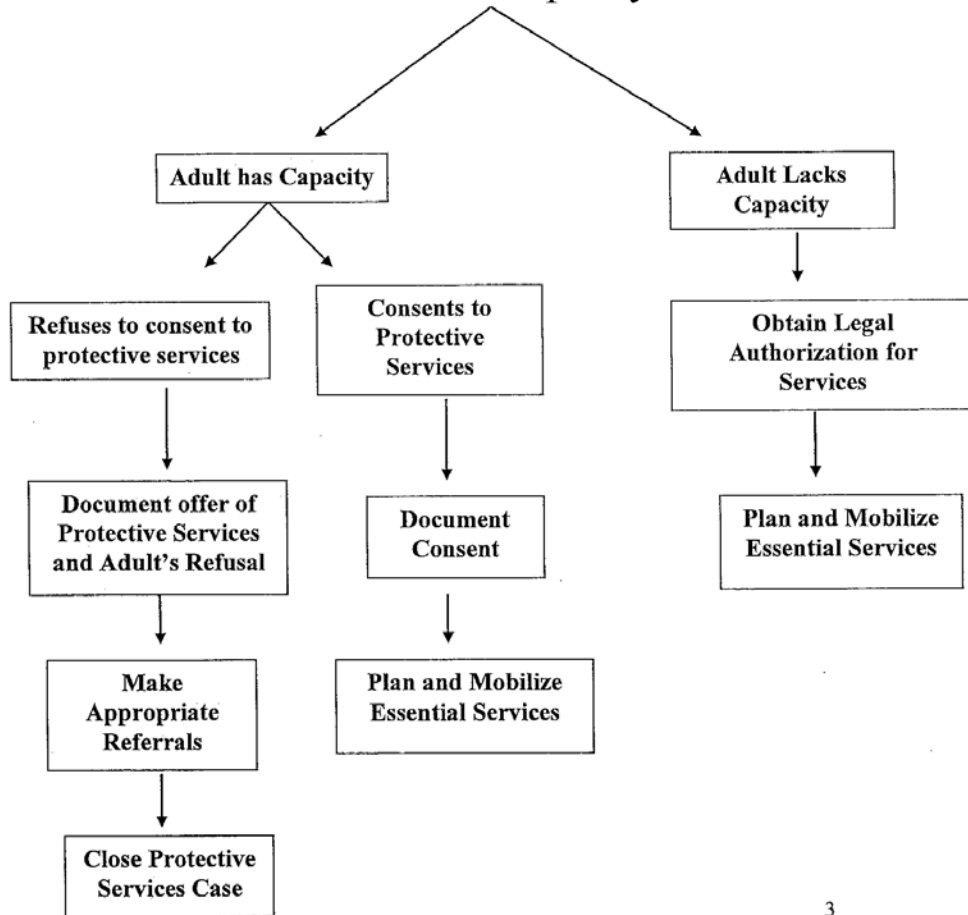


APS Basic Skills Module II
Day Two
Participant Materials

Obtain Service Authorization

Determine Adult's Capacity to Consent



CAPACITY vs. COMPETENCY

Capacity	Competency
<ol style="list-style-type: none">1. Decision used to obtain a service authorization for provision of protective services.2. Lack of capacity: Often temporary; effects may be specific and limited.3. Decision made by DSS or District Court Judge.4. Defined under G.S. 108A	<ol style="list-style-type: none">1. Decision used to determine whether a person can manage his own affairs or needs the appointment of a guardian.2. Incompetency: Usually a long term condition; effects are global.3. Decision made by Clerk of Superior Court or jury.4. Defined under S.S. 35A.

Guidelines for Planning Essential Services

1. Plan should flow from the evaluation.
2. Plan should be developed with client and family
3. Plan should be goal-oriented and time-limited.
4. A wide range of services should be considered.
5. APS should be a share community responsibility
6. Important values include use of the least restrictive alternative; respect for the client's right to self-determination; and non-maleficence.

SERVICE PLANS SHOULD INCLUDE:

- ❖ Checklist for change identified from evaluation
- ❖ Goals for each need/problem area
- ❖ List of activities to reach goals
- ❖ Identification of person responsible for completing each activity
- ❖ Time frame for completion of each activity

Adult and Family Service Plan

Client: Jim Jones

Case #: 123456

ID #:

Date Initiated:

(Use additional sheets as necessary)

Initial Update Quarterly Reassessment

Checklist for Change (Problem/Need)	Check if APS Goal	Goal	Target Date	Activities/Services	Person/Agency Responsible	Activity Done	Goal Met
Inadequate nutrition	<input checked="" type="checkbox"/>	Mr. Jones will eat at least 2 nutritionally balanced meals daily.	10/7	Sign Mr. Jones up for MOW-Health Refer to dietitian @ Home Health Sign up for homemaker service to help plan and shop for meals	Social Worker @ DSS Nurse @ Home Health Social Worker @ DSS		
Worsening Dementia	<input checked="" type="checkbox"/>	Mr. Jones's delirious/ confused behavior will decrease as determined by Home Health nurse.	10/7 10/14 10/7	Begin Home Health aide service for bathing and dressing including supervision. Arrange visit to MD Home Health nurse to increase frequency of visits	RN @ Home Health Mr. Jones RN @ Home Health		
Checklist turn-out	<input checked="" type="checkbox"/>	Mr. Jones is able to express need for assistance with Mr. Jones care and begin utilizing resources	10/1 10/14 10/7	Begin discussion of alternatives and support for Mr. Jones such as day care. Refer Mr. Jones to Caregiver Support Group Offer and provide supportive counseling to Mr. Jones	Social Worker @ DSS Social Worker @ DSS Social Worker @ DSS		
	<input type="checkbox"/>						

