



ADULT PROTECTIVE SERVICES REGISTER (APS-R) USER'S MANUAL

North Carolina Division of Aging and Adult Services
Adult Services Section

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APS-R USER'S MANUAL

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I. Purpose of the System

In order to respond to requests for information from the legislature, community partners, stakeholders and other agencies, and to provide information for budgeting and program management, data regarding Adult Protective Services will be collected to:

Establish the volume and types of reports made to counties and to examine the outcomes of these reports;

Examine the characteristics of clients who are reported as being abused, neglected or exploited under N.C. G.S. 108A, Article 6 and Article 6A.

Determine the services required and the services unavailable to support the service plan of individuals who have been determined to be in need of protective services and

Provide the counties with a method of obtaining information regarding multiple instances of mistreatment reported for the same individual.

II. General Instructions

The Report to the Adult Protective Services Register (DAAS-5026) is a dual-purpose form. The form is used by county departments of social services to:

- Document application for services for disabled adults alleged to have been abused, neglected or exploited and in need of protective services; and
- To file a report to the Adult Protective Services Register (APS-R).

Application for Adult Protective Services

The DAAS-5026 is used as the application for adult protective services and documents the receipt of a complaint that a disabled adult has been abused, neglected or exploited and is in need of protective services. It must be placed in the client's record and is subject to the confidentiality requirements for Adult Protective Services as set forth in the Requirements for Provision of Services by County Departments of Social Services.

<http://www.ncdhhs.gov/aging/adultsvcs/ssdelivery.pdf>

Report to the Adult Protective Services Register

The DAAS-5026 is to be used by county staff to file a report in the APS-R on all adult protective services reports received and evaluated by the DSS. The form must be completed and forwarded to the county's data entry unit for keying within 10 working days after the completion of the evaluation.

Note: If the county's data entry unit receives the following error when attempting to key a completed form: "Key date exceeds policy time limit. Submit request to DAAS for keying exception." The county should follow the directions for submission to the Division of Aging and Adult Services in Section V of this manual.

A DAAS-5026 must be completed for each disabled adult involved in an APS evaluation. Any time information is accepted as an APS report, a DAAS-5026 must be completed, even if this is during the period that a previous report is being evaluated.

No form may be keyed into the system until the disabled adult has a record in the Services Information System (SIS) data base. If the adult is or has been a services client of the county DSS, use the Client ID number from the existing record in SIS and update the DSS-5027 as necessary before adding a DAAS-5026 form to the system. If the adult is new to the agency, a record must be opened via the DSS-5027, and the same Client ID number must be entered on both forms. The DSS- 5027 form must be keyed before the DAAS-5026 in order for the DAAS-5026 to be accepted by the system.

An inquiry function has been included in the system to provide information to workers

regarding previous evaluations made on behalf of the same adult. This information is available on-line in the DSS and can be accessed from the same menu screen which is used by the data entry staff. Instructions can be found in NCXPTR and in the APS Register Data Entry User's Manual.

III. Specific Instructions for Completing DAAS-5026

Heading of Form

Item 1 – County

Enter the standard two-digit code for the county which completed the evaluation.

Item 2 – Case Manager Name (Optional Entry)

This may be written in by the worker to facilitate the identification/filing of this form. However, for purposes of the system, the Case Manager's name will be obtained from the SIS data base as entered on the DSS-5027. The date field beside the case manager's name is also optional and will not be keyed into the system. The worker should use this date to identify the date that the form was sent to the data entry unit for keying

Item 3 – Client ID

Enter the same client ID number which appears on the DSS-5027

Item 4 – Client Name

For purposes of the system, the client name will be retrieved from the Services Information System data base. The worker should complete this item to facilitate the identification/filing of the client file copy of this form.

Values for each of the tables associated with the following items can be found on second and third pages of the [DAAS-5026](#) and in more detail, in Tables A through L of this manual.

