Iowa Department of Human Services

Safety, Dependency, and Risk Assessment Practice Guidance

This document provides additional information for the completion of form 470-4841, *Dependent Adult Assessment Tool* (*DA Assessment Tool*). It lists the focus point for each statement in the form.

Background information

- This three-part tool is used to assess a dependent adult's *degree of dependency,* as well as, to analyze safety and risk.
- Complete an assessment of the dependency and health or safety risk on every alleged dependent adult you conduct an evaluation or assessment on due to an allegation of abuse.
- The *DA Assessment Tool* is used as a multidimensional practice guide to gather information, conduct preliminary screenings, as well as, to holistically assess needs, risk factors, and safety issues.
- The results should guide the worker's service recommendations, court interventions as needed, and guide referrals for each person in order to reduce the risk of harm.
- The overall goal of the *DA Assessment Tool* is to decrease risk areas through interventions, resources, and service activities, as well as, to aid the worker in determining whether or not abuse occurred.

The *DA Assessment Tool* was designed to be completed by human service professionals. Clinical judgment and critical thinking is required when determining how safety concerns can be addressed through intervention. While each of the items within the assessment tool have been identified as precursors for safety issues, individual circumstances of clients can either elevate or lower the seriousness of each indicator.

Complete the *DA Assessment Tool* at and after your first visit with the identified adult per 441 Iowa Admin. Code 176.6(14). The adult protective worker must complete the Safety Assessment section within 24 hours of the first face-to-face contact with the adult subject. Supervisory consult and approval of the safety assessment is required. The Safety Assessment shall also be completed whenever circumstances suggest the adult subject is in an unsafe situation.

Safety Assessment

Complete within 24 hours of initial contact with adult subject. Supervisory consult is required at this juncture. Complete again before case closure. Supervisory consult is required at that juncture as well.

JARVIS prepopulates the date of completion into the narrative under the Dependency Assessment Section at the beginning of the report before the contacts.

<table>
<tr><td colspan="2">Name: First Middle Initial Last
(Adult subject's name pulled from JARVIS)</td><td>Date of Birth (Month/Day/Year)</td></tr>
<tr><td>Age</td><td>Registry Number</td><td>Date</td></tr>
<tr><td colspan="2">Forms of Alleged Maltreatment</td><td>Caretaker (if applicable)</td></tr>
</table>

1. Is the adult subject oriented to person, place, and time?

   - ♦ Adult subject is asked:
     - What is your name?
     - What day is it?
     - Where are we?
     - What time is it?
     - What year is it?
     - Is the adult aware of his or her surroundings?
   - ♦ If the adult is unsure what date or year it is, does the adult have environmental accommodations to assist him or her (i.e., a calendar to reference)?

2. Does the adult subject have supervision or the ability to adequately self-supervise or have adequate supervision?

   - ♦ Is the adult subject able to be left alone for any period of time? Has a physician specified the need for 24-hour supervision?
   - ♦ Does the caretaker present as understanding the adult subject's supervision needs?
   - ♦ Does the adult subject have the supervision which a reasonable and prudent person would exercise under similar facts and circumstances?

3. Does the adult subject or caretaker have the ability to react appropriately to an emergency such as a fire, tornado, etc.?

   - ♦ Can the adult subject exit his or her home independently in an emergency (i.e., self-transfer out of bed and use an assistive device to exit the home in an emergency)?
   - ♦ Does the adult subject demonstrate the ability to formulate and execute an emergency plan?
   - ♦ Does the caretaker have the ability to assist the adult subject in exiting the home and calling for help?
   - ♦ Is a caretaker present at all times if the adult subject cannot exit the home independently or execute a plan of escape?
   - ♦ Can the adult subject or caretaker respond reasonably and prudently to an emergency?

4. Are the adult subject's minimum needs for food, clothing, supervision, physical or mental health care, and other care necessary to maintain life and health being met?

   - ♦ Does the adult subject have an adequate, edible food supply and a means for food preparation? Is the adult able to access food and prepare food independently or does he or she have a food preparation service (i.e., meals on wheels)? Is the caretaker providing meals to ensure adequate nutrition?
   - ♦ Does the adult subject present as malnourished? Has the adult subject experienced unexplained weight loss?
   - ♦ Is the adult subject dressed in a manner that would adequately protect him or her (i.e., based on the weather)? Is the caretaker dressing the adult subject in a manner to protect the adult against the weather or to support any medical needs (i.e., compression socks)?
   - ♦ Does either the caretaker or the dependent adult know how to provide or obtain necessary physical care? For example, if the adult subject has a rash, does the adult subject and/or the caretaker know how to treat the rash and is the condition being treated.
   - ♦ Does the adult subject have a serious mental health condition? Does he or she take medications as prescribed?

- Has the adult subject been informed of the need for mental health care? What are the long term effects if treatment is not available or sought?
- Does the caretaker, if there is one, reasonably know that the dependent adult has a serious mental health condition and follow recommendations for care?
- Are there environmental hazards? If the adult is currently in the hospital, answer based on the setting in which the adult subject is currently placed. Note in the narrative the condition of the primary residence which should be seen during the assessment if the adult subject plans to return there for primary residence.
- Does the home environment lack heat, water, or electricity? How does the lack of heat or electricity impact the health of the adult subject (i.e., is it winter and cold or a very hot summer)? Does the environment present as a sanitation concern or as difficult to move around in?

5. Does the adult subject have the financial resources to meet essential human needs?
   - Does the adult subject have financial or insurance resources to access services and obtain or maintain housing?
   - Does the adult subject have financial means or services to obtain food, clothing, and shelter?
6. Does the adult subject report feeling safe?
   - Interview the adult subject alone, not in any proximity to perpetrator when asking this question.
   - Adult subject exhibits anxiety or fear of retaliation of caretaker.
   - Unable to answer means the adult subject is unable to understand the question or unable to articulate an answer. Do not select unable to answer if the worker did not ask the question.
7. Are any injuries or health conditions present requiring immediate medical attention (pressure sores, head injury, bleeding, wounds, disorientation, malnourishment, bodily infestation, broken bones, inability to move, etc.)?
   - Any injury that causes protracted loss or impairment of any bodily member or organs, any serious permanent disfigurement, or a substantial risk of death.
   - Serious injury would also include disabling mental illness under Iowa Code 235B.2(13).
8. Are there any health conditions impeding provision of basic care that place the adult subject in danger?
   - Is the adult obtaining necessary medical care as directed by a medical practitioner? If not, is the lack of medical care resulting in an immediate danger to health or safety?
   - Does the caretaker present with any issues that preclude him or her from providing the basic care the adult subject requires?
   - Does the adult subject recognize their health condition and show insight about the need for care?
   - Does the adult subject or caretaker (based on adult's implied or expressed consent) wish to refuse medical care based on religious beliefs? How long has adult subject held these religious beliefs?
   - Is the health condition a situation in which death or severe bodily injury could reasonably be expected to occur without intervention?