ADULT AND FAMILY SERVICE PLAN

(Use additional sheets as necessary)

Client: _____

Initial: Update Quarterly Reassessment

Case # _____

ID # _____

Date Initiated _____

Checklist for Change (Problem/Need)	Goal	Target Date	Activities/Services	Person/Agency Responsible	Activity Done	Goal Met

Please access the link to the following forms and print a copy:

NC APS Quarterly Client Review

https://ncdhhs.s3.amazonaws.com/s3fs-public/documents/files/APS_QuarterlyClientForm6-06_1.pdf

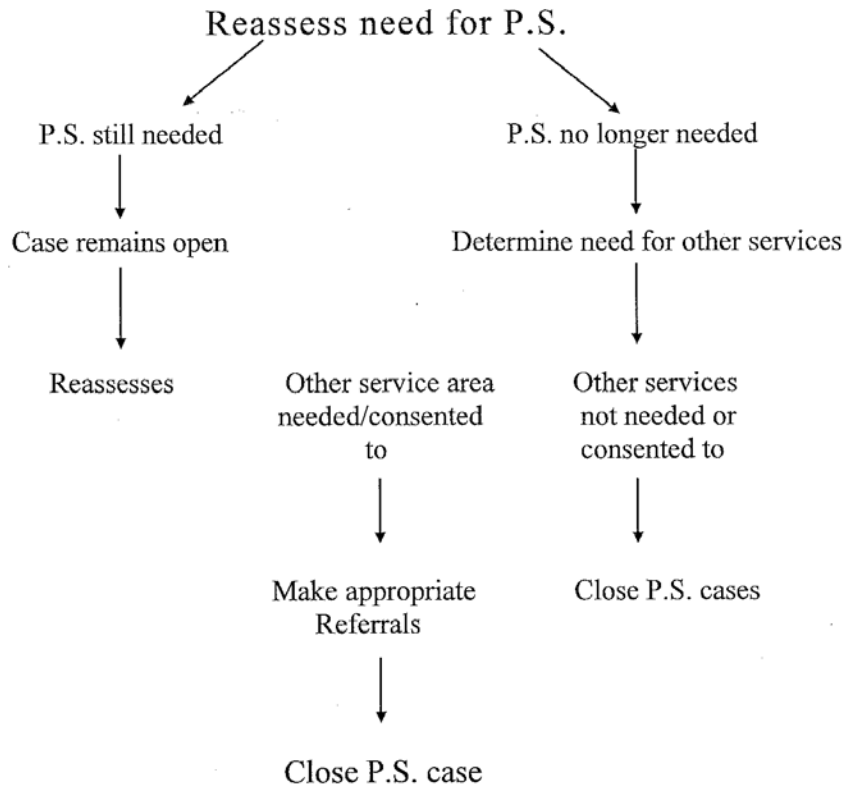
NC Adult Services Annual Assessment

<http://info.dhhs.state.nc.us/olm/forms/doa/DAAS-6224.pdf>

NC Case Closing Transfer Summary

<http://info.dhhs.state.nc.us/olm/forms/doa/DAAS-6225.pdf>

Close Protective Services Cases



Guidelines for Releasing APS Information from Client Records

Confidentiality of Reports and Records. There is not specific provision in North Carolina APS law (G.S. 108A) regarding confidentiality of adult protective services records, there for, in order to protect the rights of individuals involved in an APS evaluation, all records and reports generated as result of an APS report are considered confidential and should be maintained as required by 10 NCAC 24B and 42V. The reporter's name and /identity and the name (s) and/or identities of others who have knowledge of the situation may not be revealed without a court order, except that information may be given verbally to the Division of Facility Services, and to the District Attorney office and to law enforcement agencies which are prosecuting or conducting a criminal investigation of alleged abuse, neglect or exploitation of a disabled adult. Information contained in APS records, including any written summaries or reports, are not to be disclosed except to the following persons under the following circumstances:

These Individuals May Receive Information from the Client's Record	This Specific Information may be Obtained from the Client's Record:
The disabled adult who is the subject of an APS report.	All information in the client's record, except for the name of the reporter and the names/identity of collateral contacts, and any reports generated by other agencies. Client may request verbally or in writing.
The complainant	Information is restricted; the complainant will receive notice as to whether there is a need for protective services after an evaluation is completed. If the complaint is regarding a resident of a state mental health facility, then the complainant will also receive information that DSS is conducting an evaluation. In neither situation may specific findings be shared with the complainant.
The (alleged) perpetrator	No information may be given from the record. However, if the perpetrator is the complainant then he will receive Notice to the complainant; if the perpetrator is interviewed as a collateral contact, information may be verbally shared to the extent necessary to provide protective services.
The disabled adult's caretaker, family, neighbors, friends	The same information may be disclosed as listed for the perpetrator.
The disabled adult's legal guardian, attorney-in-fact designated in a power of attorney document	If requested, when acting responsibly for the disabled adult, may obtain same information as listed for the disabled adult. Also, the guardian will receive the Written Report when the disabled adult is a resident of state mental health facility and is the subject of an APS report.
The disabled adult's attorney	With the client consent can obtain all information as listed for the disabled adult. Will obtain without client consent, the same information as listed for the perpetrator.
Other County Department of Social Services	All information entered into the APS –Register is available to other states when needed to facilitate protective services. In inter-county evaluation, the information contained in the written report may be shared without client consent in order for counties to carry out their responsibilities. With client consent, all information as listed for the disabled adult may be disclosed.