Section I – Report

Complete this section of the form for all individuals for whom an APS Report has been accepted. At least one entry is required in each of the items in this section. This section serves to document the application for services.

Item 5 – Date of the Report

Enter the date that the report of abuse, neglect and/or exploitation was received by the county DSS.

Item 5(a) – Time of the Report

Enter the time that the report was received by the agency. The time should be recorded in a 12-hour format; for example, 3:30 p.m. would be recorded as 03:30 PM

Item 6 – Source(s) of Report

Enter the code which best describes the individual or agency reporting the abuse, neglect or exploitation of a disabled adult alleged to be in need of protective services to the DSS. Enter up to two sources for multiple reports which give essentially the same information resulting in one evaluation. If more than two sources are identified, enter the first two which were received.

Item 7 – Type(s) of Mistreatment Reported

Enter the code which best describes the type of suspected mistreatment which was reported. For multiple types, enter up to three. If more than three types have been reported, select the three which appear to be the most serious.

Item 7(a) – Timeframe

Enter the code that corresponds with the assigned initiation time-frame.

Item 8 – Date Evaluation Initiated

Enter the date the evaluation was initiated after the report was made. This date may be the same or subsequent to the date that the report was received.

Item 8(a) – Time Initiated

Enter the time that the report was initiated by agency staff. The time should be recorded in a 12-hour format; for example, 3:30 p.m. would be recorded as 03:30 PM. This time should be subsequent to the time that the report was received.

Section II – Evaluation

Complete this section of the form for each individual for whom an APS evaluation was initiated. At least one entry is required in each of the items in this section.

Item 9 – Type(s) of Disability

Enter the code which best describes, in the worker's opinion, the disability(ies) which incapacitated the adult. Up to three types may be entered. If more than three types are present, select the three, which in the workers opinion, are the most relevant to the report which was evaluated. If no disability is found, make only one entry in this item to indicate that no disability was identified.

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

Enter the code which identifies the HCBS program in which the disabled adult participates. Only one code may be entered. Enter the code for NONE if the adult is not a Medicaid HCBS participant.

Item 9(b) – Military Status

Enter the code which identifies the adult's military involvement. If there is no affiliation, enter the code for none of the above.

Item 9(c) – Misuse of Opioids

Enter Y for Yes or N for No in response to whether the misuse of opioids were discovered during the evaluation process.

Item 9(d) – Conflict of Interest Evaluation

Enter Y for Yes or N for No in response to whether the evaluation was completed for another agency due to a conflict of interest.

Item 10 – Other in Household

Enter the codes which identify others, if any, who are residing with the adult. Identify only those who are actually in residence, not short-term visitors. Identify up to two individuals. If more are present, identify the two most significant in relation to the evaluation. If, for example, two siblings or two parents are residing with the disabled adult enter the appropriate code twice.

Item 11 – Other Agency(s) Assisting with the Evaluation

Enter up to two codes which identify the agency(s), if any, which participated in the evaluation. If more than two agencies were involved, report the two which contributed most significantly.

Item 12 – Other Agency(s) Needed but Assistance Couldn't be Obtained

Enter up to two codes which identify the agency(s) whose assistance was needed in conjunction with the evaluation, but which could not be obtained. If more than two agencies were needed but could not be utilized in the evaluation for whatever reason, select the two which, in the worker's opinion, would have had the largest impact on the evaluation.

Item 13 – Type(s) of Mistreatment Confirmed

Enter the appropriate codes(s) to identify whether evidence of abuse, neglect, and/or exploitation was found in the evaluation process. If more than three types were found, enter the three that, in the worker's opinion, are the most significant. Only one form of neglect may be entered. Self neglect and caretaker neglect are mutually exclusive and cannot be entered for the same case.

Item 14 – Need for Protective Services

Enter the appropriate code to identify whether the need for protective services was found in the evaluation process.

Item 15 – Case Decision

Enter the appropriate code to report the findings of the evaluation. This should be consistent with the data entered in Item #9, Item #13 and Item #14.

