

Protective Services for the Elderly – Procedure Manual “PSE”

Table of Contents

Program Administration	3
Ethical Foundation for Administration of the Protective Services for the Elderly Program	3
Description	3
PSE Goal	3
PSE Purpose	3
PSE Guiding Principles	3
Definitions of Maltreatment	5
Population Served	7
Coordination with Other Entities	7
Program Authority	8
Access to Victims	8
Access to Information	8
Cooperation with Bodies of Authority	8
Confidentiality	10
Protecting Program Integrity	12
Access to Expert Resources	13
Case Review-Supervisory Process	14
Time Frames	16
Referral Process	17
Mandated Reporters	17
What Should be Reported	17
When Must Report be Made	18
How to File a Report	18
Safeguards for Reporters	18
Failure to Report	18
Fraudulent Reports	18
Intake Process	18
The Investigation	23
Conducting the Investigation and Assessment	23
Risk Assessment and Cognitive Worksheet	24
Determining if Maltreatment has Occurred	25
Investigations in Long Term Care Settings	25

The Intervention	27
Voluntary Intervention	28
Involuntary Intervention	28
Return Phone Call and Voicemail Procedure	29
Case Narration	29
Payment for Services	29
Arranged and Coordinated Services Payable by the PSE Program in ImpaCT	30
Searching for the EDG# and Submitting the CBS Payment in ImpaCT	31
Case Plan in SWS System	32
Documents	32
Client Contact/Visitation	32
After Hour On-Call Coverage	33
Closing the Case	35
Training	36

1. Program Administration

Ethical Foundation for Administration of the Protective Services for the Elderly Program

Description

The Protective Services for the Elderly (PSE) Program was established in 1978 pursuant to § 17b-450 of the Connecticut General Statutes. Since its inception, the PSE Program has served elders age 60 or older. Program activities include the investigation of situations of abuse, neglect, abandonment, and exploitation. The program also provides intervention and stabilization for situations requiring crisis management. The PSE Program seeks to help vulnerable elders to prevent injury, maintain health and preserve their legal rights.

PSE Goal

To protect those eligible older persons (≥ 60 years of age) who, for reason of age and physical or mental incapacities, are unable or unwilling to provide or secure services for themselves which are necessary to maintain physical and mental health.

PSE Purpose

Investigate situations of abuse, neglect, abandonment, and exploitation of CT residents 60 years of age and older, providing intervention and stabilization for situations requiring crisis management. A constellation of services are provided as short term crisis intervention to stabilize and safeguard the older person.

PSE Guiding Principles

The PSE Program seeks to help vulnerable elders to prevent injury, maintain health and preserve their legal rights. Within this context, the program promotes values that respect elders' rights to self-determination, dignity, confidentiality, and independence. This includes the right of competent elders to refuse services and make their own decisions. Service interventions are meant to support elders in the least restrictive environment, facilitate informed decision making, and utilize family and community resources.

The following is meant to highlight the values and theoretical paradigm under which this program operates:

- The right to self-determination
 - The client's independence and personal choice should be promoted to the maximum extent possible.
 - All decisions are client driven by the client or on behalf of the client, if a designee is court appointed.
- Services are provided with honesty, caring and respect
- Confidentiality and privacy are to be honored
- The "Least Restrictive Alternative" is used whenever possible
 - Quality alternatives to institutional care should be offered
- Above all else, do no harm
- Collaboration is essential
- All services offered as a part of PSE are crisis oriented and driven to mobilize community services for sustainability
- Family and natural supports are prioritized as resources whenever appropriate.

- The client is always the focus of service
- Priorities are:
 - Freedom (in consideration of capacity)
 - Safety
 - Minimal disruption of life-style
 - Least restrictive care alternative
- **Supported Decision Making:**
 - Supported decision making starts with the assumption that older adults with cognitive impairment should retain choice and control over all the decisions in their lives. It is a process of working with the person to identify where help is needed and devising an approach for providing that help.
- **Trauma Informed Approach:**
 - Trauma-informed approach (1) realizes the widespread impact of trauma and understands potential paths for recovery; (2) recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; (3) responds by fully integrating knowledge about trauma into policies, procedures, and practices; and (4) seeks to actively resist re-traumatization. A trauma-informed approach is distinct from trauma-specific interventions or treatments that are designed specifically to address the consequences of trauma and to facilitate healing.
- **Cultural Competency:**
 - Social workers should understand culture and its function in human behavior and society, recognizing the strengths that exist in all cultures.
 - Social workers should have a knowledge base of their clients' cultures and be able to demonstrate competence in the provision of services that are sensitive to clients' cultures and to differences among people and cultural groups.
 - Social workers should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical disability.
 - Linguistic Responsiveness
 - Clients whose native language is not English and who do not speak English, or who have a language-related disability such as deafness or blindness, shall be permitted to communicate with DSS staff using their preferred language or other method of communication, when receiving services from DSS.
 - Whenever reasonably possible, cases should be assigned to DSS staff who can communicate in the same language or by the same method as the clients. However, when this is not possible, reasonable efforts to obtain a competent, authorized interpreter shall be initiated.
 - The purchasing procedural guidance document located in the internal DSS Web under Docushare, Administrative and Clerical Forms, W-1058 provides details

on how to secure authorized interpreter services. The following forms are used in this process:

- W-1058 Purchase Requisition Form
- W-1270 Interpreting W-1270 PSE and Non-Waiver SW Programs
- Interpreter Services are also available telephonically via Language Link.
- The treatment of any elderly person by a Christian Science Practitioner, in lieu of treatment by a licensed practitioner of the healing arts, or the refusal of treatment by an elderly person for religious reasons shall not of itself constitute grounds for the implementation of protective services.

Definitions of Maltreatment

(b) Pursuant to the Connecticut General Statutes, CT Protective Services for the Elderly, investigates these types of maltreatment of elders as defined in PSE Statutes (C.G.S.A. § 17b-450). According to the National Committee for the Prevention of Elder Abuse, NCPEA, maltreatment is “any form of mistreatment that results in harm or loss to an older person.”

Abuse: includes but is not limited to, the willful infliction of physical pain, injury or mental anguish, or the willful deprivation by a caregiver of services which are necessary to maintain physical and mental health. This includes: physical, sexual and emotional abuse.

- **Physical Abuse**

- Non-accidental use of physical force that results in bodily pain, injury or impairment.

Signs of physical abuse may include, but are not limited to:

- Bruising, welts, burns, lacerations, fractures, etc. with poor or no explanation
- Inadequate or inappropriate administration of medication
- Weight loss, dehydration, malnourishment
- Pallor, sunken eyes, cheeks, hair loss (in unexpected pattern)
- Unexplained difficulty walking, sitting or sleeping

- **Sexual Abuse**

- Nonconsensual sexual contact of any kind.

Signs of sexual abuse may include, but are not limited to:

- Sexually transmitted disease
- Signs of physical abuse (bruising, cuts, pains)
- Torn or missing clothing
- Avoidance of specific settings or individuals
- Atypical attachment
- Self-injurious behavior

- **Emotional/Psychological Abuse**

- Deliberate infliction of mental or emotional anguish by threat, humiliation or other verbal or non-verbal conduct, including the withholding of necessary services.

Signs of Emotional/Psychological Abuse may include, but are not limited to:

- Ambivalence, deference, passivity
- Explicit or observed fear of caregiver
- Withdrawal, depression, helplessness, hopelessness and resignation
- Anger, denial, non-responsiveness
- Anxiety, agitation, decompensation
- Sleeplessness
- Self-soothing behaviors (e.g. sucking, biting, rocking...)

Neglect: refers to the failure or inability of an elderly person to provide for himself or herself the services which are necessary to maintain physical and mental health or the failure to provide or arrange for provision of such necessary services by a caregiver.

Neglect may include:

- **Caregiver neglect** (can be intentional or unintentional)
 - Failure to meet the older person's needs (e.g. food, clothing, shelter, health care and safety)
- **Self-neglect**
 - Inability and/or unwillingness to meet one's own needs (e.g. food, clothing, shelter, health care and safety)

Signs of caregiver or self-neglect may include, but are not limited to:

- Soiled, torn, improperly worn or inadequate clothing
- Skin Breakdown
- Odor of human waste
- Weight loss, dehydration, malnourishment
- Untreated injuries or medical conditions
- Wandering
- Absence of needed "functional aids"

Exploitation: refers to the act or process of taking advantage of an elderly person by another person or caregiver whether for monetary, personal or other benefit, gain or profit.