9. Given the adult subject's health conditions and cognitive abilities, are there any environmental hazards that place the adult subject in immediate danger in the home?

    - ♦ Does the home environment have any fall hazards?
    - ♦ Are the rooms being used for what they are intended (i.e., because of hoarding, the kitchen is full and cannot be used for cooking)?
    - ♦ Does the home environment have pathways to allow the adult subject a safe exit?
    - ♦ Is the environment organized in a user friendly way for the adult subject (i.e., if the adult cannot use the stairs and the kitchen is on another level, how does the adult subject obtain food)?

10. Are there any mental health conditions or behavioral indicators that place the adult subject in immediate danger?

    - ♦ Examples include:
        - Refusal to obtain shelter based on a belief that aliens will be there.
        - Adult subject is manic and has not eaten for several days causing dehydration and disorientation.
        - Refusal of necessary services despite obvious need.
    - ♦ Does the caretaker present with any mental health concerns impacting the caretaker's ability to provide care? Example includes: caretaker is too depressed to assist the dependent adult with activities of daily living.

11. Is there any substance abuse occurring that places the adult subject in immediate danger?

    - ♦ The adult subject suffers from alcohol induced dementia.
    - ♦ Does the caretaker's use of substances significantly interfere with the ability to care for the adult subject now? Examples:
        - Caretaker is under the influence of alcohol and cannot transfer the adult subject safely from the bed to the toilet.
        - Caretaker is crashing after the use of methamphetamine and falls asleep while the adult subject is in the bathtub.
    - ♦ Take into consideration the adult subject's care needs in answering this question.

12. Is the adult subject failing to take medications as prescribed resulting in the adult subject being in immediate danger?

    - ♦ Under or overuse of prescriptions or over-the-counter medications resulting in disorientation.
    - ♦ Confusion about which medications to take when.
    - ♦ Use of someone else's prescriptions.

13. Was the adult subject caused harm (physical, sexual, emotional, psychological, financial) by the caretaker?

    - ♦ Caretaker depends on the adult subject's financial resources.
    - ♦ Caretaker threatens physical harm and has the means to carry out the threat.
    - ♦ Caretaker has physically injured the adult subject.

- Caretaker interferes with necessary medical care either by outright denial of access or by virtue of taking medication for herself or himself.
- Non-consensual sexual contact or adult subject is unable to consent to sexual contact.
- Contractual caretakers cannot have any sexual contact or advances with an adult subject.

14. Has anyone prevented the adult subject from getting food, clothing, medication, glasses, hearing aids, medical care, or being with family or friends as a means of maintaining or gaining and maintaining power and control?

    Are there any indicators of intimate partner violence (IPV)? Please refer to the mental health, substance abuse, and domestic violence screening tool for more information or questions to screen for Intimate Partner Violence (IPV).

Scoring the Safety Assessment

If any of the questions numbered 2-6 are NO or any of the questions numbered 7-14 are YES, assist the adult subject, caretaker, service providers, and support system to take steps to alleviate the safety issues. This may be done by:

- Obtaining medical care or placement,
- Engaging additional formal and informal supports,
- Safety planning (please upload to file manager if safety plan is used),
- Use of law enforcement, or
- Seeking legal intervention.

Initial Safety Decision/Final Safety Decision

An initial and second safety assessment before case closure will always be required.

Completion of the safety assessment will result in a safety decision of one of the following:

- **Safe**. No signs of present or impending danger identified OR one or more signs of present or impending danger identified and adult vulnerability or caretaker's protective capacity offset the current danger. The dependent adult is not likely to be in imminent danger of maltreatment.
- **Unsafe**. One or more signs of present or impending danger identified. Adult's vulnerability or protective capacities do not offset the impending danger of maltreatment, or caretaker is interfering or refusing supports for the dependent adult. A protective order is the only controlling safety intervention possible.
- **Conditionally safe**. (Safety steps needed; develop jointly with the dependent adult and supports.) One or more signs of present or impending danger identified. Adult's vulnerability or protective capacities do not offset the impending danger of maltreatment, or caretaker is interfering or refusing supports for the dependent adult. Assist the adult subject, caretaker, service providers, and support system to take steps to alleviate the safety issues. This may be done by obtaining medical care or placement, engaging additional formal and informal supports, safety planning, use of law enforcement, or seeking legal intervention. The implementation of safety interventions offset the need to take more restrictive actions at this time. Failure to follow the safety interventions or a change in circumstances may result in the need to take more formal actions to assure dependent adult safety.

Note: When developing a safety plan, the safety plan must be developed with the dependent adult and take into consideration the adult subject's concepts of what safety and quality of life means. The safety plan must identify who will participate to assure safety of the adult subject, who will monitor the safety plan, and duration of the safety plan. Document the actions taken or services initiated to address each identified sign of present or impending danger. Address how behaviors, conditions, and circumstances associated with the sign of present or impending danger will be mitigated. If adult subject has a guardian who is NOT the perpetrator, the guardian must sign the safety plan as well. Document the terms of the safety plan in the narrative on the day you completed the plan.

- **Unable to remediate all safety concerns**

  Options of why:

  - Protective order requested but not granted
  - Dependent adult has the capacity to consent and is refusing services
  - Dependent adult accepted some, but not all of the recommended services
  - Other

Please also complete the narrative boxes below to provide an explanation in Analysis of Safety Summary along with documentation of safety staffing with your supervisor.