Professionals (such as mental health or medical staff)	With client consent, all information as listed for the disabled adult. Without client consent may share information to the extent necessary to provide protective services.
Division of Facility Services including the Adult Home Specialist	When the APS report involves a disabled adult who resides in a facility, all information may be shared verbally with DFS/AHS will receive written information via the written report and/or the Complaint Information Intake Form.
Facility Administrators, including DHR schools, institutions and facilities	Restricted to information contained in the Notice to the Administrator. Verbally may share information to the extent necessary to provide protective services.
Division of Medical Assistance	DMA will receive the written report when exploitation is found in Medicaid funded facility.
Any governmental agency (such as the Social Security Administration)	Restricted to information contained in the written report when the APS evaluation indicates violations of statutes, rules, or regulations enforced by those agencies
The District Attorney may be given names of others who have knowledge of the situation and the reporter, verbally; must be given specific findings upon request when conducting an investigation or prosecution of abuse, neglect or exploitation.	With or without client consent all information needed to conduct a criminal investigation or prosecution of abuse, neglect or exploitation. Will receive a copy of the written report whenever evidence of abuse, neglect or exploitation is found.
A criminal justice agency (i.e., sheriff, police, other law enforcement as needed.)	Will receive information from the District Attorney; will also receive the written report when federal or state laws have been violated; the same information may be disclosed as listed for the District Attorney.
Any court	May receive any information requested by subpoena, if the court finds that access to such information may be necessary for the determination of an issue before the court.
Individuals engaged in legitimate research	Request must be in writing and prior approval obtained. Access to the APS-Register must be approved by the Director of the Division of Social Services.

SECTION .0800 – CONFIDENTIALITY

.0801 Collateral Contacts

Collateral contacts with persons knowledgeable about a disabled adult's situation may be made without the adult or caretaker's consent when such contacts are necessary to complete a protective services evaluation.

*History Note: Statutory Authority G.S. 143B-153;
Eff. November 1, 1983.*

.0802 Identity of Complainant/Individuals who have knowledge/situation

The Identity of the complainant and of individuals who have knowledge of the situation of the disabled adult shall be kept confidential unless the court requires that such persons' identities be revealed with the exceptions that the complainant's name and the names of individuals who have knowledge of the situation of the disabled adult may be given verbally to the Division of Facility Services when requested by that agency in order to carry out its investigation, and to the District Attorney's office and to law enforcement agencies which are prosecuting or conducting a criminal investigation of alleged abuse, neglect or exploitation of a disabled adult.

*History Note: Authority G.S. 108A-103; 143B-153;
Eff. November 1,, 1983
Amended Eff. December 1, 1991
Temporary Amendment Eff. December 12, 1995.*

.0803 Specific Findings

Specific findings of the evaluation shall be kept confidential and shall not be released without consent of the disabled adult or court order, except that the department of social services at its discretion may share information about the adult with other persons or agencies without the adult or caretaker's consent to the extent necessary to provide protective services. When evidence of abuse, neglect, or exploitation is found, upon request of the district attorney or law enforcement agencies, such information shall be sent to help with a criminal investigation or prosecution of abuse, neglect or exploitation.

*History Note: Authority G.S. 143B-153;
Eff. November 1, 1983;
Temporary Amendment Eff. December 12, 1995.*

.0804 Referral to another County

When a client who is receiving protective services under court order moves from one county to another, a protective services referral may be made by the first county to the second county without the client's consent. When the second county requests information in order to conduct its evaluation, the first county shall provide the needed

information, including all information about the protective services report, results of the evaluation and services provided to remedy the protective services problem.

*History Note: Authority G.S. 143B-153
Eff. November 1, 1983:*

.0805 Release of Specific Findings to Other Governmental Agencies

Federal, state, and law enforcement agencies may be sent copies of the written report as specified in Rule .0901 of this Subchapter when the results of the adult protective services evaluation indicate violations of statutes, rules, or regulations enforced by these agencies.

*History Note; Statutory Authority G.S. 108A-103, 143B-153;
Eff. December 1, 1983*

.0806 Adult Protective Services Register

North Carolina Administrative Code 12/20/95

- (a) Information submitted by county departments of social services to the Adult Protective Services Register is confidential. Non-identifying statistical information and general information about the scope, nature, and extent of adult abuse, neglect, and exploitation in North Carolina is not subject to this Rule of confidentiality.
- (b) Access to the Adult Protective Services Register is restricted to:
- (1) The county department of social services,
 - (A) in order to identify whether an adult who is the subject of an Adult Protective Services Evaluation has been previously reported and evaluated under G.S. 108A, Article 6 in any county in the state; or
 - (B) in order to share client specific information with an out-of-state protective services agency to assure that protective services will be made available to an adult previously served in North Carolina as quickly as possible for the purpose of preventing further abuse, neglect or exploitation; or
 - (C) in order to share client specific information with law enforcement agencies to assure that protective services will be made available to an adult as quickly as possible.
 - (2) the Division of Social Services staff,
 - (A) in order to perform duties pertinent to managing and maintaining the Register and monitoring, auditing evaluation or facilitation the administration of other state and federal programs regarding Adult Protective Services based on information in the Register, or
 - (B) in order to share client specific information with an out-of-state protective services agency to assure that protective services will be made available to

an adult previously served in North Carolina as quickly as possible for the purpose of preventing further abuse, neglect or exploitation; and