Item 16 – Date of Case Decision

Enter the date on which the decision was made which established whether the report was substantiated or unsubstantiated.

Section III – Services

Complete this section of the form only for those cases where the need for protective services was substantiated. At least one entry is required in each item in this section.

Item 17 – Type of Authorization

Enter the code which identifies the authority, if any, under which services will be provided. (If no authorization was obtained, items 18-23 are still required to be completed).

Item 18 – Other Court Order(s) Obtained

Enter the code (s) which identify court orders(s), in addition to any listed in the item above, which were obtained to facilitate the evaluation or to support the provision of services after the case decision was made. Enter up to two. If more than two court orders were obtained, enter the two most significant in relation to the provision of services.

Item 19 – Perpetrator(s)

Enter the code(s) to describe the perpetrators(s) identified as a part of the evaluation. Enter up to two. If more than two were identified, enter the two with the most involvement with the incident(s) of mistreatment.

Item 20 – Contributing Factor(s) – Victim

Enter up to three conditions/characteristics of the victim which, in the worker's opinion, contributed to the abuse, neglect and/or exploitation. If more than three factors are present, select the three which were the most significant.

Item 21 – Contributing Factor(s) – Perpetrator

Enter up to three conditions/characteristics of the perpetrator(s) which, in the worker's opinion, contributed to the abuse, neglect and /or exploitation. If more than three factors are present, select the three which were the most significant.

Item 22 – Essential Services(s) Needed

Enter up to three services which were determined to be essential to the service plan of the individual. These are planned services, not necessarily services that have or will be received.

Item 23 – Essential Service(s) Not Available/Reason(s) Not Available

Enter up to three services which the worker has determined to be needed by the individual but which, upon exploration, have been determined to be unavailable at the time needed. Directly below each service listed, enter the code which describes why that particular service was not available as needed. If more than three services are identified as unavailable, select the three most significant services in terms of the needs of the disabled adult.

IV. Instructions for Correcting Forms Which Did Not Pass Edits for Entry

When the DAAS-5026 is sent to the county data entry unit for keying into the system and an item is unable to be entered because there was missing or invalid information, the data entry unit will return the DAAS-5026 to the Adult Protective Services Unit for corrections.

The social worker will need to correct the DAAS-5026 and return it to the data entry unit immediately. Refer to the appropriate items(s) in this manual to assist in making the needed corrections. The client record copy will also need to be corrected.

There is no need to notify the Adult Protective Services Unit in the Division of Aging and Adult Services when a form does not pass edits prior to it being entered into the system.

V. Instructions for Changing Information on the DAAS-5026 Previously Submitted to Adult Protective Services Register

Once the DAAS-5026 has passed all edits and is entered into the system, it cannot be changed on the county level.

Attach a cover letter requesting the change. The letter should be signed and dated by a supervisor or the director. The corrections will be keyed into the system by the Adult Protective Services Unit. A copy of the letter and the corrected DAAS-5026 should be kept in the client's record. You will not receive any turnaround notice that the correction(s) has been made.

To change an item, cross through the incorrect information and enter the change in red. Only correct those items needing to be changed. All other information will remain the same.

If the item needing to be changed was the case decision (Item 15) from unsubstantiated (Code to substantiated (Code 1), the Part III Services (for Substantiated Case Only – items 17 through 23) would need to be also completed. These codes should be written in red.

All needed changes must be sent to the email address below and will be in an encrypted format: 5026DAASFORMS@dhhs.nc.gov.

