



Elder Abuse Prevention & Awareness Program Manual

August 2017

TABLE OF CONTENTS

Overview	1
Objectives.....	1
How It Works (Appendix A)	1
EAPA Staffing	3
Elder Rights Specialists (ERS)	3
Additional EAPA Staff.....	3
Client Eligibility	3
Elder Abuse Screening Tool (Appendix B)	4
Referrals Received	4
EAPA Referral Flowchart (Appendix C).....	4
Determining Type of Referral	5
Non Consumer	5
Consumer	5
Legal Representative.....	5
EAPA Care Enrollment	5
Referral to EAPA	5
Services Offered in EAPA Program	6
EAPA Admission by EAPA Specialist	6
EAPA Non Consumer Consultation Service (Appendix D).....	8
Definition	8
Reporting Example Scenario.....	8
Process Flow	8
Harmony Instructions.....	9
EAPA Non Consumer Consultation When Consumer Information Is Not Provided (EAPA Training & Education Service – Subservice: Consultation.....	9
EAPA Non Consumer Consultation When Consumer Information Is Provided	11
Record the Caller (Non Consumer) Information	11
EAPA Assessment Service Form.....	12
Record Collateral Information.....	13
Case Notes	14
Consultation Outcome.....	14
Formatting Columns.....	15
Service Deliveries	15

EAPA Consumer Consultation Service (Appendix E)	16
Definition	16
Reporting Example Scenario	17
Process Flow	17
Harmony Instructions.....	18
EAPA Consumer Consultation When Consumer Information Is Not Provided (EAPA Training & Education Service – Subservice: Consultation)	See page 9
EAPA Consumer Consultation When Consumer Information Is Provided	18
EAPA Assessment Service Form.....	18
Record Collateral Information.....	20
Case Notes	20
Consultation Outcome.....	21
Formatting Columns.....	See page 14
Service Deliveries	21
EAPA Assessment & Intervention Service (Appendix F)	22
Definition	22
Reporting Example Scenario	23
Process Flow	23
Determine Priority Level	24
Legal Representative Documentation.....	25
Harmony Instructions.....	26
EAPA Assessment Service Form.....	26
EAPA Intervention Plans.....	28
File Attachments	30
Formatting Columns.....	See page 14
Service Deliveries	30
EAPA Training & Education Service	31
Definition	31
Reporting Example Scenario	32
Harmony Instructions.....	32
EAPA Training & Education Service – Subservice – General Awareness	32
EAPA Training & Education Service – Subservice: Consultation (Consumer Information Is Not Provided).....	See page 9
Discharge from EAPA Program	34
Joint Assessments	35
Interviews	35
Refusal of Assistance	36
Releases of Information	36
Funding For Services	37

Funding Restrictions	38
Purchase of Service	38
Reallocation of Funds	39
Monitoring & Reassessment	40
Case Records & Record Retention	40
Data Collection & Analysis	40
Information Sharing / Referrals	41
Authorization to Obtain or Release Information	41
Referral to the Long Term Care Ombudsman	41
Referral for Services.....	41
Protective Action.....	41
Emergency Protective Orders and Guardianships.....	41
Role of MDT or CSTs	41
Client Safety Team Guidelines	42
Training & Education – General Awareness	42
Public Awareness	42
Press Releases	42
State Clearinghouse	42
Resources	48
Definition of Terms	48
Authorization & Responsibility	51
Older Americans Act	51
Iowa Code 231.56A – EAPA Program	53
Iowa Administrative Rules 17 Chapter 15	53
Iowa Code 235B – Dependent Adult Abuse	60
Iowa Code 235F – Elder Abuse	62

Appendix

Schematic.....	Appendix A
Elder Abuse Screening Tool.....	Appendix B
EAPA Referral Flow Chart.....	Appendix C
EAPA Non Consumer Consultation Flow Chart.....	Appendix D
EAPA Consumer Consultation Flow Chart	Appendix E
EAPA Assessment & Intervention	Appendix F
Authorization To Obtain or Release Health Care Information.....	Appendix G
Authorization To Obtain or Release Financial Information	Appendix H
Purchase of Service Form	Appendix I
Consumer Signature Page	Appendix J
Client Safety Team Form.....	Appendix K



Elder Abuse Prevention & Awareness Program August 2017

Overview

The Elder Abuse Prevention and Awareness (EAPA) Program focuses on the prevention, intervention, detection and reporting of elder abuse, neglect and financial exploitation by presenting older Iowans with options to enhance their lifestyle choices. The EAPA Program is guided by the Older American's Act, Title 7, Chapter 3, Iowa Code 231.56A and 17 Iowa Administrative Code, Chapter 15. Copies of these sections are located at the end of this manual.

Objectives:

- Respond to reported concerns of older Iowans who are at risk of, or experiencing, abuse, neglect or financial exploitation;
- Network and coordinate community resources to respond to the needs of the targeted population;
- Collaborate and be a resource for case managers, physicians, law enforcement, county attorneys, DHS, domestic violence agencies and community providers; and
- Locally increase public awareness on elder abuse issues.

How It Works

(Appendix A)

The EAPA Program is a service delivery system created through partnerships with local stakeholders and accessible through LifeLong Links (LLL) / Aging & Disability Resource Centers (ADRC). These partners include Area Agencies on Aging (AAA), the Department of Human Services (DHS), law enforcement, county attorney's, medical providers, service providers, and other community collaborators. Referrals are received from a variety of means, including the above mentioned partners, family, neighbors, or the general public. These calls may come in to the LLL 800 number or directly to the Local AAA. When calls are received, the Elder Rights Specialist (ERS) or their designee (EAPA Specialist) contacts the client to assess the situation, evaluate their needs, identify potential or real risks of abuse, neglect or financial exploitation, and coordinate service delivery. All callers shall receive a thorough and courteous interview. The identity of the caller may remain anonymous if requested.

If at any time, it is suspected that abuse, neglect or exploitation is involved (except for cases of self-neglect) law enforcement should be contacted immediately. In addition, if there is a suspicion of dependent adult abuse occurring, (includes self-denial of critical care) DHS shall be contacted immediately in accordance with Iowa Code 235B.

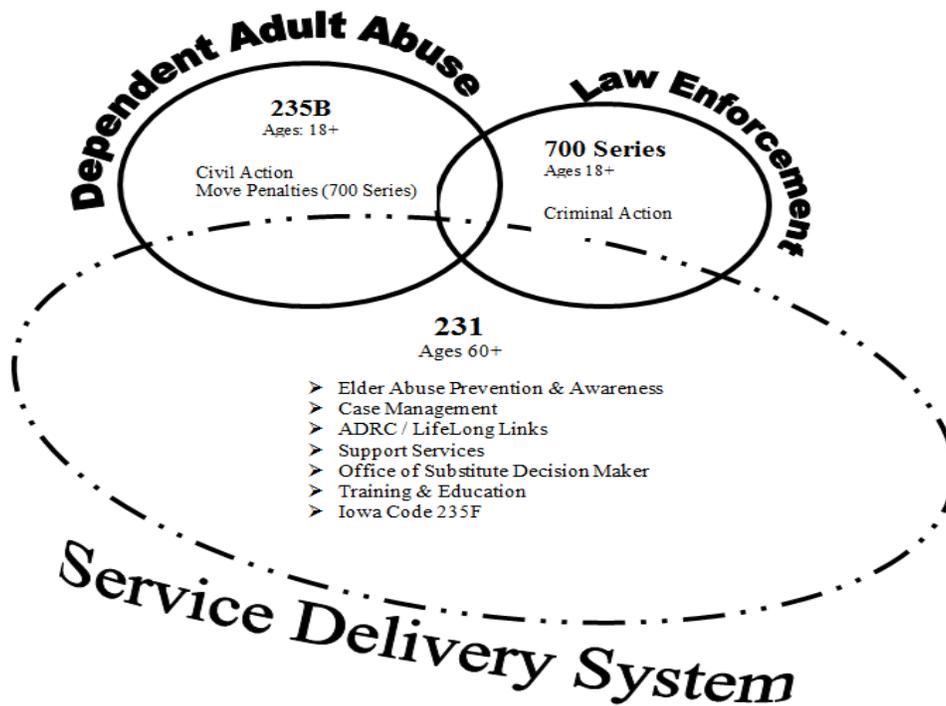
Law enforcement’s role is to investigate the alleged crime and then begin the process of consequences to the perpetrator if applicable.

DHS’ role is to conduct an evaluation to determine if 1) the person is dependent; 2) if there is a caretaker committing the abuse, neglect or financial exploitation; and 3) if there is an allegation of abuse as defined by 235B. Based on that information, DHS declares the case:

- Founded;
- Unfounded; or
- Confirmed but not registered.

The roles of law enforcement and DHS address the alleged perpetrator on the criminal and civil areas respectively. In addition, DHS also locates local services, where available, to assist the dependent adult. Many times, if the dependent adult is age 60 or older, DHS will make a referral to the local EAPA Program. The role of the EAPA Program is to address the service delivery aspect for clients whether they are victims or potential victims – dependent or independent. The roles and relationships are illustrated below and in **Appendix A**. **It is important to remember that not all elder abuse cases are dependent adult abuse cases and not all dependent adult abuse cases are elder abuse cases.**

**COMPREHENSIVE SERVICE DELIVERY SYSTEM
Adult Abuse Prevention, Detection, Intervention, And Reporting**



DHS 235B DAA Criteria
1) Dependent;
2) Caretaker committing the abuse, neglect or financial exploitation; and
3) Allegation of abuse

EAPA Program Criteria
1) Individual Age 60 or older;
2) At risk of, or is experiencing abuse, neglect or financial exploitation; and
3) Does not reside in a LTC Facility

EAPA Staffing

Elder Rights Specialist (ERS): Shall be employed at a minimum of one full time equivalent (FTE) and shall administer the EAPA Program and services and shall meet all of the following qualifications:

- a. A bachelor's degree in a human services field and a minimum of four years of experience in a human services and gerontology field;
- b. Completion of dependent adult abuse mandatory reporter training requirements in accordance with Iowa Code section 235B.16 prior to direct client contact;
- c. Completion of orientation and training provided by IDA prior to direct client contact related to utilization of the assessment tool; service coordination and monitoring; performance measures and outcome evaluation; advocacy and public awareness training; and
- d. Eight hours of annual training related to dependent adult or elder abuse.

Additional EAPA Staff: Additional EAPA Program staff utilized by an AAA or subcontractor to provide services shall meet all of the following qualifications:

- a. A minimum of two years of experience in the human services field;
- b. Completion of dependent adult abuse mandatory reporter training requirements in accordance with Iowa Code section 235B.16 prior to direct client contact; and
- c. Completion of orientation and training provided by the department related to utilization of the assessment tool; service coordination and monitoring; performance measures and outcome evaluation; advocacy and public awareness training prior to direct client contact.

Client Eligibility

(Appendix B)

An older individual (anyone 60 or older) shall be eligible for assistance if all of the following criteria are met:

- (1) If abuse, neglect, exploitation, or self-neglect exists, or there is risk of same. Abuse, neglect, exploitation, or self-neglect includes the deprivation of the minimum food, shelter, clothing, supervision, physical care, mental health care, or other care necessary to maintain the older individual in an independent living arrangement.
- (2) The older individual is not a resident in a nursing facility as defined in Iowa Code section 135C.1(13). Exceptions may be granted by the department on a case-by-case basis.

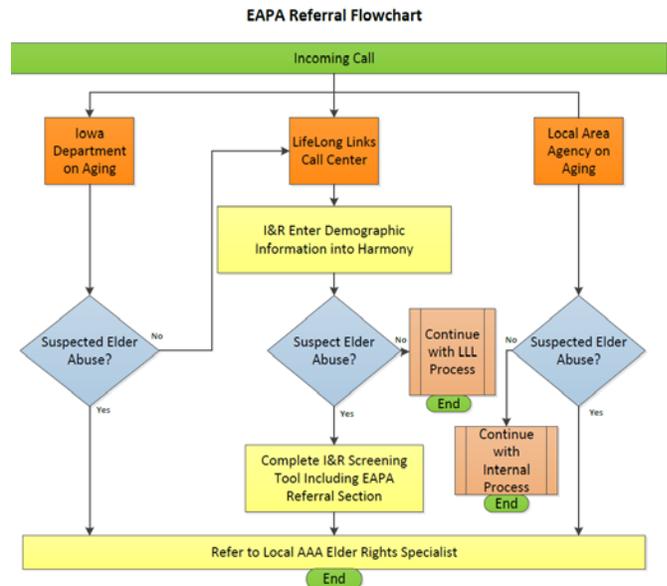
Following is an Elder Abuse Screening Tool (Appendix B) to help determine if an individual is at risk of, or experiencing, abuse, neglect or financial exploitation.

Purpose: To assist in the identification of individuals at risk of or who are currently experiencing elder abuse, neglect or financial exploitation.

Question	Yes	No	Did Not Answer
1. Does anyone live with you? If so, who?			
2. Do you rely on anyone for help with the following: bathing, dressing, shopping, banking, transportation, medications, or meals?			
3. Has anyone or anything prevented you from getting food, clothing, medication, glasses, hearing aids, medical care, or being with family or friends?			
4. Has anyone tried to force you to sign papers or use your money against your will?			
5. Has anyone aggressively tried to hurt or harm you or talked to you in a way that made you feel uncomfortable or threatened?			
6. Are you helping to support someone? If so, who?			
7. Who makes decisions about your life, like how you should live, where you should live, how to spend your money?			
8. Do you feel uncomfortable with anyone in your family?			
9. Has anyone forced you to do things you didn't want to do?			
10. Has anyone taken things that belong to you without your permission?			

Referrals Received (Appendix C)

ALL referrals shall be accepted for individuals aged 60 or older who are at risk of, or experiencing, abuse, neglect, or exploitation. Referrals will come from a variety of sources such as the community, providers, family, law enforcement, DHS, etc. as well as other programs within the AAA, (e.g. options counseling, care coordination, family caregiver, etc.). **Appendix C** demonstrates the referral process. Whenever elder abuse, neglect or financial exploitation is suspected, the referral is to be instantly made to the Elder Rights Specialist in the area where the consumer lives.



Determining Type of Referral

After a referral is received, determine the type of referral based on **who** is calling: A) Non-Consumer; or B) Consumer or the consumer's legal representative.

- A. **Non-Consumer:** Individual (may or may not be a relative) calling about a consumer, age 60 or older, who is at risk or, or is experiencing abuse, neglect or financial exploitation.
- B. **Consumer:** Individual age 60 or older who is at risk for or experiencing abuse, neglect, neglect, or financial exploitation.

OR

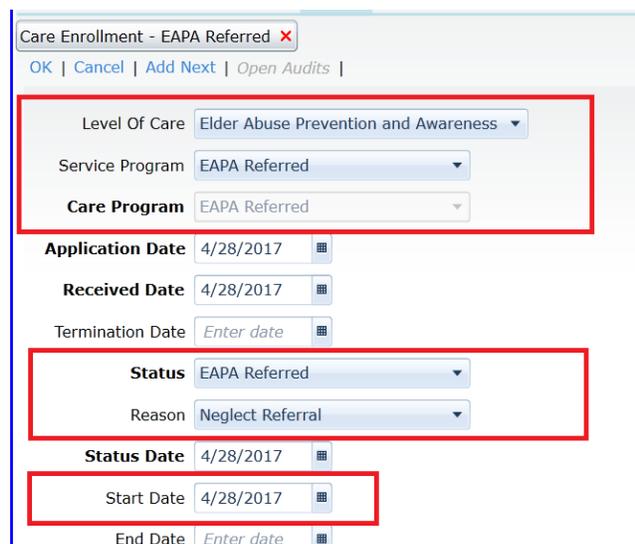
Legal Representative: An individual who legally represents the client through mechanisms such as guardianship, conservatorship, representative payee, agent for financial POA, agent for health care POA, etc. Original documentations shall be provided to validate this relationship.

Referrals received from within the AAA network may come from Information & Referral, Options Counseling, Family Caregiver Program, Case Management, etc. and are to be entered into the Care Enrollment in order to make the referral.

Care Enrollments – Harmony Instructions

Referral to EAPA - Referrals may be from I&R, Options Counseling, Case Management, Family Caregiver Program, etc. or may come directly to the EAPA Specialist.

1. The user making the EAPA referral adds a new **EAPA Referred** Care Enrollment.



Care Enrollment - EAPA Referred ✕
OK | Cancel | Add Next | Open Audits |

Level Of Care: Elder Abuse Prevention and Awareness
Service Program: EAPA Referred
Care Program: EAPA Referred

Application Date: 4/28/2017
Received Date: 4/28/2017
Termination Date: Enter date

Status: EAPA Referred
Reason: Neglect Referral

Status Date: 4/28/2017
Start Date: 4/28/2017
End Date: Enter date

Purpose: This prepares the record for the EAPA Specialist and provides a clear transfer from I&R or other programs, to the EAPA Program.

- The user making the EAPA referral will also add the **EAPA Specialist** as a **Care Manager**.

The method for receiving a referral notification is determined by each AAA and typically is accomplished by one of the following

- **Dashboard** (contact Harmony Administrator if yours is not displaying.
- **Email**

This ends the referral process.

Services Offered in EAPA Program (Appendix D, E & F)

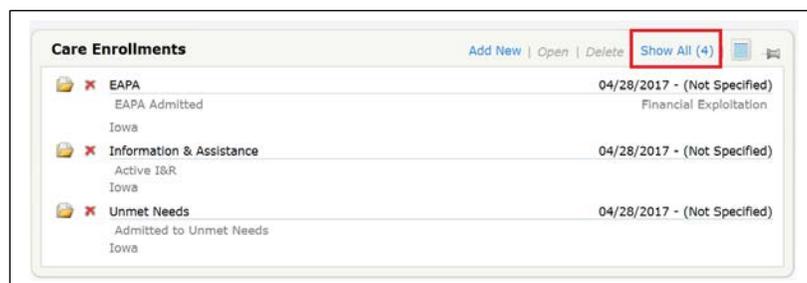
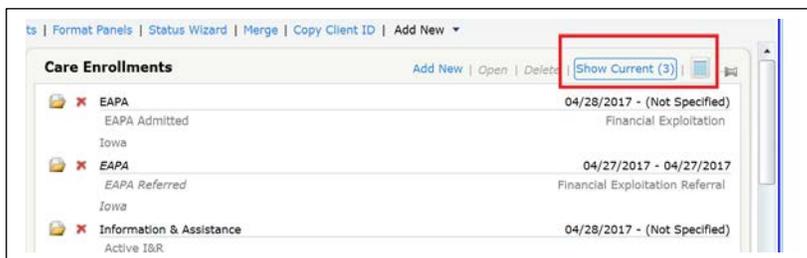
There are 4 services offered through the EAPA Program as defined by the IDA Reporting Manual and are as follows:

- EAPA Non-Consumer Consultation Service (Unit of Service = 1 hour)
- EAPA Consumer Consultation Service (Unit of Service = 1 hour)
- EAPA Assessment & Intervention Service (Unit of Service = 1 hour)
- EAPA Training & Education Service (Unit of Service = 1 Activity)

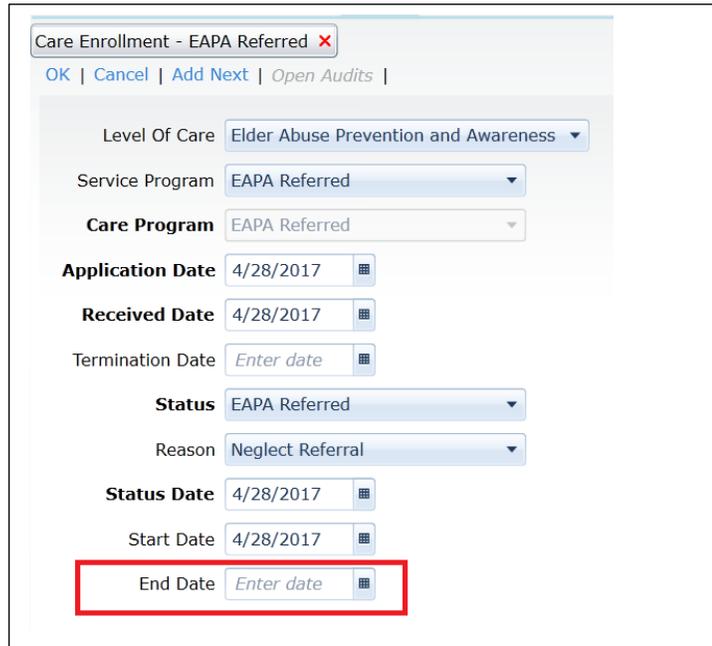
Admission to the EAPA Program is required prior to delivering any of the four services. Enrollment instructions for the EAPA Program is as follows:

EAPA Admission by EAPA Specialist – Harmony Instructions

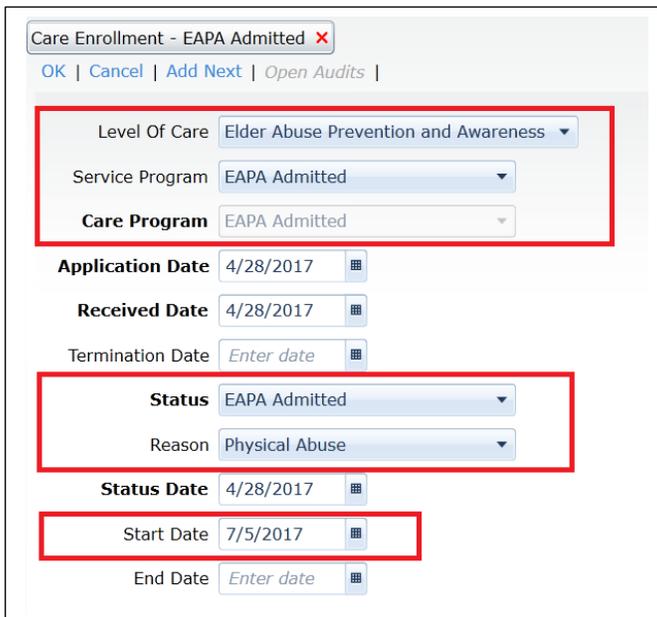
- Select **Show Current** or **Show All** to see Care Enrollments.



2. End the current **EAPA Referred** Care Enrollment by selecting the **File Folder** and add an **End date** that is the same as the **EAPA Admit Start Date**.

