has started drinking 3 weeks ago, after a year of sobriety, there is concern that additional incidents are likely to occur in the near future, depending on his pattern of drinking. When does he drink? Every day? Once a week?

If the abuse is linked to another stressor then the reoccurrence of this stressor plays a part in understanding when the abuse will likely occur again. For example, if arguing between the daughter and the elder's husband starts when she visits, and the elder takes her daughter's side, then this may be a precipitating factor. If the daughter is now staying with her mother at the elder's home because of the abuse, and the elder's husband

remains at home, then the likelihood of another incident in the very near future increases dramatically.
On the other hand, if the elder left to live at her daughter's house for this week, then the likelihood of another incident occurring in the immediate future is reduced. Here other information is needed such as the husband's likelihood of showing up at his daughter's house, statements he have made about what he plans to do about his wife's leaving, and so on.

- **HOW SERIOUS IS IT LIKELY TO BE?**

The Screener must attempt to project how serious the injuries or loss may be from subsequent incidents of abuse or exploitation, or the continuation of or worsening of a condition of neglect or self-neglect.

Factors to consider include:

- What were the injuries from the last incident?

- What treatment was needed?

- What has changed, if anything, to suggest the injury may be worse or not as bad?

- Were statements made by the AP, such as threats, to do worse harm?

- For exploitation, are the elder's assets more vulnerable or just as vulnerable as they were before?

- What is the likelihood of recovery?

- For neglect, is the elder's physical or medical condition stable, unknown, or likely to worsen, and when?

For example, in the first case above the elder's monetary loss could not exceed the amount of the Social Security check because she has control of all her other assets, according to the Reporter. In believing that this is likely the case, the Screener also needs to weigh in the reliability of the Reporter.

Reliability would involve such factors, listed for reference in '***QUESTIONS PROMPTS',*** such as:

- The relationship the Reporter has with the elder, including access to information.

- Reliability of information, including if the information was directly observed by the Reporter, or if the basis of the Report second hand information heard from someone else.

- If the Reporter is a professional or family member.

- If the Reporter made statements suggesting she or he had something to gain from making the report.

- How specific or descriptive the Reporter is.

- If information made sense, and was logical or has the probability of corroboration.

The next question to consider in this case is, what is or has been the most recent impact of these losses on the elder? Will an additional loss cause serious hardship, such as being unable to purchase food? Or does the elder have access to liquid assets, say, $25,000 in a bank account?

In the other case of physical abuse discussed above, consideration needs to be given to other factors related more to physical abuse. For instance, the seriousness of the most recent incidents, treatment for the elder's knee, potential for

worse injury on the steps, escalation in arguing between the daughter and this elder's husband, and so on.

**IN SUMMARY:**

### *1. DO NOT ASK EVERY QUESTION IN ALL CASES*

Similar to the '***QUESTIONS PROMPTS'*** all information in the gray boxes of the '***CURRENT RISK PROMPTS'*** list should not be asked for every case. Some will be, such as the elder's cognitive functioning. Others will be allegation specific. For instance, asking about injuries where there are allegations of sexual abuse. Information about the control of assets would be asked in all financial exploitation cases.

Examples of various alleged situations and conditions that may exist at the time of the report are captured in the '***RISK ASSESSMENT'*** matrix of Risk Factors and Contributing Factors that follows this section.

### *2. IF AN EMERGENT SITUATION APPEARS TO EXIST REFER THE REPORT TO A SCREENER IMMEDIATELY*

Stop the write-up of the Intake and refer the report immediately to a Protective Services or Elder at Risk Supervisor for screening and a possible Rapid or Emergency response.

### *3. WHY IS THE REPORTER CALLING NOW?*

This question is included as a reminder to ask the Reporter why she or he is calling now, on this date, or at this time.

The response of the Reporter can provide insight into what the Reporter believes needs to take place on behalf of the elder. And when action is needed.

It is important to know if a Reporter calling on a Friday afternoon is worried that the elder will suffer some serious harm over the weekend. Or if an anniversary date is coming up when serious conflict often occurs between mother and son. Or if the Reporter has no immediate concerns, but just wants someone to look into this elder's needs next week.

Although the Reporter may not see a need for an immediate response, this does not mean that a Rapid or Emergency response is not needed.

In every case the Screener still needs to weigh the information obtained in the Intake, and make an independent decision about whether the report constitutes a Reportable Condition and how quickly to see the elder.

Why the Reporter is calling now just adds one more piece of the puzzle needed for screening.

### *4. DOCUMENT RISK TO THE ELDER*

Summarize what you believe to be the current risk to the elder in the 'DESCRIBE CURRENT RISK TO THE ELDER SECTION', based on the most critical specific facts provided by the Reporter, the Reporter's opinion about the response needed and the tenor of the interview. This may assist the Screener in determining the speed of response needed. Remember to check the appropriate box for the response the Reporter believes is needed, 'Emergency', 'Rapid' or 'Routine.

### *5. REPORT OF A DEATH*

If you believe an elder died, or may have died, due to abuse or neglect, check the box 'Autopsy may be needed now'.

In these kinds of cases the District Attorney's Office is notified and the D.A. may want to have an autopsy prior to burial. In some cases speed is critical, especially when family may move quickly to have the elder's body cremated, effectively eliminating any possible physical evidence of wrongdoing. When this box is checked, the Screener is clued into the need for a possible emergency response.

Leave this box blank if death due to abuse or neglect is not alleged.

### *6. RAPE KIT NEEDED*

If you receive a Report of sexual abuse or injury that may have resulted in conjunction with sexual assault, check the box captioned 'Rape or other sexual assault is alleged; and medical exam may be needed now'.

In cases where an elder, of any gender, is alleged to have been sexually assaulted in a way that may have left evidence of sexual assault, this box should be checked.

Examples may include rape or attempted rape, an attempt to disrobe the elder where the elder may have struggled against the assailant, penetration of an orifice with an object, harmful genital practices that may have left tissue tears or inflammation, and bruising around breasts/ genitals or the insides of the elder's thighs. In short, check this box for any alleged sexual assault that may have left the assailant's DNA or bodily fluids.

This will alert the screener that this Report requires an emergency response. This allows the PSW to quickly see the elder and encourage the elder to have a medical exam prior to washing. Any evidence gathered at this exam may be critical to later prosecution. The elder may also allow police to be called in order to "bag and tag" evidence for possible future prosecution, if sexual assault is later believed to have occurred following the Protective Services investigation, and a referral is made to the District Attorney.

