* + - 1. **Under Adult Physical or Sexual Abuse should the word “grabbing” be added to this section? Field staff report they receive a lot of intake reports where the alleged victim was grabbed.**   
         This language will not be added to SOP because this list is not an all-inclusive list. If central intake staff receives a report that allege a vulnerable adult, as defined in KRS 209.020, was “grabbed” intake staff will need to assess the situation and circumstances around the vulnerable adult being grabbed such as; why was the victim was grabbed, where was the victim grabbed, was the victim fearful and did the victim complain of pain.

1. **Under Spouse/Partner abuse and Neglect how specific does the level of fear need to be to accept a report based on intimidation?**   
   Each case is different and there is no expectation that we measure the level of one’s fear to determine if a report meets acceptance criteria. The one component of domestic violence is power and control. Intimidation is a form of power of control that is used to instill fear.
2. **Spouse/Partner abuse reports: does staff take reports on both parties when mutual violence is alleged or when both parties are arrested?**   
   When possible staff need to identify a primary aggressor. This is not always easy to discern but CI staff should make every effort to do so and avoid any further victimization of the actual victim of domestic violence. Staff should look at the history; look at the types of injuries to determine if one of the individuals has what could be viewed as defensive injuries.
3. **Resident to Resident altercations: if staff was present, intervened, separated and deescalated the residents and there is no indication of injury should those reports be accepted?**If staff intervened, there was no report of injury or complaint of pain and there were no concerns around supervision then this report would not meet acceptance criteria for caretaker neglect. When receiving resident to resident or peer on peer reports CI staff should asked the questions in the Resident to Resident SOP, in addition to: determining if one or both residents require supervision, and if the incident occurred due to a lack of supervision, was one or either of the adults injured. If so where and how severe, and is there a pattern of aggressive behavior with one or both of the adults?
4. **Should CI staff take all reports concerning alleged medication errors?**   
   Each report is unique and should be screened to determine the type of medication, how many doses were missed, if more than one dose was missed does that place the adult at significant risk of death or danger, was there an adverse behavioral or physical change as a result of missing a medication, did the adult require hospitalization or medical intervention and was there more than one medication missed etc.? CI staff is encouraged to use the Decision Tree for Medication Errors created by the APS nurse consultants to help determine if a report concerning medication errors would meet acceptance criteria.
5. **If a nursing home calls to report they are not being paid and report the payee or responsible party is not responding to phone calls, letters, etc.** **should a report for exploitation be accepted?**   
   No, unless the facility can provide specific information on how the residents payee/responsible party is mismanaging the finances and using the residents money for their own personal needs and not that of the resident. If the facility reports the resident has been given a notice of discharge this report could be screened as caretaker neglect with the payee or responsible party viewed as the alleged perpetrator. The rationale for this would be deprivation of services, if the adult is discharged from the facility and will no longer receive the services that were mutually agreed upon by the payee/responsible party and the long term care facility.
6. **If a report concerning an adult does not meet criteria for an investigation of abuse/neglect/exploitation because the adult does not meet the definition of adult under KRS 209, can it be screened and accepted for General Adult Services?**   
   Reports for General Adult Services are accepted when the adult is **65** years or older, is being abused, neglected, or exploited, the adult does not meet the definition of adult under KRS 209, and the adult is requesting services or has directed another person to request services on their behalf.
7. **If a nursing home calls and reports that a resident needs a guardian, how should that should be screened?**   
   If a report is made by a long term care facility stating that a resident needs a guardian, the report should be screened and accepted as self-neglect. If central intake receives a report from the court ordering DCBS to assess an adult, as part of the interdisciplinary team, the report should be screened and accepted as a General Adult Services APS interdisciplinary evaluation, and there are no allegations of abuse, neglect, exploitation.