A screenshot of the 'Care Enrollment - EAPA Referred' form. The form contains several fields: 'Level Of Care' (Elder Abuse Prevention and Awareness), 'Service Program' (EAPA Referred), 'Care Program' (EAPA Referred), 'Application Date' (4/28/2017), 'Received Date' (4/28/2017), 'Termination Date' (Enter date), 'Status' (EAPA Referred), 'Reason' (Neglect Referral), 'Status Date' (4/28/2017), 'Start Date' (4/28/2017), and 'End Date' (Enter date). The 'End Date' field is highlighted with a red box.

3. Add a new **EAPA Admitted** care enrollment.

A screenshot of the 'Care Enrollment - EAPA Admitted' form. The form contains several fields: 'Level Of Care' (Elder Abuse Prevention and Awareness), 'Service Program' (EAPA Admitted), 'Care Program' (EAPA Admitted), 'Application Date' (4/28/2017), 'Received Date' (4/28/2017), 'Termination Date' (Enter date), 'Status' (EAPA Admitted), 'Reason' (Physical Abuse), 'Status Date' (4/28/2017), 'Start Date' (7/5/2017), and 'End Date' (Enter date). The 'Level Of Care', 'Service Program', 'Care Program', 'Status', 'Reason', 'Status Date', 'Start Date', and 'End Date' fields are highlighted with red boxes.

The type of EAPA Service is determined by the following definitions and processes for each service:

1. EAPA Non Consumer Consultation Service (Appendix D)

Definition:

A service provided to a non consumer through a one-on-one discussion that may occur in person, by phone or electronically, and results in:

- a) An understanding of the older Iowan's problems and capabilities;
- b) Linking the non consumer to the available resources and services within their local community; and
- c) To the maximum extent practical, follow up to ensure that the non-consumer received the services he or she needs and is aware of the resources available.

These inquiries may take several different forms. It may be an information seeking inquiry for potential resources available that they can pursue on their own. Another possibility is the caller would like the ERS to do a welfare check. Follow the process illustrated below for delivering this service. The diagram can also be found in [Appendix D](#)

Reporting Example Scenario:

In one month, the Elder Rights Specialist provides EAPA consultation services to three consumers. Calculate the units for reporting purposes as follows:

Ms. Greenberg:	35 minutes (round up to 1 hr)
Mr. Smyth:	1 hour, 15 minutes=75 minutes (round down to 1 hr)
Mrs. Russo:	60 minutes (1 hr)
Total:	2.8 hours; report 3 hours (units)

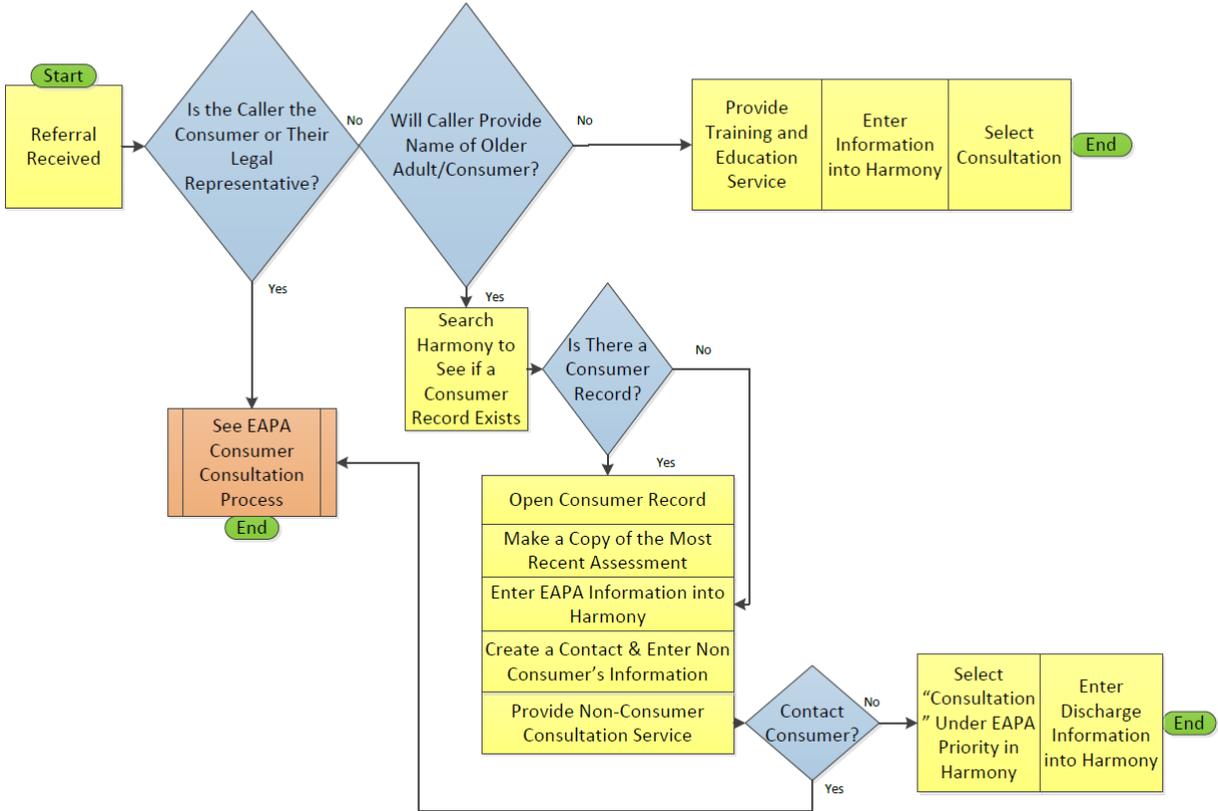
In the second month, the Elder Rights Specialist provides EAPA consultation services to one consumer from the previous month and to one new consumer. Calculate the units for reporting purposes as follows:

Mrs. Russo:	1 hour, 20 minutes=80 minutes (round down to 1 hr)
Mr. Jackson:	60 minutes (1 hr.)
Total:	2.3 hours; report 2 units
Total reported:	4 total consumers 5 total units

Process Flow:

Follow the process illustrated below for delivering this service. The diagram can also be found in [Appendix D](#).

EAPA Non Consumer Consultation Service



Outcomes from a Non Consumer Consultation Service will result in one of the following:

- A. Consumer’s name is not provided – Follow instructions for EAPA Training & Education – EAPA Consultation
- B. Consultation only – Follow instructions for Non Consumer Consultation
- C. Moving to the Consumer Consultation Service – Follow instructions for Non Consumer Consultation

Harmony Instructions:

EAPA Non Consumer Consultation When Consumer Information is Not Provided (EAPA Training & Education Service – Subservice: Consultation)

1. Change the consumer grid to list **Consumer Groups**.



2. Select the Consumer Group **EAPA Training and Education**.

			Consumer Group	<input checked="" type="checkbox"/>	Congregate Meals Aggregate	01/01/2017
			Consumer Group	<input checked="" type="checkbox"/>	EAPA Training and Education	05/05/2016
			Consumer Group	<input checked="" type="checkbox"/>	Grandparent/Older Relative Information Services	05/05/2016

3. Select **Service Deliveries** then select **Add New**.

Details | Activities & Referrals | Journals | **Service Deliveries** | Service Orders

Details | Activities & Referrals | Journals | **Service Deliveries** | Service Orders

Add New | Open | Delete | Copy | Format Columns | Print Grid | Ref

Care Program EAPA Admitted - 05/05/2016 - (No End Date)... Sp

Agency Elderbridge Agency on Aging

Provider Elderbridge Agency on Aging

Service EAPA Training & Education

Subservice EAPA General Awareness

Fund Identifier EAPA Consultation

Service Month/Year EAPA General Awareness

4. Select **Fund Identifier**.

Fund Identifier Elder Abuse Prevention Awareness Pgm

Service Month/Year Elder Abuse Prevention Awareness Pgm

Units Elderly Services General

Unit Price Title IIIB Supportive Services
VOCA Grant

Consumers Served 1

5. Enter **Service Month/Year**, **Units** and **Consumers Served**. The Calendar feature may be used at AAA discretion.

The screenshot shows a service entry form with the following details:

- Agency: Aging Resources of Central Iowa
- Provider: Aging Resources of Central Iowa
- Service: EAPA Training & Education
- Subservice: EAPA General Awareness
- Fund Identifier: Elder Abuse Prevention Awareness Pgm
- Service Month/Year: 06/2017
- Units: 1.00
- Unit Price: \$0.00
- Consumers Served: 1
- Units/Consumer: 1.00000000

To the right is a calendar for June 2017. The calendar shows dates from 1 to 30. The 1st, 2nd, and 3rd are on a Friday, Saturday, and Sunday respectively. The 4th through 6th are on a Monday, Tuesday, and Wednesday. The 7th through 9th are on a Thursday, Friday, and Saturday. The 10th through 12th are on a Sunday, Monday, and Tuesday. The 13th through 15th are on a Wednesday, Thursday, and Friday. The 16th through 18th are on a Saturday, Sunday, and Monday. The 19th through 21st are on a Tuesday, Wednesday, and Thursday. The 22nd through 24th are on a Friday, Saturday, and Sunday. The 25th through 27th are on a Monday, Tuesday, and Wednesday. The 28th through 30th are on a Thursday, Friday, and Saturday.

EAPA Non Consumer Consultation Service (When Consumer Information is Provided)

Record the Caller (Non Consumer) Information

The primary caller's information is to be entered as a contact. If there are additional people calling in about the situation enter their information into the collateral section found on page 11.

1. Select **Add New** then select **Contact**.

The screenshot shows the 'Add New' dropdown menu in the 'Service Deliveries' section. The options are:

- Activity/Referral
- Assessment
- Call
- Care Enrollment
- Care Manager
- Care Plan
- Care Recipient
- Caregiver
- Contact
- Co-Pay
- Custom Field

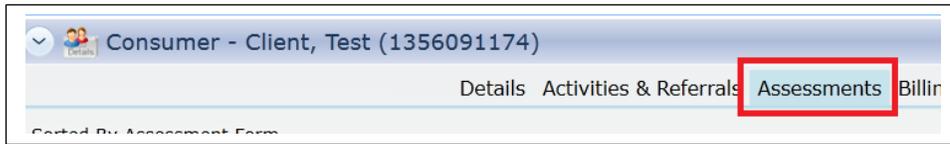
2. Enter appropriate information in the red boxed fields.

The screenshot shows the 'Contact - John Doe' form with the following details:

- Type: EAPA Non Consumer
- Name: John Doe
- Relationship: (empty)
- Email Address: (empty)
- Primary?:
- Is Bill To Contact?:
- Information Release Authorized?:
- Locations: (empty)
- Phones: (empty)
- Notes: (empty)

EAPA Assessment Service Form

1. Select **Assessments**.



Consumer - Client, Test (1356091174)

Details Activities & Referrals **Assessments** Billing

Sorted By: Assessment Form

2. If there are no **Assessments** in the grid select Add New.



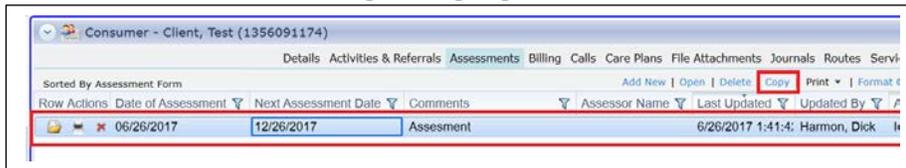
Consumer - Client, Test (1356091174)

Details Activities & Referrals **Assessments** Billing Calls Care Plans Fil

Sorted By: Assessment Form **Add New**

Row Actions: Date of Assessment Next Assessment Date Comments Assessor Name

3. If there are **Assessments** in the grid, highlight the most recent **Assessment** select **Copy**.



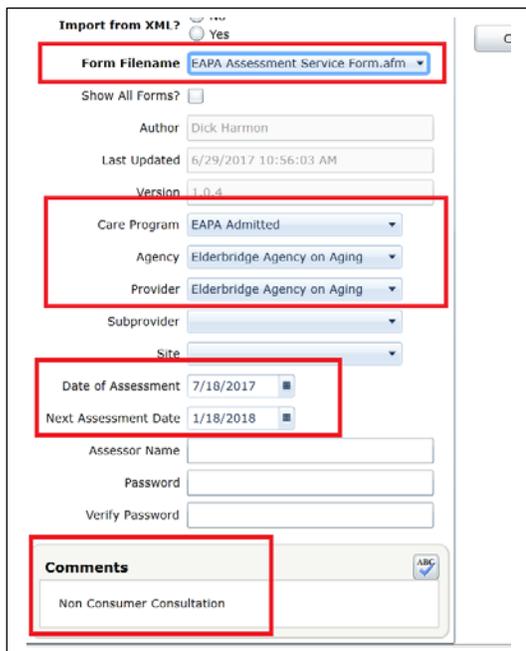
Consumer - Client, Test (1356091174)

Details Activities & Referrals **Assessments** Billing Calls Care Plans File Attachments Journals Routes Servi

Sorted By: Assessment Form Add New | Open | Delete **Copy** Print | Format

Row	Actions	Date of Assessment	Next Assessment Date	Comments	Assessor Name	Last Updated	Updated By
1		06/26/2017	12/26/2017	Assessment		6/26/2017 1:41:4	Harmon, Dick

4. Enter the **Non Consumer Consultation** in the Comments Section.



Import from XML? Yes

Form Filename EAPA Assessment Service Form.afm

Show All Forms?

Author: Dick Harmon

Last Updated: 6/29/2017 10:56:03 AM

Version: 1.0.4

Care Program EAPA Admitted

Agency Elderbridge Agency on Aging

Provider Elderbridge Agency on Aging

Subprovider:

Site:

Date of Assessment: 7/18/2017

Next Assessment Date: 1/18/2018

Assessor Name:

Password:

Verify Password:

Comments

Non Consumer Consultation

5. Mark **Non Consumer Consultation** under the **EAPA Consult Type**.
Select the appropriate **Priority Status** or **“Consult Only”** if applicable.

EAPA Consultation

EAPA Consult Information

EAPA Consult Type

Select All | Deselect All

Non Consumer Consultation Consumer Consultation

EAPA Consult Date

Priority Status

Select All | Deselect All

Priority 1 (1 Day) Priority 2 (4 Days) Priority 3 (10 Days) Consult Only

Record Collateral Information

Collaterals are people aware of the situation. It may be additional family, friends or professionals aware of the situation. If more than one individual is calling with concerns about an older individual, the primary caller’s information is to be entered as a contact and the remaining concerned parties information is to be entered in the collateral section.

Assessment - 06/29/2017 - Client, Test [Iowa Aging and Disability EAPA Service Form]

Save | Save and Close | Close | Reject Changes | Make a Copy | Print | Open Audits | Edit | Options | Find Q

Show Notes Required Questions: 6 / 18 (33 %) Total Questions: 16 / 99 (16 %)

Sections Assessment View Narrative

Collapse All | Expand All

- EAPA Referral
 - EAPA Referral Information (5)
 - Primary Alleged Perpetrator Information (8)
 - Collaterals (People Aware of Situation) (6)**
- EAPA Consultation
 - EAPA Consult Information (6)
- EAPA Assessment
 - EAPA Assessment (2)
 - Select those Areas below where the consumer had

EAPA Referral

Collaterals (People Aware of Situation)

Name [Redacted] ABC 25 chars remaining

Contact Information [Redacted] ABC

Name [Redacted] ABC

Contact Information [Redacted] ABC

Name [Redacted] ABC

Case Notes

Enter under the Journal Tab.

Consumer - Client, Test (1356091174)

Details Activities & Referrals Assessments Billing Calls Care Plans File Attachments **Journals** Routes

Journal x

Save | Save and Close | Close | Add Next | Make a Copy | Print | Open Audits |

Journal Type: Progress Notes Subject: Entry Date: 6/30/2017 Entry Time: 12:03 PM

Comments

Consultation Outcome

Select the outcome fo the consultation.

EAPA Consult Information

EAPA Consult Type

Select All | Deselect All

Non Consumer Consultation Consumer Consultation

EAPA Consult Date

Enter date

EAPA Consult Length (Minutes)

EAPA Consult Outcome

Select All | Deselect All

Non Consumer will Advocate Consumer will Self-Advocate EAPA Assessment and Intervention Referred to Domestic Violence or Sexual Assault Provider(s) Referred for Consumer Consultation Referred Department of Human Services

Referred to Case Management Referred to Service Provider Referred to Family Caregiver Program Referred to Inspection and Appeals Referred to Law Enforcement Referred to Legal Services Hotline

Referred to Options Counselor Referred to OSDM Refused Assistance

EAPA Consult Outcome Other:

ABC

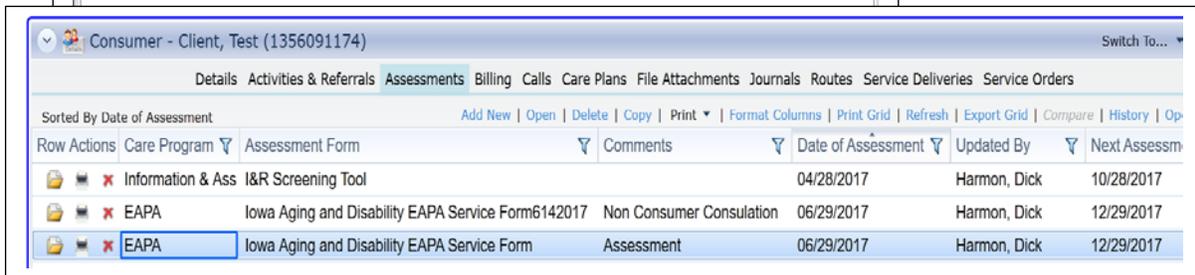
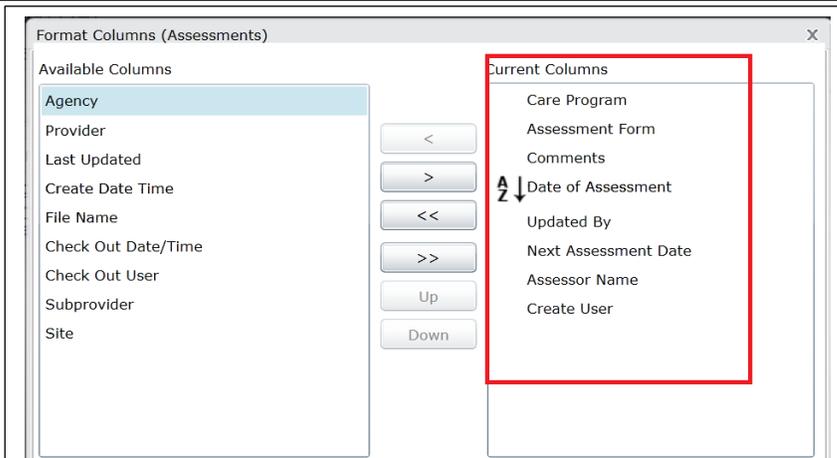
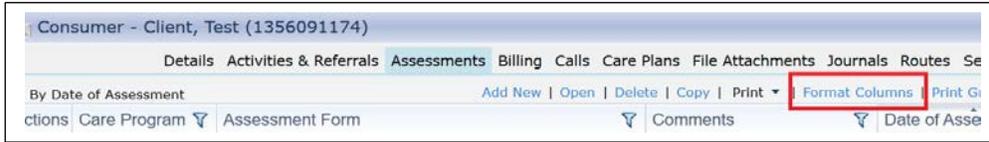
Priority Status

Select All | Deselect All

Priority 1 (1 Day) Priority 2 (4 Days) Priority 3 (10 Days) Consult Only

Formatting Columns

Select **Format Columns** to Select how you want your Assessment Grid to look.



Service Deliveries

1. Select **Service Deliveries** then select **Add New**.



Care Program EAPA - 08/10/2017 - (No End Date) (EAPA...)

Agency Elderbridge Agency on Aging

Provider Elderbridge Agency on Aging

Service EAPA Non-Consumer Consultation

Fund Identifier Elder Abuse Prevention Awareness Pgm

Service Month/Year 08/2017

Units 1.00

Unit Price \$0.00

Type 1 Hour

Total Cost \$0.00

[Format Property List](#)

2. Select **Fund Identifier**.

Fund Identifier: Elder Abuse Prevention Awareness Pgm

Service Month/Year: Elder Abuse Prevention Awareness Pgm

Units: Elderly Services General

Unit Price: Title IIIB Supportive Services

Consumers Served: VOCA Grant

Consumers Served: 1

3. Enter **Service Month/Year**, **Units** and **Consumers Served**. The Calendar feature may be used at AAA discretion.

Service Delivery - EAPA Non-Consumer Consultation, 1 Units

Care Program: EAPA - 05/05/2016 - (No End Date) (EAPA...)

Agency: Elderbridge Agency on Aging

Provider: Elderbridge Agency on Aging

Service: EAPA Non-Consumer Consultation

Fund Identifier: Elder Abuse Prevention Awareness Pgm

Service Month/Year: 08/2017

Units: 1.00

Unit Price: \$0.00

Type: 1 Hour

Total Cost: \$0.00

Consumers Served: 1

Specify units by day in the calendar below:

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

End Harmony Instructions

2. EAPA Consumer Consultation Service (Appendix E)

Definition:

A service provided to a consumer through a one-on-one discussion that may occur in person, by phone or electronically, and results in:

- a) An understanding of the older lowan’s problems and capabilities;
- b) Linking the consumer to the available resources and services within their local community; and

c) To the maximum extent practical, follow up to ensure that the consumer received the services he or she needs and is aware of the resources available.