***When one of these boxes is checked, immediately contact a Screener to determine if an Emergency or Rapid response is needed.***

### *7. WINDOW OF OPPORTUNITY*

When a Report is made, check this box if there are other reasons the PS Caseworker should respond now.

If the ability to contact the elder may be lost in the near future, check this box. An example is the AP is threatening to flee Massachusetts and take the elder to Texas the same day this Report is filed and there is an allegation of financial exploitation. It may be important to see the elder before s/he is transported out of state to ensure the elder is, for example, not being kidnapped or taken somewhere against his or her will to be further exploited.

Or death may occur due to serious injuries suffered and the PS Caseworker may want to attempt to speak to the elder to learn what happen-ed. Or to see the elder before visible signs of, for exam-ple, physical abuse disappears.

The ability to speak with the elder shortly after the abuse and see injuries may also help the Caseworker to encourage the elder to take action to get a restraining order. If too much time goes by, the elder may be less willing to accept protective services.

There may also be other examples of times the Caseworker should see the elder quickly. Checking this box simply alerts the Screener to review the information carefully for the need for possible immediate response.

# Getting In to Do the Investigation

Intake Page 6

## RISK TO THE CASEWORKER

Ask the Reporter what risk may be present to the PS Caseworker when a home visit is conducted.

Risk can take a number of forms:

- Risk of assault and battery from the alleged perpetrator who may be upset that a Report was made.
- The use of alcohol, drugs can lessen the AP's self control.
- A history of assaults on others, violent criminal activity or mental decompensation suggests a higher than average risk.
- The presence of weapons in the home.
- Getting to the home, such as difficult to reach rural settings or neighbor-hoods where there may be gang activity.
- Dogs or other pets.
- Exposure to diseases, filth or vermin.
- The structural integrity of the home such as hazardous steps, or an inability to maneuver due to hoarding.

A general question such as, "What danger is there for the Caseworker making a visit to the elder" should lead into more specific questions.

For example, in an alleged physical abuse case ask about a history of assaults on others, how the AP might respond to the PS Caseworker entering the elder's home, and if there are weapons around. And where these weapons are located, if known.

***Forgetting to ask about dangers to the Caseworker could cause injury to staff.***

Or in a neglect Report, find out the general condition of the home. In one case an elder was not receiving diabetes injections be-cause the daughter was stealing and using the elder's syringes. And then discarding used needles around the living room. The Caseworker was warned to use 'universal precautions' in entering the home, including not sitting down on chairs due to risk of puncture wounds and infection.

Ask if the Reporter is or would be nervous about seeing the elder at home. Engage the Reporter in thinking about risk. With follow-up questions, the Reporter may bring out additional information that is critical in planning the first contact with the elder.

Always be aware that elders may pose a safety risk as well. In one case of alleged sexual assault of an elderly man by his son, it turned out the elder was also a sexual offender. CORI checks on the elder and AP revealed histories of rape convictions of the elder as well as his son.

Check all of the 'RISK FROM INVOLVED PERSONS' boxes that apply. The boxes under 'AP' refer to the Alleged Perpetrator(s)" while 'ELD' refers to risk posed by the elder. You can have boxes checked for both the 'AP' and the 'ELD' columns at the same time.

Check any and all 'ENVIRONMENTAL RISKS' that may be present.

For all risks checked, note at the bottom of Page 6 what precautions or actions are recommended by the Reporter, if any.

**ACCESS AND COMMUNICATION**

- ***PRIMARY LANGUAGE***

For 'primary language' note the language that is most comfortable to the elder. Choose one of the following: American Sign, Cape Verdean Creole, Chinese, English, Finnish, French, Greek, Haitian Creole, Italian, Khmer, Lao, Polish, Portuguese, Russian, Spanish, Vietnamese, or other and specify.

- ***COMMUNICATION BARRIERS***

Please note any barriers to communication that may need to be addressed by the PS Caseworker. For example, if the elder is hard of hearing, is visually impaired, is afraid to meet with strangers, or is illiterate.

- ***IS THE REPORTER WILLING TO ASSIST IN GAINING ACCESS TO THE VICTIM?***

Ask the Reporter if s/he is willing to tell the elder a report was made, contact the elder to indicate Protective Services will be calling to meet, or in any other way be willing to provide an entrée to make it easier to speak to the elder.

Sometimes the easiest way to put an elder at ease is through someone the elder already knows. But only if the Reporter is willing to let the elder know she or he called Protective Services.

Information about the Reporter continues to be carefully guarded, unless the Reporter is willing to be involved in making contact with the elder. Or gives explicit permission to the IW to use the Reporter's name in order to gain easier access to the elder.

- ***WILLINGNESS TO ACCEPT SERVICES***

Ask the Reporter what s/he believes will be the elder's response to your involvement.

Has the elder asked for help from the Reporter? Or someone else? Or is someone who is often accepting of services? If so, mark the 'Wants Help Now' box.

If the elder is hesitant to seek help, or would be believed to be secretive about family matters, mark the box 'Somewhat Willing'.

Elders who have adamantly not wanted help in the past from others, or who are easily upset or very agitated, should have marked 'Refuses All Help'.

'Unknown' should only be marked if the IW has asked this question, and the Reporter does not know the elder well enough to guess his or her likely initial response to the PS or EAR Caseworker.

- ***TO ACCESS***

Ask if an interpreter will be needed, if there are special needs in order to communicate with the elder, if the Reporter willing to help with contacting the elder and what the elder's likely response will be. Then ask for ideas about the best way to make initial contact with the elder.

> ***Finding out the best way to see the elder can make the difference between safety and injury for the elder.***

The IW should check all the 'TO ACCESS' boxes that apply, based on recommendations made by the Reporter. Experienced Intake Workers may also want to add other recommendations based on the facts of the case and the tenor of the conversation with the Reporter. The IW should note his or her recommendations in the Casenotes, identifying these recommendations as from the IW.

For example, in one case the Reporter did not want to reveal his identity. The elder was hard of hearing, and could not use the phone and would not respond to knocking. It was known by the Reporter that the only way to get in to see the elder was through the daughter who had a key to unlock the elder's door. In this case the 'Contact through someone else' would have been checked, and specifics noted below in the 'DESCRIBE HOW RISKS and ACCESS BARRIERS IDENTIFIED ABOVE SHOULD BE DEALT WITH TO ENSURE WORKER SAFETY' narrative.