Table A – Item 6: Source(s) of Report	
Relative	A member of the disabled adult’s family or a relative of the disabled adult who is not covered by another category.
Non-Relative	A person not related by the disabled adult. Example: (friend, neighbor, preacher, also includes attorneys not employed by DSS or the court).
Mental Health Agency	This category includes staff with any public or private mental health programs, private psychiatrist, psychologists, psychiatric or clinical social workers not employed as hospital staff.
Law Enforcement or Court Personnel	This category includes police officers, court personnel including employees of the District Attorney’s office, parole and probation officers and sheriff’s deputies, SBI or military law enforcement (NIS), or Bureau of Indian Affairs law enforcement on federal reservations.
Health Department	This category includes any staff from the county health department or clinics run by the health department.
Home Health Agency	This category includes any staff from a private home health agency.
Aging Agency	This category includes any person or staff associated with or employed by a county department of aging, local council on aging or the area agency on aging.
Hospital/Physician	This category includes private physicians and their staff, clinic or hospital physicians, emergency room personnel, nurses, X-Ray technicians, the staff of physicians in private practice, dentists, paramedics, other hospital staff including social workers, and staff employed by psychiatric hospitals.
Nursing Facility	This category includes any staff person associated with or employed by the nursing/combination facility.
Adult Care Home	This category includes any staff or person associated with or employed by the home.
DSS	This category includes any <u>staff</u> of the department of social services including in home aides. It may also include staff from another county DSS.

Other Local Agency	To include staff at any other local agency not covered under any other category.
Self	The disabled adult.
Anonymous	an anonymous reporter is a person who deliberately chooses to remain unknown.
Bank/Financial Institution	This category includes any staff associated with or employed by a bank, credit union, or other financial institution.

Table B – Item 7(a): Timeframe		
Item 7: Type(s) of Mistreatment Reported		
Item 13: Type(s) of Mistreatment Confirmed		
Item 7(a): Timeframe		
1.	Immediate	The report was initiated by the agency immediately per N.C. General Statute 108A(d)(1)
2.	24-Hour	The report was initiated by the agency within 24 hours per N.C. General Statute 108A(d)(2)
3.	72-Hour	The report was initiated by the agency within 72 hours per N.C. General Statute 108A(d)(3)
Item 7: Type(s) of Mistreatment Reported & Item 13: Type(s) of Mistreatment Confirmed		
Abuse – Causing Pain or Injury	A situation in which a disabled adult’s caretaker has willfully inflicted physical pain, injury, or mental anguish to the disabled adult.	
Abuse – Other	A situation in which a disabled adult’s caretaker has willfully created a situation involving unreasonable confinement or willfully deprived the disabled adult of services which are necessary to maintain mental and physical health.	
Self Neglect	A situation where a disabled adult who is living alone is not able to provide for himself the services which are necessary to maintain his mental or physical health.	
Caretaker Neglect	A situation in which a disabled adult’s caretaker does not provide services necessary to maintain his mental or physical health.	
Exploitation of the Person	A situation in which a disabled adult has been used illegally or improperly for another’s profit or advantage.	
Exploitation of Assets	A situation in which a disabled adult’s resources have been used illegally or improperly for another’s profit or advantage.	
No Mistreatment (Item 13 only)	No evidence of any type of mistreatment was found during the evaluation.	