Reporting Example Scenario:

In one month, the Elder Rights Specialist provides EAPA consultation services to three consumers. Calculate the units for reporting purposes as follows:

Ms. Greenberg: 35 minutes (round up to 1 hr)
 Mr. Smyth: 1 hour, 15 minutes=75 minutes (round down to 1 hr)
 Mrs. Russo: 60 minutes (1 hr)
 Total: 2.8 hours; report **3** hours (units)

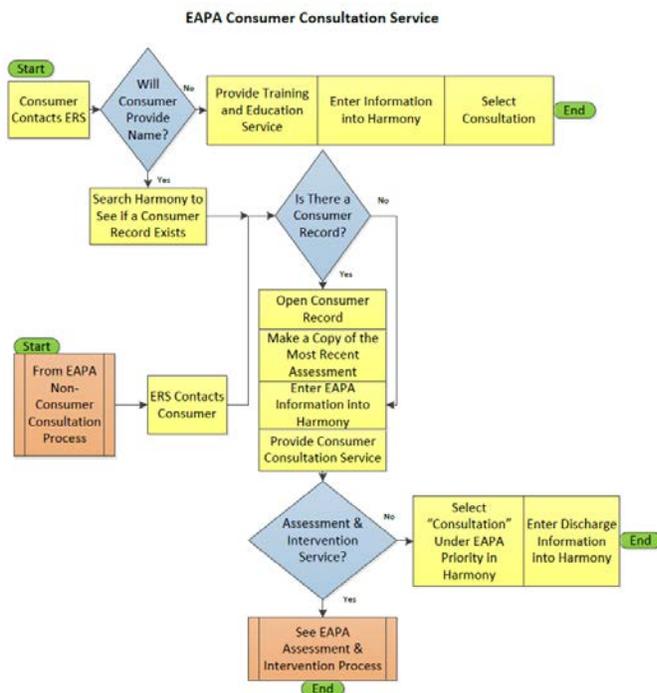
In the second month, the Elder Rights Specialist provides EAPA consultation services to one consumer from the previous month and to one new consumer. Calculate the units for reporting purposes as follows:

Mrs. Russo: 1 hour, 20 minutes=80 minutes (round down to 1 hr)
 Mr. Jackson: 60 minutes (1 hr.)
 Total: 2.3 hours; report **2** units

Total reported: 4 total consumers 5 total units

Process Flow:

Follow the process illustrated below for delivering this service. The diagram can also be found in **Appendix E**.



Harmony Instructions:

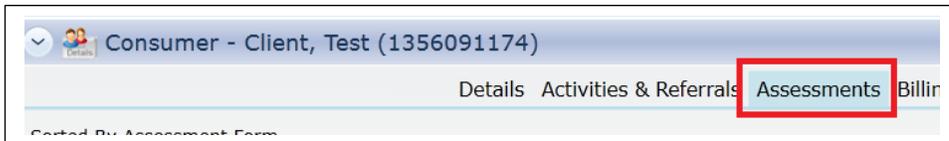
**EAPA Consumer Consultation Service -When consumer information is not provided
(EAPA Training and Education Service - EAPA Consultation Subservice)**

See page 9 for instructions.

**EAPA Consumer Consultation Service
(When Consumer Information is Provided)**

EAPA Assessment Service Form

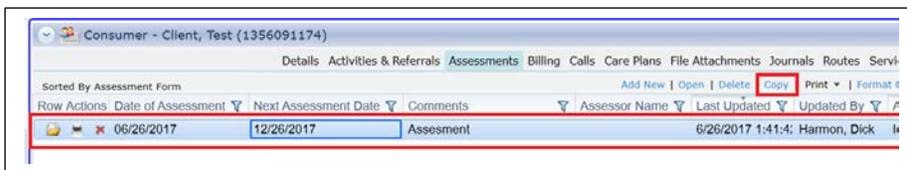
1. Select **Assessment**.



2. If there are no **Assessments** in the grid select Add New.



3. If there are **Assessments** in the grid, highlight the most recent **Assessment** select **Copy**.



4. Enter **Consumer Consultation** in the Comments Section.

The screenshot shows a form titled "EAPA Assessment Service Form.afm". The form includes several sections:

- Form Filename:** EAPA Assessment Service Form.afm
- Show All Forms?:**
- Author:** Dick Harmon
- Last Updated:** 6/29/2017 10:56:03 AM
- Version:** 1.0.4
- Care Program:** EAPA
- Agency:** Elderbridge Agency on Aging
- Provider:** Elderbridge Agency on Aging
- Subprovider:** (empty)
- Site:** (empty)
- Date of Assessment:** 7/18/2017
- Next Assessment Date:** 1/18/2018
- Assessor Name:** (empty)
- Password:** (empty)
- Verify Password:** (empty)
- Comments:** Consumer Consultation

5. Mark **Consumer Consultation** under the **EAPA Consult Type**. Select the appropriate **Priority Status** or "**Consult Only**" if applicable.

The screenshot shows the "EAPA Consultation" section, specifically the "EAPA Consult Information" area. It includes the following elements:

- EAPA Consult Type:** Select All | Deselect All. Two radio buttons are present: Non Consumer Consultation and Consumer Consultation.
- EAPA Consult Date:** (empty)
- Priority Status:** Select All | Deselect All. Four radio buttons are present: Priority 1 (1 Day), Priority 2 (4 Days), Priority 3 (10 Days), and Consult Only.

Record Collateral Information

Collaterals are people aware of the situation. It may be additional family, friends or professionals aware of the situation.

The screenshot shows a web-based assessment form titled "Assessment - 06/29/2017 - Client, Test [Iowa Aging and Disability EAPA Service Form]". The interface includes a top navigation bar with options like "Save", "Close", and "Print". Below this, a progress indicator shows "Required Questions: 6 / 18 (33 %)" and "Total Questions: 16 / 99 (16 %)". The main content area is divided into "Sections" on the left and "Assessment View" on the right. The "Collaterals (People Aware of Situation)" section is expanded, showing three entries. Each entry has a "Name" field (with a character count of 25 remaining), a "Contact Information" field, and a "Name" field. The "Collaterals" section is highlighted in blue in the left sidebar.

Case Notes

Enter under the Journal Tab.

The screenshot shows a web-based case management interface for a "Consumer - Client, Test (1356091174)". The top navigation bar includes tabs for "Details", "Activities & Referrals", "Assessments", "Billing", "Calls", "Care Plans", "File Attachments", "Journals", and "Routes". The "Journals" tab is highlighted with a red box. Below the navigation bar, there is a "Journal" header with a close button. The form includes a "Journal Type" dropdown menu set to "Progress Notes", a "Subject" text field, an "Entry Date" field set to "6/30/2017", and an "Entry Time" field set to "12:03 PM". A "Comments" section is visible at the bottom of the form.

Consultation Outcome

Select the outcome for the consultation.

The screenshot shows the 'EAPA Consult Information' form. It includes sections for 'EAPA Consult Type' (with checkboxes for 'Non Consumer Consultation' and 'Consumer Consultation'), 'EAPA Consult Date' (with an 'Enter date' field), 'EAPA Consult Length (Minutes)' (with an input field), and 'EAPA Consult Outcome'. The outcome section has a 'Select All | Deselect All' link and a grid of checkboxes for various outcomes: 'Non Consumer will Advocate', 'Consumer will Self-Advocate', 'EAPA Assessment and Intervention', 'Referred to Domestic Violence or Sexual Assault Provider(s)', 'Referred for Consumer Consultation', 'Referred Department of Human Services', 'Referred to Case Management', 'Referred to Service Provider', 'Referred to Family Caregiver Program', 'Referred to Inspection and Appeals', 'Referred to Law Enforcement', 'Referred to Legal Services Hotline', 'Referred to Options Counselor', 'Referred to OSDH', and 'Refused Assistance'. Below this is a text field for 'EAPA Consult Outcome Other:' and a 'Priority Status' section with checkboxes for 'Priority 1 (1 Day)', 'Priority 2 (4 Days)', 'Priority 3 (10 Days)', and 'Consult Only'.

Select **Format Columns** to adjust the appearance of your Assessment Grid. See page 14 for instructions.

Service Deliveries

1. Select **Service Deliveries** then select **Add New**.

The screenshot shows the 'Service Deliveries' form. At the top, there are tabs for 'Details', 'Activities & Referrals', 'Journals', 'Service Deliveries', and 'Service Orders'. Below the tabs is a toolbar with buttons for 'Add New', 'Open', 'Delete', 'Copy', 'Format Columns', 'Print Grid', and 'Ref'. The main form area is enclosed in a red box and contains the following fields: 'Care Program' (dropdown menu), 'Agency' (dropdown menu), 'Provider' (dropdown menu), 'Service' (dropdown menu), 'Subservice' (dropdown menu), 'Fund Identifier' (dropdown menu), 'Service Month/Year' (calendar icon and text input), 'Units' (text input), 'Unit Price' (text input), 'Type' (dropdown menu), and 'Total Cost' (text input).

2. Select **Fund Identifier**.

The screenshot shows a dropdown menu for 'Fund Identifier' with the following options: Elder Abuse Prevention Awareness Pgm, Elder Abuse Prevention Awareness Pgm, Elderly Services General, Title IIIB Supportive Services, and VOCA Grant. The 'Elder Abuse Prevention Awareness Pgm' option is selected. Below the dropdown, the 'Service Month/Year' is set to 08/2017, 'Units' is 1.00, 'Unit Price' is \$0.00, and 'Consumers Served' is 1.

3. Enter **Service Month/Year**, **Units** and **Consumers Served**. The Calendar feature may be used at AAA discretion.

The screenshot shows the 'Service Delivery - EAPA Consultation, 1 Units' form. The 'Fund Identifier' is 'Elder Abuse Prevention Awareness Pgm'. The 'Service Month/Year' is '08/2017', 'Units' is '1.00', and 'Consumers Served' is '1'. A calendar for August 2017 is displayed, showing the dates from Sunday, August 6th to Saturday, August 12th. The calendar is highlighted with a red box. The form also includes fields for 'Care Program', 'Agency', 'Provider', 'Service', 'Subservice', 'Type', and 'Total Cost'.

3. **EAPA Assessment & Intervention Service (Appendix F)**

Definition:

A service provided by an Elder Rights Specialist to an EAPA Program consumer that entails:

- a) One-on-one discussions and the administration of standardized assessment tools and other procedures to identify the EAPA consumer's existing impairments, situations, and problems and to determine appropriate services and resources to redress the consumer's current or potential abuse situation;

- b) Advocacy, counseling, case documentation, and an intervention plan that defines services and assistance to address identified needs, timelines, and providers;
- c) Inter-agency case coordination and service provision;
- d) Ongoing follow-up and reassessment;
- e) Evaluation of outcomes of services; and
- f) Case closure planning, including placement assistance if necessary.

An EAPA Consumer is an individual age 60 or older who is at risk of, or experiencing abuse, neglect, or financial exploitation and does not reside in a long-term care facility. They may live in independent living or an assisted living program.

If the EAPA Consumer has a legal representative, this same process is followed after documents proving this relationship is provided. If documentation is not provided, the relationship is not recognized.

Reporting Example Scenario:

In one month, the Elder Rights Specialist provides EAPA assessment and intervention services to two consumers. Calculate the units for reporting purposes as follows:

- Ms. Ali: 1 hour, 25 minutes=85 minutes; $85/60=1.4$ hours; round down to report **1** hour (unit).
- Mr. Jones: 1 hour, 15 minutes=75 minutes; $75/60=1.25$ hours; round down to report **1** hour (unit).

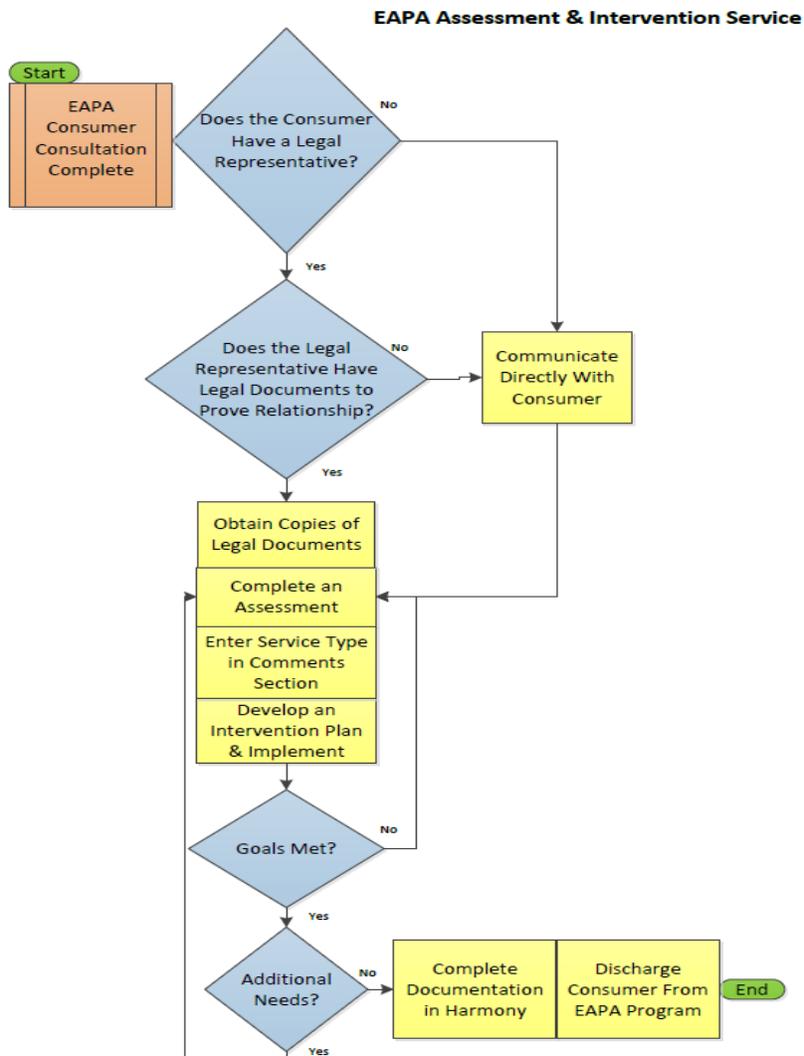
In the second month, the Elder Rights Specialist provides EAPA assessment and intervention services to one consumer from the previous month and to one new consumer. Calculate the units for reporting purposes as follows:

- Mr. Jones: 1 hour, 30 minutes=90 minutes; $90/60=1.5$ hours; round up to report **2** hours (units).
- Ms. Blu: 1 hour=60 minutes; report **1** hour (unit).

Total reported: 3 total consumers 5 total units

Process Flow:

Follow the process illustrated below for delivering this service. The diagram can also be found in **Appendix F**.



The comprehensive assessment and intervention plan shall be completed on each client within the time frames specified by the priority level, to protect the client’s safety and provide for services where necessary and desired by the client.

Determine the priority level as follows:

Priority 1. The at-risk older individual’s health or safety is in immediate danger, and the individual requires immediate intervention. The contractor shall contact appropriate agencies such as the department of human services, emergency medical services, and law enforcement. A face-to-face visit with the at-risk older individual and completion of the assessment form shall occur after the life-threatening situation is resolved and within one (1) business day.

Priority 2. The at-risk older individual’s health or safety is not in immediate danger, but the risk is real and foreseeable in the future. A face-to-face visit with the at-risk older individual and completion of the assessment shall be made within four (4) working days.

Priority 3. The at-risk older individual's health or safety is not in immediate danger, but there is potential risk for abuse, neglect, self-neglect, or exploitation. Contact with the at-risk older individual is required within ten (10) working days.

The assessment is to include factual information (not opinion or commentary) regarding their environment, changes in status or services, statements from client, service needs and areas of concerns. Interviews with care providers or other persons involved with the client shall be documented.

Changes in physical and mental status shall be assessed and documented. The assessment is intended to provide an overall picture of the current situation and provide an evaluation of what elements might have contributed to the possible abuse or at-risk situation.

Note: Once an Assessment & Intervention Plan is completed, all communication related to the strategy identified in the Intervention Plan is coded as "EAPA Assessment & Intervention"

- Medical Providers
- HCBS Providers
- Legal Providers

Note: Mandatory Reporters. There may be occasions in which mandatory reporters contact ERS. If the mandatory reporter has a suspicion that abuse may have occurred, the ERS is required to inform him/her that he/she (the mandatory reporter) is mandated to report the situation to DHS. ERS are also mandatory reporters.

Legal Representative Documentation

If a consumer has a legal representative, the legal representative shall provide appointment papers, a court order, or power of attorney documentation within 72 hours of being requested by the ERS. The legal representative's signature shall be obtained on the assessment and release before the consumer receives services.

If there is suspicion of abuse, neglect, exploitation or self-neglect of an older individual and the legal representative will not permit access to the older individual, the contractor shall:

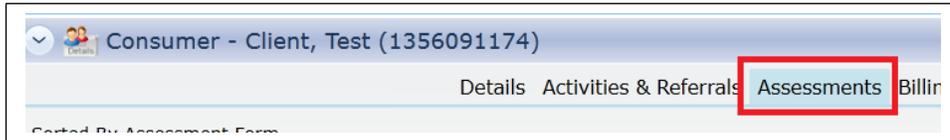
- Make oral and written reports to the department of human services and local law enforcement pursuant to Iowa Code section 235B.3; and
- Notify the judge in probate for the county in which the guardianship or conservatorship was filed by certified letter within five (5) days of the denial of access. The notification shall detail concerns and potential consequences of the guardian's or conservator's action or inaction that appears not to be in the best interest of the older individual.
- Make a referral to the Office of Substitute Decision Maker, Iowa Department on Aging.

Harmony Instructions:

EAPA Assessment & Intervention Service

EAPA Assessment Service Form

1. Select **Assessments**.



Consumer - Client, Test (1356091174)

Details Activities & Referrals **Assessments** Billing

Sorted By: Assessment Form

2. If there are no **Assessments** in the grid select Add New.



Consumer - Client, Test (1356091174)

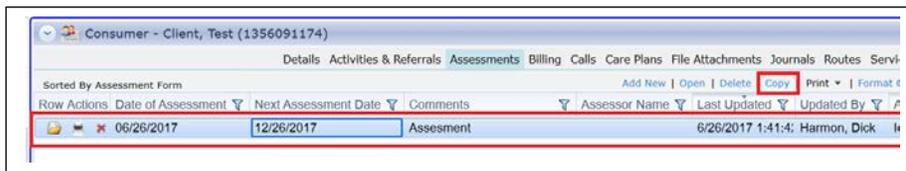
Details Activities & Referrals **Assessments** Billing Calls Care Plans File

Sorted By: Assessment Form

Add New

Row	Actions	Date of Assessment	Next Assessment Date	Comments	Assessor Name
-----	---------	--------------------	----------------------	----------	---------------

3. If there are **Assessments** in the grid, highlight the most recent **Assessment** select **Copy**.



Consumer - Client, Test (1356091174)

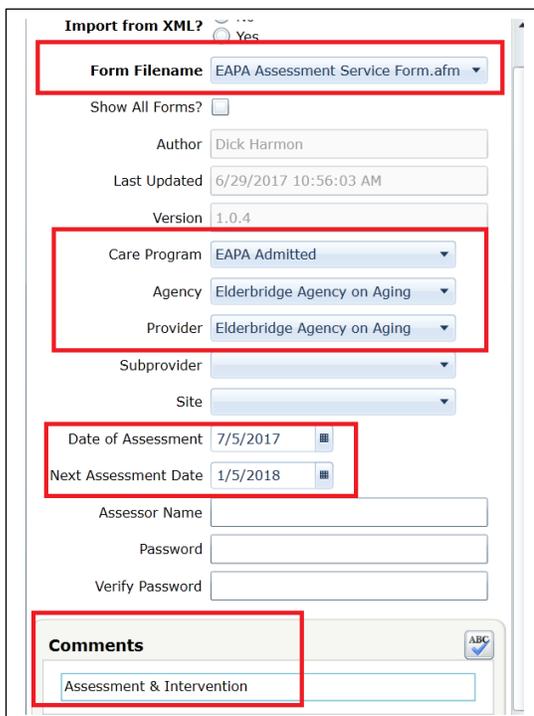
Details Activities & Referrals **Assessments** Billing Calls Care Plans File Attachments Journals Routes Services

Sorted By: Assessment Form

Add New | Open | Delete | **Copy** | Print | Format

Row	Actions	Date of Assessment	Next Assessment Date	Comments	Assessor Name	Last Updated	Updated By
1		06/26/2017	12/26/2017	Assessment		6/26/2017 1:41:4	Harmon, Dick

4. Enter **Assessment & Intervention** in the Comments Section.



Import from XML? Yes

Form Filename EAPA Assessment Service Form.afm

Show All Forms?

Author: Dick Harmon

Last Updated: 6/29/2017 10:56:03 AM

Version: 1.0.4

Care Program EAPA Admitted

Agency Elderbridge Agency on Aging

Provider Elderbridge Agency on Aging

Subprovider:

Site:

Date of Assessment 7/5/2017

Next Assessment Date 1/5/2018

Assessor Name:

Password:

Verify Password:

Comments

Assessment & Intervention

5. Complete the Assessment.

Assessment - 06/28/2017 - Client, Test [Iowa Aging and Disability EAPA Service For]

Save | Save and Close | Close | Make a Copy | Print | Open Audits | Edit | Options | Find Question |

Required Questions: 6 / 18 (33 %) Total Questions: 14 / 99 (14 %)

Sections: Collapse All | Expand All

- EAPA Service Form
 - General Information
 - Assessment Information (Date, type, etc.) (4)
 - Consumer Demographics (23)
 - Veteran Status (5)
 - Power of Attorney (4)
 - EAPA Referral
 - EAPA Referral Information (5)
 - Primary Alleged

Assessment View | Narrative

General Information

Assessment Information (Date, type, etc.)

✓ What is the date of the assessment?
6/28/2017

Specify the type of assessment, or the reason for the assessment:

(Not Answered) 1. Initial assessment

What is the name of the person conducting this assessment?
[Text Input]

What is the name of the agency the assessor works for?
[Text Input]

6. Make sure the appropriate **EAPA Consult Type** is checked. Select the appropriate **Priority Status**.

EAPA Consultation

EAPA Consult Information

EAPA Consult Type

Select All | Deselect All

Non Consumer Consultation Consumer Consultation

EAPA Consult Date

Priority Status

Select All | Deselect All

Priority 1 (1 Day) Priority 2 (4 Days) Priority 3 (10 Days) Consult Only

Select **Format Columns** to adjust the appearance of your Assessment Grid. See page 14 for instructions.

EAPA Intervention Plans

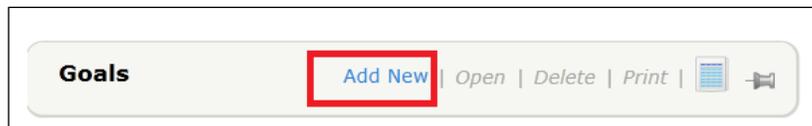
1. Select **Care Plans** then select **Add New**.



2. Enter the appropriate Care Plan information.

The 'Add Care Plan' dialog box is shown. The 'Primary Care Manager Agency' is set to 'Elderbridge Agency on Aging' and the 'Primary Care Manager' is 'Dick Harmon'. The 'Care Program' is 'EAPA Admitted'. The 'Start Date' is '7/5/2017' and the 'End Date' is '1/4/2018'. The 'Status' is 'Active'. There are 'OK' and 'Cancel' buttons at the bottom.