In another case, a son was allegedly physically abusive, easily agitated, monitors incoming calls and was controlling of this frightened elder. The IW may choose to highlight or underline suggestions by the Reporter that are thought to be most important. The Caseworker may want to note in Casenotes that the elder may be best seen at a neutral location such as her physician's office because the Reporter suggests the elder may be hurt by the AP if the PS Caseworker calls at the house.

If this same son was out of the house at work on specific days, this should be noted with the Reporter's suggestion that the PS Caseworker may want to consider meeting the elder outside the home. Then check 'Go/call at certain time/day' and 'Meet outside home' boxes, and note details in the narrative below on the bottom of Page 6.

> ***Not seeing the elder soon enough, getting the wrong interpreter, or not using a trusted friend could end up causing the elder to distrust your ability to help. This might be the difference between success and failure.***

While the check boxes are a quick reference for the Screener, it is important to note in the narrative description section specific recommendations, ways to access the elder, contacts, locations of weapons, behaviors of the AP and other facts that will direct the Screener and Caseworker toward a safe first contact. Recommendations made by the Reporter are recorded here, while additional recommendations of the IW are made in the Casenotes.

## *SPECFIC ALLEGATIONS*

Prior to sending the Intake on to the Screener, the Intake Worker (IW) should write up the Intake form and complete Pages 7 through 9 that act as a quick reference summary of all the allegations.

When Supervisors and Caseworkers later use the 'SPECIFIC ALLEGATIONS' and 'SUMMARY STATEMENTS' pages, investigations are more focused. Unfortunately, all too often allegations or specific areas of risk get lost in the plethora of information obtained during the Intake interview. And if the investigation misses even one critical need of the elder, the elder can be placed at risk of injury or a loss of assets.

It is strongly recommended that these specific allegations pages be referenced for investigation planning, and during and at the end of the investigation to ensure that all necessary information was gathered on each allegation so nothing is overlooked.

## *STEP BY STEP – PAGE 7*

To complete the 'SPECIFIC ALLEGATIONS' pages simply scan the lists of allegations and check off <u>all</u> that apply.

When in doubt, put a check in the box. It is better to alert the PS or EAR Caseworker conducting the investigation to likely problem areas that were suggested by the Reporter, than to miss an area.

### *PHYSICAL, EMOTIONAL AND SEXUAL ABUSE*

On page 7 there are three (3) columns lists of abuse – Physical, Emotional and Sexual Abuse. Please note that each column has both an Injuries / Trauma / Indicators list and abusive actions list. All three of these relate to PS cases. The injuries or indicators lists are of injuries allegedly suffered by the elder, while the abusive actions lists are those actions by the AP that may have resulted in these injuries.

When checking off these boxes, check off injuries that occurred both in the most recent incident that may have precipitated the Reporter calling, as well as past injuries or abusive actions on the part of the AP.

If the elder did not suffer injury, trauma or indicators are not present; check off the abusive actions of the alleged perpetrator. If there are <u>no</u> boxes to be checked in a particular column of abuse, then this is not one of the types of abuse alleged.

Do not check the 'Lives with elder' or 'Controls elder' boxes in the sexual assault allegations section if these are not related specifically to allegations of sexual assault. In other words, if the AP is controlling and is only alleged to be physically abusive, do not check these boxes under allegations of sexual assault.

***Make sure the narrative describing the allegations is consistent with what you check off here and with page 9.***

At the bottom of each column are boxes to be checked if there were no allegations indicated – check ' None Indicated'. This means that the Reporter had an opportunity to, but did not observe this type of abuse or did not believe it was likely that this was a problem.

Or if you could not get the information from the Reporter, but did ask about this type of abuse, then check off 'Could not get information / asked'. In this case, the Reporter just does not know or have access to information that would indicate a concern about this type of abuse.

One of these boxes are only checked if there are no boxes checked for injuries / trauma / indicators, or actions.

The 'Could not get information / asked' box, when checked, suggests that this could still be a problem area to be ruled out during the Investigation.

### *UNIVERSAL INDICATORS*

At the bottom left of Page 7 is an area entitled, 'Universal Indicators of Financial Exploitation, Physical and Sexual Abuse". This relates specifically to PS cases.

There are four (4) indicators listed here:

- **Implausible Explanations**

  If the Reporter states that he or she does not quite believe what the alleged perpetrator said to explain an injury or financial transaction that is suspicious, then this box would be checked.

For example, the AP relates a story about an elder's bruising. In the story the AP says the elder fell down one step, lost her balance and caught herself with her right hand. However, the Reporter states she questions if this is what happened because the bruising is on the elder's wrists (both) and there is bilateral bruising on the inside of the elder's thighs which is known to be more consistent with being restrained and sexually assaulted, than with a fall.

- **Discrepancies in Stories**

This box would be checked when the Reporter states that she is not sure what happened because several involved persons have different stories.

For example, the elder claimed to the Reporter that the son took her credit card for his own use because there were purchases on her statement she did not remember making. However, the son says his mother is becoming more forgetful, is losing things and, no, he did not take her card and make the purchases she claims he made.

In this example, this box would be checked along with the appropriate boxes in the 'Financial Exploitation' section at the top of Page 8.

- **Victim is Not Allowed to Speak**

Check this when the Reporter indicates the alleged perpetrator stops the elder from speaking, interrupts attempts by the Reporter to talk to the elder or tries to control conversations between the elder and other persons.

For example, the elder and her daughter appeared at the teller window of the elder's bank to make large cash withdrawal. When the teller (Reporter) asked the elder the reason for the withdrawal, the daughter spoke up interrupting the elder before the elder could speak. And continued to answer for the elder although the teller's questions were directed to the elder.

- **Elder is Nervous Around the AP**

If the elder appears afraid of the AP, or seems nervous in response to the AP entering her house then this box would be checked.

Although this is not a definitive indicator of abuse or exploitation, it is another clue in understanding the relationship of the elder and the AP. And it is an indicator that merits further exploration, when coupled with other allegations checked on Page 7 and/or 8.

## *DEATH*

When a report of death is alleged, the IW must decide the most likely cause of death based on information given by the Reporter. And check one of the first two (2) boxes; either death due to physical abuse, or death due to neglect.

If the Reporter gives information about other types of abuse, and the Reporter or IW have questions about the elder's death being caused by, or an untimely death sped up by abuse or neglect, then this box should be checked. Any situation in which you believe there could have been foul play, a possible motive for murder, negligence or death due to complications from abuse; then this box should be checked. This, in conjunction with the box checked for a need for an autopsy will alert the Screener to a need for an immediate response.