Present danger: Immediate, significant, and clearly observed maltreatment which is occurring to a dependent adult in the present or there is an immediate threat of maltreatment requiring immediate action to protect the dependent adult. A situation in which death or severe bodily injury is occurring. Iowa Code Chapter 235B.2(8) defines immediate danger to health or safety as "a situation in which death or severe bodily injury could reasonably be expected to occur without intervention."

Impending danger: A situation in which death or severe bodily injury could reasonably be expected to occur without intervention. A foreseeable state of danger in which caretaker's or adult subject's behaviors, motives, or physical environment poses a threat of maltreatment.

Summary and Analysis of Safety/Risk Assessments Identified
Describe the threats of maltreatment that are present at this time (aggravating factors that combine to produce a potentially dangerous situation):
Describe the adult subject's vulnerability to maltreatment (the degree to which an adult subject cannot, on the adult subject's own, avoid, negate, or minimize the impact of present or impending danger):
Describe the caretaker's protective capacities (family strengths and resources that reduce, control, or prevent threats of maltreatment from arising, as well as, factors and deficiencies that have a negative impact on the adult subject's safety):
Protected information regarding parent's physical health, mental health, or substance abuse:

Dependency Assessment

Page 1

Name	DOB	Age
Registry Number	Date	
Forms of Alleged Maltreatment	Caretaker (if applicable)	

- **Demographics of identified victim** go under name and date of birth.
- **The allegation of abuse** goes next to forms of alleged maltreatment.
- **The caretaker's name** (for every allegation except self-denial of critical care) goes next to caretaker, if applicable.

Health conditions and diagnoses

The answers to this question can help identify risks, but the answers to this question are not necessarily considered safety concerns if the conditions are adequately managed. For example: A person may have diabetes but takes medications or manages the disease through dietary and lifestyle changes.

This section should be used to note diagnoses of DSM-V (mental health) conditions, medical conditions, or physical conditions of any sort.

Medications

Ask the adult subject what medications he or she is prescribed. This is also a good time to ask if the client is taking medications as prescribed or if the client is overtaking or undertaking prescriptions. If the client is over or under medicating, why?

Medications can play a vital role in managing a client's medical or psychiatric issues. Also, the medication type and affiliated side effects can impact dependency status.

Current services

1. Has guardian ☐ Yes ☐ No

   A legal guardian is an individual or entity, also sometimes known as a surrogate decision maker, appointed through state law to make personal and/or property decisions for another person who lacks the capacity to make such decisions, as determined by a court. See Iowa Code Chapter 633.552.

2. Has POA financial ☐ Yes ☐ No

   A power of attorney for financial matters is also called an "attorney in fact." This person only manages the principal's finances, **not** medical decisions. The power of attorney or POA is not an actual attorney and can be appointed before a client lacks capacity.

Always ask for a copy of the POA document. Each POA is different so how the POA is triggered and what the POA can do might be different from one case to the next. POA's generally cannot self-deal (give themselves money, property, etc.) unless the agreement specifically states such. See Iowa Code Chapter 633.

3. Has POA health care ☐ Yes ☐ No

A power of attorney for health care is also called a medical attorney in fact. The power of attorney or POA is not an actual attorney and can be appointed before a client lacks capacity.

Always ask for a copy of the POA document. Each POA is different so how the POA is triggered and what the POA can do might be different from one case to the next. POA's can also be for a specific life event which is why seeing a copy of the POA is vital. See Iowa Code Chapter 144B.

4. Has conservator ☐ Yes ☐ No

A conservator is a legally appointed fiduciary appointed through the district court. The conservator manages a ward's finances, estate, and property.

5. Has representative payee ☐ Yes ☐ No

A representative payee (Rep Payee) is an individual or organization appointed by SSA to receive Social Security and/or SSI benefits for someone who cannot manage or direct someone else to manage his or her money.

The main responsibilities of a payee are to use the benefits to pay for the current and foreseeable needs of the beneficiary and properly save any benefits not needed to meet current needs. A payee must also keep records of expenses. When SSA requests a report, a payee must provide an accounting to SSA of how benefits were used or saved.

6. Receives SSI/SSDI ☐ Yes ☐ No

This question pertains to services and assistance to provide a safety net for disadvantaged individuals who lack the resources to provide basic necessities for themselves and their families. This includes such programs as:

- Financial aid (TANF),
- Nutrition (SNAP),
- Energy assistance (LIHEAP),
- Health care (Medicaid), etc.

SSDI provides benefits to disabled or blind persons who are "insured" by workers' contributions to the Social Security trust fund.

Social security retirement benefits are benefits received by retired workers who have paid into the Social Security system during their working years. They are paid out on a monthly basis to retired workers and their surviving spouses.

SSI or Supplemental Security Income is assistance payments to aged, blind, and disabled persons (including children) who have limited income and resources.

7. Receives waiver services ☐ Yes ☐ No

   Ask the client if he or she receives any home- and community-based care services, also called waiver services. Waiver services are now under one of three Managed Care Organizations. Use IMPA to find out which organization your client is assigned to and which services he or she receives.

8. Other

   This narrative can be used to note veteran's benefits. It can also be used to explain who is named as a guardian, conservator, etc. A person may have co-conservators or different people designated to do different things. The worker can use this space for any additional current service information that isn't accounted for in the yes or no questions or if certain answers are unknown.

Cognitive impairments

Cognitive impairments means that because of a physical, mental, or emotional problems, a person has difficulty remembering, concentrating, or making decisions. Cognitive impairment can range from mild to severe.

1. Intellectual/developmental disability ☐ Yes ☐ No

   Intellectual disability means a diagnosis of intellectual disability (intellectual developmental disorder), global developmental delay, or unspecified intellectual disability (intellectual developmental disorder) which is made only when the onset of the person's condition was during the developmental period and based on an assessment of the person's *intellectual* functioning and level of adaptive skills.

   The diagnosis shall be made by a person who is a licensed psychologist or psychiatrist who is professionally trained to administer the tests required to assess *intellectual* functioning and to evaluate a person's adaptive skills. The diagnosis shall be made in accordance with the criteria provided in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), published by the American Psychiatric Association. 441—83.60(249A).