3. Select **Goals** then select **Add New** - *The only Area of the Care Plan EAPA uses is Goals.*



4. Enter the appropriate EAPA **Goal** area.

The 'Goal' selection dialog box is shown. The 'Goal' dropdown menu is open, showing options: 'EAPA Address Emotional Abuse', 'Discharge Plan', 'EAPA Address Emotional Abuse', 'EAPA Address Financial Exploitation', 'EAPA Address Neglect', 'EAPA Address Physical Abuse', 'EAPA Address Self Neglect', 'EAPA Address Sexual Abuse', and 'Environment'. The 'Add Next' button is highlighted with a red box.

5. Enter the appropriate **Target Date**.

Consumer - Client, Test (1356091174)

Details Activities & Referrals Asse

Care Plan - EAPA 6/26/2017 - 12/25/2017 X Goal - EAP

OK | Cancel | Add Next | Print | Open Audits |

Goal EAPA Address Emotional Abuse

Target Date 6/28/2017

6. Enter the Action Steps taken to meet the **Goal** in the **Comments**.

Comments

1. Will seek counseling by 8/1/2017
2. Will set up coursed for husband by 8/1/2017

7. Enter the appropriate **Achieved** Date.

Consumer - Client, Test (1356091174)

Details Activities & Referrals Asse

Care Plan - EAPA 6/26/2017 - 12/25/2017 X Goal - EAP

OK | Cancel | Add Next | Print | Open Audits |

Goal EAPA Address Emotional Abuse

Target Date 6/28/2017

Achieved

Actual Date 6/30/2017

File Attachments

Types of File Attachments

- Client Signature Page
- Release(s) of Information
- Legal Representative Documents
- Purchase of Service Documents
- Invoices

Select **Format Columns** to adjust the appearance of your Assessment Grid. See page 14 for instructions.

Service Deliveries

1. Select **Service Deliveries** then select **Add New**.

2. Select **Fund Identifier**.

The screenshot shows a dropdown menu for 'Fund Identifier' with the following options: Elder Abuse Prevention Awareness Pgm, Elder Abuse Prevention Awareness Pgm, Elderly Services General, Title IIIB Supportive Services, and VOCA Grant. The 'Elder Abuse Prevention Awareness Pgm' option is selected. Below the dropdown, the 'Consumers Served' field is set to 1.

3. Enter **Service Month/Year**, **Units** and **Consumers Served**. The Calendar feature may be used at AAA discretion.

The screenshot shows a form for 'Service Delivery - EAPA Assessment & Intervention, 1 Units'. The form includes fields for Care Program, Agency, Provider, Service, Subservice, Fund Identifier, Service Month/Year (08/2017), Units (1.00), Unit Price (\$0.00), Type (1 Hour), Total Cost (\$0.00), and Consumers Served (1). A calendar for August 2017 is displayed, showing units served on specific days: 1 unit on Tuesday, 2 units on Wednesday, 3 units on Thursday, 4 units on Friday, and 5 units on Saturday.

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

End Harmony Instructions

4. EAPA Training and Education Service

Definition:

Activities meant to impart knowledge, experience, or skills to an individual or group about elder abuse, neglect, and/or exploitation. Topics may include:

- a) Forums;

- b) Outreach events including social media;
- c) Newsletters & Articles;
- d) Group Trainings and presentations; and
- e) Non-Consumer Consultations where the consumer's name is anonymous.

Reporting Example Scenario:

In one month, the Elder Rights specialist completed one speaking engagement with 25 attendees, issued one newsletter article to 10,000 newsletter recipients, and consulted with 2 callers, who wished to keep their information and the consumer's information anonymous.

The next month, the specialist completed one speaking engagement with 15 attendees, participated in one health fair at which she spoke with 10 individuals, consulted with 3 callers, who wished to keep the consumer's information anonymous and one newsletter article to the same 10,000 newsletter recipients as the previous month.

Month 1:	10,034 consumers 4 units (1 speaking engagement+1 article+2 anonymous consultations)
Month 2:	28 consumers 6 units (1 speaking engagement+1 event+1 article+3 anonymous consultations)
Total Reported:	10,062 total consumers 10 units

Harmony Instructions:

EAPA Training and Education Service
Subservices: 1) General Awareness
2) Consultation (When Consumer Information is Not Provided)

EAPA Training and Education Service – Subservice: General Awareness

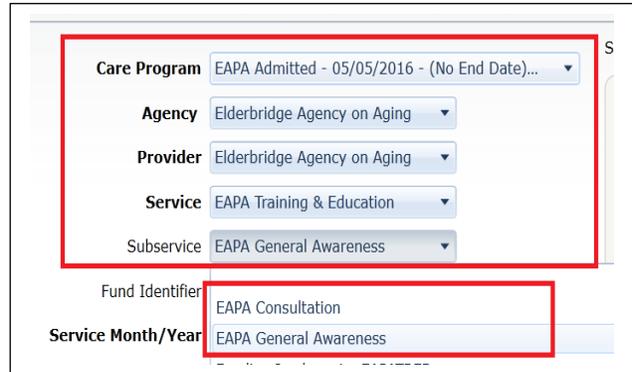
1. Change the consumer grid to list **Consumer Groups**.



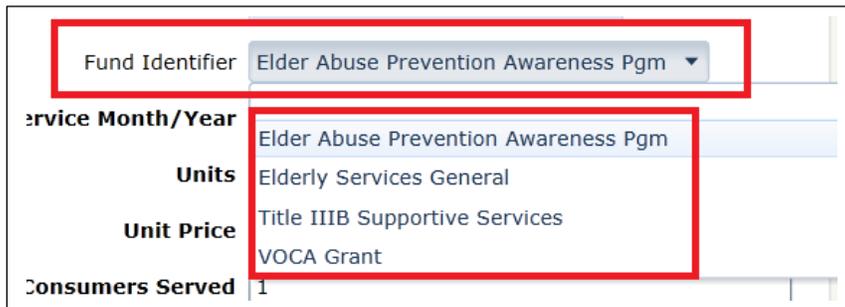
2. Select the Consumer Group **EAPA Training and Education**.

			Consumer Group	<input checked="" type="checkbox"/>	Congregate Meals Aggregate	01/01/2017
			Consumer Group	<input checked="" type="checkbox"/>	EAPA Training and Education	05/05/2016
			Consumer Group	<input checked="" type="checkbox"/>	Grandparent/Older Relative Information Services	05/05/2016

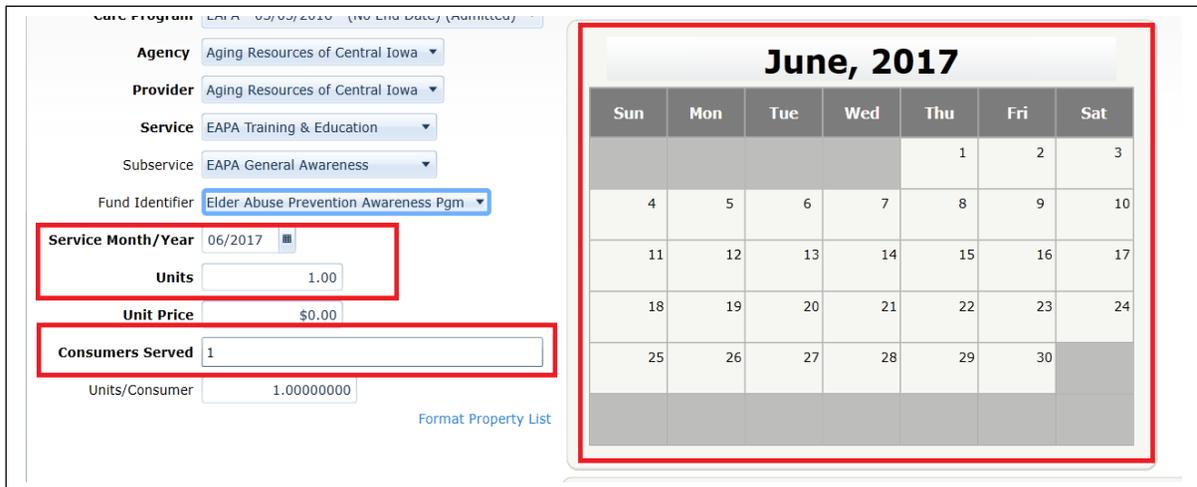
3. Select **Service Deliveries** then select **Add New**.



4. Select **Fund Identifier**.



5. Enter **Service Month/Year**, **Units** and **Consumers Served**. The Calendar feature may be used at AAA discretion.



EAPA Training and Education Service – Subservice: Consultation

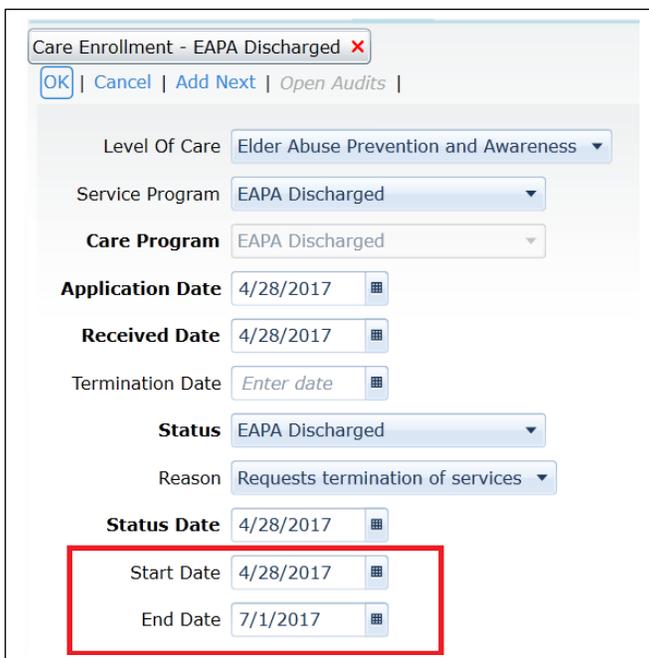
See page 9 for instructions.

Discharge From EAPA Program

1. End the current **EAPA Admitted** Care Enrollment by selecting the **File Folder** and add an **End Date** that is the same as the **EAPA Discharged Date**.

A screenshot of a web form titled 'Care Enrollment - EAPA Admitted'. The form contains several fields: 'Level Of Care' (Elder Abuse Prevention and Awareness), 'Service Program' (EAPA Admitted), 'Care Program' (EAPA Admitted), 'Application Date' (4/28/2017), 'Received Date' (4/28/2017), 'Termination Date' (Enter date), 'Status' (EAPA Admitted), 'Reason' (Physical Abuse), 'Status Date' (4/28/2017), 'Start Date' (7/5/2017), and 'End Date' (7/5/2017). A red rectangular box highlights the 'End Date' field.

2. Add a new **EAPA Discharged** care enrollment and make the **Start Date** the **EAPA Admit Date** and the **End Date** the **EAPA Discharged** date.

A screenshot of a web form titled 'Care Enrollment - EAPA Discharged'. The form contains several fields: 'Level Of Care' (Elder Abuse Prevention and Awareness), 'Service Program' (EAPA Discharged), 'Care Program' (EAPA Discharged), 'Application Date' (4/28/2017), 'Received Date' (4/28/2017), 'Termination Date' (Enter date), 'Status' (EAPA Discharged), 'Reason' (Requests termination of services), 'Status Date' (4/28/2017), 'Start Date' (4/28/2017), and 'End Date' (7/1/2017). A red rectangular box highlights the 'Start Date' and 'End Date' fields.

Joint Assessments

It is not uncommon for a joint assessment to occur through the collaboration of local disciplines. Joint assessments may be conducted by a DHS worker, Law Enforcement (LE), and the ERS or their designee. The ERS or their designee is a resource to the DHS worker and/or LE on the available services and the infirmities of aging.

Offering options to the client is independent from DHS findings if it is also a dependent adult abuse case. For example, if DHS rejects a case or declares it “unfounded”, service options shall still be presented to the client by the ERS. Such referrals have three potential outcomes:

- DHS / LE may operate independent of the ERS;
- DHS / LE may engage in a joint assessment with the ERS; and
- DHS / LE may reject the report and make a referral to the ERS.

DHS has Code authority to work with the ERS: Iowa Code Section 235B.3(5), “following the reporting of suspected dependent adult abuse, the department of human services or an agency approved by the department shall complete an assessment of necessary services and shall make appropriate referrals for receipt of these services.” DHS is encouraged to call and partner with the ERS whenever alleged victim is 60 years old or older.

Interviews

The EAPA Specialist must have permission from an adult living in the household to enter. If the older individual has a guardian, as a courtesy, ask permission from the guardian to speak with the individual, unless the concern is in reference to the guardian.

Interviewing the alleged victim: Interviews with the alleged victim or at-risk elder should occur in a non-disruptive environment without the offender present. It may be necessary for a supervisor, co-worker or law enforcement to go with the ERS to assist. The purpose of the interview is to evaluate the situation. This process shall include interviewing the alleged victim to identify the nature and scope of the abuse or risk; assessing his/her cognitive, emotional, and physical capabilities, home environment, relationships with others living in the residence, relationships with any service providers, information on the alleged offender; and gathering any information related to prior incidences of similar abuse or situations. If the potential client refuses the interview, the ERS must stop the interview.

Interviewing other sources: Attempts shall be made to conduct interviews with persons (collaterals) who have relevant information about the situation and allegations. A release of information is not required to request information from any person. However, a release of information is required to share information with others. In speaking with collaterals, try to determine if the injury/circumstances are consistent with the allegations.

Photographs: Photographs may be taken of homes as well as clients themselves to help illustrate the environment and current situation. Permission shall be requested and a release signed by the

client or the client's legal representative, as appropriate. Only the client or the legal representative may allow photographs of the individual.

Refusal of Assistance

A client has the right to refuse services at any time. Everyone has the right to make poor choices and the right to self-determination. However, if dependent adult abuse is suspected, it shall be reported to law enforcement, the department of human services, and the county attorney pursuant to mandatory reporting requirements. A business card shall be left with instructions on how to contact the local ERS. Further follow up contacts shall be attempted even if the contacts are in the form of a welfare check.

Releases of Information **(Appendix G & Appendix H)**

There are two types of Releases of Information, 1) Authorization to Obtain or Release Health Care Information, **Appendix G**; and 2) Authorization to Obtain or Release Non Medical or Financial Information, **Appendix H**.

The appropriate release(s) shall be signed by the at-risk older individual or the individual's legal representative prior to the provision of services. In Priority 1 cases, if obtaining the at-risk older individual's signature will delay the process of immediate intervention or the protection of the at-risk older individual's safety, telephone approval is acceptable and shall be documented in the assessment. In this circumstance, appropriate signatures shall be obtained as soon as the life-threatening situation is resolved and a face-to-face assessment is conducted.

A release shall also be signed by a client or the client's legal representative if photographs, electronic images, or recordings are taken involving the client or the client's home or before providing any information to another party unless an allegation of abuse is being communicated to DHS, LE, or DIA. The only exception is in an MDT setting.

AUTHORIZATION TO OBTAIN OR RELEASE HEALTH CARE INFORMATION

Client Name: DOB: SSN:

Date of Birth: Guardian/Agent (Health Care Power of Attorney):

I authorize the following individual or agency to share written and oral information (two-way or reciprocal release) about my needs and the services I receive...

Name of agency to release and receive information:

Address:

City/State/Zip:

Phone: Fax:

With the following individual or agency:

Name of agency to release and receive information:

Address:

City/State/Zip:

Phone: Fax:

The information released or shared may include:

<input type="checkbox"/> Discharge summary	<input type="checkbox"/> Family care photos	<input type="checkbox"/> Social history	<input type="checkbox"/> Lab results	<input type="checkbox"/> Treatment and aftercare plans
<input type="checkbox"/> Diagnostic/imaging reports	<input type="checkbox"/> Immunization record	<input type="checkbox"/> School records	<input type="checkbox"/> Court documents	<input type="checkbox"/> Evaluation & recommendations
<input type="checkbox"/> Assessments	<input type="checkbox"/> Receiving phone calls	<input type="checkbox"/> Consultation reports from doctor(specialty name): <input type="text"/>	<input type="checkbox"/> Other (please specify): <input type="text"/>	

Other (note exceptions or limits to the release):

This information is being used ONLY for (state purpose): Assessment, service and intervention planning, advocacy and access to products and/or services.

SPECIFIC AUTHORIZATION FOR RELEASE	Type of Information	Authorizing initials
<input type="checkbox"/> I authorize the release of the information listed at the right, which requires specific consent under federal law:	Medical Health Evaluation/Location?	
	AIDS/HIV related	
	Substance Abuse	

This authorization is valid for information already in existence and any information that may be generated while this authorization is effective. I understand that I have the right to see any information that is disclosed pursuant to this authorization for release. I may request to see the information during normal business hours. I understand that I can revoke my authorization at any time, orally or in writing. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization shall expire on the date specified below. If I fail to specify an expiration date, this authorization will expire one-year after the date it is signed. I understand that authorizing the disclosure of this information is voluntary. I can refuse to sign this authorization. I read and sign this form in order to assure myself that the person or organization authorized to receive this information is not a health plan or health care provider. The released information may no longer be protected by federal privacy regulations. However, there may be other federal or state laws that require the information to remain confidential. If I have questions about disclosure of my health information, I can contact: . I have read this form, or it has been read and explained to me, and I understand its content.

Authorizing Signature: Date: Expiration Date:

Relationship to client: Self Legal Representative Nearest Living Relative Other (specify below)

Not Required Witness Signature:

Required Witness Signature:

4/4/2014 A photocopy of this signed authorization shall have the same force and effect as this original.

AUTHORIZATION TO OBTAIN OR RELEASE NONMEDICAL OR FINANCIAL INFORMATION

Client Name: Previous Name(s): SSN:

Date of Birth: Conservator/Agent (Financial Power of Attorney):

Street Address: City: State: Zip Code: Phone:

I authorize the following individual or agency to share written and oral information (two-way or reciprocal release) that will be used in helping me obtain assistance and permits review of the information and consultation regarding my circumstances.

Name of agency to release and receive information:

Address:

City/State/Zip:

Phone: Fax:

With the following individual or agency:

Name of agency to release and receive information:

Address:

City/State/Zip:

Phone: Fax:

This authorization is valid for information already in existence and any information that may be generated while this authorization is effective. I understand that I have the right to see any information that is disclosed pursuant to this authorization for release. I may request to see this information during normal business hours. I understand that I can revoke my authorization at any time, orally or in writing. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization shall expire on the date specified below. If I fail to specify an expiration date, this authorization will expire one-year after the date it is signed. I understand that authorizing the disclosure of this information is voluntary. I can refuse to sign this authorization. If I have questions about this document, I can contact: . I have read this form, or it has been read and explained to me, and I understand its content.

Authorizing Signature: Date: Expiration Date:

Relationship to client: Self Legal Representative Nearest Living Relative Other (specify)

Not Required Witness Signature:

Required Witness Signature:

10/14 A photocopy of this signed authorization shall have the same force and effect as this original.

Funding For Services (Appendix I)

Unlike other payment sources, funding is available when the needs arise. Situations surrounding abuse, neglect or exploitation usually are in need of immediate financial assistance rather than a lengthy process. If the situation permits, explore with the client and/or their family what resources they might have to address the need either in part or whole. The client may choose any vendor, however care should be used to find the lowest estimate with the highest quality.

While these funds are extremely flexible they are limited. Therefore creativity and innovative thinking to address the situation is encouraged to build capacity. Building capacity includes identifying resources to assist with services such as contacting the local Habitat for Humanity, high schools, Rotary Club, Lions Club, Boy or Girl Scouts, faith based entities, shelters, and other organizations that potentially could provide assistance.

Types of Services: The goods/services must be of a type that will reduce or eliminate the risk or abuse, neglect or exploitative situation. If in doubt, contact the State Elder Abuse Program Director. Examples include, but are not limited to:

- Past due utility / phone bills because the client had other necessary unplanned expenses;
- Lifeline installation and first month's service fee;
- Legal fees to establish a guardianship or conservatorship;
- Fees for a mediation intervention;

- Exterminator for pest control – Initial fee plus follow up until the maintenance phase is reached;
- Constructing a ramp;
- Dumpster to eliminate dangerous clutter; and
- Deposit and first month's rent for a client who is facing homelessness or needs to move to a different location to be away from an abuser.

In cases where the immediate health / safety is NOT a factor and where the client's situation is perpetuated by poor decision making (gambling, giving money away) address the issues as well as a goal in the intervention plan. For example, funding is conditional on seeking and following thru with financial counseling and/or obtaining a representative payee. In situations of addressing the elder's immediate health / safety, provide assistance and then address the poor decision making as part of the intervention plan.

Funding Restrictions:

1. Determine that the client is not eligible to receive services under another funding source prior to authorizing the use of EAPAP funds and shall document this in the assessment.
1. Services funded shall reduce or eliminate abuse, neglect, self-neglect, exploitation, or risk of the same.
3. The funds shall be utilized for **one-time** expenditures but may be used for ongoing or monthly expenditures if no other funding source is available and the client would otherwise remain in an abusive situation. For example, if several months are needed to return the situation to maintenance – such as exterminators for pest infestations.

Purchase of Service: Before a Purchase of Service Form, **Appendix I**, is completed, the need shall be identified in the Assessment and the Intervention Plan.

1. The client's signature (or legal guardian) is required on the client signature page, **Appendix J**, and the appropriate release, **Appendix G or H** as applicable and shall be completed before intervention and/or services begin. **No services are to be approved without the client's signature and the ERS signature approval.**
2. If on the rare occasion, obtaining the client's signature approval would delay the process, a telephone approval is acceptable noting the date and time on the form as well as the signature of the individual receiving the verbal approval. The client's signature approval shall be obtained as soon as practical meaning a special visit is not necessary however the signature shall be obtained within **two (2) weeks of the client's verbal approval.**
3. An appropriate Release of Information (**Appendix G or Appendix H**) shall be signed prior to initializing services.