For example, the Reporter calls in concerns about a mildly demented elder, age 62, who was recently removed from a nursing home by a female acquaintance. After living with and marrying this woman, the elder died, even though he was generally fit. The cause of death is a sudden unspecified illness, and a million dollar life insurance policy was known to exist. The man was also known to be homosexual in orientation, and the Reporter questions why they married in the first place. In this case there is some suspicion about a possible motive for murder, and the box "Suspicious death" would be checked. The Screener / PS Supervisor would decide what further action, if any, would be needed depending on the specific facts of each case.

If death by natural causes is being reported and so the Reporter is not linking the death to some wrongful doing on the part of an alleged perpetrator, then no box would be checked under this section.

## *STEP BY STEP – PAGE 8*

There are similarities here with Page 7, and some differences.

Financial Exploitation allegations are set out differently based on acts that are normally criminal in nature. Conditions of Neglect or Self-Neglect do not distinguish between PS or EAR cases, but focus instead on specific conditions of the elder, found in both.

### *FINANCIAL EXPLOITATION*

This section has three (3) areas where allegations could be checked in cases of alleged financial exploitation.

- **Indicators**

  Indicators are just that; they are events or situations that might raise suspicions in a Reporter's mind. They can strengthen a

Reporter's concerns, while not pointing to a specific theft or act that is known or believed to have occurred.

Indicators of financial exploitation do not normally stand on their own where exploitation is alleged. Normally these are an adjunct to other allegations of exploitative actions or suspicious banking transactions.

- **Exploitative Actions**

When these actions on the part of the AP are alleged, the Reporter normally has some first hand or hearsay knowledge that is specific and factual. When these are checked, specific and detailed narrative information on Pages 4 and 5 should support the specific allegations checked.

- **Suspicious Banking Transactions**

When these boxes are checked, some financial action was taken by or on behalf of the elder that raises questions about the propriety of the transaction. While bank personnel may often report these, anyone can raise questions about the nature of monetary transactions as part of alleging financial exploitation.

### *Financial Mismanagement is Alleged*

There are cases where there is no specific allegation of exploitation where it is likely some criminal conduct involved. Some cases involve a more benign type of alleged financial loss to the elder. In some ways, you could almost see this as a form of financial neglect that also benefits the alleged perpetrator.

For instance, a son who is attempting to help his mother and may have the best of intentions, but is nevertheless handling the elder's money badly, causing substantial loss that upsets the elder.

In these kinds of cases, check this box.

The 'Rule Out Financial Exploitation' box should only be checked if allegations of Neglect are also present, and checked.

### CONDITIONS OF NEGLECT and SELF-NEGLECT

Check off all existing conditions, or pre-existing conditions at the time of the alleged neglect, that the elder has experienced where there are allegations of neglect or concerns noted by the Reporter that may be due to the elder neglecting his or her own needs. Whether the Report is screened as a PS case or EAR case is later determined by the Screener on Page 10. The IW should simply note the conditions, and not be concerned here about the cause of the conditions alleged.

***Make sure the specific allegations are all clearly marked. Without them, screening for how fast to respond is hit or miss.***

### SUPERVISORS

As the first step of screening by PS and EAR Supervisors, or back-up Screeners, you should read carefully through the Intake, paying close attention to narrative sections. Compare the checked specific allegations

check boxes to the narrative to ensure all allegations are noted appropriately.

This will be necessary to begin assessing risk in each of the Abuse and/or Self-Neglect Allegation categories on Page 9.

Where cases are screened verbally prior to the write-up of the Intake, review the written Intake to make sure no specific allegations or conditions were missed that was crucial to the screening decision. If information was missed, refer to page 32, 'Date Written Screening Completed'.

## *STEP BY STEP – PAGE 9*

The purpose of this page is to provide a quick reference list of each type abuse or condition of self-neglect that will need to be investigated.

## ABUSE and SELF-NEGLECT ALLEGATIONS

The two (2) boxes on the left side of the Page 9 should have the 'A' and 'P' boxes checked as:

- **'A' COLUMN**

In the 'A' column check off the 'A' box for each type of Abuse or Self-Neglect that was alleged. In this column all of the allegations made would be checked. For example, if Physical Abuse and Financial Exploitation were alleged, these boxes would be checked in the 'A' column.

If Self-Neglect Allegations were also made in a case that had Abuse Allegations, then the corresponding 'A' boxes for the type(s) of Self-Neglect alleged would also be checked.

**ABUSE ALLEGATIONS**

| A | P | |
|---|---|---|
| ■ | □ | **Physical Abuse** |
| □ | □ | **Emotional Abuse** |
| □ | □ | **Sexual Abuse** |
| □ | □ | **Neglect** |
| □ | □ | **Death by Abuse/ Neglect** |
| ■ | ■ | **Financial Exploitation** |

- **'P' COLUMN**

The 'P' refers to the need to check the Primary type of abuse alleged in this column.

The Intake Worker should review the information provided by the Reporter, and choose one type of abuse that appears to be the predominant concern of the Reporter. This would be the Primary type of abuse.

In this case, the Physical Abuse alleged was that the son had shoved his mother on two occasions with no injuries. The Reporter appeared to be most concerned about the impact of the Financial Exploitation that allegedly involved the loss of $35,000 and was likely to result in his mother being evicted. In this case Financial Exploitation would be the Primary type of abuse alleged, and would be checked in the 'P' column, as in the example box above.

If there are allegations checked for the 'A' column in both the ABUSE ALLEGATIONS and the SELF-NEGLECT ALLEGATIONS boxes, then the Primary allegation will be checked off in only the ABUSE ALLEGATIONS box. Do not check a Primary Self-Neglect Allegation unless there are no Abuse Allegations.

Please note that your agency may choose to have the Screener or PS or EAR Supervisor complete Page 9 after reviewing the written Intake or consulting with the IW on emergent cases verbally transmitted to the Screener.

## SUMMARY STATEMENTS

Are brief one-line highlights of each type of abuse or self-neglect alleged.