Developmental disability means a severe, chronic disability that:

a. Is attributable to a mental or physical impairment or combination of mental and physical impairments;

b. Is manifested before the age of 22;

c. Is likely to continue indefinitely;

d. Results in substantial functional limitations in three or more of the following areas of major life activity:

- ♦ Self-care,
- ♦ Receptive and expressive language,
- ♦ Learning,
- ♦ Mobility,
- ♦ Self-direction,
- ♦ Capacity for independent living, and
- ♦ Economic self-sufficiency; and

e. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

See 441—90.1(249A) Definitions. (The medical assistance code for waivers.)

2. Brain injury ☐ Yes ☐ No

Brain injury: A brain injury is defined in 441 IAC Chapter 83 as clinically evident damage to the brain resulting directly or indirectly from trauma, infection, anoxia, vascular lesions, or tumors of the brain, not primarily related to degenerative or aging processes, which temporarily or permanently impairs a person's physical, cognitive, or behavioral functions.

Traumatic brain injury: The result of a violent blow or injury to the head. Physical damage to the brain may result in long term complications that impact daily activities due to difficulties in:

- ♦ Sleeping,
- ♦ Dizziness,
- ♦ Vision,
- ♦ Memory concentration, and
- ♦ Mood changes.

Screening tool is usually the result of self-reporting of the injury or symptoms. Diagnosis depends upon clinical training.

3. Dementia/Alzheimer's ☐ Yes ☐ No

Dementia is a general term for a decline in mental ability severe enough to interfere with daily life. Dementia is a term that describes a wide range of symptoms associated with a decline in memory or other thinking skills severe enough to reduce a person's ability to perform everyday activities. Memory loss is an example of a symptom of dementia. Alzheimer's is the most common type of dementia (www.alz.org, 2016).

4. Mental health significantly impacting daily functioning ☐ Yes ☐ No

This question can encompass mood disorders such as depression, bipolar disorder, etc. This question can also be used to indicate mental health conditions like anxiety disorders or schizophrenia. Answering yes to number 4 indicates that the disorder currently impacts or interferes with a person's day-to-day life. If the person has a mental health condition, mark yes but indicate in narrative if the condition is adequately treated at the present time.

5. Substance abuse significantly impacting daily functioning (including prescription misuse) ☐ Yes ☐ No

The use of drugs that impact the ability to conduct daily activities, including:

- Over-the-counter drugs,
- Prescriptions drugs,
- Cannabis (marijuana, hashish),
- Solvents,
- Tranquilizers,
- Barbiturates,
- Cocaine,
- Stimulants,
- Hallucinogens, or
- Narcotics

Include:

- The quantity and frequency of use of such drugs,
- Feelings of being unable to stop when wanting to,
- Guilt or being neglectful,
- Withdrawal symptoms, or
- Having blackouts or flashbacks due to drug usage.

Screening tools, such as the Drug Abuse Screening Test (DAST 10) or others, may be used. Diagnosis depends upon clinical training.

6. Other medical conditions impacting cognition ☐ Yes ☐ No

Behavioral conditions not included in the value list of behavioral health that are due to brain damage, disease or unknown causes which impact the ability to conduct daily activities. Examples include amnesia, delirium, behavioral syndromes such as eating disorders, sleep disorders, and other personality disorders.

7. Is the condition temporary ☐ Yes ☐ No ☐ NA

   A temporary condition is one that is not progressive. The condition can improve with treatment or intervention.

Cognitive screening

1. Type of mental status screening used and the score: Select the screening tool used. NA is to be used only when adult subject is unable or unwilling to answer.

   Upload tool used into File Manager in JARVIS about what each type of tool is. LIST RESULTS under heading in the assessment labeled Dependency Assessment.

   - The SLUMS **is the preferred tool for adult protective workers to use during an assessment**. Social services personnel, licensed nurses, MDs, NPs, OTs, PTs, and other qualified health care professionals can complete the form after being trained. (Annual retraining is recommended.)

     The purpose of the SLUMS is to screen individuals to look for the presence of cognitive deficits, and to identify changes in cognition over time.

   - The mini-cog is a very simple and quick diagnostic test for determining capacity to make decisions. This is not a thorough professional mental health examination, but rather an easy to use, cursory tool to assist you in determining if the alleged victim has the capacity to make decisions. The mini-cog can be carried out by a doctor, clinician, or social worker. It takes about three minutes to administer and is often used in emergency departments to identify people who require further investigation into their clinical presentation. **The test consists of a three-item recall and a clock drawing test**.

     a. Ask the person to repeat three unrelated words (e.g., pencil, sing, and strong).
     b. Ask the person to draw a clock.
     c. Ask the person to recall the three words.

     Scoring:

     - A person who is unable to recall any of the three words is categorized as 'probably does not have the capacity to make decisions.'
     - A person who can recall all three words is categorized as 'probably has the capacity to make decisions.'
     - Persons who can recall one or two words are categorized based on the clock drawing test. If the person draws a clock that is in any way abnormal, the person is considered as 'probably does not have the capacity to make decisions.' If the clock is normally constructed, the person is considered as 'probably having the capacity to make decisions.'

     The mini-cog test results only contribute to a diagnosis of having the capacity to make decisions. The test cannot be used to definitively define the person as not having the capacity to consent.

   - Other good mental status screening tools administered by other professionals that can be used in lieu of the SLUMS include the Mini Mental Status Exam (MMSE) and the MoCa to name a few options.

   - Use the *NARRATIVE Option* to denote the results. Please also document if someone other than the APW completed the screening tool along with the person's name and credentials.

2. Does the adult subject appear to need further assessment on capacity to consent? Explain:

   Based on your preliminary screening tool results and/or observation, did any of the results signal a need for a more comprehensive professional assessment? Explain what indicators you saw.

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Physical impairments

1. Is the adult subject bed bound? ☐ Yes ☐ No

   Bed bound means that the client is unable to transfer oneself out of bed, chair or anywhere on his or her own.

2. Is use of assistive device recommended to ambulate? ☐ Yes ☐ No

   Indicate reason for assistive device.

   Ambulatory difficulty is having serious difficulty walking or climbing stairs. In these occasions, an assistive device such as a cane, walker, or wheelchair may be recommended by a person's service provider.

3. Has paralysis or amputation? ☐ Yes ☐ No

   Indicate limbs affected.

   Paralysis means a condition in which a person is unable to move or feel some or all of their body parts.

