

# Appendix F

## ENGAGING THE REPORTER

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- APS central intake specialist will engage the reporter in efforts to obtain pertinent information regarding the client's safety.
- The Intake specialist will provide general information to reporter about the intake process and/or the investigative / assessment phase when requested by reporters.
- Anonymous calls will be accepted but specialist will encourage the reporter, without pressuring them, to disclose their identity. It should be mentioned that any update on the investigation cannot be provided unless the caller chooses to leave his/her name and number.
- If the caller continues to prefer anonymity, the caller's name and telephone number will not be recorded on the referral.
- A report may not be withdrawn and all reports of suspected A/N/E that meet criteria must be referred for investigation.

### Information Given to the Reporter

The CI specialist will inform the caller of the status of the report. In addition, the specialist may share all or part of the following information with the person making the report, as considered appropriate:

- Explanation of the legal requirement under O.C.G.A. § 30-5-4.\*
  - The law requires reports of abuse, neglect and/or exploitation be made to both APS and local law enforcement.
  - Mandated reporters failure to report A/N/E is a misdemeanor.
  - The law protects the reporter from civil or criminal liability when making a referral in good faith even if the allegations are ultimately determined to be unfounded.
  - Law enforcement will receive a copy of the report and the reporter may be contacted if the report results in a police investigation.
  - The reporter will receive a written acknowledgement of the APS report within 10 calendar days of receipt of the report.
- The reporter will be contacted by the APS case manager, after the client's situation has been evaluated, to obtain additional information and follow up.\*
- The confidentiality of the identity of the person making the referral will be protected from the subject of the report.\*
- If the report is not appropriate for investigation, the intake specialist should share this information with the reporter and explain why an investigation will not be initiated. Supervisory consultation should be obtained whenever necessary.

- If the reporter calls back on a referral, asking to whom the case has been assigned, the intake specialist will provide the name and phone number of the case manager and supervisor to whom the referral was assigned.

\*Information shall be given to all reporters

## **Information to be obtained from the Reporter**

The law lists specific information which the person making the report to APS is required to provide to the extent known:

- Identification and location of the client;
- Age or approximate age of the client;
- Name and address of the caretaker, if any;
- Nature and extent of the abuse, neglect or exploitation;
  - When did the A/N/E take place?
  - Is the A/N/E on-going?
  - Has the caller or anyone else witnessed the A/N/E first hand?
- Other agencies involved;
- Any other information that may be helpful in establishing the cause of the abuse, neglect or exploitation.

In addition, policy requires that the intake specialist obtain the following if possible:

- Is the client in danger at this moment?
- Identity and location of the alleged perpetrator, if known.
- How is the client unable to protect him/herself from the alleged A/N/E?
- Directions to the home or client's location.
- If apartment, what is the name of the complex, building number and/or apartment number?
- Is there secured access to the community?
- Description of the dwelling.
  - Home color
  - Detailed features of the home (i.e. tin roof, black shutters)
  - Directions from a main intersection, major highway or landmark (i.e. head south from the Big Chicken...)
- Overall description of the client.
- Does the client have any acute or chronic illness (es)?
- How does the client's medical condition(s) prevent self protection? Obtain specific information as to how it prevents self protection.
- Does the client have a diagnosed mental illness?
- How does any such mental illness prevent self protection? Obtain specific information as to how it prevents self protection.
- Does the client have any dementia, mental confusion, memory loss, Alzheimer's disease, etc.?

- How does the client's mental condition prevent self protection? Obtain specific information as to how it prevents self protection.
- Does the client exhibit any signs of frailty due to aging?
- How does the frailty due to aging prevent the client from self protection? Obtain specific information as to how it prevents self protection.
- Description of activities the client is able to do his / herself.
- Description of activities that the client cannot do for his / herself.
- Is there a primary caretaker? If so, who?
- Are there others involved in the client's life? If so, who, and in what capacity?
- Does the client have insurance? If so, who is the insurance provider?
- Does the client receive Medicare?
- What is the source and amount of the client's income?
- What resources does the client have?
- Are there any services already being provided in the home? If so, what and by whom?
- Are there unusual or dangerous circumstances for which the case manager should be alert such as methamphetamine production or use, vicious dogs, weapons, etc.?
- Information for the intake staff to be able to determine if the alleged perpetrator is the caretaker. Do not ask if the alleged perpetrator is a caretaker as it is highly possible that the reporter may not understand the Department's meaning of caretaker, so there will be many times when Intake will make that determination based on the information received from the reporter.
- Does the client have an advanced directive for healthcare or living will / durable power of attorney for health care executed prior to July 1, 2007? If so, who is this person?
- Is a conservator, power of attorney or representative payee responsible for the client's financial? If so, who is this person / entity?
- Is there a Guardian appointed a by a court of law? If so, who is this person / entity?