Examples are:

| ABUSE ALLEGATIONS | SUMMARY STATEMENTS |
|---|---|
| **Physical Abuse** | AP pushed elder down 3 steps, fx hip - hospitalized |
| **Emotional Abuse** | Daughter yells and threatens NH placement, elder not eating |
| **Sexual Abuse** | Son sleeps with elder because "she's lonely". |
| **Neglect** | Elder left house 3x this month, got lost. Potential for hypothermia. |
| **Death by Abuse/ Neglect** | D. hit father with claw end of hammer. Brain injury resulted in death. |
| **Financial Exploitation** | AP forging rent checks and cashing. Asking to get on elder's account. |

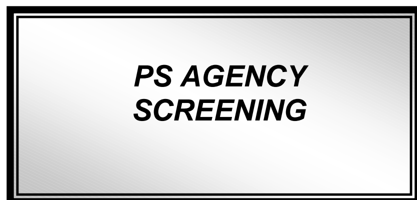
| ABUSE ALLEGATIONS | SUMMARY STATEMENTS |
|---|---|
| **Loss of Housing** | Elder is homeless, living under I90 bridge in cardboard box. |
| **Deteriorating Housing** | Roof leaks, no plumbing operable. |
| **Nutrition Inadequate** | Elder is drinking vodka and eating cereal. Lost 12 pounds in 2 months. |
| **Finances Not Managed** | Electric and water shut off; confusion and unable to pay bills. |
| **Medical Needs Unmet** | Cannot purchase medications, no money. |
| **Personal Care Lacking** | Elder is covered with feces on hands; matted hair; odor. |
| **Personal Safety Threat** | Leaves stove on, 2 fires last 3 weeks; gets lost driving. |

## INTAKE WORKER SIGNATURE

The IW should print his or her name, and sign where 'Signature' is indicated. Printing is important because many signatures are illegible.

The Date and Time the written Intake is completed by the IW should be noted in the 'Date' and 'Time' spaces. This is not the date and time the Intake is passed on to the Screener. The Screener notes this date and time separately.

Circle either 'AM' or 'PM'.




These are instructions for screening completed by Protective Services Agencies (PSA) and Elder at Risk Agencies (EARA). This is for the Intake Page 10.

Separate instructions for Intakes completed by the Hotline follow this section. A different Page 10 and 11 are attached to Hotline Intakes.

When an Intake is received from the Hotline, do not copy the Intake over onto another Intake form. Instead, attach the 'PS AGENCY SCREENING' Page 10 and screen.

## *STEP BY STEP – PAGE 10*

There are five (5) sections of Page 10. These are the Screener signature, Case Status, the screen in or out for PS or EAR and the reason for the screening decision, the screening for response time, and the PS or EAR Caseworker who received the Intake for investigation or assessment.

### *SCREENER SIGNATURE*

The Screener should print his or her name, and sign where 'Signature' is indicated.

There are three (3) separate Dates and Times lines:

- **DATE RECEIVED**

The Screener records the actual date and time the Intake is received for screening. Check either 'Oral' or 'Written' depending on how the Screener receives the Intake.

When the IW takes a Report that involves an emergent situation, the IW should immediately contact a designated Screener. This means the IW does not yet write up the Intake form, but calls or meets with the Screener to alert the Screener to the need for immediate screening. The Screener checks 'Oral' in this case, because the Intake was first received orally.

While Intakes believed by the IW to be Routine in nature would be written and forwarded to the Screener for screening immediately, the screener has 48 hours to screen the Intake if s/he believes it requires a Routine response. Written Intakes received as Routine would be checked 'Written'.

The Screener determines the speed of response needed based on the assessment of current risk. This assessment is discussed in detail below.

- **DATE VERBAL SCREENING COMPLETED**

For those Intakes orally transmitted, the Screener will normally make an immediate

screening decision. For these Intakes, mark down on the “Date Verbal Screening Completed” both the date and time the screening was finished.

- **DATE WRITTEN SCREENING COMPLETED**

Intakes screened routinely would be noted on this line, after the Screener has read the written Intake and made a screening decision.

Once the Screener reads the written Intake, the ‘Date Written Screening Completed’ should be recorded. Any change in the screening decision would not be made on the screening page, but would be recorded in the Intake Casenotes. Note the reason for the change, and subsequent actions taken.

**CASE STATUS**

Track the status of the case for statistical purposes.

- **First Time Referral**

Cases received into the PS or EAR system for the first time, and for whom a new number has been given, should be marked as a ‘First Time Referral’.

Treat those cases that have been investigated or assessed and not opened in the past as first time referrals. This is because the case information and case number has been or will be expunged, even if staff recalls that this elder had been previously reported.

- **Case in Investigation**

Reports received on cases in investigation or assessment are considered “multiple reports’, and would be marked as ‘Case in Investigation’.

- **Prior PS or EAR Case**

Intakes on elders’ cases that were opened, and services were provided or the elder refused services, and were then closed would be marked as ‘Prior PS or EAR Case’.

Mark as either ‘Prior PS Case’ or ‘Prior EAR Case’. If the case was both a PS and EAR case at different times, mark the most recently closed type of case.

- **Open PS or EAR Case**

Intakes received on currently open PS or EAR cases should be marked as either ‘Open PS’ or ‘Open EAR’.

**SCREEN FOR INVESTIGATION or ASSESSMENT**

This screening is to determine it there is Reasonable Cause to believe a Reportable Condition of abuse, neglect or financial exploitation is present. Or if there is reason to believe information is substantive enough to warrant an assessment of self-neglect.

Check the ‘Investigate as PS’ box if the Report will be investigated as a Protective Services Report; and check the ‘EAR’ box if an assessment of concerns about self-neglect will be conducted.

If the Report is screened out and referred elsewhere for services, check the box ‘Screen/ Out Refer’. This is for Reports is which there is no reportable condition.

If a PS or EAR case is screened out due to caseload capacity, check this box.

In the narrative that follows, record your reason for this screening decision. If you are screening in for investigation or assessment make sure to differentiate why you are considering this either a PS or EAR referral.

***First screen the case in for investigation, or out for referral.***

***Then determine how fast to respond.***

For example, a Report has been received that an elder is not eating and has lost 21 pounds in two weeks, and is no longer able to shop for food, as he has been ill. The Reporter states that he has a daughter in Montana, and no other relatives locally. He has shopped for his own food up until about 3 weeks ago.

In this case, the screening rationale might be, "Screened in for EAR assessment because elder allegedly is not eating, has lost significant weight and can no longer shop for himself. There are believed to be no caretakers assisting the elder."

If the Report is Screened Out, spell out why there does not appear to be a Reportable Condition.

If the Report is Screened Out due to EAR caseload capacity, or is low risk and is screened out due to PS caseload capacity, then document facts to support this screening decision.