Table C – Item 9: Type(s) of Disability	
Mental Illness	A general term for a variety of disorders generally characterized by delusions, hallucinations, paranoid or disordered thinking or extreme mood swings. Examples of these disorders are schizophrenia, bipolar disorder, and personality disorders.
Other Mental Impairment	Any other mental condition such as anxiety, adjustment, dissociative, or psychosexual disorders.
Cerebral Palsy	A group of permanent disabilities resulting from damage to the developing brain which may occur before, during or after birth which results in poor balance, walking difficulties, speech impairment and loss of control of voluntary movements.
Epilepsy	A group of neurological disorders characterized by an abnormal electrical chemical discharge in the brain manifested in activities called seizures.
Autism	A severe disorder of communication and behavior which is life long and seriously impairs the manner in which the brain processes information. Typically occurs in the first three years of life and has characteristic symptoms involving thinking, emotions, drive and behavior.
Formerly listed as <u>Mental Retardation</u> , this code should no longer be used by counties and is maintained by the APS-R system for previous data collection.	
Formerly listed as <u>Other Developmental Disabilities</u> , this code should no longer be used by counties, was replaced by # 12 Intellectual Development Disability (IDD) and is maintained by the APS-R system for previous data collection purposes only.	
Substance Misuse Disorder	Any diagnosed or clearly evident physical or emotional dependency upon drugs or alcohol.
Alzheimer's Disease/Related Disorders	Any diagnosed or clearly evident organic mental disease which causes an insidious deterioration of intellectual abilities resulting from degeneration of brain cells. Includes Huntington's Chorea and Parkinson's Disease as well as other dementias which impair memory, judgment, understanding, impulse control and emotional responses due to organic brain disease.
Physical Illness	Any diagnosed or clearly evident physical illness.
Other Physical Impairment	Any diagnosed or clearly evident physical impairment that substantially limits one or more of an individual's major life activities and not included in Physical Illness.
No Disability	No impairment of function, either mentally or physically, which limits one's major life activities.
Traumatic Brain Injury (TBI)	Any diagnosed or clearly evident traumatic brain injury.
Intellectual Development Disability (IDD)	Any other severe, chronic mental or physical disability resulting in substantial limitations in three or more major life activities, manifested before age 22 (unless caused by head injury) and likely to continue indefinitely.

Table D – Item 9(a): Medicaid HCBS Programs	
CAP/C	<p>The Community Alternative Program for Children is designed to serve medically fragile children ages 00-20 who would be institutionalized in a nursing facility or hospital if payment for home care services were not available through this NC Medicaid CAP/C waiver. A medically fragile child is defined as:</p> <p>A child with a serious, ongoing illness or chronic condition requiring prolonged hospitalization, ongoing medical treatments, nursing interventions, or any combination of these; and requires a need for life sustaining devices or care to compensate for the loss of bodily function</p> <p>The eligible ages under CAP/C for the purpose of Adult Protective Services reporting are 18- 20.</p>
CAP/DA	<p>Community Alternative Program for Disabled Adults. This waiver is designed to serve physically and medically disabled adults (ages 18-64) and aging and fragile adults (ages 65-115) who qualify for institutional level of care but prefer to remain in their homes and would be at risk of institutionalization without these services. A disabled adult for CAP/DA purposes is defined as:</p> <p>Elderly and/or disabled adults who meet the nursing facility level of care criteria and do not have other available resources, formal or informal, including willing and able family support that can meet their needs.</p> <p>The eligible ages under CAP/DA for the purpose of Adult Protective Services reporting are 18-115.</p>
CAP/MR DD	<p>This program is designed to give persons with mental retardation and developmental disabilities a cost-effective alternative to care in an intermediate care facility for persons with mental retardation (ICF-MR). The goal of CAP/MR-DD is to allow individuals to return to and live in their community with as much independence as possible.</p>
PACE	<p>Program of All-Inclusive Care for the Elderly (PACE) - is a unique model of managed care service delivery for the frail elderly living in the community. This program serves frail elderly age 55 and older who meet the State Medicaid criteria for nursing facility level of care. The PACE program is located in the community and centered in a certified adult day health program. Services are provided on site and supplemented by in-home and referral services in accordance with each participant's needs.</p>
NC Innovations Waiver	<p>This Medicaid HCBS waiver operates concurrently with a 1915(b) waiver. It is a resource for funding services and supports for people with intellectual and other related developmental disabilities that are at risk for institutional care in an Intermediate Care Facility for Individuals with Mental Retardation (ICF-MR).</p>
None	<p>Disabled adult does not participate in a Medicaid HCBS program at this time.</p>

Table E – Item 10: Others in Household	
Spouse	The disabled adult's husband or wife living in the home.
Parent	The biological, adoptive or step-parent of the disabled adult living in the home.
Child	The biological or adopted son or daughter in the home with the disabled adult.
Grandchild	The biological, adopted or step grandson/daughter living in the home with the disabled adult.
Sibling	The biological, adopted or step brother/sister of the disabled adult living in the home.
Other Relatives	A relative other than parent children, siblings, grandchildren (aunt, uncle, cousins, nieces, nephews, etc.) living in the home with the disabled adult.
Non-Relative (caretaker)	Any person living in the home, not related, who has the day to day comprehensive care of the disabled adult. This arrangement may be formal or informal.
Non-Relative (non-caretaker)	Any person living in the home, not related and who does not assume a caretaker role with the disabled adult.
None	There are no other persons living in the home other than the disabled adult.