4. An AAA may subcontract with a service provider for the provision of services. Any service provided by an AAA or subcontractor shall be documented on the Purchase of Service Form [Appendix I] and sent to the ERS for approval **prior** to the expenditure of funds. Notification of approval or denial shall be sent to the vendor via E-mail or fax and shall be retained in the client's case record. There may be some situations where e-mail approval will not be sent to the vendor such as utility and phone companies as this would delay the provision of services. A service provider shall bill the contractor within 30 days of rendering a service.

5. A copy of the invoice is to be attached to the EAPA Program Purchase of Services Form after the services have been rendered and kept in the client's case record.

**ELDER ABUSE PREVENTION & AWARENESS PROGRAM
CLIENT PURCHASE OF SERVICE**

Date: Effective Date For Services: Client Name:

County of Residence: Requesting Staff:

Explanation of Request:

Services Requested

SERVICE	PROVIDER	UNITS	UNIT COST	TOTAL COST
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
			TOTAL	\$ <input type="text"/>

Elder Rights Specialist Signature: _____ Date: _____

PLEASE DO NOT BILL FOR SERVICES PRIOR TO THE EFFECTIVE DATE
ALL BILLS MUST BE SUBMITTED BY 6/30/

OFFICE USE ONLY:

Date Approval / Denial Sent (date and initials): _____

Reallocation of Funds

The contractor shall report, in writing, any projected under expenditure of funds prior to the completion of the contract. The department may reallocate such funds to other contractors for the same purpose or to the department's elder abuse prevention efforts.

Monitoring & Reassessment

An AAA shall monitor the provision of services identified in the intervention plan. An AAA shall conduct and document a face-to-face client reassessment every six months or whenever there is a significant change in the client's physical health, mental health, economic status, or risk status and shall update the intervention plan accordingly.

Case Records & Record Retention

A case record shall be maintained for each client and shall contain copies of the assessments and any related correspondence or information that pertains to the assessment of the client, intervention plan, medical records, updates, legal representation documents, and documentation of dates, times, travel, activities, and expenditures related to the client. Case records shall be maintained for a minimum of five years from the date a case is closed in accordance with Iowa Code chapter 305. A case record that is closed shall contain completed assessments; signed release of information forms; purchase of service forms and invoices for services rendered; department of human services' dependent adult abuse report forms; photographs, electronic images, or recordings; and all case documentation, records, and notes.

Data Collection & Analysis

Data entered into Harmony/SAMS is generated quarterly by IDA and a preliminary analysis report is created. These quarterly reports are provided to IDA Program Managers, IDA Management, AAA Executive Directors and the Elder Rights Workgroup. At each quarterly meeting, the Elder Rights Workgroup will review and discuss these reports to identify items such as, but not limited to the following:

- How the system is performing;
- If there are data entry concerns;
- Areas for technical assistance; and
- Techniques for replication.

IDA staff will also generate a fiscal year-end report for analysis and action.

Performance Measures and Outcomes

PERFORMANCE MEASURE	EXPECTED OUTCOME
Percentage Of EAPA Consultation Consumers Whose Needs Are Met through Provider Referrals for Self-Advocacy	Iowans seeking information and referrals will have appropriate information to self-advocate in resolving a situation involving abuse, neglect, or exploitation situation.
Percentage Of EAPA Assessment & Intervention Consumer Cases Closed with EAPA Services No Longer Needed	Older Iowans experiencing abuse, neglect, or exploitation will have their situation resolved with assistance from an AAA Elder Rights Specialist.

Information Sharing/Referrals

An Authorization to Obtain or Release Information Form (Appendix G or Appendix H): An applicable release of information shall be obtained before providing any information to another party unless you are communicating an allegation of abuse to DHS, Law Enforcement, or DIA. The only exception is in an MDT setting.

Referral to the Long Term Care Ombudsman: Referrals should be made to the Local Long-Term Care Ombudsman (LLTCO) when an EAPA client moves to a long term care facility or to assisted living. Likewise, the LLTCO should make referrals to the ERS when a resident moves from a LTC facility or assisted living to a private residence if they have permission from the resident.

Referral for Services: Other agencies (such as the caregivers association, meals on wheels, companions, legal, cleaning services, medical services, etc.) may receive referrals from the ERS or their designee only with a release. In the event the adult does not sign a release, consider making a referral to DHS for self-denial of critical care if not having the service poses a risk to the elder.

Protective Action: If there is a need for protective action contact DHS. If DHS is able to pursue protective action be an available resource. If DHS is unable to pursue commitment or protective orders, it may be necessary for the ERS or their designee to pursue this avenue with another knowledgeable collateral source.

Emergency Protective Orders and Guardianships: There is the possibility that the alleged offender is not a caretaker for the older lowan and as a result DHS may not be involved. Without DHS, approach law enforcement to secure a protective order. With DHS participation, approach the county attorney's office to secure a protective order. The newly established Iowa **Code 235F, Elder Abuse** allows protective orders to be pursued by anyone. It does not have to be done by an attorney, DHS, or other professionals. The Legal Hotline for Older lowans can also pursue these types of protective orders.

Role of MDTs or CSTs (Appendix K)

Elder abuse cases can be complex and typically require the coordination of several community organizations. One way these organizations can be brought together effectively is through a DHS dependent adult multidisciplinary team (MDT). The MDT has authority in code to be of assistance regarding cases of dependent adult abuse. If the situation does not fit the criteria of dependent adult abuse, the same networking of stakeholders may still be able to provide some support and/or assistance. If there is not an active MDT in the EAPA Program area, the ERS shall meet with DHS to offer assistance in setting up or reviving the team. If such documented attempts are unsuccessful, the ERS shall establish a Client Safety Team (CST) and invite DHS to participate.

Whether it is a MDT or CST, it is imperative that representatives of applicable disciplines are present as they play a significant role in achieving the best possible client options. Invitations for a representative from law enforcement, DHS, county attorney, medical community, Department of

Public Health, and mental health community shall be sent for participation in the team. In some cases, emergency orders and protective orders are necessary and are handled by DHS and the county attorney in dependent adult abuse situations.

Client Safety Team Guidelines: CST’s are similar to MDTs in that the same members are invited, however, they are facilitated by the ERS. Below are guidelines for CST:

- 1) Invitations shall be sent requesting a representative from law enforcement, DHS, county attorney, medical community, Department of Public Health, and the mental health community.
- 2) Meetings shall be facilitated by the ERS or his/her designee.
- 3) An attendance sign-in sheet shall be provided by the facilitator and signed by all attendees. An example is below and is also found in the Appendix Section, **Appendix K**
- 4) The purpose of the meeting is to collaborate, consult and consider options for the client’s health and safety. These options shall be shared with the client.
- 5) Case discussions/ scenarios shall not disclose client, family, legal representative or any other individual names or information. Confidentiality is of the utmost concern.
- 6) Case files shall not be brought to the meetings. Only non-identifying notes may be brought to the meeting.
- 7) Attendance sign-in sheets of the meetings shall be maintained for a minimum of five years in accordance with Iowa Code chapter 305.

**ELDER ABUSE PREVENTION & AWARENESS PROGRAM
CLIENT SAFETY TEAM GUIDELINES
& ATTENDANCE SIGN-IN SHEET**

Purpose: To collaborate, consult and consider options for the client's health and safety.

It is understood that: 1) All case discussions/ scenarios shall not disclose client, family, legal representative or any other individual names or information; 2) Confidentiality is of the utmost importance, and 3) Case files shall not be brought to the meetings but non identifying notes may be brought.

County _____ Date _____

Name (Printed)	Organization	Signature

Training & Education – General Awareness

Those who can benefit from training and education include general public, law enforcement, financial institutions, county attorneys, mandatory reporters, gatekeepers, DHS, medical community, hair dressers, etc. Because training opportunities are limited, it is important to provide additional training sessions not required by law, which can assist in the protection of older lowans. ERS’s can arrange training opportunities to DHS and others on available community services and a large range of aging issues to enhance knowledge and build system capacity. Most often DHS evaluators are responsible for child abuse assessments and therefore may lack the experience to determine elder and dependent adult abuse. The joint assessments can provide a training growth opportunity for DHS and EAPA Program staff.

Public Awareness

The Area Agency on Aging shall increase public awareness of elder abuse issues and resources via press releases, presentations, newsletters, promotional items, bill boards, etc. and shall assist IDA with prevention efforts, data collection and the dissemination of press releases locally. Public awareness activities may include presentations to senior organizations, church groups, service clubs and other community organizations. Depending upon funding, promotional items may be available for distribution at such presentations.

If EAPA funds are utilized, acknowledge support of the IDA :

“This project made possible, in part, by funding from the Iowa Department on Aging.”

Press Releases: ERS may consider writing his or her own press releases, which may be more suitable for a particular region. Media contact is encouraged (as long as it aligns with AAA policies) in an effort to gain support for the protection of older Iowans and increase public awareness. It is also helpful to cultivate relationships so they have a contact to call when the topic of elder abuse surfaces.

State Clearinghouse

Website: <https://www.iowaaging.gov/programs-services/elder-justice-adult-protective-services/elder-abuse-prevention-awareness>

EAPA State Clearinghouse

The [Elder Abuse Prevention & Awareness State Clearinghouse](#) serves as a single location point for the general public, medical professionals, financial institutions, law enforcement professionals, aging network partners and other stakeholders to find information and resources related to elder abuse, neglect and financial exploitation, including how to recognize elder abuse and prevent it from occurring.

Elder Abuse Prevention & Awareness (EAPA) State Clearinghouse

The Elder Abuse Prevention & Awareness State Clearinghouse serves as a single location point for the general public, medical professionals, financial institutions, law enforcement professionals, aging network partners and other stakeholders to find information and resources related to elder abuse, neglect and financial exploitation, including how to recognize elder abuse and prevent it from occurring.

- [Related Legislation](#)
- [Reports](#)
- [National Resources](#)
- [State Resources](#)
- [Reporting Abuse, Neglect or Financial Exploitation](#)
- [Reporting Fraud, Identity Theft, Scams & Other Issues](#)

What's Under the Links

Related Legislation

Elder Justice Act

This legislation, part of the Affordable Care Act, was signed into law in March 2013 and authorizes funds to address elder abuse, neglect and exploitation.

Older Americans Act

Legislation passed in 1965 that provides for programs and services to improve the health and wellness of older adults and assist them in living independently in the community.

EAPA Reports

Legislatively Mandated Reports

- [HF 2387 Iowa Elder Abuse Report \(2012\)](#)
- [SF 2239 Elder Abuse Agency Collaboration Report \(2014\)](#)
- [SF 2336 Substitute Decision Maker Report \(2012\)](#)
- [SF 446 Elder Abuse Task Force Progress Report \(2013\)](#)
- [SF 446 Elder Abuse Task Force Final Report \(2013\)](#)

Other Reports

- [Community Conversations Summary Report \(2012\)](#)
- [Dependent Adult Abuse Forums Report \(2006\)](#)
- [Dependent Adult Abuse Forums Report \(1998\)](#)
- [Elder Abuse Initiative Demonstration Projects Report \(2012\)](#)

National Resources

Websites listed below are external to the Iowa Department on Aging and the Department is not responsible for their content or accessibility. Inclusion of these links does not constitute an endorsement of a website or an organization. Any comments regarding the content or accuracy of any of these sites should be sent to the respective Webmasters/Administrators.

Useful Links

- [Ageless Alliance](#)
- [Division of Violence Prevention, Centers for Disease Control and Prevention \(CDC\)](#)
- [Elder Justice Coalition](#)
- [Elder Justice Initiative \(EJI\), US Department of Justice](#)
- [International Network for the Prevention of Elder Abuse](#)
- [National Adult Protective Services Association \(NAPSA\)](#)
- [National APS Resource Center](#)
- [National Association of Triads \(NATI\)](#)
- [National Center on Elder Abuse \(NCEA\)](#)
- [National Clearinghouse on Abuse in Later Life \(NCALL\)](#)
- [National Council on Aging \(NCOA\)](#)
- [National Committee for the Prevention of Elder Abuse \(NCPEA\)](#)
- [National Institute on Aging, National Institutes of Health](#)
- [National Resource Center on LGBT Aging](#)
- [Office for Victims of Crime, US Department of Justice](#)
- [Protecting Rights and Preventing Abuse, Administration for Community Living \(ACL\)](#)

Issue-Specific Websites

Financial Exploitation

- [Consumer Financial Protection Bureau \(CFPB\)](#)
- [Federal Trade Commission \(FTC\)](#)

Identity Theft

- [US Department of Justice \(DOJ\)](#)
- [US Federal Trade Commission \(FTC\)](#)

Fraud

- [Financial Fraud Enforcement Task Force](#)
- [Consumer Financial Protection Bureau \(CFPB\)](#)
- [Social Security Administration, Office of the Inspector General](#)
- [Senior Medicare Patrol \(SMP\)](#)

Legal

- [Commission on Law and Aging, American Bar Association](#)
- [Justice in Aging](#)
- [National Center for State Courts, Elder Abuse Resource Guide](#)
- [National Consumer Law Center](#)

Long-Term Care

- [Long-Term Care Ombudsman Program](#)
- [National Association of State Long-Term Care Ombudsman Programs](#)
- [National Consumer Voice for Quality Long-Term Care](#)
- [National Long-Term Care Ombudsman Resource Center](#)

State Resources

Websites listed below are external to the Iowa Department on Aging and the Department is not responsible for their content or accessibility. Inclusion of these links does not constitute an endorsement of a website or an organization. Any comments regarding the content or accuracy of any of these sites should be sent to the respective Webmasters/Administrators.

Advocacy for Residents of Long-Term Care Facilities

- [Office of the State Long-Term Care Ombudsman](#) / (866) 236-1430

Assistance for Victims of Crime and Suspected Fraud/Consumer Protection

- [Attorney General's Office](#) / (515) 281-5164

Dependent Adult Abuse & Mandatory Reporter Training Information

- [Department of Public Health](#) / (515) 281-7689

Domestic Violence

- [Iowa Coalition Against Domestic Violence](#) / (515) 244-8028
- Iowa Domestic Violence Helpline: (800) 770-1650 or text "IOWAHELP" to 20121

Insurance and Securities Fraud

- [Iowa Insurance Division](#) / (877) 955-1212

Information and Referral to Services for Older Adults

- [LifeLong Links](#) / (866) 468-7887

Legal Assistance

- [Iowa Legal Aid](#) / (800) 532-1275
- Legal Hotline for Older Iowans (Iowans age 60 and over): (800) 992-8161

Medicare Errors & Fraud Assistance

- [Senior Medicare Patrol](#) / (800) 423-2449

Reporting Abuse, Neglect or Financial Exploitation

For Individuals Living in the Community

- [Iowa Department of Human Services](#) / Abuse Hotline (available 24 hours a day, 7 days a week): **(800) 362-2178**

For Individuals Living in a Long-Term Care Facility or Assisted Living Program

- [Iowa Department of Inspections & Appeals, Health Facilities Division](#) / Complaint Intake Line: **(877) 686-0027**
- [Iowa Office of the Long-Term Care Ombudsman](#) / **(515) 725-3333** or **(866) 236-1430**

Reporting Fraud, Identity Theft, Scams & Other Issues

Insurance Fraud (complaints regarding the actions of insurance companies or entities providing services to insurers)

- [Iowa Insurance Division](#) / (877) 955-1212

Securities Fraud (complaints regarding the actions of issuers of securities or investments, or the actions of brokers or investment advisers)

- Iowa Insurance Division [Securities Bureau](#) / (877) 955-1212

Medicaid Fraud

- Medicaid Fraud Control Unit / (515) 281-5717
- Department of Human Services / DHS Fraud Hotline: (800) 831-1394
- US Department of Health and Human Services Office of Inspector General / (800) 447-8477

Social Security Fraud

- [Social Security Administration](#) / (800) 269-0271

Identity Theft & Scams

- Iowa Attorney General's Office / (888) 777-4590
- Federal Trade Commission

Monitor your credit reports regularly to detect identity theft:

- Access all three reports at no cost: [AnnualCreditReport.com](#) / (877) 322-8228
- Contact the credit bureaus individually: [Experian](#) / (888) 397-3742; [Equifax](#) / (800) 685-1111; [TransUnion](#) / (800) 916-8800

Mail Fraud, Scams or Identity Theft

- [US Postal Inspection Service](#) / (800) 275-8777

Issues with Financial Products or Services

- [Consumer Financial Protection Bureau](#) / (855) 411-2372

Resources

Definition of Terms

Abuse: means the willful infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm, pain, or mental anguish; or the deprivation by a person, including a caregiver, of goods or services that are necessary to avoid physical harm, mental anguish, or mental illness in an older individual.

Adequate Food, Shelter, Clothing, or Other Care: means food, shelter, clothing, or other care which, if not provided, would constitute denial of critical care.

Aging Network: Individuals working in the field of aging.

Assessment: means a document designated by the department to be completed by the ERS to determine service needs and address the safety of the consumer.

Assessment Intake: means the process by which a contractor receives and records reports of suspected elder abuse.

At-risk Older Individual or Client: means a person aged 60 or older who is at risk for or experiencing abuse, neglect, self-neglect, or exploitation.

Capacity to Consent – A nonlegal judgment of a person’s functional ability to make decisions. If it is determined that a person lacked the capacity to consent, it does not mean that the person is legally incompetent.

Caregiver: means an individual who has the responsibility for the care of an older individual, either voluntarily, by contract, by receipt of payment for care, or as a result of the operation of law. “Caregiver” also means a family member or other individual who provides compensated or uncompensated care to an older individual.

Case: means a referral of suspected elder abuse that has been accepted for assessment and services.

Confidentiality – means withholding of information from any manner of communication, public or private [(441 IAC 176.1) (235B)].

Department: means the Iowa Department on Aging (IDA).

Dependent Adult – A person 18 years of age or older who is unable to protect the person’s own interests or unable to perform adequately or obtain services necessary to meet essential human needs, as a result of a physical or mental condition which requires assistance from another. [Iowa Code Section 235B.2(4)]

Dependent Adult Abuse –[Iowa Code 235B.5] means: Any of the following as a result of the willful or negligent acts or omissions of a caretaker:

- (a) Physical injury
- (b) Financial Exploitation
- (c) Denial of Critical Care (Self Neglect)
- (d) Denial of Critical Care (by caretaker)
- (e) Sexual Abuse
- (f) Sexual Exploitation

Denial of Critical Care The deprivation of the minimum food, shelter, clothing, supervision, physical or mental health care, or other care necessary to maintain a dependent adult's life or health.

DHS – Department of Human Services

DIA – Department of Inspection and Appeals

EAPA – Elder Abuse Prevention and Awareness Program

Elder – An individual aged 60 or older.

Elder Abuse: means abuse of an older individual and may consist of abuse, neglect, self-neglect, or exploitation.

Elder Abuse Referral – Any contact received from professionals or the general public identifying an individual aged 60 or older as being at risk of, or experiencing -abuse, neglect or exploitation.

Elder Rights Specialist (ERS): means the AAA's designee who is responsible for coordinating elder abuse prevention initiative services and who is the central point of contact for case files, subcontractors, and care providers.

Exploitation: means an individual's, including a caregiver's or legal representative's, use of the resources of an older individual for monetary or personal benefit, profit, or gain that results in depriving an older individual of rightful access to, or use of, benefits, resources, belongings, or assets.

Immediate Danger to Health and Safety: means a situation in which death or severe bodily injury could reasonably be expected to occur without intervention.

Legal Representative: means a person appointed by the court to act on behalf of a client.

Mandatory Reporter: means a person defined in Iowa Code section 235B.3(2).

MDT – Dependent Adult Multidisciplinary Team.

Neglect: means the failure of a caregiver or legal representative to provide the goods or service necessary to maintain the health or safety of an older individual.

Older Individual: means a person aged 60 or older.

Physical Harm: means bodily injury, impairment, or disease.

Psychological /Emotional Abuse - Willfully inflicted emotional or psychological abuse on a dependent adult. Emotional or psychological abuse means deliberately subjecting the dependent adult to repeated or malicious or outrageous oral, written or gestured language or treatment which would be considered by a reasonable person to be intended to cause at least one of the following: fear, alarm, agitation, confusion, humiliation, or serious emotional distress.

Purchase of Service Form: means the mechanism used to document and request approval for the purchase of a specific service on behalf of a client.

Self Determination - The ability of individuals to control their lives, to achieve self-defined goals and to participate fully in society per their lifestyle choices. The right to self-determination may be limited when, using professional judgment and Code of Ethics, the clients' actions, inactions, or potential actions pose a serious, foreseeable, and imminent risk to themselves or others.

Self-neglect: means an older individual's inability, due to physical or mental impairment or diminished capacity, to perform essential self-care tasks, including obtaining essential food, clothing, shelter, and medical care; obtaining goods and services necessary to maintain physical health, mental health, or general safety; or managing one's own financial affairs.

Sexual Abuse - The commission of a sexual offense under chapter 709 or section 726.2

Sexual Exploitation Sexual exploitation of an elder who is a resident of a health care facility, as defined in section 135C.1, by a caretaker providing services to or employed by the health care facility, whether within the health care facility or at a location outside of the health care facility. "*Sexual exploitation*" means any consensual or nonconsensual sexual conduct with a dependent adult for the purpose of arousing or satisfying the sexual desires of the caretaker or dependent adult, which includes but is not limited to kissing; touching of the clothed or unclothed inner thigh, breast, groin, buttock, anus, pubes, or genitals; or a sex act, as defined in section 702.17. Sexual exploitation does not include touching which is part of a necessary examination, treatment, or care by a caretaker acting within the scope of the practice or employment of the caretaker; the exchange of a brief touch or hug between the dependent adult and a caretaker for the purpose of reassurance, comfort, or casual friendship; or touching between spouses.

Substance Abuse – Substance abuse includes alcohol, prescription medications and illegal drugs. Criteria for substance abuse include 1) self admission; 2) Verifiable collateral sources; or 3) Professional observation and assessment.

