

NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

JOYCE MASSEY-SMITH, MPA •
Director, Division of Aging and Adult Services

June 14, 2019

DEAR COUNTY DIRECTOR OF SOCIAL SERVICES

ATTENTION: PROGRAM MANAGERS AND ADULT SERVICES SUPERVISORS

SUBJECT: UPDATES TO DAAS-5026 FORM

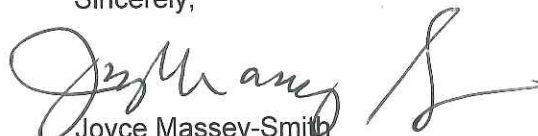
The Division of Aging and Adult Services (DAAS) has updated the DAAS-5026 Form to streamline data collection. The modified sections are as follows:

- Section I. REPORT, Time of Report has been added as 5 (a). Time should be entered as hours and minutes, utilizing a twelve-hour clock format with check boxes to indicate AM/PM. This data should reflect the time of report acceptance. (The time of report acceptance is documented on the DAAS-0001 APS Intake Tool, Section 1. AGENCY INFORMATION, B. Time.)
- Section I. REPORT, Timeframe has been added as 7 (a). This box utilizes a dropdown feature to allow for selection of the assigned initiation time upon screening the APS report. The options include: 1- Immediate, 2- 24 hour, and 3- 72 hour. This data should reflect the assigned initiation timeframe determined during report intake.
- Section I. REPORT, Time Initiated has been added as 8 (a). Time should be entered as hours and minutes, utilizing a twelve-hour clock format with check boxes to indicate AM/PM. This data should reflect the time of initiation.

The DAAS-5026 Desk Reference Guide has been updated; copies of both forms are attached to this letter. To further clarify changes, a DAAS-5026 Form training webinar is available at <https://attendee.gotowebinar.com/recording/4750233678962908162>.

Please begin using the updated DAAS-5026 Form (version 6-2019) to submit report data to the Adult Protective Services Register, beginning July 1, 2019. If you have any questions about these updates you may email them to APS Program Consultant, Denyse Leake at Denyse.Leake@dhhs.nc.gov.

Sincerely,


Joyce Massey-Smith
Director

JMS/KP/ctw/pg

Attachments: DAAS-5026 Form (version 6-2019)
DAAS-5026 Desk Reference Guide (version 6-2019)

DAAS_04_2019

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF AGING AND ADULT SERVICES

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AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

**NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF AGING AND ADULT SERVICES
REPORT TO ADULT PROTECTIVE SERVICES REGISTER**

1. COUNTY	2. CASE MANAGER NAME, LAST	FI	MI	DATE
3. CLIENT ID	4. CLIENT NAME, LAST		FIRST	
I. REPORT				
				A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>
5. Date of Report	<input type="text"/>	5 (a) Time of Report	<input type="text"/>	
6. Source(s) of Report	<input type="checkbox"/>	<input type="checkbox"/>	7 (a) Timeframe	<input type="checkbox"/>
7. Type(s) of Mistreatment Reported	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>
8. Date Evaluation Initiated	<input type="text"/>	8 (a) Time Initiated	<input type="text"/>	
II. EVALUATION				
9. Type of Disability(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9 (a) HCBS Waiver Participation	<input type="checkbox"/>			
9 (b) Military Status	<input type="checkbox"/>			
10. Others in Household	<input type="checkbox"/>	<input type="checkbox"/>		
11. Other Agency(ies) Assisting with the Evaluation		<input type="checkbox"/>	<input type="checkbox"/>	
12. Other Agency(ies) Needed but Assistance Couldn't Be Obtained			<input type="checkbox"/>	<input type="checkbox"/>
13. Type(s) of Mistreatment Confirmed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Need for Protective Services	<input type="checkbox"/>			
15. Case Decision	<input type="checkbox"/>	16. Date of Case Decision	<input type="text"/>	
III. SERVICES (For Substantiated Case Only)				
17. Type of Authorization	<input type="checkbox"/>			
18. Other Court Order(s) Obtained	<input type="checkbox"/>	<input type="checkbox"/>		
19. Perpetrator(s)	<input type="checkbox"/>	<input type="checkbox"/>		
20. Contributing Factor(s) - Victim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Contributing Factor(s) - Perpetrator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Essential Service(s) Needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Essential Service(s) Needed But Not Available		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Reason Service(s) Not Available		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Note: Codes 20 thru 23 can be used ONLY if Item 19 is coded 09, 10 or 11.				