- (3) individuals who receive approval to conduct studies of cases in the Adult Protective Services Register.
 - (A) Such approval must be requested in writing to the Director, Division of Social Services. The written request will specify and be approved on the basis of:
 - (i) an explanation of how the findings of the study have potential for expanding knowledge and improving professional practices in the area of prevention, identification and treatment of adult abuse, neglect and exploitation;
 - (ii) a description of how the study will be conducted and how the findings will be used;
 - (iii) a presentation of the individual's credentials; and
 - (iv) a description of how the individual will safeguard the information.
 - (B) Access will be denied when in the judgement of the Director the study will have minimal impact on either knowledge or practice.

*History Note: Statutory Authority G.S. 108A-80; 108A-103; 143B-153;
Eff. March 1, 1993.*

APS Evaluation Case Notes
Lillie Mae Davis

January 5, 2001

APS report of abuse and neglect received this date. TC with reporter prior to home visit. Reporter states she went over to take the client a bowl of oatmeal and a glass of milk this morning. States the client had wet all over the bed and asked her to change the sheets. Reporter states while changing the sheets, she saw some bruises on the client's stomach and a sore on her right foot. Reporter states she asked the client about the bruises and the client stated she fell. Reporter states she asked the client how long she had the sore and the client stated she did not know. Reporter states the client's son is too drunk most of the time to help, that she just happened to make a rare visit this morning while he was gone. Reporter indicated she did not observe any other sores.

Evaluation initiated this date. Late afternoon visit made to home of client. Face to face contact was made with client and client's son, Jerome Davis. Mr. Davis answered the door upon my arrival and was hesitant to allow me in after I identified myself, stating we do not need anything from DSS. Mr. Davis appeared to be sober. His speech was not slurred and there was no smell of alcohol. He was able to carry on a coherent conversation.

After some coaxing, he allowed me into the home. Mr. Davis acknowledged that he has been caring for his mother for approximately 5 years and indicated that he has received absolutely no help from other family. The tone in his voice gave me the impression he may be a little bitter about the fact other family has not helped in providing care to the client. I questioned him about this and confirmed that he was angry that no one else helped. I asked Mr. Davis where his mother was. He advised that she was lying down in the back bedroom, and that she stays in bed most of the time.

Informed Mr. Davis of the APS report and of the allegations of neglect and abuse. First he began crying, stating that he does the best he can with the client, then became angry, stating just go ahead and take her out of here, you're going to take her anyway." I asked Mr. Davis to elaborate. He said, "That is what DSS does, takes family away." I assured him that DSS tries to keep families together, if possible. He calmed down.

The home was a little cluttered although not filthy. There were dirty dishes in the sink, some empty food containers in the living room, magazines and books stacked neatly in the floor along the wall in the hallway, and some dirty clothes lying in the floor of the client's bedroom. There was no sign of bugs/roaches.

Informed Mr. Davis that I would need to speak to the client alone. He was a little hesitant, but ultimately cooperated and allowed me to speak to Mrs. Davis alone. The client appeared thin but not emaciated. There was an empty bowl and glass on the nightstand beside the bed. Client indicated she had a bowl of oatmeal and some milk earlier this morning. I asked her if she had any lunch and she stated she did not, she did not want any.

Client was in bed, covered from the waist down with a sheet. Her bed linens appeared clean although her personal hygiene was somewhat poor. Her hair was matted and there was a distinct odor. The client appeared alert to self, person and place. She was able to immediately identify

me as being another person in the room but did not seem to comprehend that I was from DSS even after explaining it to her. She was aware that she was in a house but did not know if it was hers or some else's. She was able to carry on conversation and answer questions. She did appear a little lethargic but was able to sit up in bed. Client indicated she has been unable to get out of bed without help for some time and confirmed that her son has been taking care of her for as long as she can remember. Client indicated that Jerome has a problem with alcohol off and on, that he quit drinking for along time but that recently he has been drinking heavily again. I observed a prosthesis lying in the corner of the room. Asked the client if she ever uses it. She stated she does not use it because she never feels good enough to get out of bed, that she is always too weak. Observed a package of Depends lying next to the prosthesis. Asked client if she has bladder control problems and if she used the Depends. She informed me that she has had trouble controlling her bladder for a while but that she does not like to use the Depends. Client states she used to be able to get on a potty-chair but that she is too weak now to slide off the bed onto it. The chair was sitting behind the head of the bed. It was full of what appeared to be old urine. Client is using an extremely old hospital bed. She indicated Jerome pays bills and does household chores. She stated he is a good boy. She indicated that there are two other children locally but that they and Jerome do not get along, so they do not come around.