***In some Hotline referred after hour cases the On-call Worker will take action to protect the elder, while the Screener may later discover that the Report should be Screened Out.***

Facts to support Screening Out due to caseload capacity would include:

- Reason the Report is seen as PS or EAR.
- Level of risk.
- A statement that the agency is at caseload capacity.
- Referral to agency / name, or an explanation of why a referral was not made.

**SCREEN FOR RESPONSE TIME**

To screen for response time, Screeners should:

- Consult with the IW on emergent cases, and make a verbal screening on those cases needing an Emergency or Rapid Response.
- Read the written Intake.
- Read any On-call After Hours Response notes that may contain more current information on the facts of the case, risk, actions taken and services provided.
- When needed re-contact the Reporter for additional specific facts that would clarify the response time needed.
- Contact collateral sources to screen for response time, in line with the protection of the elder's right to determine who will be, or will not be contacted.
- Use the RISK ASSESSMENT matrices that follow this Screening section.

In the RISK ASSESSMENT matrices, examples are given for Low Risk (Routine), Intermediate Risk (Rapid Response) and High Risk (Emergency Response) abuse and self-neglect allegations. Examples of Contributing Factors that may elevate or downgrade the level of risk, at the time of screening, are also given.

Please make note that not all the essential needs of elder's are addressed in the RISK ASSESSMENT matrices.

Given the variations that exist in Reports of abuse, financial exploitation, neglect and self-neglect, not every report situation faced by the Screener can be predicted from the matrices. While these matrices cover most contingencies, Screeners will need to factor in essential needs not mentioned. Essential needs, for our purposes, are defined as needed items, services, and changes in situations, to provide for the safety and welfare of the elder. Essential needs include, of course, such things as food, shelter, medical treatment, safety from abuse, as well as other needs not noted in the matrices.

## RISK ASSESSMENT

There are two ways to use the Risk Assessment matrices:

1. **Screeners**, including PS and EAR Supervisors, and back up Supervisors should review the Low [Routine], Intermediate [Rapid] and High [Emergency] Risk boxes for each type of allegations. Particularly for cases involving multiple allegations or cases that are difficult to screen. Then consider each Contributing Factor present for the elder.
2. **Intake Caseworkers** should be familiar with these examples of Low, Intermediate and High risk. This will be useful in focusing questions asked of the reporter.

Screeners should consider first the level of risk for each allegation present, and then factor in the Contributing Factors.

### SET UP

On the left side of the matrices pages ALLEGATIONS are noted. These begin with Abuse, Death and Financial Exploitation allegations and end with Neglect and Self-Neglect allegations. Please note that these allegations match the list of allegations on Page 9.

Note that the Neglect and Self-Neglect allegations are combined, because similar risks exist for both. The only difference is the existence or lack of a Caretaker.

Check 'No Risk' for those types of allegations that are not part of the Report. Check 'Low Risk', 'Intermediate Risk' or 'High Risk' according to which description most closely fits the information provided by the Reporter, and any collateral contacts made for screening purposes.

In the Contributing Factors section, these boxes are also checked in accord with the facts obtained from the Reporter or collaterals; either 'No Risk' is present or there is some level of risk indicated.

The box that is checked is based on the closest match with the facts of the Report at hand.

## NO RISK

■ Check this box if the report has either no allegation of this type present, or if the facts of the report support a belief that the elder is not at any risk due to, for example, Medical / Physical Limitations.

## LOW RISK

*Routine*

■ Check this box if the report has an allegation of this type present and the facts of the report are similar to the example given for Low Risk for that type of allegation.

If this box is checked, the case would be screened for a Routine Response, if no other Intermediate or High Risk boxes are checked for other allegations or under Contributing Factors.

## INTERMEDIATE RISK

*Rapid Response*

■ Check this box if the report has an allegation of this type present and the facts of the report are similar to the example given for Intermediate Risk for that type of allegation.

If this box is checked, the Intake would be screened for a Rapid Response, if no High Risk boxes are checked for other allegations or under Contributing Factors.

## HIGH RISK

*Emergency Response*

■ Check this box if the report has an allegation of this type present and the facts of the report are similar to the example given for High Risk for that type of allegation.

If this box were checked, the Intake would be screened for an Emergency Response. If a Contributing Factor box is checked High Risk, the case should be screened as an Emergency.

It is important to note that if all the allegations, or risk factors, and contributing factors are low risk, then the case is screened for a Routine response. However, if just one (1) of three (3) allegations were considered to be of Intermediate Risk, then the case would need to be screened for a Rapid response. For example, cases where all the allegations are Low Risk, but for example have one (1) or more contributing factors that are Intermediate risk, must be screened for a Rapid Response.

### LOOK AT CURRENT RISK

Current risk is defined as the risk of death or serious physical or emotional injury or substantial, or irrevocable financial loss within the immediate future.

Immediate future includes:

- **Risk now and within the next 24 hours**, at and from the moment the Intake Worker receives the phone call from the Reporter. This is the ‘Time Call Started’, found on the top of the Intake page 1.

- **Risk in the next three (3) days or 72 hours,** such as over a weekend or longer holiday.

- **Risk in the next five (5) days,** or work week.

**Emergency Screening:**

Serious or High Risk at the moment of Intake or projected as likely taking place overnight or within the next 24 hours would be treated as an Emergency. Another way to view this is that intervention is needed now or will likely be needed within the next 24 hours.

**Rapid Response:**

Rapid Response screening would be for Intermediate Risk existing at the time the Intake is received, or High or Intermediate Risk expected or likely within the next three (3) days. Or intervention will likely be needed in the next 72 hours.

**Routine:**

If there is no serious or High Risk at the moment of Intake, and there is no incident of abuse or condition involving High or Intermediate Risk likely in the next three (3) days, then the Intake may be screened for Routine Response. The visit to the elder would take place within five (5) days.

Screeners should therefore be careful to look at the level of risk not only at the time the Intake is received, but also during a timeframe projected out over a five (5) day period.

Where there is more than one allegation made, a case can be screened, for example, for Emergency response with only one allegation requiring emergency response. Emergency response being assessing the emergent needs of the elder, if any, and providing services where appropriate.

In cases with multiple allegations, you may have one allegation that appears to need an Emergency response, and another allegation that appears to need a Rapid response. When the Intake is screened for 'Emergency Response', the focus of the emergency response within five (5) hours will be that particular allegation deemed to require emergency response.