Table F – Item 11: Other Agency(s) Assisting with the Evaluation Item 12: Other Agency(s) Needed but Assistance Couldn't be Obtained	
Health Department	To include the local county health department.
Public Mental Health System	To include any staff member of an area mental health developmental disabilities/substance abuse authority or Local Management Entity (LME)/Managed Care Organization (MCO)
Private Mental Health Provider	To include any private mental health program, private psychiatrist, psychologist or clinical social worker. This does not include staff defined in (Public Mental Health System) or (Medical) of this table.
Law Enforcement	To include local police/sheriff departments, the SBI military or Bureau of Indian affairs law enforcement, or in some instances the FBI.
Medical	To include local public or private hospitals, state hospitals, medical clinics, and other medical facilities utilized for acute medical care including private physicians.
Other	To include any other agency available in the community to assist in an APS evaluation not covered by another category within this table.
None	No other agency was needed to conduct a prompt and thorough APS evaluation.

Table G – Item 14: Need for Protective Services Item 15: Case Decision	
Item 14: Need for Protective Services	
Yes	A person due to his/her physical or mental incapacity is unable to perform or obtain for himself/herself essential services and is without able, responsible and willing person(s) to obtain essential services for him/her.
No	A person is able to perform or obtain for himself/herself essential services or has an able, responsible and willing person(s) to perform or obtain essential services for him/her.
Item 15: Case Decision	
Substantiated	A case decision to substantiate is made when it has been determined that the adult is disabled as defined by G. S. 108A-1-1(d); and the disabled adult has been abused, neglected or exploited as defined in G.S. 108A-101(a)(j)(m); and the disabled adult is in need of protective services as defined in G.S. 108A-101(e).
Unsubstantiated	A case decision to unsubstantiate is made when any one of the above three criteria is not met.

Table H – Item 17: Type of Authorization	
Adult has capacity – Gives consent	It has been determined that the adult is able to perceive and understand his situation and consents to the provision of protective services.
Adult has capacity – Refuses consent	It has been determined that the adult is able to perceive and understand his situation and refuses to consent to the provision of protective services.
Adult lacks capacity – Surrogate decision maker gives consent	It has been determined that the disabled adult lacks the capacity to consent to the provision of protective services and the adult has a guardian or other legally appointed decision maker who can consent to the provision of protective services.
Adult lacks capacity – Order for protective services obtained	It has been determined that the disabled adult lacks the capacity to consent to the provision of protective services and is in need of protection. The agency petitions and obtained a protective series order to authorize the provision of essential services.
Adult lacks capacity – Emergency court order obtained	It has been determined that the disabled adult lacks the capacity to consent to the provision of protective services and an emergency exists and no other person authorized by law or court order is available and willing to arrange for emergency services. The agency petitions and obtains an emergency protective services order authorizing the appropriate emergency services.
Adult lacks capacity – Ex parte order obtained	The agency petitions for an emergency protective services order and the court issues an immediate emergency order ex parte when the disabled adult lacks the capacity to consent to protective services, and an emergency exists, the disabled adult may suffer irreparable injury or death if an order is delayed and no one is available or willing to consent to the provision of emergency services.
Awaiting order for protective services	It has been determined that the disabled adult lacks the capacity to consent to the provision of protective services and is in need of protection. The agency has petitioned for an order authorizing protective services, but the court hearing is scheduled past the time limit for the DAAS-5026 to be entered.
Awaiting guardianship order	It has been determined that the disabled adult lacks the capacity to consent to the provision of protective services and is in need of protection. The agency has petitioned for a guardianship order as a means of authorizing services for the adult. The court hearing is scheduled past the time limit for the DAAS-5026 to be entered.