Exploitation may include:

- Persuasion or intimidation
- Disposition of property for the personal gain of a second party
- Misuse of funds or joint bank accounts
- Unfair exchange of services (e.g. rent free living)

Signs may include, but are not limited to:

- Sudden isolation
- Sudden change in lifestyle
- Loss of valuable possessions
- Recent acquaintances express excessive affection
- Caregiver seeks exchange of assets for care
- Sudden increase in debt

Abandonment: refers to the desertion or willful forsaking of an elderly person by a caregiver or the foregoing of duties or the withdrawal or neglect of duties and obligations owed an elderly person by a caregiver or other person.

Abandonment may include:

- Leaving an elder with in a hospital, doctor office, mall, etc., and failing to pick them up.
- Leaving an elder in the home without care and necessities.

Signs may include, but are not limited to:

- Leaving an elder with copious amounts of trash, excrement infestation, spoiled foods, or expired meds
- Leaving an elder without adequate water, telephone or an emergency call system
- Signs of confinement

Population Served

If the following proves true, the individual is eligible for PSE services -

- A Connecticut resident who is at least 60 years of age or older
- Suspected victim of maltreatment as defined above
- Regardless of citizenship status
- Regardless of income or assets

NOTE:

Other adults that have been identified as vulnerable to maltreatment, e.g. people living with significant mental illness, physical disability or intellectual disability under the age of sixty (60), can be referred to the Department of Developmental Services “DDS”.

Coordination with Other Entities

Strategic partnerships are a great asset to Connecticut’s PSE program. Without them, the PSE program would not be as effective or successful in providing assistance to these vulnerable elders. Some of our partnerships include but are not limited to:

- Area Agencies on Aging
- Municipal social services
- Domestic Violence Service Providers
- Financial Institutions
- Healthcare providers (homecare agencies, hospitals, and community health centers)
- Other legal partners (Office of the Chief State’s Attorney, Office of the Attorney General, Legal Aid)
- Other State Agencies including the Department on Aging, Department of Public Health
- The Connecticut Homecare Program for Elders
- Connecticut Assisted Living Facilities
- Triads – Senior Resources Agency on Aging
- Access Agencies
- Law Enforcement
- Companion and homemaker providers
- Senior Center and Resident Coordinators

Program Authority

Pursuant to PSE Statutes (319aa C.G.S.A. § 17b-450 through Sec. 17b-460) the Department of Social Services is the department mandated to administer the “Protective Services for the Elderly Program”.

Access to Victims

If the investigating social worker determines that a caregiver is interfering with the social worker’s ability to conduct an interview alone with the elderly person, the social worker may work with leadership and legal consult to seek an order enjoining the caregiver from interfering with the performance of his/her duties via Superior or Probate court.

Access to Information

The social worker may work with leadership and legal consult to secure a subpoena to obtain confidential records necessary to investigate the allegations of abuse, neglect, exploitation or abandonment.

Cooperation with Other Bodies of Authority

Connecticut’s Tribal Nations

- Upon first visit investigating, the social worker should inquire as to whether the client is a member of a federally recognized tribe.
- In CT the tribes are:
 - Mashantucket Pequot
 - Mohegan
- If affiliation is confirmed, the social worker should ask the client if assistance from the tribe is desired. If yes, a release of information (ROI) should be obtained.
- If tribal support is requested and ROI is signed, SW should contact both supervisor and manager for direction.
- If case occurs on tribal land, then SW should contact both supervisor and manager for direction.

Interagency (within the state)

DCF

- If a social worker encounters a circumstance that involves maltreatment of children or where our intervention could put a child at risk the PSE social worker will report the case to the Department of Children and Families, Child Protective Services Team.

DPH

- For circumstances that involve abuse/neglect in health care facilities or abuse/neglect by a licensed health professional, a referral will be made to DPH licensing bureau.

Department of Developmental Services “DDS”

- When maltreatment allegations are made and the elder has a developmental disability, living setting becomes essential to determining jurisdiction. If the elder lives in a community setting, the role of investigator falls to DSS SW. If the elder

lives in a supervised setting (e.g., a group home, residential facility) then DDS has jurisdiction and subsequent responsibility for the investigation. Protocol for this determination can be found on the DDS Website via the following link:

http://www.ct.gov/dds/lib/dds/investigations/dds_reporting_procedure_contacts.pdf.

Law Enforcement

- **Requesting a Wellness Check**
PSE SW will call law enforcement when imminent risk is suspected and SW is not immediately available to make a home visit (e.g. after hours, weekends, holidays). A welfare check will be requested by calling the non-emergency number for the local law enforcement or state police, whichever has jurisdiction for the client's current location. SW will request a call back, but will follow up with a phone call to police dispatch if no information is received within that business day.
- **Escorted Home Visit**
PSE SW may call local law enforcement non-emergency number and request a police escort when known potential for escalation by client or key stakeholders exists.
- **Silver Alerts**
The Silver Alert system mandates that law enforcement immediately begin searching for missing individuals who are ages 65 or older. Once the police receive a missing person's report and a description of the missing person, the information is broadcast via radio, television, and electronic highway signs through the Emergency Alert System (EAS). The PSE SW may report a missing elder via 911 or local non-emergency number and will communicate the concerns related to the inability to find the older adult including cognitive status and medical conditions. The law enforcement agency will determine based on information provided whether a Silver Alert should be activated.
- **Managing Firearms**
If PSE SW observes or learns of firearms on the premises of a home with an elder who is cognitively impaired, they will contact law enforcement via the local non-emergency number and request an onsite assessment of risk.

Medical

- **Mobile Crisis**
 - Provides telephone response and mobile crisis intervention for adults. Phone response is 24hour/7day. Mobile response team will meet individuals in the community.
 - PSE SW should contact Mobile Crisis via 211 or known local contact (See DMHAS Crisis Services listing located on the DMHAS Website) if elder or collateral contact is evidencing emotional or mental upset that has potential of putting self or others in imminent danger.
- **Connecticut Home Care Program for Elders**
A "Memorandum of Understanding" (MOU) has been established to instruct the relationship and interaction between CHCPE and PSE in working to protect the rights and safety of elderly CT residents. The intent of these guidelines is to

clarify and promote collaborative working procedures and to facilitate the communication and coordination of care to active CHCPE clients among the AAs, the ALSAs, DSS Home and Community Based Services (HCBS), CHCPE and the DSS PSE.

The following reflects the highlights from this MOU:

- All PSE referrals from CHCPE providers or administrators will be initiated via telephone within 72 hours of suspecting that an elder has been abused, neglected, and/or exploited. All of these reports will be followed up with a written referral sent to 860-424-5091, using the DSS form W-675 which is the “Mandated Reporter Referral Form”, within 5 business days.
- PSE and CHCPE will consult with each other on clinical issues of concern and work collaboratively to resolve difficult situations.

Interstate

The state of Connecticut has developed a collaborative relationship with the neighboring New England States, specifically Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont. When an agency in any of these states suspects or is aware of abuse, neglect or exploitation of an elder that has occurred within the jurisdiction of any of the other states listed, the agency with the knowledge of the abuse, neglect or exploitation shall report such knowledge to the agency in the state in which the elder is being abused, neglected or exploited. The agency receiving such a report of abuse, neglect or exploitation shall determine whether it has jurisdiction to investigate the case. CT DSS Social Work Managers and PSE Intake Supervisor(s) will coordinate all communications between collaborating states.

Confidentiality

- As with all programs administered by the DSS Social Work Services Division, confidentiality is a priority.
- Protective Services for the Elderly is authorized under Connecticut General Statutes §17b-450 PSE Statutes and administered by Department of Social Services, Social Work Services Division.
- According to the NASW Code of Ethics with regards to confidentiality, social workers should respect clients’ right to privacy. Social workers should not solicit private information from clients unless it is essential to providing services or conducting social work evaluation or research. Once private information is shared, standards of confidentiality apply. Social workers should protect the confidentiality of all information obtained in the course of professional service, except for otherwise compelling professional reasons. The general expectation that social workers will keep information confidential, does not apply when disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or other identifiable person.
- When soliciting or disclosing information about a client there are three forms that DSS SW may use to request client permission:
 - W-282: Authorization for Disclosure and Receipt of Information provides for disclosure of information in two directions; (a) from DSS to providers, and (b) from providers to DSS. In addition, the W-282 covers more topics of disclosure, besides Protected Health Information “PHI”, including financial information, employment history, family/living situation, etc.