For example, a report is received that an elder woman was threatened by her husband with a knife. In this report concern about a condition of neglect is also present, and the specific facts of the neglect allegation suggest a need for Rapid Response. In the allegation involving a recent threat, the facts indicate a need for 'Emergency Response' screening. The case would be screened as an Emergency.

The immediate to five (5) hour response of the PS agency would focus on the threat with a knife and the immediate safety of the elder. The secondary focus of neglect would be handled within the time frames for Rapid Response. The Protective Services Caseworker would, of course, in the process of seeing the elder also be aware of any emergent needs relative to the neglect allegations.

**BORDERLINE RISK ASSESSMENT**

Where Screeners see the screening decision as on the edge of being, for example, Routine or Rapid, then the Screener should screen the Intake as Rapid. Borderline cases or difficult decisions in screening may first be taken to other administrative staff in you agency and/ or the Regional Coordinators for consultation.

When screening decisions are difficult be conservative in the direction of safety of the elder.

**JUSTIFY YOUR SCREENING DECISION**

Be sure to document in the current Intake "Reason for Emergency, Rapid Response or Status" your rationale for your screening decision. Rationale should not use stock phrases such as "No immanent risk at this time as situation is chronic". Rationale should be specific to the facts at hand as discussed above.

Where the current Intake form "Reason for Intake Screened Out" appears, be sure to also now document your reason for both Screening In and Screening Out Intakes.

Use Casenotes pages for the continuation of your rationale note.

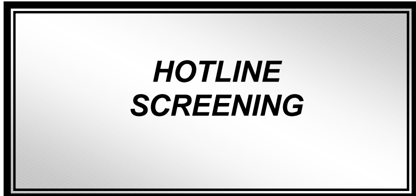
## CASEWORKER RECEIVED INTAKE

After the Intake is screened it is given to the PS or EAR Caseworker for an investigation or assessment.

The Caseworker should print his or her name, and sign where 'Signature' is indicated.

'Date' and 'Time' mean when the Caseworker first obtains a copy of the Intake for initial review and response. For Emergency or Rapid Response cases this date and time would be when the Caseworker first reviews the facts of the case with the Screener or PS or EAR Supervisor.

**Dates and Times noted after the IW, Screener and Caseworker signatures will help manage-ment staff identify and find solutions to problems with timely response.**




These are instructions only for the Hotline.

Intakes taken by the Hotline are screened to determine if an immediate after hours response is needed by a local designated Protective Services Agency. The Hotline Worker must be familiar with all aspects of Intake information gathering, as well as with the assessment of current risk to the elder and screening.

**CASE ALERT** ☐

If a call comes in on a case that has a current Case Alert on file with the Hotline, the Hotline Worker (HW) should check the 'Case Alert' box in the upper right of Page 10 on the Hotline Intake.

This reminds the Hotline Worker to take into account information from the Case Alert, on file, when making the screening decision.

Most of the time Intakes are taken.

In those unusual cases where a Reporter is calling in on a case with a Case Alert, and is not providing additional information but is trying simply to reach agency staff, an Intake does not need to be completed. In these cases a Hotline Referral Form should be completed, in accord with EOEA-PI-02-47.

**SCREEN FOR RESPONSE TIME**

Only two screening choices are present for the HW: Emergency/ Rapid or Routine.

All Emergency Response cases are paged out immediately to the On-call Worker for the covering Protective Services Agency.

Rapid Response situations are not all paged out immediately. Intakes screened for Rapid Response should be paged out in accord with Section IV, page 14, of the Supervisor's Manual. This states that if the Rapid Response Intake is called in between the hours of 9 PM to 8 AM, it is not paged out until after 8 AM.

In deciding the needed response, refer to the information above provided to PSA Screeners. Remember that where High or Intermediate Risk is expected or likely now or within the next three (3) days, the PSA should be paged for a local after hours assessment and response. Or if intervention will likely be needed in the next 72 hours and the call is on a Friday night, the appropriate PSA should be paged.

Hotline Workers should also refer to the 'Risk' and 'Contributing Factors Matrices' in weighing and determining current after hours risk.

For those cases with Case Alerts:

- Follow instructions provided by the PS or EAR agency regarding calls to be made or the paging of On-call Workers;
- Situations and risk that do not appear to be addressed in the Case Alert must be assessed on their own merits.

Check off the appropriate response time box and explain the reason for this decision in the narrative space below. Continue in the 'EMERGENCY AFTER HOURS RESPONSE / COLLATERAL CONTACTS CASENOTES' page as needed.

The reason for the Emergency / Rapid or Routine decision should first describe in summary fashion, and in clear, specific and factual terms, the current situation or condition that prompted the caller to contact the Hotline. Then note your rationale for the decision you made. This should include reference to specific facts and the 'Risk Matrices' to support this decision.

If the Intake Worker screens this case, then check the box 'Same as Intake Worker' and note the date and time the screening is completed. Only print and sign your name if you are screening the Intake, and did not complete it.

**EMERGENCY OR RAPID RESPONSE PAGED OUT**

If the Intake is screened for an Emergency / Rapid response, complete this next section that includes 'ACTION TAKEN' and 'SYSTEMS PROBLEMS / COMMENTS'.

If the Intake is screened Routine, do not complete information on Action Taken or Systems Problems / Comments.

Record the date and time the PSA was first paged. Also note the time of the first contact with PSA staff, who contacted the Hotline

and the agency code of the agency responding.

Follow procedures for contacting local PS Agencies outlined in EOEA-PI-02-47.

**ACTION TAKEN**

Any action taken by the Hotline should be documented. Most action will focus around contact with the local PSA. In those cases where you have direct contact with collateral sources, make sure information obtained, action to be taken, names, phone numbers and agencies represented are included.

Actions taken by the local PSA, including any change in current risk to the elder and conditions by which the PSA should be paged or contacted again, should be noted.

In emergency response situations where you contact the local police or an ambulance prior to paging the local on-call PSA, check off the box in the lower left corner of Page 10. This will alert the PSA to this action taken when this is faxed to the agency on the next business day.

**SYSTEMS PROBLEMS / COMMENTS**

Make note of problems with accessing on-call, back-up or administrative staff. Record what the problem was, such as malfunctioning pagers, incorrect phone or pager numbers, or failure to respond. Or check the 'None' box.

If there were problems with the On-call List Numbers or equipment, check the appropriate box. PSA staff should respond by taking appropriate action to ensure the problem is rectified.