Informed client of the allegations in the report. She responded angrily, stating "Jerome takes good care of me; you idiots are not going to put me in a nursing home." Client would not allow me to look at her right foot or her stomach, stating I did not need to. Tried to persuade her without success. Inquired as to the medications the client is taking, if any. Both the client and Jerome refused to say, stating it is none of my business. Client did provide me with the complete name of her other two children. Their addresses and telephone #s: Daughter – Roberta Tate, Address – 23 Rosewood Lane, Raleigh, Phone # (919) 715-8002. son. – John Davis, Address – 1325 Aiken drive, Holly Spring, NC Phone # (919)557-6689.

Client denied that abuse or neglect is occurring. I did not observe a telephone accessible to the client. The client appeared to be medically stable. She did not appear to be in imminent danger. Client informed me her physician is Dr. Harry Mallard. Neither the client nor the client's son could tell me Dr. Mallard's phone number. They could not remember when the last client saw him. Informed them that I would need to come back again.

January 6, 2001

TC to client's daughter, Roberta Tate, Informed her of the report and the allegations. Ms. Tate indicated that her brother Jerome has had drinking problem for some time, that he has been in and out of treatment, that he is aggressive when he is drinking. She indicated that he is responsible for taking care of the client and the rest of the family does not have much to do with her. She indicated that she has not seen the client for approximately four months. States she thought the client was doing pretty well. She stated she would not be surprised if Jerome was beating the client. She expressed that the client would be better off in a nursing home. Ms. Tate indicated there is nothing she can do for the client, DSS should just place her.

TC to client's son John Davis. Mr. Davis confirmed that his brother, Jerome, has been providing care to the client for approximately 5 years. He stated that he cannot speak for his sister, but he would prefer to have nothing to do with situation. He stated the client was a terrible mother, that she is fortunate to have one of the children taking care of her. He stated that the client was verbally and physically abusive to all of them as children, that they could do nothing right, especially Jerome. He stated the only reason Jerome is living with and trying to take care of the client is because he has no other place to live. Mr. Davis stated he has not had any kind of

contact with the client or Jerome for almost a year. He stated he does not want to get involved. Mr. Davis did say that he heard Jerome was picking up some money doing odd jobs for people.

January 7, 2001

Looked up Dr. Harry Mallard's phone number in the local directory. TC to Dr. Mallard. Spoke to his nurse, Emma Watts. Nurse Watts knew the client and her son well. She indicated that Jerome always comes with client for an appointment and that he has shown up intoxicated on more than one occasion. She stated that it is difficult for the client to make it into the office due to her physical condition. Nurse Watts indicated the client was hospitalized approximately 5 months ago after apparently slipping into a diabetic coma. She stated the client had several small bruises on her back and left arm. She stated that when she and Dr. Mallard questioned her about it, but the client stated she fell out of bed. Nurse Watts stated she has heard Jerome cursing at the client in the office, but that the client usually curses back at him. Nurse Watts provided me with a list of the medications the client is supposed to be taking.

Client's meds: Insulin, 20 units in the morning/20 units in the evening. Nurse Watts indicated blood sugars are to be taken every day and that they have known the client to become confused when her blood sugar is unregulated. Other meds include Lanoxin/.125 mg per day, Lasix/40 mg per day, Tylenol/1000 mg 4 times per day as needed, Xanax 1 mg per day for anxiety. Nurse Watts indicated the client saw Dr. Mallard last on November 5, 2000. She stated the client has battled heart problems for years and that she suffers from congestive heart failure, high blood pressure, and diabetes. Nurse Watts informed me the client has suffered two mild strokes within the past 10 years and battled sleeplessness and anxiety. Nurse Watts was not aware of any psychiatric or substance abuse issues although she states she has heard Jerome drinks a lot.

Mid Afternoon visit to the client's home. Knocked on the front door several times and got no response. Walked around to the back door and knocked several times and got no response. All the blinds were pulled and I could not see into the house. Called client's home phone number with my cell phone and got no response. The car was not in the driveway. Spoke to neighbor, Allen Potter, who informed me he saw Jerome leave by himself in the car at approximately 8 a.m. this morning. Current time is 1:00 p.m. Went back to the client's home and just as I was preparing to knock on the door again, Jerome drove up.

Jerome smelled of alcohol and had slurred speech. I asked him where the client was and he stated that she was where she always is, in the back bedroom. Asked Jerome if he thought it is a good idea to leave the client alone for such a long period. He responded angrily, saying not to tell him how to take care of his mother. Informed Jerome that I needed to meet with the client. He said I should do what I want.

Jerome allowed me into the house to meet the client. As I walked into the client's bedroom, there was a distinct smell of urine. The client appeared unconscious. I tried to arouse her without success. Noticed that the client was still breathing. Immediately called 911 and advised of situation. Asked Jerome when the client received her medications last, particularly her insulin. He stated he did not know and did not care, that he wished she would just die. Rescue squad responded, examined the client and ultimately transported her to the hospital. Jerome remained at the home. TC with hospital. Briefly notified ER charge nurse Evelyn Moses of the situation, that APS is involved and the possibility that the client may have not been getting her meds. Gave charge nurse name of client's physician.

Late afternoon TC to the hospital. ER charge nurse, Evelyn Moses, informed me that the client was being admitted for dehydration, elevated blood sugars, and that it appears she has not had insulin for some time. She also indicated that the client has a stage 2 decubitus ulcer on her right heel, a dark bruise on her abdomen, and a stage 3 decubitus ulcer on her buttocks. She indicated the client is still not conscious but is stable.