   Amputation means removal of a limb, finger, etc. This can include accidental removal.

4. Has impaired dexterity in hands (cannot grasp pen, open jars, etc.)? ☐ Yes ☐ No

   Impaired dexterity means the person does not have the ability to use their hands for normal daily functions.

   Examples would include writing a check, holding a pen or pencil, being unable to open jars, being unable to open pill bottles or remove pills from a container.

5. Uncorrected visual impairment? ☐ Yes ☐ No

   An uncorrected visual impairment means a person is blind or having serious difficulty seeing, even when wearing glasses.

6. Hearing impairments? ☐ Yes ☐ No

   Selecting yes indicates the person is deaf or has serious difficulty hearing.

7. Other medical conditions impacting physical function? ☐ Yes ☐ No

   Disabilities other than those specified in the categorizations provided.

8. Are any of the adult's current physical conditions temporary? ☐ Yes ☐ No

   A temporary condition is one that is not progressive. The condition can improve with treatment or intervention. This includes conditions which may be recurring (comes back if treatment stops) or intermittent (it comes and goes).

9. How does the adult subject rate his or her health?

   ☐ Excellent ☐ Good ☐ Very good ☐ Fair ☐ Poor

   (This is an evidence-based question that can be telling about insight.)

   Ask the client his or her perspective on overall health and then rate your impressions based on your assessment interview or other tools and resources available to you. If you don't know, mark "No response." You should go back later and update the tool with additional information from your assessment as it becomes available.

Pages 3 and 4

The **Katz Index of Independence in Activities of Daily Living (ADL)**, commonly referred to as the Katz ADL, is the most appropriate instrument to assess functional status as a measurement of the client's ability to perform activities of daily living independently. The Katz Index ranks adequacy of performance in the six functions of *bathing, dressing, toileting, transferring, continence, and feeding*. Clients are scored for independence in each of the six functions.

Each category will need a check box. Jarvis calculates the score. Completion of all questions is required. *A score of 6 indicates full function, 4 indicates moderate impairment, and 2 or less indicates severe functional impairment.*

- The Katz score is important because if a person cannot perform that activity of daily living for ANY reason, the person must be scored as dependent. Any inability, whether due to physical or mental condition, must be given a score of zero.
- Embedded within the Katz are essential elements of self-care. For example, the loss of continence is a predictor for placement in long-term care. This scale assists the APW in screening for a person's ability to perform essential human care needs.

The **Lawton Instrumental Activities of Daily Living Scale (IADL)** is an appropriate instrument to assess independent living skills. These skills are considered more complex than the basic activities of daily living as measured by the Katz.

- Independent living skills are typically more complex and thus are the abilities likely to decline first.
- IADL function is typically lost before general ADL functions are lost. The Lawton is good at detecting gradual or slight decline in ability that an assessor might otherwise miss. Each ability measure on this scale relies on either cognitive function, physical function, or both.
- Three items in particular on this scale are affiliated with reduced cognitive functioning for those residing in the community. Those questions are: ability to use the telephone, ability to manage finances, and responsibility for own medications.

- Questions on this scale can also lead the worker to good 'why' questions to further assess degree of dependency.
- The instrument is most useful for identifying how a person is functioning at the present time, and to identify improvement or deterioration over time. There are eight domains of function measured with the Lawton IADL scale. Scoring: For each category, check the box for the item description that most closely resembles the client's highest independence level (either 0 or 1).

Katz and Lawton credit: A series provided by The Hartford Institute for Geriatric Nursing
Hartford Institute website: www.hartfordign.org
ConsultGeriRN website: www.ConsultGeriRN.org

The use of evidence-based tools to structure and quantify degrees of impairment is useful not only for present service coordination and recommendations but for a basis of comparison in future assessments.

Does the information collected indicate that the alleged victim has a physical or mental condition impacting the ability to meet basic needs (including inability to self-protect), indicating a dependent adult status? ☐ Yes ☐ No

Based on the scoring from your tools, what you observed, interviews, collateral contacts, and review of evidence, is your adult subject a dependent adult?

Summary of dependency status

Summarize the evidence used to support or refute that the adult subject is a dependent adult. A diagnosis alone is not sufficient to determine a person is a dependent adult. A worker needs to describe the impairments in functioning using the objective measures mentioned above. An adult subject may be impaired in some domains of functioning and not others. The dependency assessment will NOT be included in the final assessment summary. Only what the worker summarizes here will be included in the final report.

Adult Subject Risk of Abuse or Neglect Assessment

The risk assessment should be completed by the conclusion of the assessment or evaluation.

The system will autoscore the outcome to indicate a risk level. This risk level will assist in determining service outcome and interventions.

1. Prior APS assessments/evaluations

   a. None.....0
   b. 1-3.....2
   c. 4 or more.....4

   Note the number of APS assessments/evaluations the individual has had as an adult subject (victim of abuse).

2. Medical

   a. Sees medical provider as needed and follows recommendations 0

      The adult subject is accessing a medical provider when reasonably necessary and following all CRITICAL recommendations. For example: The adult subject is taking necessary heart medications or diabetic medications. The adult subject may also have a recommendation to exercise regularly or stop eating cookies but is not following that recommendation which would not be seen as a refusal of care.

   b. Barriers to access or follow through with medical care.....2

      Barriers could include financial, emotional, physical, and motivational. Things to consider:

      - Does the adult subject have medical insurance or the funds to purchase coverage?
      - Does the adult subject have transportation to appointments?
      - Is it difficult for the adult subject to leave the home and get to appointments resulting in canceled or multiple rescheduled appointments?
      - Due to barriers such as transportation, is medical care delayed unreasonably resulting in a worsening of the condition?
      - Is there no medical provider that takes the adult subject's insurance in close proximity?
      - Is the care the adult subject needs unavailable in the community?

   c. Refuses care or follow through 4

      The adult subject refuses to address health conditions in a meaningful way. The adult subject may go to the doctor, but does not regularly take medications to treat conditions or follow recommendations to address the medical condition. This would include situations in which someone who is diabetic is not taking medication or controlling diet resulting is frequent hospitalization. Consider if a pattern of behavior regarding care refusal is present for chronic illnesses.