- The W-282 will be used in most instances.
 - W-298: Authorization for Disclosure of Information: The client or person with legal authority to sign for the client will use the W-298 to give permission to DSS to disclose the client's information, as detailed on the form.
 - The W-298 primarily serves as a "release of records".
 - W-303A: Permission to Share Medical Information: The client or person with legal authority to sign for the client will use the W-303A to give permission to a medical provider to disclose the client's information to DSS or its contractor, as detailed on the form.
 - The W-303A must be used whenever a W-986 (Medical Statement) is being requested.
 - Note: W-282S, W-298S and the W-303AS are Spanish versions of the above forms
- **The following offers guidance in the maintenance of client confidentiality:**
 - Generally speaking, "Human Immunodeficiency Virus" (HIV) and "Acquired Immunodeficiency Syndrome" (AIDS) related information obtained by the Social Work Division should not be disclosed. If a social worker has a question about whether or not to disclose such information, they should consult with the DSS Privacy Officer or the primary liaison from the Office of Legal Counsel, Regulations and Administrative Hearings (OLCRAH) for guidance.
 - If an unknown party contacts the department regarding a client, PSE staff shall not acknowledge that the individual is a client of DSS, without express permission (release of information) from client or the client's legal representative; conservator or power of attorney.
 - Unless the reporter is the client's legal representative, a PSE reporter is not entitled to information regarding a case. The reporter is told only whether PSE accepted the case for investigation and whether the case is opened or closed.
 - As a general rule, a collateral contact (neighbor, family member, community provider, etc.) is not entitled to information regarding a case. However, there are some exceptions.
 - The assigned regional Social Worker or Supervisor may disclose relevant case information to certain interested parties when the following criteria are met:
 - The contact is legally entitled to case information (e.g., conservator, POA, attorney for the client).
 - The Department has filed for conservatorship and the probate court appoints an attorney to represent the client. The court appointed attorney has the right to access his or her client's information. The Social Worker should feel free to discuss the case with the attorney representing the client.
 - Disclosure is necessary to arrange for services to address abuse, neglect, or financial exploitation.
 - The Department is seeking to arrange for services with a homecare agency. It is necessary for the Social Worker to disclose information regarding the client to the prospective agency in order to arrange for the appropriate services and put the agency on notice of any potential issues.
 - Disclosure is required to obtain information necessary for the investigation.
 - **Note:**
If the reporter calls the Intake line and requests to contact the assigned social worker, PSE Intake staff should inquire if they have additional information regarding the client. The PSE intake staff will not provide the name or number of the investigating Social

Worker. They will instead write a note in Services System articulating any new information shared by the reporter and alert the social worker via regular e-mail of the call. If the reporter presses for information or requests direct contact with investigating social worker or supervisor intake staff will share that management will be made aware of their interest/concern and will in turn share with SW management for follow-up. SW managers' name and number may be provided if reporter is insistent.

- **Social Workers should consult with their supervisor when:**
 - The worker is uncertain about what information may be released;
 - The case involves family violence and the client is in a confidential location or the release of the information may cause harm to the elderly person, the reporter or some other person.
 - The POA has asked for a copy of the case notes. The case notes reveal that the elder has disclosed to the Social Worker that the POA is physically and emotionally abusive. The Social Worker should consider whether the disclosure to the POA would reasonably be likely to cause harm to the client, before disclosing the records to the POA.

Note:

If needed, social work managers and staff from legal should also be contacted to provide further clarification.

Case Inquiries and Updates

If an original reporter on an open case **IS** a Mandated Reporter and contacts PSE Centralized Intake requesting to speak to the assigned PSE Social Worker, the Intake SW will provide the reporter with the regional SW Intake/Must Answer Line number.

If an original reporter on an open case is **NOT** a Mandated Reporter and contacts PSE Centralized Intake requesting to speak to the assigned PSE Social Worker, the Intake SW should take a message and relay it to the regional SW and SW supervisor.

Immunity

Pursuant to § 4-165 of the Connecticut General Statutes no state employee shall be personally liable for the execution of their duties within appropriate Policy or Procedural guidelines.

Protecting Program Integrity

Conflicts of interest

- If a referral to PSE is related to agency staff current or former, or public figures, PSE intake staff or investigative staff will contact SW managers to limit access to SW database. All other general rules of confidentiality shall be maintained.
- Of note, the case in question may be reassigned to another office by the manager for follow up.

Receiving and Handling complaints

- Complaints should be directed to the DSS Program Administrative Manager when a complaint is received about the case practice and the outcome of the investigation and/or any interventions, a review of the case is conducted by appropriate parties including but not limited to managers, supervisors, and legal consult, to determine if agency policy and procedures were followed.

- Once the review is completed a response to the complainant is made contingent upon rules of confidentiality.

Screening PSE Personnel

All requisite job qualifications (as outlined in the job class descriptions found in the next section under Staffing Resources) must be met. In addition, three Supervisory references are contacted and validated with a specific list of questions that must be answered by the reference supervisor. This reference process is completed by the HR staff. Secondly the candidate's offer is not extended until we have a completed HR-13 addendum. This provides previous convictions if any and if they have had a conviction(s) details regarding such must be provided. Preferred candidates hold a Masters in Social Work with prior experience working with elders.

Staffing Resources

The Social Work Services Division is staffed with the following job classes that play a role in the administration and implementation of the PSE program.

- Social Services Program Administration Manager
- Social Services Program Manager
- Social Work Public Assistance Consultant
- Social Work Supervisor
- Social Worker
- Social Worker Trainee
- Eligibility Services Specialist

Consistency of Practice

This document reflects the standard of practice including handling a case from the point of intake through case closure reflecting roles of intake, investigation and supervisory oversight.

Access to Expert Resources

- Legal consult is available from the lawyers of OLCRAH in DSS.
- Medical consult is available from the DSS Division of Health Services.
- Accessing legal and medical resources will follow the same protocol:
 - SW brings legal or medical question to SW Supervisor.
 - SW Supervisor provides answer if known or advances question to SW Manager
 - SW Manager provides answer if known or advances question to Subject Matter Expert (SME) via e-mail
 - Urgent matters (e.g. emergency petitions or DNR decisions) will be addressed immediately. Non-urgent matters will be addressed within 3 business days.

Clinical consultation from outside parties seeking cognitive evaluation from geriatricians and/or psychiatrists shall be accessed ad hoc and can be paid for using PSE discretionary dollars. There is differential access across the state due to availability of resources. If a social worker cannot secure this resource when needed, the request should be escalated to SW manager via SW supervisor.

Case Review-Supervisory Process

- **Supervision Standards**

- Administrative Social Work supervision is used to help assign cases, discuss assessment and intervention plans and review the worker's ongoing contact with the client. It also encompasses, but is not limited to,
 - the tracking of assignments,
 - review of pending cases,
 - evaluation of worker's understanding of level of urgency and planned response,
 - ensuring the appropriate collection of information
 - review all investigation findings and evaluate justification for same
 - providing adequate oversight to ensure effective intervention,
 - ensure that all interventions and documentation of same show ethical justification for all decisions made
 - coordinate use of expert resources as appropriate (e.g. legal, clinical)
 - monitoring the timeliness of documentation,
 - managing emergent situations providing direction and debrief as appropriate
 - reviewing of plans being forwarded to Central Office for authorization of services prior to implementation of the plan,
 - reviewing payments for accuracy,
 - follow closing procedures that includes face to face discussion with social worker
 - Monitoring time and attendance, and time off requests.
- Educational Social Work supervision is geared towards helping the Social Worker better understand Social Work philosophy, values and agency policy. It focuses on becoming more self-aware and effectively utilizes skills, enhancing knowledge of the agency's and community's resources; establish activity priorities, and developing or refining knowledge and skills.

- **Standards of Practice**

- Individual Supervision
 - Individual supervisory sessions are not crisis oriented, but rather focus on learning and skill enhancement. Supervision shall be held with each supervisee **at least biweekly**. This does not preclude addressing emergent or urgent issues with the supervisor between these scheduled sessions. A review of the supervisee's Individual Developmental and Education Plan shall be completed on an annual basis. A copy of each document shall be provided to the Social Worker.
 - To support the learning process, a portion of all supervisory sessions will concentrate on the case chosen (see Case Review, below), to facilitate education and skill development. The remaining portion of the session should concentrate on other issues such as client assessment, case planning, narrative review, time management or other issues that are urgent or emergent.
 - Supervision should take place in a space where privacy can be reasonably assured. The three components of individual supervision include case review, narrative review and direct observation of a social worker's interactions with clients.

- **Case Review**

- Based on the Individual Developmental and Education Plan, at least four cases per year shall be followed through all 7 stages of the helping process (Engagement, Data Collection, Assessment, Planning, Implementation, Evaluation, and Termination). Additional cases may be reviewed at any point in the helping process.

- The supervisor will complete the Social Work Supervisory Session Monthly Note form for only those cases reviewed in all 7 stages of the helping process (minimum of 4) and the form will be kept in the supervisor's personal supervision file for each supervisee. These notes will not be placed in the employee's personnel file. They will be used as a tool to assist the Social Work Supervisor and Social Worker to remember the cases discussed and pertinent points covered in the supervisory session. A copy of each note will be provided to the Social Worker.