January 8, 2001

Early morning visit to hospital. Client was still not conscious. Charge nurse Betty Moore assisted with examining the client's heels and abdomen. Took pictures of client's heel, client's abdomen, and her buttocks. Spoke to client's physician who had been in to see her today. He indicated that the decubitus ulcers appear to be the result of the client lying in the same position for an extended period. Dr. Mallard stated he couldn't say for sure, but that the bruise on the client's abdomen appeared to be the result of being struck by something. He indicated the bruise is suspicious in nature. Informed Dr. Mallard that an evaluation of the client's mental capacity is needed. He agreed to ask for a psychological consultation.

Visit to client's home. Interviewed Jerome regarding the client's condition. Jerome appeared sober today. Jerome stated that the client was screaming at him, that she kept calling him stupid, that he lost it with her and hit her with a closed fist in the stomach. He acknowledged drinking before the altercation and that after he left the home he drank some more. Jerome acknowledged that the client was physically and verbally abusive to him as a child. He acknowledged that the bruises on the client during her previous hospital admission 5 months ago were as a result of him losing his temper and striking her. Jerome indicated he would like to get some help with his anger and his drinking. Jerome began crying, stating he would like for the client to return home. Confirmed with Jerome that he gets about \$100 per week from doing odd jobs for people.

January 9, 2001

Mid afternoon TC to the hospital. Spoke to SW Sally Levy who informed me that the client finally awoke late yesterday afternoon. SW Levy informed me that she spoke to the client briefly this morning about placement and the client refused, stating she is returning home. Asked SW Levy about her impression of the client's mental status. She indicated that under the circumstances the client appeared pretty clear to her, that she was fairly alert, that she knows who she is, that something happened to her, and that she is not at home. Informed SW Levy that Dr. Mallard is supposed to be ordering a psychological consult. SW Levy stated she would follow up to see that it is done. SW Levy indicated that it might be a week or so before the client is ready for discharge.

January 11, 2001

Late afternoon visit to hospital. Spoke to the client about her situation and completed an assessment of her mental status. See Mental Status Questionnaire for results. The client acknowledge Jerome has hit her on occasion after becoming angry, that she remembers him hitting her in the stomach but does not remember when. The client agreed there is an element of risk in returning home, stating she is not going to die in a nursing home. She stated that she knows Jerome would never seriously hurt her. Client indicated she is able to feed herself, if food is brought to her. States she can use the telephone if it is where she can reach it. Client indicates in case of emergency, she would dial 911. Client also indicates that she can give herself a sponge bath if the proper hygiene products are provided. Client does appear to have some use of both upper limbs.

January 12, 2001

Received a TC from SW Levy informing me that the psychological consult has been completed. She stated that Dr. Len feels that even though there is an indication of mild dementia, the client is aware of her situation, that she is competent to make decisions for herself. SW Levy informed me that Dr. Len does not feel the client is a candidate for guardianship. SW Levy agreed to fax a copy of the evaluation. Asked SW Levy to clarify what Dr. Len means when he states the client is competent to make decisions for herself. SW Levy read some of Dr. Len's notes from the consult. Dr. Len stated in the consult that the patient seems to have insight into her situation and her medical condition, that she realizes her son is not an ideal caregiver due to his own personal issues but has accepted this and is willing to live with the situation as is. Dr. Len stated that patient appears to understand there are consequences to every decision she makes and appears to be willing to accept the consequences, even if negative in nature. Dr. Len indicated that the dementia is not severe enough to have impacted the client's ability to make decisions for herself, and that her deficits do not reach the level of incompetence.

Handout # 3a

Case # 998888
 ID # 20016539084

Face Sheet

(begun at intake, continued at assessment, updated as necessary)

Client name(s)	Sex	Race	DOB	Marital Status	Education completed	Social Security #
Lillie Mae Davis	F	W	5-11-22	W	12	499-99-8888
Address <u>301 West Cabarrus Street</u>						
City <u>Raleigh</u>				State <u>NC</u>	Zip <u>27603</u>	
Is this address a facility? Yes <input type="radio"/> No <input checked="" type="radio"/>			Client's phone number(s):			
If yes, level of care:			<u>(919) 833-1654</u>			
Directions to client's residence/potential dangers/other notes: <u>From agency, turn left onto Dawson, right onto Cabarrus, 3rd house on left.</u>						
Emergency Contact: <u>Roberta Tate</u>				Relationship to client: <u>Daughter</u>		
address <u>see below</u>				Phone number(s): <u>see below</u>		
Others in client's household (or significant persons in group settings)						
Name		Year of Birth	Relationship to Client	Daytime Phone		
<u>Jerome Davis</u>			<u>Son</u>	<u>919-833-1654</u>		
Significant others not in client's household						
Name	Relationship	Address		Phone(s)		
<u>Roberta Tate</u>	<u>Daughter</u>	<u>23 Rosewood Lane Raleigh, NC</u>		<u>919-715-8002</u>		
<u>John Davis</u>	<u>Son</u>	<u>1325 Aiken Drive Holly Spring, NC</u>		<u>919-557-6689</u>		
Notes/Comments:						

Professional contacts			
Name	Profession	Address	Phone
Harry Mallard	Physician	1010 Doctors Circle	919-733-3905
		Raleigh, NC	
Sally Levy	SW	Tremont Hospital	919-844-3051
		Raleigh, NC	
Mike Len	Psychiatrist	Tremont Hospital	919-844-3053
		Raleigh, NC	

Medicaid # 499998888Q MQB Medicare # 499-99-8888 (A) B

Medicaid Worker Jane Spencer Phone(ext) 3669

Other IM CaseWorker Phone/ext.