3. Cognitive functioning

   Information for this question should be guided in part by the dependency assessment and screenings in conjunction with available information from medical providers, first hand observation, and other collateral contacts.

   a. No impairment identified on cognitive assessment 0

      The adult subject has the ability to formulate plans to access services, control and understand their finances, as well as, understand cause and affect relationships.

In referencing the *DA Assessment Tool* there are no deficits present in cognitive functioning that would prevent the adult subject from looking out for their own interests.

b. Cognitive impairment identified on assessment but needs being met 2

For example: The adult has dementia but there is an adequate mechanism for decision making in place such as a guardian, POA, supervised living arrangement etc. Adequate informal supports such as family members should also be considered if they are assisting with supervision and decision making. There should be supports in place to fill the need created by the deficit in cognitive ability.

c. Cognitive impairment identified with unmet needs 4

The adult subject has basic needs unmet due to a lack of cognition. For example:

- Situations such as a lack of housing occur because the adult subject could not understand or navigate rental agreements.
- Lack of health care because the adult subject cannot navigate making appointments or arranging for health care coverage. He or she may only know to call 911.
- Supervision needs due to wandering, getting lost, lack of awareness to danger and engaging in unsafe behaviors without having the cognitive ability to understand the repercussions.

4. Physical mobility

Information for this question should be guided in part by the dependency assessment and screenings in conjunction with available information from medical providers, first hand observation, and other collateral contacts.

a. No mobility problems or this is adequately addressed 0

The adult subject's physical abilities align with the environment they are residing in or there are accommodations made to assist with needs. For example:

- The bathroom is on the second floor of the home and the adult can climb stairs or there is a lift they are able to use.
- The adult subject can walk to the store, drive or take a motorized chair.
- The adult subject is able to get up from a seated position or have a lift chair and raised toilet.

b. Mobility concerns interfere with the ability to meet basic needs 2

In this circumstance the adult subject has a basic need that is not being met due to a physical mobility issue. For example:

- The bathroom is on the second floor and the individual cannot go up the stairs and, therefore, does not use it.

- ♦ The individual is unable to get up from a seated position without assistance.
- ♦ The individual cannot move around their home to accomplish cooking, cleaning, and regular activities of daily living (ADL).

c. Unable to transfer without assistance or perform ADLs due to mobility 4

This risk would apply to those that have little to no physical ability to move about in any sort of independent fashion. They cannot:

- ♦ Get up from bed,
- ♦ Transfer to a motorized chair,
- ♦ Toilet independently, or
- ♦ Lack the physical ability to act in his or her own self-interest.

For example, if the person was placed in a position away from a phone or other way to seek help, he or she could not self-protect.

5. Number of hospital stays or emergency room visits in past 12 months

a. 0 – 1 0
b. 2 – 3 2
c. 4 or more 4

Select the correct answer from information gathered during the assessment/evaluation.

6. Mental health/coping skills

a. Adequate coping skills and/or able to manage mental health.....0

The adult subject may have diagnosed mental health issues but their coping skills and/or treatment modalities prevent interference with daily activities and functioning.

b. Moderate symptoms that interfere with performance of some daily activities 2

In these cases the APW will notice some loss of functioning related to observable mental health issues and or coping skills. For example:

- ♦ The adult subject could appear easily overwhelmed, anxious regarding daily tasks and needs. This could manifest in situations where the adult can't leave the home on time because of anxiety or paranoia.
- ♦ The adult subject may express fears that are not reality based.
- ♦ The adult subject is not cleaning the home or doing self-care regularly because of symptoms of depression.

c. Severe symptoms that interfere with performance of most or all ADLs 4

Lack of coping skills and the impact of mental health issues are very prevalent and impactful on day-to-day living and care. The adult subject is having difficulty looking out for their own interests due this impact. For example:

- Anxiety is preventing the adult from accessing needed medical care.
- Paranoia is preventing the adult subject from allowing care staff into the home to assist them with needed personal care.
- Hoarding of items or pets is creating a safety, sanitation, or fire hazard in the home.
- Mental health symptoms could be so severe that the ability to provide informed consent is impaired.

7. Substance use

a. No substance use OR does not impact health or safety.....0

Observation and information indicates that there are no concerns of substance usage. There may be "recreational" usage of legal or illegal drugs, but no behavioral indicators that any impact to health or safety has occurred. For example: The adult subject may drink alcohol at night but does not become incapacitated and unable to meet their own needs.

b. Substance use has resulted in legal charges, medical issues or treatment.....2

The adult subject has a record of legal charges relating to substance usage such as OWI, possession of an illegal substance or public intoxication. Substance usage has resulted in negative social and economic impact.

c. Substance use hinders most or all daily activities and impacts health/safety 4

Adult subject's usage creates a major impact to the daily health and safety. For example:

- The adult subject is intoxicated for days at a time, not eating, falling frequently, and ends up in the hospital regularly as a result.
- Adult subject's methamphetamine usage renders them disconnected from reality and unable to care for their basic needs.

8. Committal history for substance abuse or mental health in the past 24 months

a. No.....0
b. Yes.....2

This information can come from the adult subject, legal history or collateral contacts. This should include "48 hour holds," "self-committals," and other such short term interventions.

9. Support system

   a. Adult subject accepts supports to assist with meeting essential needs or no support needed.....0

      Adult subject is engaged with support systems such as home health care, support living staff, relatives, and other community supports. If no support is needed, then this answer would also apply.

   b. Adult subject would consider supports being implemented or current supports are insufficient to meet needs.....2

      The adult subject recognizes the need for assistance and would cooperate with such if arranged. For example:

      - The adult subject is not able to prepare meals and would participate in a meal program.
      - There are difficulties with taking medications as prescribed and the adult subject is agreeable to allowing their son or daughter to set up medications.
      - The adult subject is agreeable to using a medication dispenser.

      Current supports may also be inadequate, such as:

      - Medications are being set up, but the adult subject needs prompting to remember to take the medications.
      - The adult subject may be in need of a conservator as the adult subject doesn't understand their finances. The adult subject is willing to have this arranged, but it is not currently being provided.

   c. Adult subject refuses supports or has no supports.....4

      This is referring to cases where the adult subject is not cooperative with identified service needs or the need is not able to be fulfilled due to economic, geographical or level of care needs. The adult subject may not have any supports able to help with the identified need.