- **Narrative Review:** Each Supervisor will review narratives of open/active cases when:

- new
- plan is revised and
- during regularly scheduled case reviews (e.g. monthly in PSE and annually for CBS)
- at closure

The purpose is for the Social Work Supervisor to obtain a meaningful picture of the functions, activities and interventions that their supervisees are fulfilling. The goal is that, over the course of a year, all cases and all phases of Social Work practice (intake, assessment, case plan development, interventions, termination, etc.) will have been reviewed.

- Observation of the Supervisee's Work: On an annual basis, the supervisor shall make **at least four direct observations** of the supervisee's work with clients. **At least two** of these shall be **home visits**.

- **Supervisory Educational Goals**

- Each supervisor will, in collaboration with each supervisee, develop goals and educational objectives based on current job specifications and needs identified using the DSS Social Work Skills Assessment tool and the DAS approved, Annual Performance Appraisal. The supervisory and educational goals, established with each supervisee, should be an important factor in approving training requests.

- **Unit Meeting**

- Group supervision is a valuable component of Social Work practice. It provides social workers the opportunity to experience camaraderie, to ensure uniformity of practice in DSS office, to examine universal best practice issues, learn from peers, share resources, identify needed training, problem solve, and examine emergent issues and concerns that may affect the group as a whole. Unit meetings should be held at least once per month. All supervisees shall attend. The meetings should include administrative information including but not limited to policy and procedure changes, updates and the sharing of pertinent information from the social work supervisors' meetings and training or educational opportunities. A minimum of one case presentation will be required per meeting. Responsibility for the presentation shall be rotated

among social work staff, as assigned by the supervisor. Every social worker over the course of the year shall have the opportunity to present.

1. Payment Authorization

- Supervisor will review all requests for services paid out of PSE discretionary dollars including clinical consultation and in home services.
- Manager will review all requests for services paid out of PSE discretionary dollars that exceed \$500 in a month or exceed 30 days in duration.

2. COP/COE Petition Approval

- All petitions for conservatorship of person “COP” and/or estate “COE” MUST be reviewed first by SW Supervisor, then by SW Manager and finally by Legal Liaison BEFORE submission to court.
- The preparation of the Probate Court Worksheet MUST be completed and submitted to the Legal Liaison BEFORE any paperwork goes to court.

3. Closing Approval

- Supervisor will review all requests for closure prior to case being closed.

2. Time Frames

- All PSE referrals will be initiated via telephone **within 72 hours of suspecting elder maltreatment**
- PSE intake worker will enter all necessary data into the SW Services System **on the date of referral**
- Case will be assigned to an investigating social worker **on the same day referral is received**
- Any case re-referred by the same reporter for same/similar problem **less than 30 days after case was closed**, intake will REOPEN last case. (New Case response times do not apply)
 - Social Work Supervisor will review reopened case and determine next steps **within 72 hours**.
- Any referral on client with PSE history **closed more than 30 days earlier**, case will be opened as a new PSE case.
- First responders will be contacted for Priority 1 cases **within one hour of the receipt of the referral**
- Investigating SW will make follow up phone call to first responders **on the same day referral is received by intake**.
- Investigating SW will attempt a face to face visit for all Priority 2 cases **within 24 hours of receipt of referral by intake**.
- Investigating SW will attempt a face to face visit for all Priority 3 cases **within 5 calendar days of receipt of referral by intake**.
- Allegations should be found substantiated or unsubstantiated **no later than 45 days after receipt of referral by intake**
- All case activity must be documented **within 72 hours of the activity taking place**
- Risk assessment must be completed **by the third visit or within 2 calendar weeks of receipt of referral by intake**.
- Risk assessment must be **completed at least every 30 days**.
- Service payments must be made **every 30 days**
- Face to face visit should be made **at least every 30 days** by the Investigating SW
- Investigating SW should see client face to face **within 7 days** prior to

- any probate court appearance
 - closing of case
- Proposed Closure of PSE Case must be submitted **7 days prior to planned last visit**
- All PSE cases will be closed **within 90 days of receipt of referral by intake.**
 - Extensions of this time limit must be approved by supervisor based on compelling factors necessitating ongoing service provision

3. Referral Process

Mandated Reporters

Persons required by law to report elder maltreatment according to the PSE Statutes of the Connecticut General Statutes § 17b-450 including:

Physician	Osteopaths	Nursing Home Staff
Surgeon	Resident Physician	Paid Caregiver for Elderly
Dentist	Intern	Paid Caregiver for Patient
Podiatrist	Pharmacist	Adult Day Care Agency
LPN-Licensed Practical Nurse	Social Worker	Village-Model
Comm. Based Service Provider	Homemaker Agency	Community
Senior Center Staff	Companion Agency	Adult Day Care Agency
Home Care Agency Staff	Residential Care Home Staff	Congregate Housing Staff
Chiropractor	Police Officer	Physical Therapist
Licensed Emergency Services	Emergency Medical Service	Clergyman
Certified Emergency Services	Optometrist	Psychologist
Registered Nurse	Orderly	Nurse Aide
	Medical Examiner	Patient Advocate

Others Who May Report

Any other concerned person having reasonable cause to suspect or believe that an elderly person is being or has been, abused, neglected, exploited or abandoned, or who is in need of protective services may report such information in any reasonable manner to the commissioner or the commissioner's designee.

What Should Be Reported

Such report shall contain the name and address of the involved elderly person, information regarding the nature and extent of the abuse, neglect, exploitation or abandonment, and any other information which the reporter believes might be helpful in an investigation of the case and the protection of the elderly person.

Other helpful information would include:

- Phone #, Age, Sex, Language
- Details of the Allegation, Dates, Locations, Names
- Support System: Family, Friends, etc.
- Financial Resources
- Living Arrangement

- Medical Needs: Elder's Physician, Medications, etc.
- Identification of Abuser, neglector, Exploiter
- Other Agencies Involved

When Must Report Be Made

Within 72 hours of becoming suspicious, a mandated reporter must cause a report to be made.

How to File a Report

- During normal business hours (Monday through Friday from 8:00 AM – 4:30 PM) call the toll-free in state referral line at 1-888-385-4225, or reporters out of state should call Info-line at 1-800-203-1234 (toll-free).
- After Hour Emergencies – Call Info-line at 211 if in-state and if out of state call Info-line at 1-800-203-1234 (toll-free).
- The Fax# for the PSE Referral unit is 860-424-5091.
- The website for PSE Online Resources is: www.ct.gov/dss/protectiveservicesforelderly
- The W-675 form, must be mailed or faxed (860-424-5091) by the mandated reporter to the Protective Services for the Elderly Team within 72 hours.

Safeguards for Reporters

- Immunity for all reports made in good faith
- Any person who is discharged or in any manner discriminated or retaliated against for making, in good faith, a report pursuant to this section shall be entitled to all remedies available under law including, but not limited to, remedies available under C.G.S.A. § 19a-532 and 31-51m, as applicable.

Failure to Report

- Up to a \$500 fine and potential charge of a misdemeanor for the failure of a mandated reporter to cause a report to be made within 72 hours.

Fraudulent Reports

- Any person who willfully makes a fraudulent or malicious report, conspires with another person to make or cause to be made such report, or willfully testifies falsely in any administrative or judicial proceeding arising from such a report is subject to a class A. misdemeanor.

Intake Process

Receiving reports of Elder Maltreatment

- PSE calls are received in the Central Office Intake Unit during all state work days between the hours of 8:00 to 4:30
- All referrals made not during normal state business hours are encouraged to be made by calling 211. Callers may leave voice mail for Central Office Intake Unit that will be retrieved and responded to the next business day.
- Reports may also be received in writing (W-675) via fax or mail

Screening to determine whether investigation is warranted

- Intake workers determine whether the referral meets the criteria for investigation maltreatment as outlined in section Sec. 17b-450 of the CT General Statutes and referenced in the Definitions of Maltreatment Section of this manual. This is

accomplished by collecting the following information and recording this as collected in the Services System database

- **Reporter Information**
 - Name or Request for Anonymity noted
 - Phone number if not anonymous
 - Mandated reporter status (yes or no)
 - Request for follow up (yes or no)
 - Reporter address if not anonymous
- **Elder Information**
 - Name (legal name preferred but street name accepted)
 - DOB or estimated age
 - Prior PSE history (yes or no)
 - Description of alleged maltreatment as per reporter
 - Best time and location to reach elder
 - Address of elder's residence if known
 - Phone number if available
 - Preferred language if known
 - Environmental risks if any
 - Race if known
 - Gender if known
 - Medical conditions if known
 - Cognitive impairment
 - Physical & psychological conditions
 - Functional status (ADL & IADL)
- **Alleged Perpetrator** (if not self-neglect)
 - Name
 - Address
 - Phone Number
 - Relation to elder
- **Factors for Consideration When Screening for Appropriate Referral**
 - **Prior PSE history**
 - A new case will not be created and the last open PSE case for the elder will be re-opened if all three (3) of the following conditions are true, regardless of whether there are new presenting issues:
 - If elder had an open PSE case less than 30 days ago
 - The reporter is the same (person or agency) as in the last case
 - The problem is the same or similar
 - **Elder Residence:**
 - If elder is admitted to a hospital prior to report being received:
 - All self-neglect cases will be non-case activity.
 - Suspicion of abuse, care-giver neglect, exploitation or abandonment shall be identified as a PSE case.
 - If an elder is being treated/held in an emergency or observation unit at the hospital that is NOT considered admitted and as such all reports of maltreatment shall be accepted by PSE.