Is client/spouse a veteran? Yes (No)

Private Insurance: (Yes) No Type(s): Medical Long Term Care (Life) Burial

Insurance information: USFG \$1500.

Advance directives/ living will/ burial arrangements:
None

Does the client have a guardian, payee, or a person with power of attorney? If yes, complete below.

Name	status	Phone number(s)
address		
Name	status	Phone number(s)
address		

History of services requested/received:

Applied for food stamps. Did not qualify due to household income.

Notes (Counties may wish to identify additional information to be recorded here.)

Client: Lillie Mae Davis
 Date Completed: January 2001

ECONOMIC ASSESSMENT

Monthly Income	Amount	Monthly Expenses	Amount
Social Security	\$400.00	Rent	0
SSI	\$90.00	Food	\$100.00
VA		Household Supplies	
Retirement/Pension		Telephone	\$40.00
Salary/Earnings		Electricity	\$60.00
Family Contribution		Gas	\$20.00
Other		Oil, coal, wood	
		Water/sewer	\$30.00
		Transportation	
		Laundry/clothing	
Other Financial Resources	Yes No	Insurance:	
Medicare	X	Life	\$40.00
Medicaid	X	Health	
Health Insurance		Other:	
Housing Subsidy		X	
Food Stamps		X	
Other:		X	
		Medical--out of pocket:	
		Prescriptions	
		Other: Hospital Bill	\$20.00
		Other Expenses:	

Client's/Family's Major Financial Concerns:

MENTAL STATUS QUESTIONNAIRE

Client: Lillie Mae Davis

1. What is the day of the week?

Answer: Thursday

2. What is the current month?

Answer: January

3. What is the current year?

Answer: 2000

4. What city is this?

Answer: Raleigh

5. What country is this?

Answer: United States

6. Who are you?

Answer: Lillie Mae Davis

7. Do you have children?

Answer: Yes

8. How many children do you have and what are there names?

Answer: 3, Jerome, Johnny, Roberta

9. What street do you live on?

Answer: Raleigh

10. How old are you?

Answer: In my 80s

11. Count from 1 to 20.

Answer: Client correctly counted from 1-20

12. Count back from 100 to 90.

Answer: Client was not able to complete this task.

13. How would you get some help if experiencing an emergency at home?

Answer: I would yell for Jerome.

14. What item is used to write with?

Answer: Pencil or Pen

15. What is used to cool a house?

Answer: Air Conditioner

16. What kind of animal barks?

Answer: Dog

17. What is the name of a hot drink some people drink in the morning?

Answer: Coffee

Legal Issues in Adult Protective Services

Description of Day Two, Session Two – Module II

During this session participants will explore a variety of legal issues and tools which are relevant in Adult Protective Services cases. Topics to be covered include Adult Protective Services court orders; administrative search warrants; exploitation; and working with the legal system, including agency attorneys, district attorneys and law enforcement.

Learning Objectives

By the end of this session participants will be able to:

1. Explain the differences between and appropriate use of non-emergency, emergency and emergency ex parte protective services court order.
2. Explain the purpose and appropriate uses of:
 - An administrative search warrant;
 - An order to enjoin caretaker interference; and
 - Orders for reviewing financial records and freezing assets.
3. Understand basic principles for working with agency attorneys and district attorneys.
4. Understand the relationship between criminal law and adult protective services.
5. Describe other legal alternative which may be used independently or in conjunction with adult protective services.

Please be sure to open all the links listed below and print all materials or you will not have the complete APS Basic Skills training notebook.

Please be sure to open all links, and print all forms

- <http://www.nccourts.org/Forms/Documents/172.pdf>
- <http://www.nccourts.org/Forms/Documents/1311.pdf>
- <http://www.nccourts.org/Forms/Documents/1313.pdf>
- <http://www.nccourts.org/Forms/Documents/1314.pdf>
- <http://www.nccourts.org/Forms/Documents/1316.pdf>
- <http://www.nccourts.org/Forms/Documents/1315.pdf>
- <http://www.nccourts.org/Forms/Documents/1317.pdf>
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- <http://www.nccourts.org/Forms/Documents/1323.pdf>
- <http://www.nccourts.org/Forms/Documents/1320.pdf>
- <http://www.nccourts.org/Forms/Documents/1312.pdf>
- <http://www.nccourts.org/Forms/FormSearch.asp>
- <http://www.nccourts.org/Forms/Documents/1605.pdf>

APS NOTICE TO FINANCIAL CUSTOMER

DATE: _____

Re: _____

Dear Sir or Madam:

The _____ County Department of Social Services, acting pursuant to its statutory authority under N.C. Gen. Stat. § 108A-116, has been issued a subpoena (see attached) directing the following financial institution(s):

to produce the following financial records:

for the purpose of investigating a credible report of financial exploitation.

If you have any questions or concerns, please call me at _____.