10. House/environment.

   a. Housing meets basic needs for health and safety.....0

      Consider the mobility and needs of the adult subject when evaluating this risk category. APW should have credible evidence or direct observations which indicate the adult subject is able to adequately care for him or herself in the current environment without supervision; or the adult subject has adequate supervision and safe housing.

      For example: An adult subject with balance and mobility issues will have different environmental needs when compared with someone who is mobile and has a severe intellectual disability.

   b. Housing does not meet basic needs for health and safety.....4

      In these cases the home is unsafe for the adult subject. This could be because housing does not meet their needs due to physical limitations or could be unsafe because of a created condition such as hoarding.

11. Finances and resources

a. Finances and resources meet basic needs.....0

The adult subject has the resources to procure housing, food, needed medical care, and clothing. This would also include accessing public assistance programs to meet these needs.

APW may see that an adult subject has the adequate resources but that basic needs are going unmet. Consider why the adult subject has basic needs going unmet. If doing so is based on informed consent, then narrate the information in the Summary and Analysis of Safety Constructs section.

b. Finances and resources are insufficient to meet basic needs 2

The adult subject has a basic need not being met such as lack of medical care, health items, or lack of housing due to lack of resources. The adult subject may not have money for necessary medication and no public assistance program will cover.

c. Adult subject is helping to support caretaker.....4

The adult subject is providing financial support to their caretaker. This could include outright financial payment or resources such as usage of a car, housing, and other tangible goods.

12. Service and care recommendations

a. Services in place address needs, is willing to accept necessary services, or none needed 0

Adult subject accepts formal services that are in place to assist with needed support. This could include in-home nursing, bath aid, supported living services, medication management or any sort of formal service. It may be the case that no services are needed to assist.

b. History of service refusal/noncompliance.....2

Include situations where the adult subject has a history of starting services and then discontinuing even though the service is necessary for support. Past behavior of refusal of necessary services should be included in considering the answer to this question (even though they may be accepting services this episode).

c. Currently refuses referrals or recommendations for necessary services 4

Despite having resources or being offered services necessary to maintain safety and basic care the adult subject is refusing to cooperate with referrals or allow services and care to occur. This could include active refusal or a lack of willingness to make arrangements to have the service provided.

13. Family violence

a. Adult subject does not have a history of victimization 0

The adult subject does not have any history of being a victim of family violence or intimate partner violence. Consider legal history information, self-report, and collateral report information for this risk.

b. Adult subject has a history of victimization as a child or as an adult.....2

An adult subject with prior history of abuse as a child would apply in this risk category. Use DHS systems, self-report, and collateral information. Consider legal history information, self-report, and collateral report information for this risk. The person may also have been the target of violence as an adult. This can include intimate partner violence such as spousal violence, violence from stranger, etc.

c. Adult subject has a history of victimization by the current caretaker/perpetrator 4

The adult subject has been victimized by the current caretaker or person responsible for the current concern or a previous incident. The victimization does not have to have resulted in formal legal charges.

Final score:_____

Risk Assessment of Alleged Person Responsible for Abuse/Neglect

Low 0 - 5 Mod 6 - 11 High 12 or more

1. Prior protective (child and adult) assessments/evaluations

a. None.....0
b. One or more assessments.....2
c. One or more confirmed/founded 4

Select the correct number of protective assessments the alleged person responsible has had. This would only include assessments in which they were the alleged person responsible not as an alleged victim.

2. Cognitive functioning

a. Caretaker exhibits adequate cognitive functioning 0

The caretaker appears to have adequate cognitive ability to meet current and changing care needs. This will vary depending on the intensity and varying nature of the adult subject needs. For example:

- The cognition required to manage a small household budget versus extensive farming operation.
- The ability to help someone with self-care needs versus managing multiple medications.

b. Cognitive impairment in caretaker intermittently interferes with ability to provide care.....2

Generally the caretaker has the ability to meet the adult subject's needs. At times the caretaker may get confused by changing care needs or complicated situations not normally encountered. This could also apply in situations where the caretaker's decline in cognitive issues, such as someone with mild dementia, being a caretaker for a disabled spouse or child.

c. Cognitive impairment substantially interferes with ability to provide care 4

The caretaker's cognitive functioning prevents the caretaker from understanding the adult subject's care needs and ultimately providing the care needed. This could include intellectual disabilities, cognitive decline due to dementia, head injuries or other organic issues.

3. Caretaker knowledge/skills

a. Caretaker has adequate knowledge/skills.....0

The caretaker has the knowledge necessary to meet the adult subject needs. For example: The adult subject is diabetic and the caretaker has the knowledge to administer diabetic testing and administer the proper medication amount.

b. Some concerns related to knowledge/skills 2

The caretaker has some gaps in knowledge which impact the caretaker's ability to meet the adult subject's needs. For example: The adult subject has a pressure wound and the caretaker does not have an understanding of how to treat this at home or when to seek medical attention.

c. Significant concerns related to knowledge/skills 4

The caretaker has a significant deficit in knowing or acknowledging how to care for the adult subject. For example:

- The adult subject is diabetic and the caretaker does not know how to read the meter or administer the correct dosages of insulin.
- The caretaker is not aware or does not understand that a person with severe dementia needs close supervision despite medical recommendations.

4. Physical health and ability

a. Caretaker's health and ability does not interfere with care.....0

The caretaker is able to meet all the needs of the adult subject within their care responsibilities. The caretaker may have a health condition but the condition doesn't impact the adult subject's care.

b. Caretaker's health and ability occasionally interferes with care.....2

There are times with the caretaker cannot meet the needs of the adult subject. For example: The adult subject needs to be transferred to the toilet or bath and the caretaker has a chronic back issue that at times prevent the caretaker from meeting this need timely. This could also include intermittent health issues of the caretaker such as arthritis flare-ups or illness.

c. Caretaker's health and ability interferes with care.....4

The caretaker's physical abilities prevent them from providing required critical care. For example: Caretaker is unable to transfer the adult subject. Caretaker is providing supervision but is unable to walk if adult subject wanders out of the home. The caretaker may have physical limitations that prevent home care and maintenance that result in an unsafe environment. The caretaker themselves may have a health condition such as a stroke that causes an inability to meet the needs of the adult subject.