- **Intake Jurisdiction:**
 - Elders Residing in SNF
 - Suspicion of financial exploitation will be accepted as a PSE case.
 - Suspicion of physical abuse that occurred in the community will be accepted as a PSE case.
 - Clients Served by DDS Clients
 - PSE referrals regarding DDS clients will be accepted for DSS investigation, if the elder resides in the community or the alleged abuse happened in the community (e.g., visiting relatives).
 - DDS or their designee has jurisdiction and subsequent responsibility for the investigation when the elder lives in a congregate living setting (e.g., a group home, residential facility) and the alleged abuse has taken place in that setting.
 - Intake staff shall refer DDS cases to the appropriate entity with jurisdiction, as detailed in the State of Connecticut DDS Regional Abuse and Neglect Reporting Protocol.
 - Cases to be investigated by DDS shall be entered the Services System as a non-case activity. In the Activity Box select “Other” and in the Description Box enter “Referred to DDS for Follow-up”.
- **Legal Status of Elder**
 - An existing POA, COP or COE has no bearing on whether a referral will be accepted
 - If abuse, neglect or exploitation is suspected of a conserved client or one with a POA the report will be accepted.
- **Elder Receiving CHCPE Services**
 - Allegations of abuse, caregiver neglect and exploitation will be accepted for direct follow up by PSE
 - Allegations of self-neglect will be screened pursuant to the established MOU
 - CHCPE case manager shall attempt to resolve issue by exploring appropriate solutions, remedies, and resources prior to making a report to PSE.
 - For those cases that are not resolved, the Contracted Access Agencies “AA”/Contracted Assisted Living Service Agencies “ALSA” must make a home visit to the client within 48 hours prior to initiating a verbal PSE referral. A written referral to PSE must follow the initial verbal referral within 5 business days. A copy is to be provided to the ACU Health and Safety Nurse Consultant.

- All third party referrals of self-neglect of an active CHCPE client will be accepted for follow up. See “*Conducting the Investigation*” section for details of how this activity will be coordinated with the AA/ALSA involved.

Triaging/Prioritizing All Referrals Accepted as PSE

- For all referrals screened in as PSE, based on the assessment of risk and immediacy of danger the PSE intake worker will assign a priority status of 1, 2 or 3. Once assigned this priority shall not be changed by anyone other than a SW Manager.
 - **Priority 1 – Imminent Danger**
 - Imminent threat of harm or death, because client is actively and physically being abused or is absent life sustaining care while report is being given.
 - **Priority 2 – Urgent**
 - Urgent need for supports to meet basic needs or alleged abuse or neglect or exploitation that poses threat to basic needs is reported.
 - **Priority 3 – Non-Severe**
 - Risk is reported as non-severe meaning that elder may be experiencing alleged abuse, neglect, exploitation and/or abandonment.

Assigning Cases for Investigation

- If **Priority 1**
 - Intake Worker will facilitate referral to 911, mobile crisis or immediate transfer client to hospital.
- If Intake Supervisor is in the office
 - Intake worker will assign case to intake supervisor in Services
 - Intake supervisor will assign to Field Office “FO” SW supervisor (or designee) in Services System regardless of priority assigned.
 - Intake supervisor will then go into Outlook and e-mail the same FO SW supervisor or designee alerting them to the assignment and include any scanned attachments as appropriate (e.g. W-675, bank reports, W-410)
- If the Intake supervisor is not in office:
 - Intake worker will assign to FO SW supervisor (or designee) in Services System regardless of priority assigned.
- Intake worker will then go into Outlook and e-mail the same FO SW supervisor or designee with a cc to Intake supervisor alerting them to the assignment and include any scanned attachments as appropriate (e.g. W-675, bank reports, W-410) regardless of priority assigned.
- FO SW Supervisor/designee will assign upon receipt to a FO SW (regardless of priority).

First Response

- If a **Priority 1** is assigned, the FO SW will review PSE intake in Services System and identify who should be called and make that follow up call within the same day of the initial PSE referral.
 - Within 72 hours after the follow up call was made, the FO SW will document in the case record in Services System in the Notes section selecting from Note Type Drop Down box, “Follow-Up TC to Priority 1”.
 - If immediate plan to mitigate risk is unstable or temporary, a face to face visit with client must be made as soon as possible, but no later than 5 calendar days after receipt of initial PSE referral.

EXAMPLE:

1. Call comes in on Thursday at 3pm.
 2. Intake staff facilitates call to 911 and obtains name of contact for follow up, (at time of intake)
 3. Case sent to FO SW Supervisor at 4 p.m.
 4. FO SW Supervisor OR assigned SW must call identified first responder before leaving for the day.
 5. Client was seen and evaluated by 1st responders, but client was left at home without additional services.
 6. FO SW goes to see client face to face no later than COB Tuesday the next week.
- If a **Priority 2** is assigned, the FO SW will print out case report for client assigned and attempt an unannounced visit within 24 hours of intake.
 - The above is adjusted for concerns noted in intake related but not limited to worker or client safety, access issues or if this is a self-referral and a scheduled appointment is requested.
 - All calls received in PSE Intake between 3 and 4 p.m. on a day that precedes a state holiday or weekend, that meet Priority 2 criteria, will be reviewed by SW Intake supervisor and SW managers to evaluate whether risk can be mitigated by other means.
 - Within 72 hours of the first completed or attempted visit, FO SW will document in case record in Services System in the Notes section selecting from Note Type Drop Down box “Attempted Visit” or “Visit”.

EXAMPLE:

1. Call comes into PSE Intake at 2 p.m. on Friday.
2. FO SW receives referral at 2:45 Friday.

3. A face to face visit should be attempted before COB Friday.

Another Example:

1. Call comes into PSE intake at 9 a.m. on Wednesday
 2. FO SW receives referral at 10 a.m. on Wednesday,
 3. A face to face visit should be attempted before COB Thursday (we are not strictly counting hours).
- If a **Priority 3** is assigned the FO SW will print out a case report for the client assigned and attempt an unannounced visit within 5 calendar days.
 - The above is adjusted for concerns noted in intake related but not limited to worker or client safety, access issues or if this is a self-referral and a scheduled appointment is requested.
 - Within 72 hours of the first completed or attempted visit FO SW will document in case record in Services System in the Notes section selecting from Note Type Drop Down box “Attempted visit” or “Visit”.

EXAMPLE:

1. Call comes into PSE intake on Friday at 1:45 p.m.
2. FO SW receives referral at 2:30 p.m. Friday.
3. A face to face should be attempted before COB Wednesday.

4. The Investigation

- **Conducting The Investigation and Assessment**

The goal of the initial visit is to assess the elder's risk, need for assistance, the immediacy of that need, the availability of resources to assist the elder and the ability (capacity) and willingness of the elder to accept assistance. Ultimately, this visit sets the tone for working with and advocating for the elder to help him/her to achieve his/her desired outcomes.

Preparing for the Visit:

Review available information: review information gathered at intake and any other existing case records, specifically any prior abuse/neglect reports or law violation reports involving the elder and alleged perpetrator. Assess cultural considerations and need for interpreter support. Consider any access issues including physical plan and safety.

Initial Visit:

The investigation includes an unannounced home visit with the elder, and the collection of collateral information. It is best practice to conduct the initial face-to-face visit unannounced and unscheduled. This may provide for a more accurate assessment by preventing the alleged victims, alleged perpetrators, or collaterals

from making changes that falsely represent the common circumstance of the elder. In the case of self-referrals scheduled visits are permitted.

The Following Consideration Should be Made Regarding the Initial Visit:

Joint Visit:

Based on review of current referral, past referrals, and/or collateral information, determine whether a visit should be alone, with another DSS social worker/supervisor, or with another entity (e.g., treatment provider, family member, law enforcement).

Alternative Location:

In some circumstance the visit might occur elsewhere (e.g., adult day care or senior center). Note: Optimal service includes assessing client need in their home environment. Supervisors will determine where this visit should take place.