No authorization obtained	The court does not issue a protective services order as petitioned by the agency and, therefore, protective services cannot be provided, or the surrogate decision maker refuses to consent to the provision of services. Also includes other situations where authorization cannot be obtained such as the client moves out of the state or dies before this step is reached.
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Table I – Item 18: Other Court Order(s) Obtained	
Order to review/freeze assets	An order obtained which will make the client’s financial records available for inspection and/or freezing the client’s assets to protect the adult from further exploitation.
Order to enjoin caretaker from interference	An order obtained when a caretaker interferes with the provision of protective services after a disabled adult consents to those services.
Involuntary commitment order	An order obtained when a adult is a danger to himself or to others and has a history of mental illness, mental retardation with behavior disorders, or substance abuse and there is a need for commitment to a mental health facility or facility for substance abusers under G.S. 122C.
Incompetency/Guardianship	An order obtained when an adult is incompetent. Includes interim guardianship.
Other	Any other orders obtained in order to help protect the client from further abuse, neglect, or exploitation, such as restraining order or a 50B Order.
None	No other orders were obtained.
Subpoena directing release of financial records	A subpoena obtained which will make the client’s financial records available to evaluate financial exploitation.

Table J – Item 19: Perpetrator(s)	
Self	The disabled adult. (Use only for self-neglect)
Spouse	The disabled adult’s husband or wife.
Parent	Biological, adoptive or step-parent of the disabled adult.
Child	Biological, adopted or step-child of the disabled adult.
Grandchild	Biological, adopted or step-grandchild of the disabled adult.
Sibling	Biological, adopted or step-brother(s)/sister(s) of the disabled adult.
Other relative	A relative other than parents, children, siblings, grandchildren (aunts, uncles, cousins, nieces, nephews, etc.)
Non-relative caretaker	Any person not related who has the day-to day comprehensive care of the disabled adult. The arrangement may be formal or informal.
Facility staff – Nursing/Combination facility	Any person employed by the facility or under contract to provide services for the facility.
Facility staff – Adult care home	Any person employed by the home or under contract to provide services for the home.
Facility staff – MM/DD/SA group home	Any person employed by the group home or under contract to provide services for the home.
Other/non-caretaker	Any other person involved in the exploitation of a disabled adult.

Table K – Item 20: Contributing Factor(s) – Victim Item 21: Contributing Factor(s) – Perpetrator	
Mental/Emotional Impairment	Any mental, psychological or cognitive condition which adversely affects performance.
Physical Impairment	Any diagnosed or clearly evident physical condition that would impair ability to care of self or others.
Substance Abuse/Misuse	Any diagnosed or clearly evident physical or emotional dependency upon alcohol or drugs that would impair one's ability to care for oneself or another.
Dependent-Physically Frail	Having a physical condition or general fragility which causes one to be dependent on another to meet basic needs.
Dependent-Emotionally/Financially	Being dependent on another to meet emotional and financial needs.
Inadequate Income/Fiscal Management	If the income available to a disabled adult is not sufficient to meet the basic needs or the income available is not used or managed appropriately to ensure that basic needs are met, then that income is considered inadequate. Basic needs include enough money for food, clothing and shelter.
History of Family Violence	Any pattern of violent conflict within the family, constant on-going incidents which involve fighting, physical beatings for other manifestations of violence. This includes spouse abuse.
Unsafe Environment	This disabled adult is living in an environment that is unsafe or inadequate to meet his needs or the environment is not equipped with the essentials such as plumbing, heat, furnishings, or proper adaptive equipment for the handicapped or is in serious disrepair.
Unstable Living Arrangement	The living situation is not stable and is subject to imminent or frequent change either in terms of who the adult lives with and/or where the adult lives.
Inadequate Health Care	The disabled adult does not receive the health care required to maintain his health.
Social Isolation	The disabled adult does not normally interact with friends, relatives or community resources.
Lack of Support for Caregiver	The caretaker has continuous care of the disabled adult and does not receive help or respite from care giving responsibilities.
Inadequate Knowledge or Care Needs	Limited knowledge of what can be expected in order to provide care for the disabled adult.
Other	Other medical, economic, environmental or personal factors contributing to the abuse, neglect or exploitation of the disabled adult.
None	To be used in item #21 (contributing Factors(s) – Perpetrator) in case of self neglect.
Traumatic Brain Injury (TBI)	Any diagnosed or clearly evident traumatic brain injury.