Authorization & Responsibility

Older Americans Act

The Older Americans Act of 1965, was established in part to ensure that older Americans can live retirement in health, honor, and dignity. Title 7, Chapter 3 of the OAA specifically addresses programs for prevention of elder abuse, neglect and exploitation through the following:

- 1) Providing for public education and outreach to identify and prevent elder abuse, neglect and exploitation;
- 2) Providing for public education and outreach to promote financial literacy and prevent identity theft and financial exploitation of older individuals;
- 3) Ensuring the coordination of services provided by area agencies on aging with services instituted under the state adult protection service program, state and local law enforcement systems, and courts of competent jurisdiction;
- 4) Promoting the development of information and data systems including elder abuse reporting systems, to quantify the extent of elder abuse, neglect, and exploitation in the state;
- 5) Conducting analyses of state information concerning elder abuse, neglect and exploitation and identifying unmet services, enforcement, or intervention needs;
- 6) Conducting training for individuals, including caregivers described in Part E of Title III, professionals, and paraprofessionals, in relevant fields on the identification, prevention, and treatment of elder abuse, neglect, and exploitation, with particular focus on prevention and enhancement of self-determination and autonomy;
- 7) Providing technical assistance to programs that provide or have the potential to provide services for victims of elder abuse, neglect, and exploitation and for family members of the victims;
- 8) Conducting special and on-going training, for individuals involved in serving victims of elder abuse, neglect, and exploitation, on the topics of self-determination, individual rights, state and federal requirements concerning confidentiality, and other topics determined by a state agency to be appropriate;
- 9) Promoting the development of an elder abuse, neglect, and exploitation system –
 - a. That includes a state elder abuse, neglect, and exploitation law that includes provisions for immunity, for persons reporting instances of elder abuse, neglect, and exploitation, from prosecution arising out of such reporting, under any state or local law;
 - b. Under which a state agency-
 - i. On receipt of a report of known or suspected instances of elder abuse, neglect, or exploitation, shall promptly initiate an investigation to substantiate the accuracy of the report; and
 - ii. On a finding of elder abuse, neglect or exploitation, shall take steps, including appropriate referral, to protect the health and welfare of the abused, neglected, or exploited older individual;
 - c. That includes, through the state, in connection with the enforcement of elder abuse, neglect, and exploitation laws and with the reporting of suspected instances of elder abuse, neglect, and exploitation –

- i. Such administrative procedures;
 - ii. Such personnel trained in the special problems of elder abuse, neglect, and exploitation prevention and treatment;
 - iii. Such training procedures;
 - iv. Such institutional and other facilities (public and private); and
 - v. Such related multidisciplinary programs and services, as may be necessary or appropriate to ensure that the state will deal effectively with elder abuse, neglect, and exploitation cases in the state.
 - d. That preserves the confidentiality of records in order to protect the rights of older individuals;
 - e. That provides for the cooperation of law enforcement officials, courts of competent jurisdiction, and state agencies providing human services with respect to special problems of elder abuse, neglect, and exploitation;
 - f. That enables an older individual to participate in decisions regarding the welfare of the older individual, and makes the least restrictive alternatives available to an older individual who is abused, neglected, or exploited; and
 - g. That includes a state clearinghouse for dissemination of information to the general public with respect to –
 - i. The problems of elder abuse, neglect, and exploitation;
 - ii. The facilities described in subparagraph (C) (iv); and
 - iii. Prevention and treatment methods available to combat instances of elder abuse, neglect, and exploitation;
- 10) Examining various types of shelters serving older individuals (in this paragraph referred to as “safe havens”), and testing various safe haven models for establishing safe havens (at home or elsewhere), that recognize autonomy and self-determination, and fully protect the due process rights of older individuals;
- 11) Supporting multidisciplinary elder justice activities such as –
- a. Supporting and studying team approaches for bringing a coordinated multidisciplinary or interdisciplinary response to elder abuse, neglect, and exploitation, including a response from individuals in social service, health care, public safety, and legal disciplines;
 - b. Establishing a State coordinating council, which shall identify the individual State’s needs and provide the Assistant Secretary with information and recommendations relating to efforts by the State to combat elder abuse, neglect, and exploitation;
 - c. Providing training, technical assistance, and other methods of support to groups carrying out multidisciplinary efforts at the State (referred to in some States as “State Work Groups”);
 - d. Broadening and studying various models for elder fatality and serious injury review teams, to make recommendations about their composition, protocols, functions, timing, roles, and responsibilities, with a goal of producing models and information that will allow for replication based on the needs of States and communities (other than the ones in which the review teams were used);

NOTE: In 235B, the word “department” refers to the Department of Human Services. In 231.56A, the word “department” refers to the Department on Aging.

Iowa Code 231.56A – Iowa Department on Aging (IDA)

231.56A Prevention of elder abuse, neglect and exploitation program.

1. The department shall administer the prevention of elder abuse, neglect, and exploitation program in accordance with the requirements of the federal Act. The purpose of the program is to carry out activities for intervention in, investigation or, and response to elder abuse, neglect and exploitation including financial exploitation.
2. The department shall adopt rules to implement this section.

17 Iowa Administrative Code, Chapter 15 - Department on Aging Elder Abuse Prevention and Awareness

17—15.1(231) Purpose. This chapter establishes the elder abuse prevention initiative as a method of providing prevention, intervention, detection, and reporting of abuse, neglect, and exploitation of older individuals and of providing service options for at-risk older adults. This chapter also establishes criteria for certifying trainers to provide dependent adult abuse mandatory reporter training.

17—15.2(231) Definitions. Words and phrases used in this chapter are as defined in 17 IAC 1 unless the context of the rule indicates otherwise. The following definitions also apply to this chapter:

“Abuse” means the willful infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm, pain, or mental anguish; or the deprivation by a person, including a caregiver, of goods or services that are necessary to avoid physical harm, mental anguish, or mental illness in an older individual.

“Adequate food, shelter, clothing, or other care” means food, shelter, clothing, or other care which, if not provided, would constitute denial of critical care.

“Assessment” means a document designated by the department to be completed by a contractor to determine service needs and address the safety of the client.

“Assessment intake” means the process by which a contractor receives and records reports of suspected elder abuse.

“At-risk older individual” or *“client”* means a person aged 60 or older who is at risk for or experiencing abuse, neglect, self-neglect, or exploitation.

“Caregiver” means an individual who has the responsibility for the care of an older individual, either voluntarily, by contract, by receipt of payment for care, or as a result of the operation of law. *“Caregiver”* also means a family member or other individual who provides compensated or uncompensated care to an older individual.

“Case” means a referral of suspected elder abuse that has been accepted for assessment and services.

“Contractor” means the contract recipient.

“Coordinator” means the contractor’s designee who is responsible for coordinating elder abuse prevention initiative services and who is the central point of contact for case files, subcontractors, and care providers.

“Department” means the department on aging.

“Elder abuse” means abuse of an older individual and may consist of abuse, neglect, self-neglect, or exploitation.

“Exploitation” means an individual’s, including a caregiver’s or legal representative’s, use of the resources of an older individual for monetary or personal benefit, profit, or gain that results in depriving an older individual of rightful access to, or use of, benefits, resources, belongings, or assets.

“Immediate danger to health and safety” means a situation in which death or severe bodily injury could reasonably be expected to occur without intervention.

“Legal representative” means a person appointed by the court to act on behalf of a client.

“Mandatory reporter” means a person defined in Iowa Code section 235B.3(2).

“Neglect” means the failure of a caregiver or legal representative to provide the goods or service necessary to maintain the health or safety of an older individual.

“Older individual” means a person aged 60 or older.

“Physical harm” means bodily injury, impairment, or disease.

“Purchase of service form” means the mechanism used to document and request approval for the purchase of a specific service on behalf of a client.

“Referral” means any information received by a contractor from any source that identifies an individual aged 60 or older as experiencing, or at risk of, abuse, neglect, or exploitation.

“Self-neglect” means an older individual’s inability, due to physical or mental impairment or diminished capacity, to perform essential self-care tasks, including obtaining essential food, clothing, shelter, and medical care; obtaining goods and services necessary to maintain physical health, mental health, or general safety; or managing one’s own financial affairs.

“Service provider” means a provider receiving funds from a contractor.

17—15.3(231) Project administration. In any year in which funds are available for the elder abuse prevention initiative, the department shall contract with local agencies or organizations to administer available funds and to study and evaluate community-based projects and educational programs for the prevention of elder abuse. The contractors shall utilize the funds to provide community-based services for older individuals who have been the subject of suspected elder abuse or for the provision of educational programs to raise awareness about elder abuse. Agencies or organizations that receive elder abuse prevention initiative funds shall submit a proposal to the department one month prior to the commencement of the fiscal year. Proposals shall contain the following:

1. Project summary, including issues the project will address;
2. Projection of the number of older individuals to be served;
3. Description of services to be provided;
4. Description of community support for the project;
5. Designation of evaluation and audit mechanisms;
6. Project budget; and
7. Evaluation plan.

17—15.4(231) Contractor responsibilities.

15.4(1) A contractor or subcontractor shall have a designated coordinator to administer elder abuse prevention initiative funds and services who meets all of the following qualifications:

- a.* A bachelor’s degree in a human services field and a minimum of four years of experience in a human services and gerontology field. A contractor may submit a request in writing to the department for an exception to this requirement for any coordinator hired after April 1, 2010;
- b.* Completion of dependent adult abuse mandatory reporter training requirements in accordance with Iowa Code section 235B.16 prior to direct client contact;
- c.* Completion of orientation and training provided by the department prior to direct client contact related to utilization of the assessment tool; service coordination and monitoring; performance measures and outcome evaluation; advocacy and public awareness training; and
- d.* Eight hours of annual training related to dependent adult or elder abuse.

15.4(2) Staff members utilized by a contractor or subcontractor to provide services shall meet all of the following qualifications:

- a.* A minimum of two years of experience in the human services field;
- b.* Completion of dependent adult abuse mandatory reporter training requirements in accordance with Iowa Code section 235B.16 prior to direct client contact; and

c. Completion of orientation and training provided by the department related to utilization of the assessment tool; service coordination and monitoring; performance measures and outcome evaluation; advocacy and public awareness training prior to direct client contact.

15.4(3) A contractor shall utilize the assessment forms, purchase of services forms, procedures, and software systems specified by the department.

15.4(4) A contractor shall ensure that:

a. Record checks have been conducted for any coordinator, staff member, volunteer, or other person who performs duties under a contract or subcontract who:

- (1) Has direct responsibility for the client, or
- (2) Has access to a client when the client is alone.

b. The record checks shall be conducted to determine whether the person:

- (1) Has any founded child abuse reports;
- (2) Has any founded dependent adult abuse reports;
- (3) Has any criminal convictions; or
- (4) Has been placed on the sex offender registry.

17—15.5(231) Funding restrictions. The use of funding is restricted as follows:

1. A contractor shall determine that the client is not eligible to receive services under another funding source prior to authorizing the use of elder abuse prevention initiative funds and shall document this in the assessment.
2. Services funded shall reduce or eliminate abuse, neglect, self-neglect, exploitation, or risk of the same.
3. The funds shall be utilized for one-time expenditures but may be used for ongoing or monthly expenditures if no other funding source is available and the client would otherwise remain in an abusive situation.

17—15.6(231) Reallocation of funds. The contractor shall report, in writing, any projected under expenditure of funds prior to the completion of the contract. The department may reallocate such funds to other contractors for the same purpose or to the department's elder abuse prevention efforts.

17—15.7(231) Eligibility. If funding is available, an older individual shall be eligible for assistance under the elder abuse prevention initiative if all of the following criteria are met:

15.7(1) If abuse, neglect, exploitation, or self-neglect exists, or there is risk of same. Abuse, neglect, exploitation, or self-neglect includes the deprivation of the minimum food, shelter, clothing, supervision, physical care, mental health care, or other care necessary to maintain the older individual in an independent living arrangement.

15.7(2) The older individual is not a resident in a nursing facility as defined in Iowa Code section 135C.1(13). Exceptions may be granted by the department on a case-by-case basis.

17—15.8(231) Assessment intake. A contractor shall accept all referrals for at-risk older individuals who may be experiencing abuse, neglect, self-neglect, or exploitation. The primary purpose of

intake is to obtain available and pertinent information regarding an allegation of elder abuse to determine whether or not a referral becomes a case. When a referral is received, the contractor shall record all allegations and concerns on the intake portion of the assessment form to determine the priority level of the case as follows:

15.8(1) Priority 1. The at-risk older individual's health or safety is in immediate danger, and the individual requires immediate intervention. The contractor shall contact appropriate agencies such as the department of human services, emergency medical services, and law enforcement. A face-to-face visit with the at-risk older individual and completion of the assessment form shall occur after the life-threatening situation is resolved and within one business day.

15.8(2) Priority 2. The at-risk older individual's health or safety is not in immediate danger, but the risk is real and foreseeable in the future. A face-to-face visit with the at-risk older individual and completion of the assessment shall be made within four working days.

15.8(3) Priority 3. The at-risk older individual's health or safety is not in immediate danger, but there is potential risk for abuse, neglect, self-neglect, or exploitation. Contact with the at-risk older individual is required within ten working days.

17—15.9(231) Release of information. A release of information form designated by the department shall be signed by the at-risk older individual or the individual's legal representative prior to the provision of services. In Priority 1 cases, if obtaining the at-risk older individual's signature will delay the process of immediate intervention or the protection of the at-risk older individual's safety, telephone approval is acceptable and shall be documented in the assessment. In this circumstance, appropriate signatures shall be obtained as soon as the life-threatening situation is resolved and a face-to-face assessment is conducted. A release shall also be signed by a client or the client's legal representative if photographs, electronic images, or recordings are taken involving the client or the client's home.

17—15.10(231) Assessment. A comprehensive assessment shall be completed on each client within the time frames specified in 17—15.8(231) to protect the client's safety and provide for services where necessary and desired by the client. The tasks associated with completion of the assessment are:

15.10(1) Interviewing the alleged victim. This shall include interviewing the at-risk older individual to identify the nature and scope of the abuse or risk; assessing the at-risk older individual's cognitive, emotional, and physical capabilities, home environment, relationships with others living in the residence, relationships with any service providers, and information on the alleged offender; and gathering any information related to prior incidences of similar abuse or risk. Interviews with the alleged victim shall occur without the alleged offender present.

15.10(2) Interviewing other sources. Attempts shall be made to conduct interviews with persons who have relevant information to share about allegations.

15.10(3) *Evaluating the information.* Evaluation of the information shall include an analysis that confirms whether or not the alleged victim meets the eligibility criteria for services.

15.10(4) *Intervention plan.* An intervention plan designed to address the victim's situation shall be developed for all clients who are found to be eligible for services and, at a minimum, shall include a service plan, desired outcomes, funding source, and dates to review progress. If the situation is perpetuated by an older individual's personal choices, the intervention plan shall note this.

17—15.11(231) *Monitoring and reassessment.* A contractor shall monitor the provision of services identified in the intervention plan. A contractor shall conduct and document a face-to-face client reassessment every six months or whenever there is a significant change in the client's physical health, mental health, economic status, or risk status and shall update the intervention plan accordingly.

17—15.12(231) *Purchase of service.* A contractor may subcontract with a service provider for the provision of services. Any service provided by a contractor or a subcontractor shall be documented on a purchase of service form designated by the department. A subcontractor shall send the purchase of service form to the coordinator for approval prior to the expenditure of funds. Notification of approval or denial shall be sent to the subcontractor via E-mail or fax and shall be retained in the client's case record. A service provider shall bill the contractor within 30 days of rendering a service. A copy of all invoices shall be kept in the client's case record.

17—15.13(231) *Case records.*

15.13(1) A case record shall be maintained for each client and shall contain copies of the assessments and any related correspondence or information that pertains to the assessment of the client, intervention plan, medical records, updates, legal representation documents, and documentation of dates, times, travel, activities, and expenditures related to the client. The department shall have complete access to all client case records during regular business hours and upon request.

15.13(2) Case records shall be maintained for a minimum of five years from the date a case is closed in accordance with Iowa Code chapter 305. A case record that is closed shall contain completed assessments; signed release of information forms; purchase of service forms and invoices for services rendered; department of human services' dependent adult abuse report forms; photographs, electronic images, or recordings; and all case documentation, records, and notes.

17—15.14(231) *Refusal of assistance.* A client has the right to refuse services at any time. However, if dependent adult abuse is suspected, the abuse shall be reported to law enforcement, the department of human services, and the county attorney pursuant to mandatory reporting requirements.

17—15.15(231) *Termination or limitation.* A contractor may terminate or limit the provision of services under circumstances including but not limited to the following:

1. Services are no longer needed or do not benefit the client;

2. The client moves out of state or outside the service area;
3. The client moves into a nursing facility as defined in Iowa Code section 135C.1(13);
4. The client or the client's legal representative requests termination of services;
5. The client is unwilling or unable to meet the terms in the intervention plan;
6. The client's legal representative refuses to provide information needed for the development of an intervention plan; or
7. There is risk of harm to the contractor or service provider.

17—15.16(231) Confidentiality and disclosure. Client identification numbers shall be used to maintain confidentiality. All case records shall be maintained by the department and the contractor as confidential records pursuant to Iowa Code section 22.7 and shall not be disclosed except with the written consent of the client or the client's legal representative.

17—15.17(231) Legal representatives.

15.17(1) A legal representative shall provide appointment papers, a court order, or power of attorney documentation within 72 hours of being contacted by a contractor. The legal representative's signature shall be obtained on the assessment before the client receives services.

15.17(2) If there is suspicion of abuse, neglect, exploitation or self-neglect of an older individual and the legal representative will not permit access to the older individual, the contractor shall make oral and written reports to the department of human services and local law enforcement pursuant to Iowa Code section 235B.3. The contractor shall also notify the judge in probate for the county in which the guardianship or conservatorship was filed by certified letter within five days of the denial of access. The notification shall detail concerns and potential consequences of the guardian's or conservator's action or inaction that appears not to be in the best interest of the older individual.

17—15.18(231) Appeals. Complaints by any aggrieved party shall be heard first by the contractor using the contractor's procedures and shall be exhausted before the department is contacted. Appeals made by any aggrieved party to the department shall follow the procedures set forth in 17—2.9(231).

17—15.19(231) Conflict of interest. Conflict of interest includes any action or failure to act that may be an actual or perceived conflict between official duties and personal interest. Conflict of interest exists when an elder abuse prevention initiative contractor or any entity or individual involved in that program:

1. Uses an official position for private gain (other than salary);
2. Gives preferential treatment to any contractor, entity, or individual or fails to act impartially in the conduct of official duties;
3. Impedes or adversely affects governmental efficiency or economy;
4. Engages in conduct that could adversely affect the confidence of the public in the integrity of the elder abuse prevention initiative;
5. Creates circumstances where it might reasonably be perceived that a contractor's, an entity's, or an individual's judgment could be influenced by the nature of the circumstances; or

6. Has a client that is related to the contractor, entity, or individual within the third degree of consanguinity.

17—15.20(231) Severability. Should any rule, subrule, paragraph, phrase, sentence, or clause of this chapter be declared invalid or unconstitutional for any reason, the remainder of this chapter shall not be affected thereby.

Iowa Code 235B

The following sections of 235B – Dependent Adult Abuse facilitates DHS’s ability to work with and share information with the EAPAP.

NOTE: In 235B, the word “department” refers to the Department of Human Services. In 231.56A, the word “department” refers to the Department on Aging.

235B.3(5) Following the reporting of suspected dependent adult abuse, the department of human services **or an agency approved by the department** shall complete an assessment of necessary services and shall make appropriate referrals for receipt of these services. The assessment shall include interviews with the dependent adult, and, if appropriate, with the alleged perpetrator of the dependent adult abuse and with any person believed to have knowledge of the circumstances of the case. The department may provide necessary protective services and may establish a sliding fee schedule for those persons able to pay a portion of the protective services.

235B.6 Authorized access.

1. Notwithstanding chapter 22, the confidentiality of all dependent adult abuse information shall be maintained, except as specifically provided by subsections 2 and 3.

2. Access to dependent adult abuse information other than unfounded dependent adult abuse information is authorized only to the following persons:

a. A subject of a report including all of the following:

(1) To an adult named in a report as a victim of abuse or to the adult's attorney or guardian ad litem.

(2) To a guardian or legal custodian, or that person's attorney, of an adult named in a report as a victim of abuse.

(3) To the person or the attorney for the person named in a report as having abused an adult.

b. A person involved in an investigation of dependent adult abuse including all of the following:

(1) A health practitioner or mental health professional who is examining, attending, or treating an adult whom such practitioner or professional believes or has reason to believe has been the victim of abuse or to a health practitioner or mental health professional whose consultation with respect to an adult believed to have been the victim of abuse is requested by the department.

(2) An employee or agent of the department responsible for the investigation of a dependent adult abuse report or for the purpose of performing record checks as required under section 135C.33.

(3) A representative of the department involved in the certification or accreditation of an agency or program providing care or services to a dependent adult believed to have been a victim of abuse.

(4) A law enforcement officer responsible for assisting in an investigation of a dependent adult abuse allegation.

(5) A multidisciplinary team, if the department of human services approves the composition of the multidisciplinary team and determines that access to the team is necessary to assist the department in the investigation, diagnosis, assessment, and disposition of a case of dependent adult abuse.

(6) The mandatory reporter who reported the dependent adult abuse in an individual case.

(7) Each board of examiners specified under chapter 147 and the Iowa department of public health for the purpose of licensure, certification or registration, disciplinary investigation, or the renewal of licensure, certification or registration, or disciplinary proceedings of health care professionals.

c. A person providing care to an adult including all of the following:

(1) A licensing authority for a facility providing care to an adult named in a report.

(2) A person authorized as responsible for the care or supervision of an adult named in a report as a victim of abuse or a person named in a report as having abused an adult if the court or registry deems access to dependent adult abuse information by such person to be necessary.

(3) An employee or agent of the department responsible for registering or licensing or approving the registration or licensing of a person, or to an individual providing care to an adult and regulated by the department.

(4) The legally authorized protection and advocacy agency recognized pursuant to section 135C.2 if a person identified in the information as a victim or a perpetrator of abuse resided in or receives services from a facility or agency because the person is diagnosed as having a developmental disability or a mental illness.

(5) To an administrator of an agency certified by the department of human services to provide services under a medical assistance home and community-based services waiver, if the information concerns a person employed by or being considered by the agency for employment.

(6) To the administrator of an agency providing mental health, mental retardation, or developmental disability services under a county management plan developed pursuant to section 331.439, if the information concerns a person employed by or being considered by the agency for employment.

(7) To an administrator of a hospital licensed under chapter 135B if the data concerns a person employed or being considered for employment by the hospital.

(8) An employee of an agency requested by the department to provide case management or other services to the dependent adult.

d. Relating to judicial and administrative proceedings, persons including all of the following:

(1) A court upon a finding that information is necessary for the resolution of an issue arising in any phase of a case involving dependent adult abuse.

(2) A court or administrative agency hearing an appeal for correction of dependent adult abuse information as provided in section 235B.10.