First Contact:

To gain access and establish rapport, identify yourself and make introductions. A PSE social worker cannot enter or remain in the home without permission or court authorization.

Effective July 1, 2015, the Commissioner of Social Services may petition the Probate Court for an order to enter the premises of an elderly person for purposes of an assessment, when the commissioner has reasonable cause to believe that the elderly person may be in need of protective services and is refused access by the elderly person or another individual.

4a. Risk Assessment and Cognition Worksheet

Risk Assessments

- A risk assessment (found in Services System) MUST be done for all PSE cases upon first visit AND upon closing.
- Only in instances of no concerns noted on first visit, and/or no additional visits deemed necessary, may the second risk assessment be waived.
- Any PSE case opened must have a risk assessment completed every 30 days.
- The risk assessment must be completed in Services System within 72 hours of the initial visit.

Cognitive Worksheet

- The Cognitive Worksheet must be completed every time a risk assessment is done.
- It should be stored in the paper SW PSE file for the client.

Bio-Psycho-Social Assessments

- A comprehensive assessment of the client's current condition should be completed by the third visit with the client, and reflected in the Risk Assessment, Cognition Worksheet and case notes.

4b. Determining If Maltreatment Has Occurred

When making an evaluation regarding the validity of a report of abuse/neglect/exploitation, the following decision standard shall be used: Weighing all available facts and extenuating circumstances a reasonable person would believe that the elder is in need of protective services; meaning those services provided by the state PSE staff which are necessary for the prevention, correction or discontinuation of abuse, neglect or exploitation.

- As appropriate, when determining the validity of the report(s), the PSE social worker should:
 - Review the elder’s account of the situation;
 - Review the alleged abuser’s/neglector’s or exploiter’s account of the situation;
 - Review the information supplied by collateral contacts;
 - Review records and documents;
 - Review the assessment information/risk assessment;
 - Evaluate the consistency of all documents;
 - Consider the capacity of all persons interviewed;
 - Consider the credibility of persons interviewed and documents presented;
 - Consider the possible motives for fabrication; and
 - Review previous reports involving the elder and/or alleged abuser/neglector or exploiter.

4c. Investigations in Long Term Care Facilities

Maltreatment Reports for persons residing in Nursing Homes addressed through Long-Term Care Investigations

Contact the appropriate licensing or regulatory agency (Department of Public Health and/or Department of Developmental Services) to report the receipt of the information. Coordinate an investigation if appropriate. Sexual abuse, criminal activity involving abuse, neglect, or exploitation that places the adult in imminent danger of death or serious bodily harm shall be immediately reported to local law enforcement and the social worker should coordinate the investigation with law enforcement.

Facility Reports that do not meet validity criteria

In some instances a report involving facility does not meet criteria for follow-up through LTC Investigations. For example, at the time the report was received, the elder has been permanently relocated or the facility staff person who is alleged to be the perpetrator has been permanently discharged or terminated from the facility. However, the circumstances should be reported to DPH.

Abuse, Neglect, or Exploitation of a resident who is away from the Facility

If there is a report of suspected abuse, neglect, or exploitation regarding an individual who resides in a facility, while that individual is away from the facility (e.g., during a home visit), the report shall be addressed as a Protective Services for the Elderly “PSE” case.

Reports that address the general conditions of a facility

Reports/complaints addressing the general conditions of a facility (i.e., food choices, building maintenance issues, etc.) that are not specific to a resident(s) are not appropriate for a Long Term Care Investigation and can be referred to the Long Term Care Ombudsman.

Coordination with investigators with related responsibilities

It is appropriate to give other agencies and programs an opportunity to participate in a joint investigation when such agency or program has regulatory authority that is compatible with the PSE responsibility to provide protective services.

If staff persons from other agencies or programs are not available to participate in a joint investigation within the PSE's response timeframe, the PSE investigation shall not be delayed.

Conducting the Investigation

If the DSS social worker investigates independently and not in conjunction with an investigatory team, the social worker should review all records, reports, and other documentation as appropriate; interview all appropriate persons; and prepare a report of the findings.

Gather Info as appropriate this shall include:

Admission records	Staff time sheets
Emergency Room (ER) records	Psychosocial records
Dietary records	Incident reports
Medical records	Physicians' orders
Nurses' notes	Treatment Plans
Therapy records	Lab and X-ray reports
Medication charts	Adult's financial records

Persons to inform when a facility report will be investigated

Before entering a facility to investigate, the social worker shall make a good faith effort to contact the facility administrator, director, or other person in charge to inform him or her that a report has been received and to request his or her cooperation with the investigation. Contact with the facility administrator, director, or person in charge may be by telephone prior to the initial on-site visit, or it may be during the initial on-site visit after arriving at the facility, but should be before initiating the investigation. The social worker, in consultation with his or her supervisor, should decide if the initial investigative visit will be announced or unannounced.

When the person in charge cannot be located

When a social worker arrives at a facility to investigate a report and no person on the premises is in charge, the social worker should take reasonable steps to locate a person in charge to notify him or her of the DSS worker's presence in the facility and the purpose of the visit. If reasonable efforts to locate a person in charge are unsuccessful, the social worker should initiate the investigation, and document that no person was in charge at the facility.

Legal Representative (Conservators)

If the adult who is alleged to be abused, neglected, or exploited or at risk of abuse, neglect, or exploitation has a legally appointed conservator that person(s) should be notified that a LTC Investigation report has been received and will be investigated.

If the legally appointed and/or conservator is also the alleged perpetrator, the social worker should notify him/her of the report and interact with him/her as the FO SW would with any perpetrator.

Interview the Alleged Victim

The social worker shall arrange for a private face-to-face interview with the individual who is the alleged victim of abuse, neglect, or exploitation. If the private interview does not occur, reasons shall be documented.

Other Interviews

The social worker shall arrange for private interviews, as appropriate, with individuals residing in the facility, the alleged perpetrator, available witnesses, and other persons having knowledge of the facts of the particular case.

The social worker shall arrange for private interviews, when appropriate, with facility staff. Such interviews should occur in non-resident areas of the facility. If the facility management refuses to allow private interviews with staff, the social worker shall arrange for private interviews with staff at some location other than the facility.

4d. Completion of Investigation and Substantiation Decision

Within 45 days of receipt of referral, the investigating social worker will be asked to determine if each of the allegations made at intake have been found to have enough supporting data that it is more likely true than not and will note those allegations to be substantiated. If additional information is uncovered in the investigation indicating the likely presence of other types of maltreatment, those will be added to the case record and substantiated.

If the investigating social worker identifies need for continued intervention and support under PSE then there should be a substantiated claim of maltreatment. This can include self-neglect.

As per PSE Statute, mandated reporters of suspected abuse, neglect, exploitation or abandonment of older adults must receive notice of the result of the investigation within 45 days of the conclusion of the investigatory activities. Investigatory activities refer to those efforts leading to the determination of whether or not to the allegation(s) is substantiated.

The Field Office responsible for the PSE investigation shall notify the mandated reporter by first class mail using the DSS FORM W-676, "Protective Services for the Elderly Investigation Results Form". The manual version of this form is available on DSS-Web.

5. The Intervention

The development of the case plan involves reaching agreement with the elder and with formal/informal community resources regarding a specific, time-limited plan for addressing his/her needs

and for utilizing available resources in order to eliminate or mitigate the risk to the elder of abuse, neglect, or exploitation. The plan should include initial linkages with community supports and ongoing contacts to assess service delivery and make appropriate modifications to the plan. The details in the service plan will vary according to the individual's situation and will be based on the investigative findings, the assessment, and the adult's preferences.

- **Providing Consultative Services**

Case treatment consults may be held with other professionals such as medical personnel, law enforcement officers, psychiatrists, psychologists, geriatrician, nurses, attorneys, etc., and family members in order to assist in identifying the problem and formulating an appropriate course of action. These consults will be documented in the file in chronological order with the most recent appearing first, under the PSE Intake social worker's progress notes.

- **Providing Short Term Social Work Intervention**

- If the investigation results in a determination that the original allegation(s) of abuse/neglect/exploitation is found to exist and it is determined that providing short term services (paid or unpaid) is needed to mitigate risk, then the case will remain open as a PSE case.
- A service review of active risk, efforts to mitigate and support continued improvement will be conducted by SW in collaboration with the SWS at least every 30 days.
- If an elder is determined to possess the ability to take in information, process that information and communicate a reasoned decision, but refuses the services offered the social worker will have the elder sign a refusal of services form.

Voluntary Intervention

Voluntary protective services include services provided to a victim with their consent.

The following individuals may consent to services:

1. Elder who has ability to communicate reasoned decisions; or,
2. Conservator of elder, if the conservator is not named as an alleged perpetrator in an open investigation.