**NEXT BUSINESS DAY**

The persons making the next business day calls to agencies, and faxing Intakes, need to record the date and time the call and fax was started. Note the person you gave information to when the call was made to the agency.

Ignore the 'EMAILED' line until such time as emailing is possible. When Intakes are emailed in a secured system, then record the date the Intake was emailed to the PSA.

At the bottom of Page 11, make note of the person receiving the fax at the PS or EAR Agency. The person making the call / sending the fax should print her or his name, and sign the form.

Follow procedures for the next day contact of local PS and EAR Agencies outlined in EOEA-PI-02-47.

# AFTER HOURS RESPONSE

On-Call After Hours Response Page 1 -2

**AFTER HOURS RESPONSE**

PS agency On-Call staff is required to document after hours, or non-business hours actions taken. This establishes a record of what interventions were taken to protect elders in currently open PS and EAR cases, or calls involving new referrals, and gives an information base line for deciding the next steps in the case and the timing of these steps.

On-Call staff should carry blank forms to complete after emergencies and rapid response cases are addressed, or be prepared to complete documentation immediately on the morning of the next business day.

**INITIAL INFORMATION**

First, record the date and time you contacted the Hotline after being paged or called. This is the time the call starts, not ends.

Record basic information as outlined on the top of Page 1, including names, phone numbers, addresses and agency information, if applicable.

## PRESENTING PROBLEM

Provide a concise statement of the presenting problem given to you by the Hotline, which summarizes the Intake. A presenting problem statement also should be taken from a client or others who request assistance on a case for which the Hotline has a case alert.

The presenting problem should focus on:

- The concern about immediate risk of injury or financial loss to the elder that is the basis for the Hotline paging you.
- Specific facts needed to make an informed after hours screening decision.

Additional detail can be provided on 'Emergency After Hours Response/ Collateral Contacts Casenotes' pages.

**SCREENING DECISION**

The On-Call Worker needs to decide what type of response is needed based on the current risk to the elder. This after hours screening is based on information obtained by the Hotline and passed onto the on-call worker. It is recommended the Intake 'Risk Assessment' and 'Contributing Factors' matrices be used in after hours screening.

On difficult cases, On-Call Workers may wish to consult with PS Agency supervisory staff to ensure all areas of risk have been adequately addressed and an appropriate screening decision is made. The screening

decision and reason(s) for it are to be documented on Page 1 of the form.

### ACTION TAKEN

Record actions taken on the case that are needed to protect the elder, such as calls to the Reporter, the elder, hospitals, police, or other collaterals or interventions implemented, such as arranging a hospital admission, securing needed transportation, arranging for the removal of the perpetrator by police, or arranging for care in the home.

Also, record the dates, times of the actions, and the reasons you are taking these actions. Reasons include: to ensure the elder's physical safety, to protect bank accounts or to ensure a safe living environment.

Also, note any additional information about risk to the caseworker and access problems in seeing the elder not obtained by the Hotline.

***If you are not sure if an emergency still exists, or how to intervene, call your after hours supervisor for consultation.***

### STATUS / NEXT STEPS

After you have responded, please indicate in this section of the form the impact of your actions and the status of the emergency or rapid response situation at the end of your on-call shift.

If you believe the situation has been resolved and the elder is safe, the reason for your assessment should be included in your summary. If you were not able to completely resolve the situation, this section should reflect the status of the case, including the impact of the actions taken to date, and recommended next steps to ensure that the emergency or rapid response needs are resolved.

In cases where additional actions are needed to resolve the emergency/rapid response situation, please check the box following the Status/Next Steps section on page 2 of the form. Next, please print your name and sign the form.

It is also recommended that the on-call worker provide the Hotline with an update on the case before his/her shift concludes.

The appropriate supervisor who receives the information on the next business day will then decide how to proceed and assign the case.

### ON THE NEXT BUSINESS DAY

The Supervisor or Screener should complete the 'Next Business Day Referral' when appropriate. This should only be completed when cases are screened out or triaged out, and the Reporter or elder is referred elsewhere for services. Print your name, and sign this at the bottom of Page 2 once a referral is made.

***Supervisors:***

***Please note that Intakes will be out of compliance if there is not adequate documentation of after-hours actions taken.***

***The Intake will also be non-compliant in cases where the On-call Worker fails to make sure the emergency is alleviated.***

On the next business day the Screener should review the after-hours on call information and decide if she or he agrees or disagrees with the after-hours screening decision.

Record on the Intake form the after-hours screening decision of the On-call Case-worker and rationale for that decision in accord with PI-98-44.

If the Screener disagrees with the after-hours decision, the rationale for this disagreement should also be present. The Screener's rationale for a disagreement about the after-hours screening decision, as well as follow-up action to be taken, should be noted in the Intake Casenotes.

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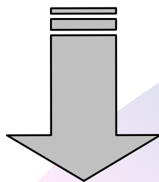
**REPORTER DECIDES TO CALL**

Reporter may have had a hard time deciding to call. Or be rushed. You need to slow down and control the interview to get as much factual detail as you can to set the stage for how to start the investigation.

# INTAKE

## Overview



**INITIAL PERSONAL DATA**
Pages 1- 3

First obtain personal data that will identify who the key contacts are.

Page 3 can be for phone contact sheets. Copy and clip them in the front of the file.

**WHAT HAPPENED?**
Pages 4 and 5

Ask a lot of incisive questions to get detailed, specific facts about the allegations. This is essential because this section forms the basis for decisions about how fast to see the elder, risk to the elder and caseworker and precautions needed, whether this report should be investigated, and if it is – how to begin the investigation. Summarize the allegations to focus screening and the initial response on pages 7 – 9.

**CURRENT RISK**
Page 5

The question to answer here is: What is the risk of the abuse or exploitation happening again? Or getting worse? And when?

**GETTING IN TO DO THE INVESTIGATION**
Page 6

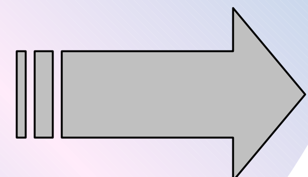
This is critical to help keep the elder and PSW safe, and to understand how best to get in to see the elder, the need for an interpreter, contact person, police and other precautions.

**SCREENING**
**Hotline - Pages 10 and 11**
PSA - Page 10

Hotline screens about the need to page PSA after hours.

PSA screens for:

- Risk and speed of response
- Reportable condition



**INVESTIGATE or REFER**