(3) An expert witness at any stage of an appeal necessary for correction of dependent adult abuse information as provided in section 235B.10.

e. Other persons including all of the following:

(1) A person conducting bona fide research on dependent adult abuse, but without information identifying individuals named in a dependent adult abuse report, unless having that information open to review is essential to the research or evaluation and the authorized registry officials give

prior written approval and the adult, the adult's guardian or guardian ad litem, and the person named in a report as having abused an adult give permission to release the information.

(2) Registry or department personnel when necessary to the performance of their official duties or a person or agency under contract with the department to carry out official duties and functions of the registry.

(3) The department of justice for the sole purpose of the filing of a claim for reparation pursuant to sections 915.21 and 915.84.

(4) A legally constituted adult protection agency of another state which is investigating or treating an adult named in a report as having been abused.

(5) The attorney for the department who is responsible for representing the department.

(6) A health care facility administrator or the administrator's designee, following the appeals process, for the purpose of hiring staff or continued employment of staff.

(7) To the administrator of an agency providing care to a dependent adult in another state, for the purpose of performing an employment background check.

(8) To the superintendent, or the superintendent's designee, of a school district or to the authorities in charge of an accredited nonpublic school for purposes of a volunteer or employment record check.

(9) The department of inspections and appeals for purposes of record checks of applicants for employment with the department of inspections and appeals.

(10) The long-term care resident's advocate if the victim resides in a long-term care facility or the alleged perpetrator is an employee of a long-term care facility.

3. Access to unfounded dependent adult abuse information is authorized only to those persons identified in subsection 2, paragraph "a", paragraph "b", subparagraphs (2), (5), and (6), and paragraph "e", subparagraphs (2) and (10).

Chapter 235F - Elder Abuse

235F.1 Definitions.

As used in this chapter, unless the context otherwise requires:

1. *"Attorney in fact"* means an agent under a power of attorney pursuant to chapter 633B or an attorney in fact under a durable power of attorney for health care pursuant to chapter 144B.

2. *"Caretaker"* means a related or nonrelated person who has the responsibility for the protection, care, or custody of a vulnerable elder as a result of assuming the responsibility voluntarily, by contract, through employment, or by order of the court. *"Caretaker"* does not include a caretaker as defined in section 235E.1.

3. *"Coercion"* means communication or conduct which unduly compels a vulnerable elder to act or refrain from acting against the vulnerable elder's will and against the vulnerable elder's best interests.

4. *"Conservator"* means the same as defined in section 633.3.

5. *a. "Elder abuse"* means any of the following:

(1) Physical injury to, or injury which is at a variance with the history given of the injury, or unreasonable confinement, unreasonable punishment, or assault of a vulnerable elder by a person not otherwise governed by chapter 235E.

(2) The commission of a sexual offense under chapter 709 or section 726.2 with or against a vulnerable elder.

(3) Neglect which is the deprivation of the minimum food, shelter, clothing, supervision, or physical or mental health care, or other care necessary to maintain a vulnerable elder's life or health by a caretaker.

(4) Financial exploitation.

b. "Elder abuse" does not include any of the following:

(1) Circumstances in which the vulnerable elder declines medical treatment if the vulnerable elder holds a belief or is an adherent of a religion whose tenets and practices call for reliance on spiritual means in place of reliance on medical treatment.

(2) Circumstances in which the vulnerable elder's caretaker, acting in accordance with the vulnerable elder's stated or implied consent, declines medical treatment if the vulnerable elder holds a belief or is an adherent of a religion whose tenets and practices call for reliance on spiritual means in place of reliance on medical treatment.

(3) The withholding or withdrawing of health care from a vulnerable elder who is terminally ill in the opinion of a licensed physician, when the withholding or withdrawing of health care is done at the request of the vulnerable elder or at the request of the vulnerable elder's next of kin, attorney in fact, or guardian pursuant to the applicable procedures under chapter 125, 144A, 144B, 222, 229, or 633.

(4) Good faith assistance by a family or household member or other person in managing the financial affairs of a vulnerable elder at the request of the vulnerable elder or at the request of a family member, guardian, or conservator of the vulnerable elder.

6. "*Family or household member*" means a spouse, a person cohabiting with the vulnerable elder, a parent, or a person related to the vulnerable elder by consanguinity or affinity, but does not include children of the vulnerable elder who are less than eighteen years of age.

7. "*Fiduciary*" means a person or entity with the legal responsibility to make decisions on behalf of and for the benefit of a vulnerable elder and to act in good faith and with fairness. "*Fiduciary*" includes but is not limited to an attorney in fact, a guardian, or a conservator.

8. "*Financial exploitation*" relative to a vulnerable elder means when a person stands in a position of trust or confidence with the vulnerable elder and knowingly and by undue influence, deception, coercion, fraud, or extortion, obtains control over or otherwise uses or diverts the benefits, property, resources, belongings, or assets of the vulnerable elder.

9. "*Guardian*" means the same as defined in section 633.3.

10. "*Peace officer*" means the same as defined in section 801.4.

11. "*Plaintiff*" means a vulnerable elder who files a petition under this chapter and includes a substitute petitioner who files a petition on behalf of a vulnerable elder under this chapter.

12. "*Present danger of elder abuse*" means a situation in which the defendant has recently threatened the vulnerable elder with initial or additional elder abuse, or the potential exists for misappropriation, misuse, or removal of the funds, benefits, property, resources, belongings, or assets of the vulnerable elder combined with reasonable grounds to believe that elder abuse is likely to occur.

13. "*Pro se*" means a person proceeding on the person's own behalf without legal representation.

14. "*Stands in a position of trust or confidence*" means the person has any of the following relationships relative to the vulnerable elder:

- a. Is a parent, spouse, adult child, or other relative by consanguinity or affinity of the vulnerable elder.
 - b. Is a caretaker for the vulnerable elder.
 - c. Is a person who is in a confidential relationship with the vulnerable elder. For the purposes of this paragraph “c”, a confidential relationship does not include a legal, fiduciary, or ordinary commercial or transactional relationship the vulnerable elder may have with a bank incorporated under the provisions of any state or federal law, any savings and loan association or savings bank incorporated under the provisions of any state or federal law, any credit union organized under the provisions of any state or federal law, any attorney licensed to practice law in this state, or any agent, agency, or company regulated under chapter 505, 508, 515, or 543B.
15. “*Substitute petitioner*” means a family or household member, guardian, conservator, attorney in fact, or guardian ad litem for a vulnerable elder, or other interested person who files a petition under this chapter.
16. “*Undue influence*” means taking advantage of a person’s role, relationship, or authority to improperly change or obtain control over the actions or decision making of a vulnerable elder against the vulnerable elder’s best interests.
17. “*Vulnerable elder*” means a person sixty years of age or older who is unable to protect himself or herself from elder abuse as a result of age or a mental or physical condition.

235F.2 Commencement of actions — waiver to juvenile court.

1. A vulnerable elder or a substitute petitioner may seek relief from elder abuse by filing a verified petition in the district court. Venue shall lie where either party resides. The petition shall state all of the following:
 - a. The name of the vulnerable elder and the name and address of the vulnerable elder’s attorney, if any. If the vulnerable elder is proceeding pro se, the petition shall state a mailing address for the vulnerable elder.
 - b. The name of the substitute petitioner if the petition is being filed on behalf of a vulnerable elder, and the name and address of the attorney of the substitute petitioner. If the substitute petitioner is proceeding pro se, the petition shall state a mailing address for the substitute petitioner.
 - c. The name and address, if known, of the defendant.
 - d. The relationship of the vulnerable elder to the defendant.
 - e. The nature of the alleged elder abuse.
 - f. The name and age of any other individual whose welfare may be affected.
 - g. The desired relief, including a request for temporary or emergency orders.
2. A temporary or emergency order may be based on a showing of a prima facie case of elder abuse. If the factual basis for the alleged elder abuse is contested, the court shall issue a protective order based upon a finding of elder abuse by a preponderance of the evidence.
3.
 - a. The filing fee and court costs for an order for protection and in a contempt action resulting from an order granted under this chapter or chapter 664A shall be waived for the plaintiff.
 - b. The clerk of court, the sheriff of any county in this state, and other law enforcement and corrections officers shall perform their duties relating to service of process without charge to the plaintiff.
 - c. When a permanent order for protection is entered by the court, the court may direct the defendant to pay to the clerk of court the fees for the filing of the petition and reasonable costs of

service of process if the court determines the defendant has the ability to pay the plaintiff's fees and costs.

d. In lieu of personal service of an order for protection issued pursuant to this section, the sheriff of any county in the state, and any other law enforcement and corrections officers may serve a defendant with a short-form notification pursuant to section 664A.4A.

4. If the person against whom relief from elder abuse is being sought is seventeen years of age or younger, the district court shall waive its jurisdiction over the action to the juvenile court.

5. If a substitute petitioner files a petition under this section on behalf of a vulnerable elder, the vulnerable elder shall retain the right to all of the following:

a. To contact and retain counsel.

b. To have access to personal records.

c. To file objections to the protective order.

d. To request a hearing on the petition.

e. To present evidence and cross-examine witnesses at the hearing.

235F.3 Plaintiffs proceeding pro se — provision of forms and assistance.

1. By July 1, 2015, the judicial branch shall prescribe standard forms to be used by vulnerable elders or substitute petitioners seeking protective orders by proceeding pro se in actions under this chapter. Beginning July 1, 2015, the standard forms prescribed by the judicial branch shall be the exclusive forms used by plaintiffs proceeding pro se under this chapter. The judicial branch shall distribute the forms to the clerks of the district courts.

2. The clerk of the district court shall furnish the required forms to persons seeking protective orders through pro se proceedings pursuant to this chapter.

235F.4 Appointment of guardian ad litem.

The court may on its own motion or on the motion of a party appoint a guardian ad litem for a vulnerable elder if justice requires. The vulnerable elder's attorney shall not also serve as the guardian ad litem.

235F.5 Hearings — temporary orders.

1. Not less than five and not more than fifteen days after commencing a proceeding and upon notice to the other party, a hearing shall be held at which the plaintiff must prove the allegation of elder abuse by a preponderance of the evidence.

2. The court may enter any temporary order it deems necessary to protect the vulnerable elder from elder abuse prior to the hearing, upon good cause shown in an ex parte proceeding. Present danger of elder abuse constitutes good cause for purposes of this subsection.

3. If a hearing is continued, the court may make or extend any temporary order under subsection 2 that it deems necessary

4. Upon application of a party, the court shall issue subpoenas requiring attendance and testimony of witnesses and production of papers.

5. The court shall advise the defendant of a right to be represented by counsel of the defendant's choosing and to have a continuance to secure counsel.

6. At the hearing, the allegation of elder abuse may be proven as required under subsection 1 by but is not limited to the testimony from any of the following:

- a. The vulnerable elder.
 - b. The guardian, conservator, attorney in fact, or guardian ad litem of the vulnerable elder.
 - c. Witnesses to the elder abuse.
 - d. Adult protective services workers who have conducted an investigation.
7. The court shall exercise its discretion in a manner that protects the vulnerable elder from traumatic confrontation with the defendant.
8. Hearings shall be recorded.

235F.6 Disposition.

1. Upon a finding that the defendant has engaged in elder abuse, the court may, if requested by the plaintiff, order any of the following:
- a. That the defendant be required to move from the residence of the vulnerable elder if both the vulnerable elder and the defendant are titleholders or contract holders of record of the real property, are named as tenants in the rental agreement concerning the use and occupancy of the dwelling unit, are living in the same residence, or are married to each other.
 - b. That the defendant provide suitable alternative housing for the vulnerable elder.
 - c. That a peace officer accompany the party who is leaving or has left the party's residence to remove essential personal effects of the party.
 - d. That the defendant be restrained from abusing, harassing, intimidating, molesting, interfering with, or menacing the vulnerable elder, or attempting to abuse, harass, intimidate, molest, interfere with, or menace the vulnerable elder.
 - e. That the defendant be restrained from entering or attempting to enter on any premises when it appears to the court that such restraint is necessary to prevent the defendant from abusing, harassing, intimidating, molesting, interfering with, or menacing the vulnerable elder.
 - f. That the defendant be restrained from exercising any powers on behalf of the vulnerable elder through a court-appointed guardian, conservator, or guardian ad litem, an attorney in fact, or another third party.
 - g. In addition to the relief provided in subsection 2, other relief that the court considers necessary to provide for the safety and welfare of the vulnerable elder.
2. If the court finds that the vulnerable elder has been the victim of financial exploitation, the court may order the relief the court considers necessary to prevent or remedy the financial exploitation, including but not limited to any of the following:
- a. Directing the defendant to refrain from exercising control over the funds, benefits, property, resources, belongings, or assets of the vulnerable elder.
 - b. Requiring the defendant to return custody or control of the funds, benefits, property, resources, belongings, or assets to the vulnerable elder.
 - c. Requiring the defendant to follow the instructions of the guardian, conservator, or attorney in fact of the vulnerable elder.
 - d. Prohibiting the defendant from transferring the funds, benefits, property, resources, belongings, or assets of the vulnerable elder to any person other than the vulnerable elder.
3. The court shall not issue an order under this section that does any of the following:
- a. Allows any person other than the vulnerable elder to assume responsibility for the funds, benefits, property, resources, belongings, or assets of the vulnerable elder.
 - b. Grants relief that is more appropriately obtained in a protective proceeding filed under chapter 633 including but not limited to giving control and management of the funds, benefits, property,

resources, belongings, or assets of the vulnerable elder to a guardian, conservator, or attorney in fact for any purpose other than the relief granted under subsection 2.

4. The court may approve a consent agreement between the parties entered into to bring about the cessation of elder abuse. A consent agreement approved under this section shall not contain any of the following:

a. A provision that prohibits any party to the action from contacting or cooperating with any government agency including the department of human services, the department of inspections and appeals, the department on aging, the department of justice, law enforcement, and the office of long-term care ombudsman; a licensing or regulatory agency that has jurisdiction over any license or certification held by the defendant; a protection and advocacy agency recognized in section 135C.2; or the defendant's current employer if the defendant's professional responsibilities include contact with vulnerable elders, dependent adults, or minors, if the party contacting or cooperating has a good-faith belief that the information is relevant to the duties or responsibilities of the entity.

b. A provision that prohibits any party to the action from filing a complaint with or reporting a violation of law to any government agency including the department of human services, the department of inspections and appeals, the department on aging, the department of justice, law enforcement, and the office of long-term care ombudsman; a licensing or regulatory agency that has jurisdiction over any license or certification held by the defendant; a protection and advocacy agency recognized in section 135C.2; or the defendant's current employer.

c. A provision that requires any party to the action to withdraw a complaint filed with or a violation reported to any government agency including the department of human services, the department of inspections and appeals, the department on aging, the department of justice, law enforcement, and the office of long-term care ombudsman; a licensing or regulatory agency that has jurisdiction over any license or certification held by the defendant; a protection and advocacy agency recognized in section 135C.2; or the defendant's current employer.

5. A protective order or approved consent agreement shall be for a fixed period of time not to exceed one year. The court may amend or extend its order or a consent agreement at any time upon a petition filed by either party and after notice and hearing. The court may extend the order if the court, after hearing at which the defendant has the opportunity to be heard, finds that the defendant continues to pose a threat to the safety of the vulnerable elder, persons residing with the vulnerable elder, or members of the vulnerable elder's immediate family, or continues to present a risk of financial exploitation of the vulnerable elder. The number of extensions that may be granted by the court is not limited.

6. The order shall state whether a person is to be taken into custody by a peace officer for a violation of the terms stated in the order.

7. The court may order that the defendant pay the attorney fees and court costs of the vulnerable elder or substitute petitioner.

8. An order or approved consent agreement under this section shall not affect title to real property.

9. A copy of any order or approved consent agreement shall be issued to the plaintiff, the defendant, the county sheriff of the county in which the order or consent decree is initially entered, and the twenty-four-hour dispatcher for the county sheriff. Any subsequent amendment or revocation of an order or consent agreement shall be forwarded by the clerk to all individuals previously notified.

10. The clerk shall notify the county sheriff and the twenty-four-hour dispatcher for the county sheriff in writing so that the county sheriff and the county sheriff's dispatcher receive written notice

within six hours of filing the order, approved consent agreement, amendment, or revocation. The clerk may fulfill this requirement by sending the notice by facsimile or other electronic transmission which reproduces the notice in writing within six hours of filing the order.

11. The county sheriff's dispatcher shall notify all law enforcement agencies having jurisdiction over the matter and the twenty-four-hour dispatcher for the law enforcement agencies upon notification by the clerk.

235F.7 Emergency orders.

1. When the court is unavailable from the close of business at the end of the day or week to the resumption of business at the beginning of the day or week, a petition may be filed before a district judge, or district associate judge designated by the chief judge of the judicial district, who may grant emergency relief in accordance with section 235F.6, subsection 1 or 2, if the district judge or district associate judge deems it necessary to protect the vulnerable elder from elder abuse, upon good cause shown in an ex parte proceeding. Present danger of elder abuse constitutes good cause for purposes of this subsection.

2. An emergency order issued under subsection 1 shall expire seventy-two hours after issuance. When the order expires, the plaintiff may seek a temporary order from the court pursuant to section 235F.5.

3. A petition filed and emergency order issued under this section and any documentation in support of the petition and order shall be immediately certified to the court. The certification shall commence a proceeding for purposes of section 235F.2.

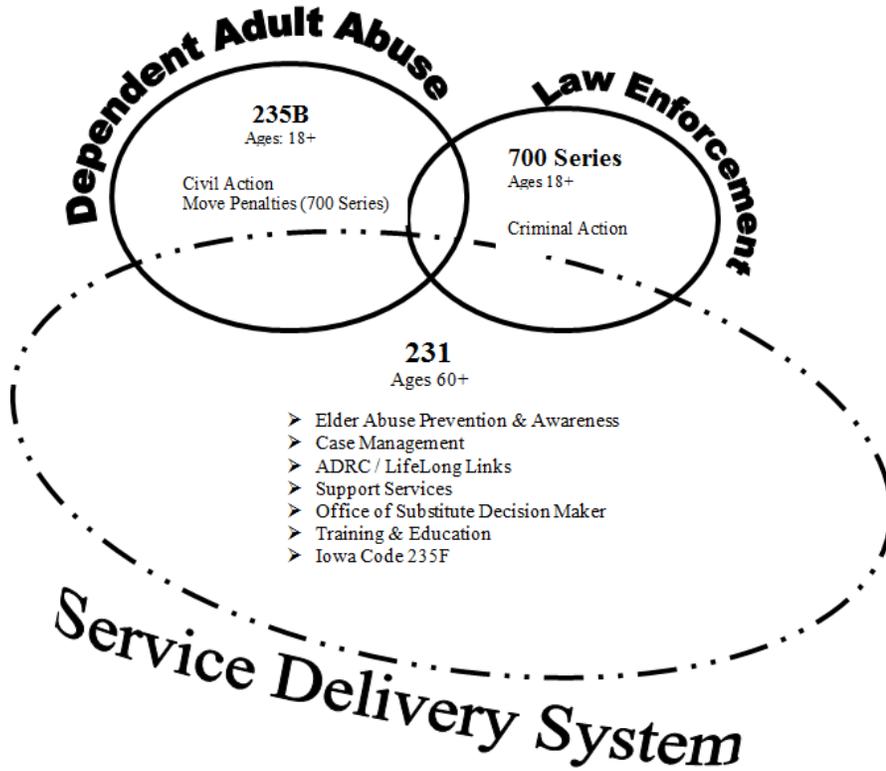
235F.8 Procedure.

1. A proceeding under this chapter shall be held in accordance with the rules of civil procedure, except as otherwise set forth in this chapter and in chapter 664A, and is in addition to any other civil or criminal remedy.

2. The plaintiff's right to relief under this chapter is not affected by the vulnerable elder leaving the vulnerable elder's home to avoid elder abuse.

APPENDIX

COMPREHENSIVE SERVICE DELIVERY SYSTEM Adult Abuse Prevention, Detection, Intervention, And Reporting



Elder Abuse, Neglect & Financial Exploitation Screening Tool

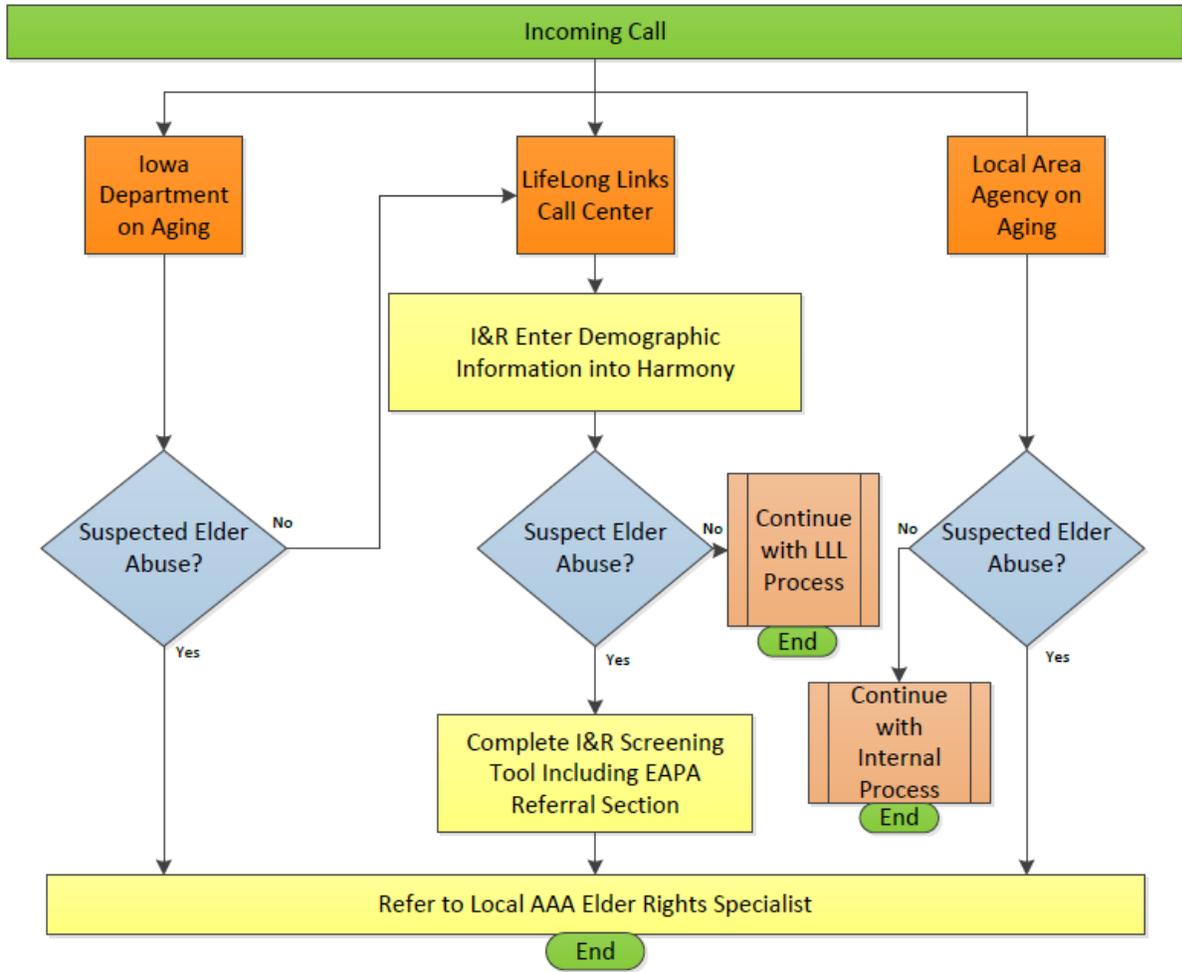
Purpose: To assist in the identification of individuals at risk of or who are currently experiencing elder abuse, neglect or financial exploitation.