Involuntary Intervention

- If an elderly person does not consent to the receipt of reasonable and necessary protective services, or if such person withdraws the consent, such services shall not be provided or continued, except that if the commissioner has reason to believe that such elderly person lacks capacity to consent (See Below).
- C.G.S.A. § 17b-456, the Commissioner of Social Services may petition the Probate Court for an order to enter the premises of an elderly person for purposes of an assessment when the commissioner has reasonable cause to believe that the elderly person may be in need of protective services and is refused access by the elderly person or another individual.
- All petitions for conservatorship of person and/or estate MUST be reviewed first by SW Supervisor, then by SW Manager and Legal Liaison BEFORE submission to court.
- The Preparing for Probate Court Worksheet MUST be completed and submitted to Legal Liaison BEFORE any paperwork goes to court.
- When DSS is or has been appointed COP/COE notify DSS Social Work Managers.

Return Phone Call and Voicemail Procedure

- Voicemail messages shall be checked at least twice a day if the staff person is in the office or once a day if the staff person is working away from the office.
- Voicemail greetings shall state that the staff person will return calls by the end of the next workday. Calls shall be returned by the end of the next workday, even if only to acknowledge the call and commit to a future call back for a substantive conversation.

Note: If a caller is seeking information that you cannot share due to confidentiality, return the call and tell them that.

- Voicemail greetings shall advise the caller what action to take if this is an urgent situation or if the caller wants to speak with another staff person right away instead of leaving a message and waiting for a reply.
- Voicemail greetings shall specify the name of the staff person's supervisor, in case the staff person anticipates that she/he will be unable to return the call by the end of the following workday.
Note: The Social Worker should expect that any calls not returned by the end of the following workday may result in the caller seeking assistance from the supervisor.
- During times a staff person may be out of the office for two or more days (e.g., court, vacation, extended training, etc.) messages may be checked upon return to the office. In such situations voicemail messages shall specify the date of return to the office, and by when calls will be returned – usually that same date. It is especially important to leave a message for an alternative response when out of the office for more than two days.

Case Narration

- Narration must be made within 72 hours of case activity
- Note should be written at LEAST every 30 days, even if awaiting input from elsewhere.
- E-mails should never be copied and pasted in the narrative. A summarization of the content of e-mails, whether sent or received should be made by social worker in the narrative section of Services System. If the social worker believes that the exact content of the e-mail is of import then it should be printed and stored in the paper SW PSE client file.
- Summary upon closing of case must be written in Notes section of Services System (see case closure section for details)

Narration on Closed Cases

- At times, DSS Social Work may receive information regarding a former client. When documenting this contact, do not add a narrative to the closed case. Instead, write your contact as a non-case activity.

Payment for Services

- Client resources should be considered prior to PSE payment
- Any services exceeding \$500 in cost in a month MUST be approved by a SW Manager.
- Any services exceeding 30 days in duration MUST be approved by a SW Manager
- Service payments must be made every 30 days (solicit vendor invoices if not received)

Arranged and Coordinated Services Payable by the PSE Program in ImpaCT:

a. Adult Day Care

Day care in a center for adults provided for a scheduled number of hours per week. Elements of this service are directed toward meeting supervision, health maintenance and restoration needs of the participants

b. Adult Companion Services

Home-based supervision and monitoring activities which assist and/or instruct an adult in maintaining a safe environment, including escorting adults to medical appointments, other appointments or recreational activities, supervising and/or assisting with activities of adult daily living, and reminding individuals to take self-administered medications.

c. Home Delivered Meals

Prepared and delivered meals for adults who are unable to prepare or obtain nourishing meals on their own.

d. Chore Services

Performance of heavy indoor work, outdoor work or household tasks that is necessary to maintain and promote a healthy and safe environment for recipients in their own homes.

e. Homemaker Services

General household management activities provided in the home on a part-time or intermittent basis to assist and/or instruct the recipient in managing a household

f. Personal Emergency Response System (PERS)

Twenty-four hour electronic alarm system placed in an adult's home that enables him or her to obtain immediate help in case of an emergency. This may include a *medication reminder*: a service or device which alerts adults to the prescribed time to take their prescribed medications.

g. Other PSE Services:

- Supportive Counseling
- Emergency Placement if appropriate

Services Provided by the DSS Social Worker

a. Case Management

Implementation, coordination and monitoring by a department social worker of a PSE Case Plan, developed as a result of a comprehensive client needs assessment completed by the Department.

b. Case Work

Duties performed by a DSS social worker dealing with problems of a particular case.

c. Social Work Services

Assessment and evaluation of need by a Department social worker including service planning, contracting, counseling, case work, advocacy for the recipient, and crisis intervention when appropriate.

PSE Essential Services Payments

PSE Essential Services Payments are issued via the ImpaCT System. Before any PSE payments can be made DSS SW must check and ensure that the client has an Eligibility Determination Group Number (EDG - **pronounced EDGE**). EDGs are groupings of individuals in a case based on the programs they have requested, their relationships to each other, and their non-financial income, income, asset and expense information. Individuals are grouped into EDGs for determining eligibility and calculating

benefits for each program requested. Social Workers will need the EDG number and the Client Identification number (CLID#).

Searching for the EDG# and Submitting the PSE Payment in ImpaCT

To Search for the EDG# “Eligibility Determination Group”

From ‘Top Navigation’ choose “SEARCH”

Select the “Others” Caret ^

Select “Individual”

Right window appears stating CASE INFO with the SEARCH option

Choose the SEARCH criteria using the following in the drop down menu:

- **Application ID:** *This is the Impact Application # with the preceding T.*
- **Case Number:** *This is the Impact Case # and will not have a preceding T.*
- **Client ID:** *This is the EMS, now ImpaCT Client ID*
- **EDG Number:** *Eligibility Determination Group*
- **Last Name:** *Client last name*
- **Provider/Vendor ID:** *Provider or Vendor ID #*
- **SSN:** *Social Security Number*

Enter the selected Criteria on the next line and tap “Go”

- You will be brought to the Individual SEARCH Page and the Individual Search Results will be listed at the bottom of the page.
- Scroll Down to INDIVIDUAL SEARCH RESULTS
- Under Case/Application #, choose the number that does not have a preceding “T”. The number without the “T” is the Impact Case Number, tap that number.
- You will be brought to the Case-Search Summary Page
- Scroll down to “CURRENTLY ASSOCIATED PROGRAMS”
- Under “Program Category” choose “Social Work Services” and use the preceding EDG#
- Write down the EDG# and the Case#

If an EDG# must be created, because one cannot be located in ImpaCT:

- Complete a HUM94, listing the effective date that the EDG# is needed.
- Submit the completed HUM94 to your supervisor, who will then send the HUM94 to Louis Ruddock in Central Office.
- The HUM94 will be emailed back to the Regional office listing the new EDG# in approximately three business days.
- Write down the EDG# and the Case#

To Submit a PSE Payment in ImpaCT

(Reference the ImpaCT Participant Manual for SOCIAL WORK: Lesson 5)

From 'Top Navigation' choose the Right Caret ^, scroll down to "Benefit Issuance"

Choose "Essential Services"

Left caret^ down to "Essential Services Payment"

-Under "Essential Service Program" choose "PSE"

-Choose the Essential Services Benefit (as listed on pages 29 and 30)

-Enter the EDG# and the Individual should appear as appropriate.

-Choose the Vendor ID# (If the vendor ID is not Known, use the **Magnifying Glass** icon to locate it.)

-Enter the Start and End Date of Service

-Enter the Authorized Dollar Amount

-Choose "Authorization Requested" for the Status

-SUBMIT - A message will display that the request was submitted successfully.

-Present a copy of this page to your supervisor for approval.

-Click the ImpaCT Logo to refresh the page.

❖ Access Services System to enter a note indicating the payment has been submitted.

Case Plan in SWS System

- The Case Plan tab should be used to track all efforts made to mitigate risk.
 - The Problem box should reflect risks as identified in the Risk Assessment
 - The Goals box should all be written as SMART objectives aimed at mitigating risk
 - The Tasks box should reflect, "who does what and by when" and if all are completed they should result in goal attainment.

Documents

- All documents received via e-mail should be printed out and stored in the paper SW PSE file for the client.
- All documentation with signatures collected by social work should be stored in the paper SW PSE file for the client.
- Signed releases of information – Use only the W-282
- Important Documents to collect, when applicable (powers of attorney, conservatorship documents, quit claims, bank statements etc.)

Client Contact/Visitation

- Initial visit must be unannounced (this can be waived for self-referrals)
- Efforts to meet with the elder alone must be made.
- While case is open in SW Services System, SW should visit client face to face at LEAST every 30 days. More frequent visitation should be made, as warranted.
- Telephonic contact with the client should be made bi-weekly or more frequently as warranted.
- SW should see client face to face within 7 days prior to any probate court appearances

- SW should see client face to face within 7 days prior to closure.