Sincerely,

Social Worker

Adult Protective Services Supervisor

APS Cases

1. John Smith was hit by a car while riding his bicycle. The doctor in the emergency room notified DSS that they had an unconscious patient with a broken collarbone and leg. That all external bleeding had been stopped, but that his blood levels have not returned to normal. They were going to do X-rays (MRI? CT Scan?) to determine the extent of the damage to his chest and abdomen. They are not sure what action will be needed after the X-rays and other tests have been completed, but they expect to need a surgical consent. If he becomes conscious they expect to have to give him some strong medications. They have been unable to locate any family. He did have identification. He is 62 years old. His next of kin is a sister who lives in California. Attempts to reach her have been unsuccessful. Even if she is located, the hospital will not accept her consent unless she is in the hospital. No other relatives are known. He receives SSI and Medicaid.
2. Mary Bee appears to be in pain and is complaining that her side hurts. Her cousin says she has been complaining for about a week. She does not appear to be in distress. She has refused to see a doctor. She is a 75 year old widow who has lived alone since her husband died three years ago. She has no children. The agency has received two referrals in the past, but did not think she met the criteria for Adult Protective Services at those times. She had plenty of food, was appropriately dressed, her house was fairly neat and in order, and she appeared to be mentally alert. She assured them she was fine. The cousin thinks she may have had a TIA or minor stroke because she is not as coherent as usual. She refuses to see a doctor.
3. The agency received a referral from a family member who has been a caregiver for Agnes Lee, who is a 54 year-old disabled adult. The family member is going into the hospital in two weeks for serious surgery. She reports that she has been unable to find anyone to care for Ms. Lee. Ms. Lee has a daughter in the U.S. Army stationed in Afghanistan, who was recently injured while on active duty. The daughter has been very caring and is distraught that she is unable to come and care for her mother. The caregiver reports Ms. Lee is very confused most of the time due to an organic brain disease. That she absolutely cannot stay alone. After a visit by the social worker, the social worker agrees that the agency must take action. What action would you recommend?
4. Billy Bob's only child, Billy Jr., has been living with him and taking care of him for about six months, when he was released from the hospital after suffering a debilitating stroke. The son has a power of attorney dated June 2008. Mr. Bobs has been a recognized member of the community where he lives, as a man who is very careful with his finances. The neighbors have been suspecting that the son is wasting his father's money to buy expensive things for himself, like the new car

- in the driveway. They also observed a very big screen TV being delivered. The father is unable to communicate because of the stroke. The son refuses to provide any information to the social worker. The neighbors mentioned that they had taken Mr. Bobs to both BB&T and First Citizens Banks to get cash in the past.
5. Intake received a call from a lady asking if the agency could help her. Her electricity was cut off that morning and it was cold in her house. When asked if she could come in and apply for assistance, she replied that she was unable to walk, did not have a wheelchair, did not have car, and did not have anyone to help her get to the agency. She said that her son worked everyday and did not get home until after dark and sometimes not until late in the night. She could not understand why her electricity was off because her son paid all her bills, but the electric company told her the bill had not been paid for two months and she would have to pay it before they would turn her electricity back on.
 6. A referral from a disgruntled caregiver stated that the power of attorney was taking the client's money. Two checks the caretaker has given her "bounced." One check was on an account at Wachovia Bank. The other from United National. Mrs. Money was the 90 year-old widow of a very well-to-do person in the community. The social worker was allowed access to the home by the attorney-in-fact, who identified himself as her caretaker. The disabled woman was well-dressed, appeared to be well fed, and the house was immaculate. She was very pleasant, but obviously suffered from advanced dementia. The caretaker introduced the two caregivers who were in the home at the time. He had two caregivers stay with her around the clock. She had to have help with all ADLs. The case was closed. A second referral was received. When the social worker drove up to the home, a red notice was on the door that the electricity was going to be turned off, if the bill was not paid. The caretaker was not there and the caregivers denied access, as they had been instructed, until he was notified. They did state that he had not paid them in two weeks and that he had bought himself a big, new, expensive, shiny car. He was less congenial this time, but did allow the social worker to see the client, who still appeared to be well-cared for. He refused to answer questions about the financial management of her estate. Exploitation seemed obvious. What would you do?
 7. DSS received a referral alleging financial exploitation by the client's caretaker, Ms. Hugh. The client said that her caretaker had been taking care of her and her finances for several years because she has Parkinson's disease and can no longer hold her hand still enough to sign her name and must have assistance in walking. She said she used to check on everything, but that she had not for a "long time." She expressed alarm that her finances might be misused. She was not sure which bank or banks the caretaker was using. The caretaker refused to cooperate with the investigation even though the client instructed her to provide whatever information DSS requested

8. The Reporter, a distant cousin, called DSS from out of state and begged DSS to “do something” now for cousin Susie. She had received a call from someone in the neighborhood that the client was very ill. The social worker found the client to be emaciated with an offensive body odor, and wearing extremely dirty clothing. The client denied feeling sick and refused to leave the house or go to see a doctor. Client’s house was a disaster – the floors had big holes in them, the ceiling had fallen in places. The house was cold. There was not heat or running water. She is unable to understand the seriousness of her unhealthy condition or how dangerous her living situation is.

9. John Jones, a 68 year old widower, signed a consent for surgery that was critical but was not an emergency at that time. He signed a statement at the hospital that granted his son, Joe, the authority to consent on his behalf, if necessary. He was admitted to the hospital and placed on medication in preparation for the surgery. The medication has impaired his ability to give informed consent. Joe Jones has refused to sign any consents. The hospital will not permit the surgeon to proceed to perform the surgery without and up-to-date consent, since their risk assessment team has found the situation to have changed. Unless the surgery is performed as scheduled, the patient will be irreparably harmed.