DAAS-5026 Division of Aging and Adult Services (updated 6-2019)

Original - Client File

Copy - Data Entry

**REPORT TO ADULT PROTECTIVE SERVICES REGISTER
FORM DSS-5026
DESK REFERENCE**

I. REPORT

ITEM 6 Source(s) of Report

- | | | |
|--------------------------------|------------------------------|-----------------------------------------------------|
| 01 Relative | 06 Home Health Agency | 11 DSS |
| 02 Non-Relative | 07 Aging Agency | 12 Other Local Agency |
| 03 Mental Health Agency | 08 Hospital/Physician | 13 Self |
| 04 Law Enforcement | 09 Nursing Facility | 14 Anonymous |
| 05 Health Department | 10 Adult Care Home | 15 Banks and Other
Financial Institutions |

ITEM 7 Type(s) of Mistreatment Reported

- | | |
|-----------------------------------------|-------------------------------------|
| 1 Abuse - Causing Pain or Injury | 4 Caretaker Neglect |
| 2 Abuse - Other | 5 Exploitation of the Person |
| 3 Self Neglect | 6 Exploitation of Assets |

ITEM 7a Timeframe

- | |
|--------------------|
| 1 Immediate |
| 2 24 hour |
| 3 72 hour |

II. EVALUATION

ITEM 9 Type of Disability(ies)

- | | |
|--------------------------------------------|-------------------------------------------------|
| 01 Mental Illness | 06 Substance Abuse |
| 02 Other Mental Impairment | 07 Alzheimer's Disease/Related Disorders |
| 03 Cerebral Palsy, Epilepsy, Autism | 08 Physical Illness |
| 04 Mental Retardation | 09 Other Physical Impairment |
| 05 Other Development Disabilities | 10 No Disability |

ITEM 9 (a) Medicaid Home and Community Based Services (HCBS) Recipient

- | | |
|-------------------|--------------------------------|
| 1 CAP/C | 4 PACE |
| 2 CAP/DA | 5 NC INNOVATIONS WAIVER |
| 3 CAP/MRDD | 6 NONE |

ITEM 9 (b) Military Status

- | |
|----------------------------|
| 1 Active Military |
| 2 Veteran |
| 3 None of the above |

ITEM 10 Others in Household

- | | | |
|-----------------|----------------------------|---------------------------------------|
| 1 Spouse | 4 Grandchild | 7 Non-Relative (Caretaker) |
| 2 Parent | 5 Sibling | 8 Non-Relative (Non-Caretaker) |
| 3 Child | 6 Other Relative(s) | 9 None |

ITEMS 11 and 12 Other Agency(ies) Needed

- | | | |
|-----------------------------------------|--------------------------|----------------|
| 1 Health Department | 4 Law Enforcement | 6 Other |
| 2 Public Mental Health System | 5 Medical | 7 None |
| 3 Private Mental Health Provider | | |

ITEM 13 Type(s) of Mistreatment Confirmed

- | | |
|-----------------------------------------|-------------------------------------|
| 1 Abuse - Causing Pain or Injury | 5 Exploitation of the Person |
| 2 Abuse - Other | 6 Exploitation of Assets |
| 3 Self Neglect | 7 No Mistreatment |
| 4 Caretaker Neglect | |

ITEM 14 Need for Protective Services

- | | |
|----------------|---------------|
| 1 = Yes | 2 = No |
|----------------|---------------|

ITEM 15 Case Decision

- | | |
|--------------------------|----------------------------|
| 1 = Substantiated | 2 = Unsubstantiated |
|--------------------------|----------------------------|

SEE REVERSE SIDE OF CARD FOR CODES TO BE USED FOR SUBSTANTIATED CASES