After Hour On-Call Coverage

A Social Worker or SW Supervisor is available to respond to emergency reports of suspected abuse, neglect, exploitation or abandonment, that come in to 2-1-1 Infoline outside of regular business hours which are 8:30 a.m. to 4:30 p.m.

The rotation begins on a Friday afternoon at 4:30 p.m. and ends the following Friday morning at 8:30 a.m.

Requirements for service in the on-call rotation are:

- Permanent status in the title of Social Worker or Social Work Supervisor
- Her/his current daily work assignment, within the most recent 12-month period, consists of an average of at least 40% PSE cases
- An overall “Satisfactory” or above on the most recent service rating
- Access to telephone services and the ability to respond to crisis calls in a timely fashion

To facilitate after hour on-call service, the Agency shall ensure that a cell phone is available, at Agency expense, for staff to use for business purposes during on-call hours.

On-call staff is expected to be available to 2-1-1 Infoline staff at all on-call times via a cell phone. If a call is missed, return calls to Infoline should be made to (860) 571-7515 within 15 minutes.

Cell phones must be on and have charged batteries while on coverage. If staff need to be somewhere without cell phone service, they are to call 2-1-1 Infoline and provide them with a landline telephone number where they can be reached.

On-call staff is to provide services to clients and reporters via telephone only. Staff are not to go into the office or go out to see clients directly. Staff is to use the resources of 2-1-1 Infoline to obtain services for clients. In dire (life threatening) emergencies, the caller should be directed to dial 911 for police or medical intervention.

On-call staff has the authority to approve payment for necessary services to protect the health and well-being of an elder at risk. Services shall be authorized up to the next business day when the office, serving the town in which the elder lives, can conduct a face-to-face assessment of need and develop an appropriate plan of care.

The Division of Social Work Services shall provide periodic training for 2-1-1 Infoline staff. The procedures for 2-1-1 Call Specialists are:

- The 2-1-1 Call Specialists will receive calls regarding alleged abuse, neglect, exploitation and abandonment of an elder.
- The Call Specialist will screen the call for level of emergency. For calls that meet the emergency criteria, they will then contact the DSS on-call staff person.
- The 2-1-1 Infoline Call Specialist will contact the on-call worker for following FOUR reasons (A, B, C, D):

A. TO JUMP A NURSING HOME WAITING LIST: This can be done only if the following four conditions exist:

- A doctor has completed form W-10. (This form describes patient’s medical needs.) This can be done in any hospital ER.
- MI/MR screening is done. (This is mental illness/mental retardation screening). PSE workers CANNOT waive this, but Nursing Homes are able to

admit elders, in crisis, without the MI/MR as long as it is completed within the next three business days.

- The method of payment is known. (Medicaid/Medicare/Private Insurance).
- The nursing home is able to jump waiting list- (i.e. there is a bed available).

B. TO AUTHORIZE TEMPORARY PAYMENT FOR EMERGENCY IN-HOME CARE: This can happen only if it is truly a last resort for someone who is incapacitated and suddenly left alone with no other resources (i.e. no family/neighbor/friend to help in emergency.) The PSE worker can authorize payment to a home care agency until next business day, when PSE staff can investigate case. The PSE worker will not find an agency to provide the emergency in-home help. INFOLINE does this and then contacts the PSE Worker for authorization and to follow-up with the provider that can deliver the emergency service(s).

C. EMERGENCY RESULTING FROM A PROBLEM WITH A PRE-ESTABLISHED PLAN: Call on-call worker if a home health provider calls about an individual who has an open case with PSE and needs to speak with PSE about an emergency resulting from a problem with the pre-established care plan.

D. CASE CONSULTATION: If the 2-1-1 Call Specialist is not sure about a case or if the caller is very insistent, and they need to consult an on-call worker, it is okay to call. For non-emergencies, INFOLINE is not to call between 11 p.m. and 8 a.m. They are to explain that they are calling for a consultation only.

For non-emergency situations the 2-1-1 Call Specialist, will leave a message on the PSE Intake Line.

INFOLINE Procedure

- A. Assess situation fully to determine whether emergency care is really needed and whether there are any other resources to provide it (family/ friend/ neighbor).
- B. Find out if person is currently active with any home health agency. (If there is no history with an agency, it will be very difficult to arrange care.)
- C. As a last resort, contact the on-call worker to get authorization to call a home care agency. The Call Specialist will provide the following information to the on-call worker:
 - Name, address and phone number of the reporter and their relationship to the alleged victim
 - Name, address, phone number and age of the alleged victim
 - Nature of the allegation(s)/ identified problem(s)
- D. After the on-call worker OKs the case, the 2-1-1 Call Specialist will find an agency to provide emergency in-home care, until next business day, when on-call worker will investigate case. (Best option is with an agency where the client is or has been active case.)
- E. After the 2-1-1 Call Specialists finds an agency they call back on-call worker back to give name and telephone # of the agency.
- F. The on-call worker then calls the agency to authorize care and to guarantee payment.
- G. The Call Specialist is NEVER to give out the name/ number of any on-call worker.

The 2-1-1 Call Specialist is to contact the on-call worker via the assigned cell phone and/or home number if on-call worker has indicated this preference. If there is no answer at either number offered, they will contact the on-call worker again in 15 minutes. If there is still no response, they will call the SW Manager for the Conservator of Person Program.

- All calls and actions taken are to be recorded on the PSE on-call log and e-mailed to the Social Work Services Division designated liaisons on the morning of the next business day.
- The on-call workers shall send an e-mail to the SW Managers, the PSE intake supervisor and the office supervisor(s) for **all** cases that they worked while on call. If the afterhours call involved an active/open PSE case, the on-call worker shall document the allegations and actions taken in the client's case record (on the Services System) and place a call to the assigned Social Worker to alert them to the on-call activity. This is to be done first thing in the morning on the next business day.
- If the on-call activity involves a new client, the on-call worker enters the client information into the Services System and assigns the case to the SW Supervisor in the appropriate office.
- Additional procedures for after hours on-call activity is detailed in the AFSCME Social and Human Services (P-2) Bargaining Unit Contract under the Memorandum of Understanding IV - DSS-Protective Services Elderly Standby Program.

Closing the Case

- If the investigation results in a determination that the original allegation(s) are not substantiated, and no abuse/neglect/exploitation is found to exist, the case will be closed with no action taken.
- If the investigation results in a determination that the original allegation(s) of abuse/neglect/exploitation are substantiated and found to exist, and the capable elder refuses PSE Intervention, the case will be closed with no action taken.
- If resources have been secured and risk has been mitigated then the case will be closed.
- If the investigation results in a determination that the original allegation(s) of abuse/neglect/exploitation are substantiated or abuse/neglect/exploitation are found to exist and the elder agrees to PSE intervention or it is determined that the elder does not have the capacity to make such a decision, the case will be maintained for ongoing social work intervention.

Before closing a case for any of the reasons above the following procedure must be implemented:

- **Case Closure Procedures:**
When SW determines the case is ready for closure they shall:
 - Complete the Proposed Closure of PSE Case form
 - Submit to SW Supervisor prior to last visit
 - Supervisor must review and
 - if in agreement with the justification to close the case
 - Supervisor should sign and return Proposed Closure form to Social Worker who shall store in paper SW PSE file for client
 - if not in agreement with proposed closure
 - Supervisor should discuss with social worker before planned last visit and come to agreement about appropriate next steps

- **After** supervisor approval, the social worker should complete the last visit and risk assessment and
 - if last visit results in heightened concern/need, then the social worker should
 - Document within 72 hours of visit the concerns and proposed next steps.
 - Also within 72 hours of visit, SW should alert SW Supervisor of change in plan
 - If last visit results in confirmation of plan to close, then the social worker should
 - complete a closing narrative in the Services System (pulling from the Proposed Closure of PSE Case form)
 - Closing Narrative should include the following:
 - Reason for Referral
 - Problem statement
 - Case Findings
 - Substantiation determination of allegations.
 - Detailed rationale for findings
 - Risk assessment results
 - Results of Cognitive Assessment
 - Interventions to address cognitive issues if applicable
 - Efforts to mitigate identified risk
 - Listing of services provided (DSS Funded and Client/Other source funded)
 - Legal actions taken (e.g. conservatorship filing, law enforcement referral, Office of Chief States Attorney) if applicable.
 - Justification for closure
 - Documentation that the client was notified of closure
 - SW should send e-mail to supervisor within 72 hours of visit indicating that closing summary is available in Services System
 - Supervisor will confirm closure and appropriate completion of documentation following up as needed.

6. Training

- View document entitled “SW Capacity and Skill Development” on DSSWeb.