Intellectual Development Disability (IDD)	Any other severe, chronic mental or physical disability, not included in #3, resulting in substantial limitations in three or more major life activities, manifested before age 22 (unless caused by head injury) and likely to continue indefinitely.
Facility Staff Perpetrator	
Inadequate Supervision/Management	The staff in the facility does not receive sufficient supervision in order for the needs of the disabled adult to be adequately met. This lack of supervision contributes to the abuse, neglect or exploitation of the disabled adult.
Inadequate Knowledge/Training of Care Needs	The staff has not been adequately or sufficiently trained regarding proper administration of care of a resident/patient of a facility which contributes to the abuse, neglect or exploitation of a disabled adult.
Insufficient Staffing	There is insufficient staff employed or on duty in order to meet the needs of a resident/patient. This has contributed to the abuse, neglect or exploitation of the disabled adult.
Other Factors Relating to Facility Staff	Any other factors present which contributed to the abuse, neglect or exploitation of disabled adult.

Table L – Item 22: Essential Service(s) Needed Item 23: Essential Service(s) Needed but not Available Item 24: Reason Service(s) Not Available	
Counseling	The disabled adult is in need of counseling services provided by a social worker to help alleviate those factors contributing to the abuse, neglect or exploitation.
In-Home Aide Services	The disabled adult is in need of those services provided by an in-home aide. This may include in-home respite care.
Day Care Day Health	The disabled adult is in need of an adult day care and/or adult day health program for the purpose of supporting the adult's well-being.
Transportation	The disabled adult is in need of transportation assistance as part of a service plan to enable the individual to have access to needed resources.
Placement	The disabled adult is in need of assistance in finding a placement suitable to his needs when he is unable to remain in his own home or when such service is needed to enable him to move out of institutional care.
Medical/Health Care	The disabled adult is in need of medical and/or health care services. This may include health support and other related services.
Mental Health	The disabled adult is in need of therapeutic counseling services provided by a trained counselor in order to maintain his mental health.
Institutional Respite	The disabled adult is in need of institutional respite services in order to relieve the caretaker(s) from care giving responsibilities for a short time period.
Food/Clothing/Shelter	The disabled adult is in need of food, clothing, and/or shelter.
Financial Assistance	The disabled adult is in need of cash or in-kind assistance such as general assistance, food stamps, SSI, donations from charity, etc. to help alleviate factors contributing to the abuse, neglect or exploitation.
Legal/Surrogate Decision Maker	The disabled adult is in need of legal services or a surrogate decision maker to assist with legal/personal matters.
Money Management	The disabled adult is in need of services to assist with money management.
Other	Any other services needed to maintain the disabled adult's physical, mental or emotional well-being in order to prevent further abuse, neglect or exploitation.
None	(For item 23 only) All services needed are available.
Item 24: Reason(s) Service(s) Not Available	
Waiting List	The service has been identified as being needed but the disabled adult must be put on a waiting list before the service can be provided.
Service Does Not Exist	The service has been identified as being needed but the service does not exist within the county/state.

Other	Other reasons have been identified which make a particular essential service unavailable to the disabled adult.
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