5. Mental health/coping skills

a. Caretaker is able to meet the adult subject's care needs.....0

The caretaker may have mental health issues or feel stressed but is able to meet all the needs of the adult subject within the scope of the care responsibilities.

b. Caretaker's mental health occasionally interferes with care OR caretaker has difficulty adapting to changing care needs.....2

There are gaps in care resulting from the caretaker's mental health or coping abilities. For example:

- There may be times when the caretaker is depressed and unable to cope with the behavioral outbursts of the adult subject causing the caretaker to strike out at the adult subject.
- The adult subject may need a variable level of care due to shifts in mobility and cognition. The caretaker in some cases may struggle with this adaption and either be overly restrictive or not provide enough supervision resulting in care deficits.

c. Caretaker's mental health consistently interferes with care OR caretaker is unable to adapt to changing care needs.....4

There is significant impairment on behalf of the caretaker that is interfering with the adult subject's care. For example:

- The caretaker is diagnosed as schizophrenic and stopped taking his or her medications.
- The caretaker now believes that the adult subject's medications are poison and threw them away.

This could also be a situation where the adult subject has severe cognitive decline and the caretaker is unable to provide the level of supervision and support necessary to keep the adult subject safe.

6. Substance use

   a. Caretaker does not use substances OR substance use does not interfere with care 0

      The caretaker is substance free or the usage does not impact the care being provided. Consider the needs of the adult subject and the level of supervision and care needed. Usage that would not be impactful with mild to moderate care needs may be highly impactful with significant care needs.

   b. Caretaker's substance use intermittently interferes with care 2

      There are times when the caretaker's substance usage may interfere with needed care of the adult subject. For example:

      - The caretaker drinks heavily at night a couple times a month and does not hear the adult subject needing to use the bathroom.
      - Perhaps the caretaker does not get up in the morning and get the adult subject to a doctor's appointment due to drinking the night before.
      - The caretaker is arrested for drug possession and is not able to care for the adult subject for a few days due to being in jail.

   c. Caretaker's substance use consistently interferes with care 4

      The caretaker has a significant substance abuse problem and the needs of the adult subject are such that care is regularly impacted. For example: The caretaker is using methamphetamine and the adult subject needs 24-hour supervision. The caretaker is unavailable to provide this due to periods of "crashing" in between periods of usage. Consider how the usage is impacting the needed care and supervision. This will vary based on the needs of the specific adult subject.

7. Family violence

   a. Caretaker has no history of perpetrating family or domestic violence 0

      Review legal history, self-reporting, DHS history and collateral contacts.

   b. Caretaker has a history of perpetrating family or domestic violence 2

      This could include prior legal charges, founded CPS or founded adult protective reports for domestic violence or physical abuse. This risk applies to historical victims, as well as, current or recent victims. Consider ANY history of perpetrating family or domestic violence regardless of the relationship to the current adult subject.

   c. Caretaker has a history of victimization by the adult subject 3

      Consider any history of the caretaker being victimized by the adult subject. For example:

- The adult subject was arrested multiple times for assaulting his wife. He now has dementia and his wife, whom he assaulted in the past, is now his sole caretaker.
- The adult subject was physically abusive to her children and neglected them throughout childhood. The adult child is now the adult subject's caretaker following her having a stroke.

d. Caretaker has exhibited violent or threating behavior toward alleged victim 4

Examine the relationship between the caretaker and adult subject. Review legal history, DHS records, and self-reporting. This would include covert threats and threatening posturing toward the adult subject. For example: The caretaker threatens to take the adult subject to the nursing home if they don't pay the caretaker's cell phone bill or legal fines. Direct physical violence like hitting, slapping, or pointing a gun at someone are all considered violent and threatening behavior.

8. Finances and resources

a. Caretaker does not have access to adult subject's finances/resources.....0

The caretaking relationship exists with protections in place to segregate duties around financial matters. The caretaker who is the subject of the report does not have access to the adult subject's money or resources.

b. Caretaker has access to adult subject's finances/resources 2

The caretaker does have direct access to the adult's finances and resources. For example:

- The caretaker assists the adult subject with paying bills and has the ability to sign checks and make withdrawals from the caretaker's account.
- The caretaker has access to the adult subject's car, equipment, and property.

c. Caretaker has a history of or is currently misusing the adult subject's finances/resources 3

This could include using the adult subject's money for personal uses, driving the caretaker's car for things that don't benefit the adult subject. For example:

- The adult subject has a car and the caretaker uses it to take the caretaker's family on vacation and the adult subject does not have the ability to consent to such.
- Misuse of resources would also include living in the home rent free or using farm equipment that under normal circumstances would have been bought or rented.

Please note that if an adult subject cannot provide informed consent, then gaining consent is not possible without some other action like power of attorney, etc.

d. Caretaker and adult subject have interdependent finances.....4

Interdependent finances means that the caretaker and the adult subject have one bank account or "share" all their money. Interdependent finances can give a caretaker easy access to spending money or using resources that might be intended for other purposes, like paying providers. Unusual activity becomes harder to explain and suspicious signatures or other transactions may be more likely to go undetected.

The care of the adult subject may also suffer due to the financial burden of having to provide for the caretaker. Interdependent finances also may make informed consent more difficult creating vulnerability for exploitation.

9. Services and care recommendations

a. Caretaker cooperates with services or care recommendations as needed.....0

The caretaker is willing to allow services to occur, is cooperative with care recommendations, and is not a barrier to the adult subject getting critical needs met.

b. Caretaker refuses services, however, care is arranged through alternate sources 2

In these cases the caretaker may refuse to provide additional care, however, an additional service is implemented to fill the need. For example:

- The caretaker is refusing to bring the adult subject to therapy, but other transportation is found.
- The caretaker refuses to provide 24-hour supervision, but the adult subject's children arrange to be at the home when the caretaker is not.

c. Caretaker refuses necessary services and care recommendations 4

In this case the caretaker refuses to participate in services necessary to maintain life and health. For example: The adult subject is non-ambulatory and should have 24-hour care. However, the caretaker refuses to allow the adult subject to leave the home to go to a higher level of care. The caretaker is also refusing to provide or obtain 24-hour care despite medical recommendations.

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