Name: [Redacted]

Question	Yes	No	Did Not Answer
1. Does anyone live with you? If so, who? [Redacted]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you rely on anyone for help with the following: bathing, dressing, shopping, banking, transportation, medications, or meals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has anyone or anything prevented you from getting food, clothing, medication, glasses, hearing aids, medical care, or being with family or friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has anyone tried to force you to sign papers or use your money against your will?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has anyone aggressively tried to hurt or harm you or talked to you in a way that made you feel uncomfortable or threatened?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you helping to support someone? If so, who? [Redacted]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Who makes decisions about your life, like how you should live, where you should live, how to spend your money? [Redacted]			
8. Do you feel uncomfortable with anyone in your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has anyone forced you to do things you didn't want to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Has anyone taken things that belong to you without your permission?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

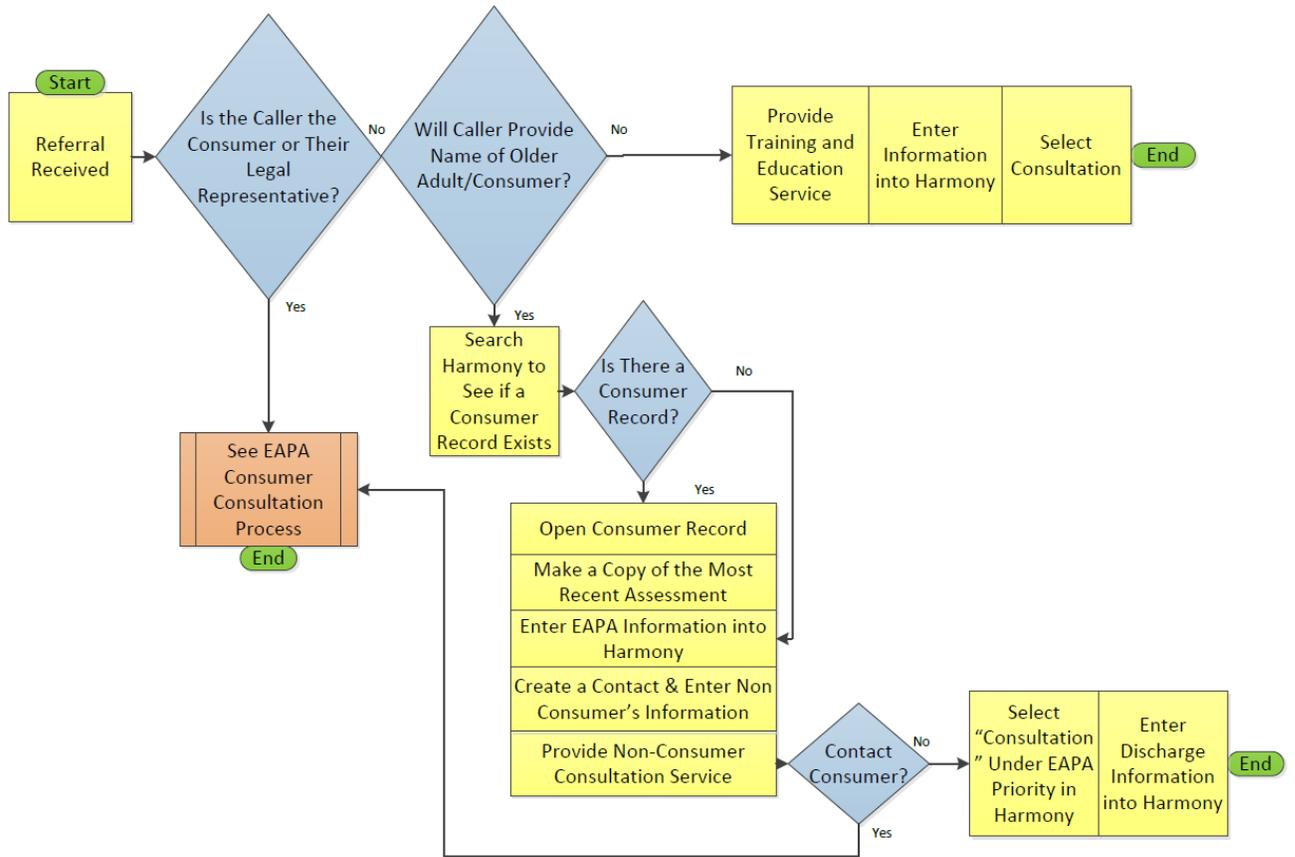
NOTE: This screening tool is a modification of the The Elder Abuse Suspicion Index (EASI) ©. Journal of Elder Abuse and Neglect 2008; 20(3) 000-000. In Press. Haworth Press Inc: Yaffe MJ, Wolfson C, Lithwick M, Weiss D. and the University of Iowa's Hwalek-Sengstock Elder Abuse Screening Test (H-S/EAST)

EAPA Referral Flowchart



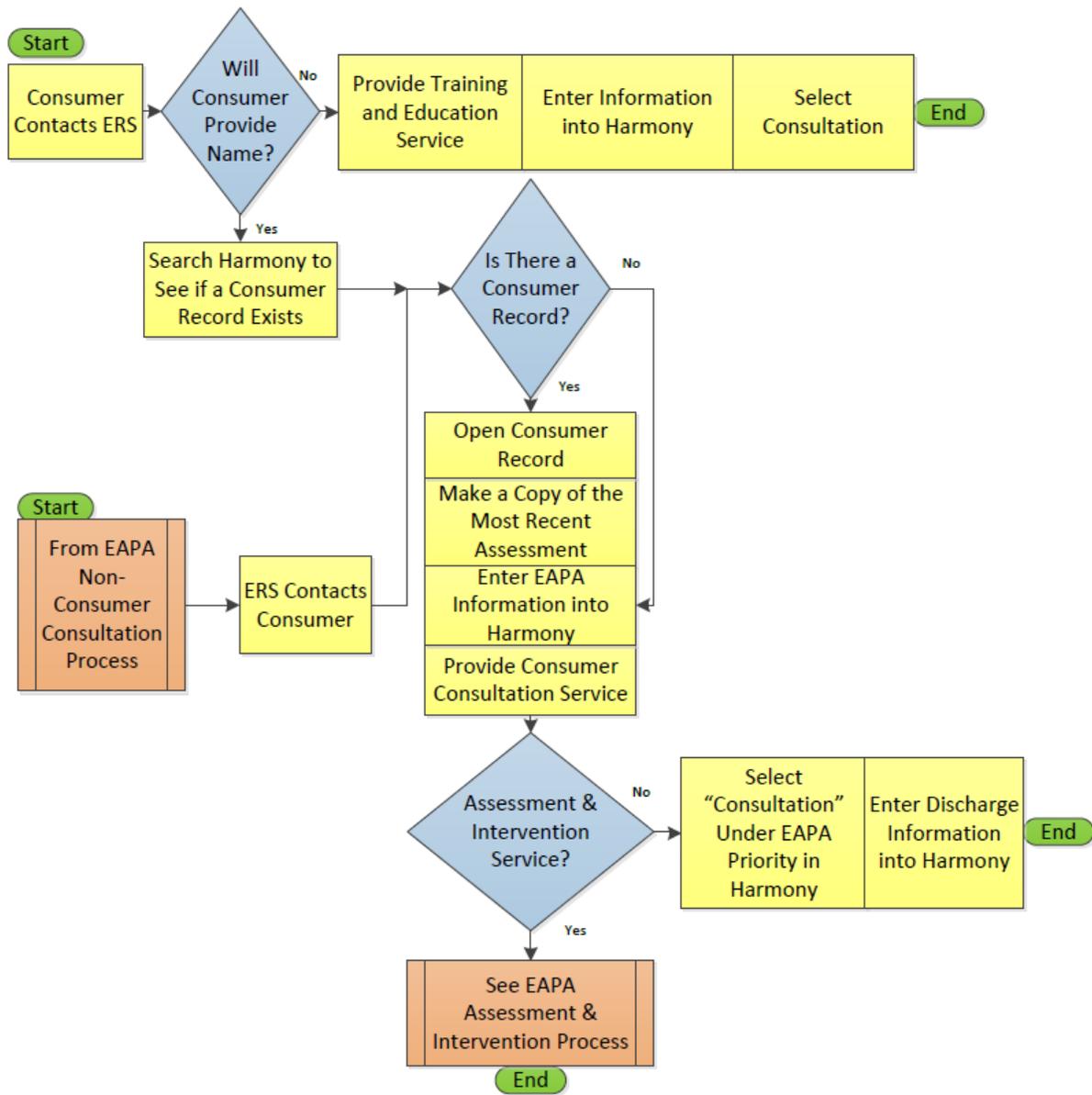
Appendix D

EAPA Non Consumer Consultation Service



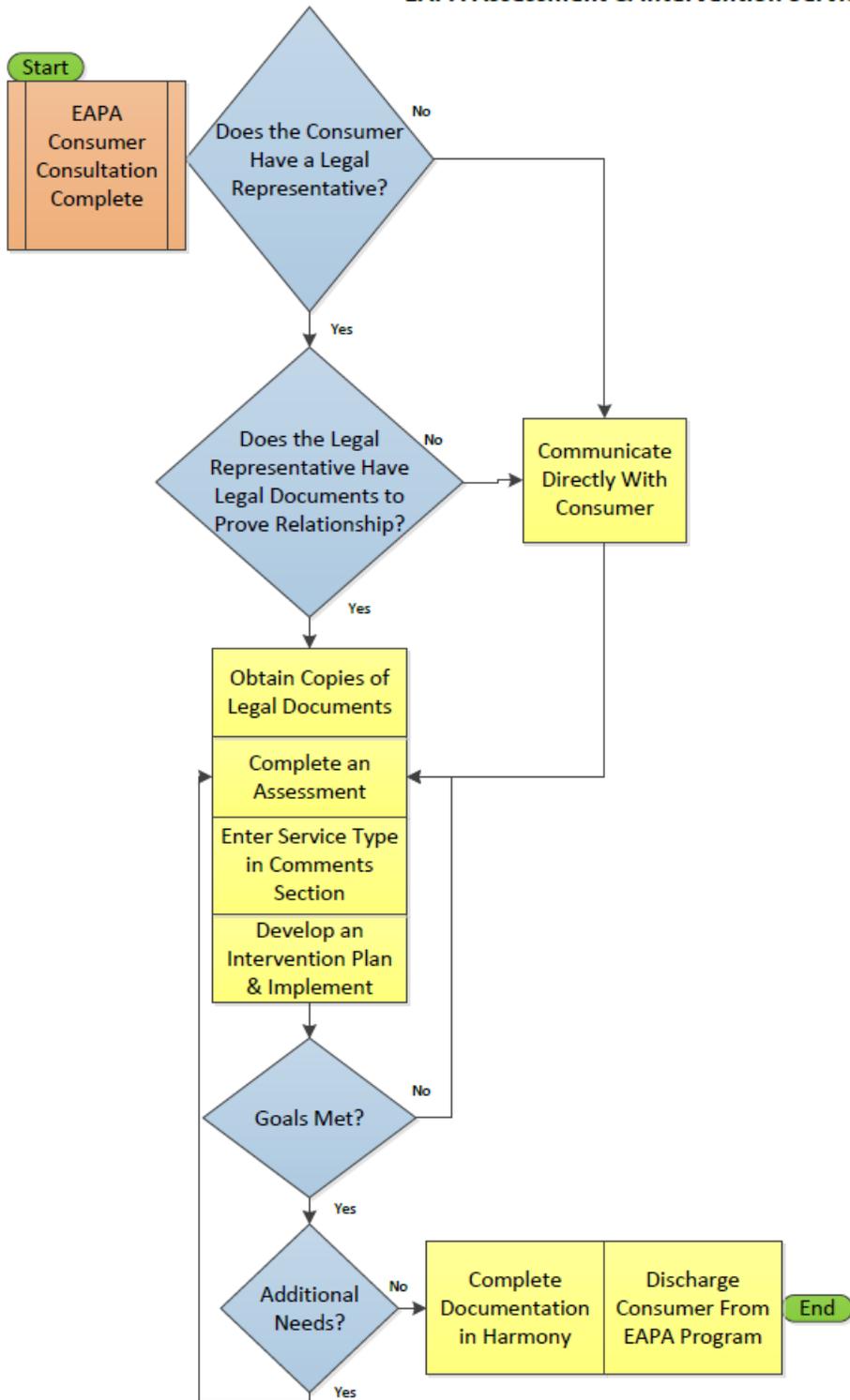
Appendix E

EAPA Consumer Consultation Service



Appendix F

EAPA Assessment & Intervention Service



Appendix G

INSERT AAA NAME

AUTHORIZATION TO OBTAIN OR RELEASE HEALTH CARE INFORMATION

Client Name: []	SID# []	SS# []
Date of Birth: []	Guardian/Agent (Health Care Power of Attorney): []	

I authorize the following individual or agency to share written and oral information (two-way or reciprocal release) about my needs and the services I receive...

Name or agency to release and receive information: Insert AAA Name	
Address:	
City/State/Zip:	
Phone:	Fax:

With the following individual or agency:

Name or agency to release and receive information: []	
Address: []	
City/State/Zip: []	
Phone: []	Fax: []

- The information released or shared may include:**
- | | | | | |
|--|--|--|---|--|
| <input type="checkbox"/> Discharge summary | <input type="checkbox"/> Family data photos | <input type="checkbox"/> Face sheet | <input type="checkbox"/> Admission status | <input type="checkbox"/> Psychological reports |
| <input type="checkbox"/> Diagnosis/allergies | <input type="checkbox"/> X-ray/imaging reports | <input type="checkbox"/> Social history | <input type="checkbox"/> Lab results | <input type="checkbox"/> Treatment and aftercare plans |
| <input type="checkbox"/> Assessments | <input type="checkbox"/> Immunization record | <input type="checkbox"/> Team notes | <input type="checkbox"/> Medication history | <input type="checkbox"/> History & physical exam |
| <input type="checkbox"/> Receiving phone calls | <input type="checkbox"/> School records | <input type="checkbox"/> Court documents | <input type="checkbox"/> Evaluation & recommendations | |

<input type="checkbox"/> Consultation reports from (doctor/specialty name): []
<input type="checkbox"/> Other (please specify): []

Other (note exceptions or limits to this release): []

This information is being used ONLY for (state purpose): **Assessment, service and intervention planning, advocacy and access to products and/or services.**

SPECIFIC AUTHORIZATION FOR RELEASE	Type of Information	Authorizing initials
I authorize the release of the information listed at the right, which requires specific consent under federal law:	Mental Health evaluation/treatment*	
	AIDS/HIV – related	
	Substance Abuse	

This authorization is valid for information already in existence and any information that may be generated while this authorization is effective. I understand that I have the right to see any information that is disclosed pursuant to this authorization for release. I may request to see this information during normal business hours. I understand that I can revoke my authorization at any time, orally or in writing. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization shall expire on the date specified below. If I fail to specify an expiration date, this authorization will expire one-year after the date it is signed. I understand that authorizing the disclosure of this information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to assure treatment. I understand that if the persons or organization authorized to receive this information is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations. However, there may be other federal or state laws that require the information to remain confidential. If I have questions about disclosure of my health information, I can contact [] at []. I have read this form, or it has been read and explained to me, and I understand its content.

Authorizing Signature:	Date: []	Expiration Date: []
Relationship to client: <input type="checkbox"/> Self <input type="checkbox"/> Legal Representative <input type="checkbox"/> Nearest Living Relative <input type="checkbox"/> Other (specify below)		
<input type="checkbox"/> Not Required	Witness Signature:	
<input type="checkbox"/> Required	Witness Signature:	

4/4/2014 A photocopy of this signed authorization shall have the same force and effect as this original.

RECORD OF DISCLOSURES
(Required for mental health information)

Client Name:	
SID#:	

Date	Name of Recipient	Contents Disclosed	Sent By
1.			
2.			
3.			
4.			
5.			

* Only a person 18 years of age or older or a person's legal representative can authorize release of mental health information.

** Only the subject can authorize release of substance abuse information unless the subject is of such age and mental maturity that they are unable to authorize release.

Notice to Recipients of Mental Health Information

In accordance with "Disclosure of Mental Health and Psychological Information" (Iowa Code, Chapter 228), a recipient of mental health information may further disclose this information only with the written authorization of the subject or the subject's legal representative or as otherwise provided in Chapters 228 and 229. Unauthorized disclosure is unlawful and civil damages and criminal penalties may apply. Federal confidentiality rules (42 CFR Part 2) restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Notice to Recipients of Substance Abuse Information

This information has been disclosed from records whose confidentiality is protected by federal law. Iowa Code, Chapter 125 and federal regulations (42 CFR, Part 2) prohibit any further disclosure without the specific written authorization of the person to whom the information pertains, or as otherwise permitted by such statute and regulations. A general authorization for the release of medical or other information is not sufficient for this purpose. Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Notice to Recipients of HIV-Related Testing Information

This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of the information without specific written consent of the person to whom it pertains, or as otherwise permitted by law. A general authorization for the release of medical or other information is not sufficient for this purpose. (Iowa Code Section 141A.9) Federal confidentiality rules (42 CFR, Part 2) restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Policy Regarding Discrimination, Harassment, Affirmative Action and Equal Employment Opportunity

It is the policy of Northeast Iowa Area Agency on Aging (NEI3A) to provide equal treatment in employment and provision of services to applicants, employees and clients without regard to race, color, national origin, sex, sexual orientation, gender identity, religion, age, disability, political belief or veteran status. If you believe you may have been treated unfairly in the areas of employment or accommodations please contact in writing or call:

Privacy Officer
 Insert AAA Name
 Mailing Address
 Phone Number

-OR-

IOWA CIVIL RIGHTS COMMISSION
 Grimes State Office Building
 400 E. 14th Street
 Des Moines, IA 50319
 515-281-4121 or 800-457-4416

Appendix H

INSERT AAA NAME

AUTHORIZATION TO OBTAIN OR RELEASE NONMEDICAL OR FINANCIAL INFORMATION

Client Name: []	Previous Name(s)# []	SS# []
Date of Birth: []	Conservator/Agent (Financial Power of Attorney): []	
Street Address: []	City: []	State: [] Zip Code: [] Phone: []

I authorize the following individual or agency to share written and oral information (two-way or reciprocal release) that will be used in helping me obtain assistance and permits review of the information and consultation regarding my circumstances.

Name or agency to release and receive information: Insert AAA Name	
Address: []	
City/State/Zip: []	
Phone: []	Fax: []

With the following individual or agency:

Name or agency to release and receive information: []	
Address: []	
City/State/Zip: []	
Phone: []	Fax: []

This authorization is valid for information already in existence and any information that may be generated while this authorization is effective. I understand that I have the right to see any information that is disclosed pursuant to this authorization for release. I may request to see this information during normal business hours. I understand that I can revoke my authorization at any time, orally or in writing. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization shall expire on the date specified below. If I fail to specify an expiration date, this authorization will expire one-year after the date it is signed. I understand that authorizing the disclosure of this information is voluntary. I can refuse to sign this authorization. If I have questions about this document, I can contact: [] at []. I have read this form, or it has been read and explained to me, and I understand its content.

Authorizing Signature: []	Date: []	Expiration Date: []
Relationship to client: <input type="checkbox"/> Self <input type="checkbox"/> Legal Representative <input type="checkbox"/> Nearest Living Relative		
<input type="checkbox"/> Other (specify) []		
<input type="checkbox"/> Not Required	Witness Signature: []	
<input type="checkbox"/> Required	Witness Signature: []	

10/14 A photocopy of this signed authorization shall have the same force and effect as this original.

Appendix I

**ELDER ABUSE PREVENTION & AWARENESS PROGRAM
CONSUMER PURCHASE OF SERVICE FORM**

Date: Effective Date For Services: Consumer Name:

County of Residence: Requesting Staff:

Explanation of Request:

Services Requested

SERVICE	PROVIDER	UNITS	UNIT COST	TOTAL COST
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
			TOTAL	\$ <input type="text"/>

Elder Rights Specialist Signature: _____ Date: _____

**PLEASE DO NOT BILL FOR SERVICES PRIOR TO THE EFFECTIVE DATE
ALL BILLS MUST BE SUBMITTED BY 6/30/**

OFFICE USE ONLY:

Date Approval / Denial Sent (date and initials):

EAPA Intervention Plan Approval
Consumer Signature Page

Consumer Certification:

I have read this form or it has been read and explained to me. I understand our mutual responsibilities and agree with the intervention plan(s) and will actively participate in the ongoing achievements of the stated goals.

Consumer (or Legal Guardian) _____
(If Legal Guardian, documents must be in Consumer's file) Date

EAPA Specialist _____
Date

Verbal Approval: I have obtained verbal approval of the intervention plan on
_____ via _____ from the consumer.
(Date) (phone, email, etc.)

(NOTE: Within 2 weeks of verbal approval, the consumer's signature shall be obtained.)

EAPA Specialist _____
Date

