FREQUENTLY ASKED QUESTIONS: THE REVISED SOC 242 DEFINITIONS

Table of Contents

FORM PARTS

The SOC 242 reporting form contains 17 different parts and a total of 51 items, some with subsets. Part A provides an overview of the status of all APS cases that were open during the month. Part B is staffing information. Parts C – M track APS abuse allegations through the APS investigation process. Part N tracks services. Part O is client demographics, and Part P is suspected abuser information. Part Q should only be reported in September of each year and captures the number of unduplicated clients. The Comments section is especially noteworthy during the COVID-19 pandemic and its impact on APS practices. Since face-to-face visits in other than immediate threatening situations are not required during the pandemic, this section is where explanations for the data discrepancies can be noted. The comments section can also be utilized to report the number of suspected abusers under 18 years that are reported in each column of Item 44n, Unknown (Cells 306 and 307)

Part A. Case Movement

Q. What has changed in Part A?

A. Part A is unchanged except that 4a-e and 5 were dropped in the revised version.

Item 4 Cases Closed

Q. Why isn't Cell 18 equal to the sum of Cell 16 plus Cell 17?

A. The number of Total Cases Closed (Item 4, Cell 18) needs to match the number of Total Clients By Age (Item 33, Cell 143). However, if you have one or more clients whose ages are marked "unknown" (Item 33, Cell 171), then the system will not count that person as either a dependent adult or an elder. Therefore, the Total Closed Cases is equal to the total of dependent adults (Cell 17) and elders (Cell 16) in Item 4 plus Cell 171 (Cell 33n).

Q. Should Cell 18 equal the total of cells 125, 128, 129.

A. Yes. Cells 128, 128 and 129 are mutually exclusive. In other words, closed cases cannot be entered in more than one of those cells. Therefore, their total must equal the total in cell 18. (See also Part L).

Part B. Staffing (as of the end of the report month)

Item 6 Total APS social services staff (excludes clerical staff)

Q. In counting staff in the SOC 242, who do we include? Do we include case aides who handle intakes?

A. The category “total APS social services staff” includes all staff assigned to APS except clerical staff.

Q. Do we count interns?

A. No, you do not count interns because they do not meet the definition of an APS worker for the purpose of determining caseload.

Q. Do we count APS nurses?

A. APS nurses are counted if they are APS employees and if they carry cases. If they are contracted from Public Health or another outside agency, they are not counted. If they only consult on cases, they are not counted.

Q. In terms of staff out on vacation—we don’t include those who are out the entire month, but what of staff out more than half the month, like 2-3 weeks?

A. You should count eligible staff who have worked at least once during the month.

Q. How do we count staff who handle both APS and IHSS cases?

A. Count staff based on the percentage of time they are dedicated to APS (e.g., if the worker is only assigned to APS 1/2 time, count as .5). One way to determine this is to look at how they time study to each program.

Q. Our manager handles multiple programs and time studies to a generic administrative code. Should we count her?

A. Do not count staff who time study to generic administrative codes unless you can determine the percentage of their time that is dedicated to APS functions. If that can be determined, count that percentage of the manager’s time.

Q. We have an unfilled position. Do we count it?

A. Like with staff out for an entire calendar month, unfilled positions are not counted.

Item 6a APS direct services workers

Q. What is the definition of a “direct service worker”? Does this include workers who do intake?

A. Direct service workers are those workers whose primary responsibility is to conduct face-to-face investigations. If a worker ONLY does intake, do not count them. If the worker goes out on face-to-face interviews and also takes reports, count them as direct services workers and not as intake workers. Do not count supervisors or managers even if they occasionally do an investigation.

Item 6c Intake Staff

Q. Who should be counted as “intake staff”?

A. Intake staff refers specifically to those employees with the specialized training to accept phone and online reports of abuse, and whose duties may include screening those reports, determining whether they meet the criteria for APS intervention and determining the appropriate response time. It does not include intake supervisors or direct services workers who handle intake as a part of their overall direct services duties. This also does not include generic call center staff who do not time study to APS unless you can determine the percentage of their time that is dedicated to APS intake functions. Examples of genetic call center staff would include staff who take all calls for your agency or all calls for your aging programs.

Item 6d Intake supervisors

Q. How are intake supervisors defined in SOC 242 staff time study?

A. Intake supervisors are those supervisors who oversee the work of intake staff. Do not include supervisors who oversee generic intake workers who do not time study to APS or for whom you are unable to determine the percentage of their time that is dedicated to APS intake functions. Do not count supervisors who oversee direct services staff and handle intake as one part of that general oversight.

Part C. APS Reports Received (reported in the month the report was received)

Item 9 Reporting Source

Q. Should the total of all reporting sources equal the number of reports?

A. No. The intention of this section is to identify which types of reporters are making reports rather than the exact numbers of each reporting source. One reporter may be listed in multiple reporting source categories. For example, a social worker in the Office on Aging would be counted as a Professional Service Provider (Item 9a) and as a social worker (Item 9h). A conservator could also be counted as a social worker (Item9h) and in the mental health category (Item9f).

Q. My county’s case management system includes more reporting sources than are listed on the SOC 242. What should I do?

A. A county may choose to collect more reporting sources than are currently listed on the SOC 242, but they will need to map the additional reporting source to the most appropriate/broader category. For example, a Disability Rights California attorney would be counted under Legal Services and an Animal Control Officer would be counted under Community Service Provider.

Q. My county's case management system only allows me to select one reporting party category. What do I do when a reporter fits into multiple categories?

A. You will need to select the category that seems most appropriate for the reporter and how he/she became aware of the abuse.

Item 9a Professional Service Provider

Q. Who should we count as a "professional services provider"?

A. Professional service providers support older adults and adults with disabilities to maintain independence. Examples include programs through the Area Agency on Aging, In-Home Supportive Services providers, Regional Center providers, or non-medical transit services for persons with disabilities and conservators. Professional service providers may include individuals who are also counted in other categories. For example, a social worker in the Area Agency on Aging would be counted here and in Item 9h (social worker). A conservator could also be counted as a social worker (Item 9h) and in the mental health category (Item 9f).

Item 9b Educator

Q. Who should we count as "educators'?

A, Educators are employees of a public or private educational institution or program, including teachers, teacher assistants, administrators, and others directly associated with the delivery of educational services.

Item 9c Financial

Q. Who should we count in the category of "financial" reporting sources?

1a. A. This category includes professionals managing finances or planning for future financial needs. The category includes bank officials and financial planners. This can also include professional fiduciaries and employees of check cashing and pay day loan businesses.

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Item 9d Law Enforcement

Q. Who should we count in the category of "law enforcement" reporting sources?

A. For the purposes of reporting on SOC 242, law enforcement is defined as individuals employed by a local, state, tribal, or federal justice agency. This includes police, courts, district attorney's office, probation or other community corrections agency, and correctional

facilities. It can also include the postal inspector, immigration officials and other "enforcement" personnel

Item 9e Medical Personnel

Q. Who should we count in the category of "medical personnel" reporting sources?

A. Medical personnel are people employed by a medical facility or practice. This includes physicians, physician assistants, nurses, emergency medical technicians, dentists, chiropractors, coroners, home health care providers and dental assistants and technicians. Please note that home care providers (such as IHSS caregivers) are counted as professional service providers, not medical personnel.

Item 9f Mental Health

Q. Who should we count in the category of "mental health" reporting sources?

A. Mental Health reporters are persons who offer services for the purpose of improving an individual's mental health or to treat mental illness. This includes psychiatric nurses, clinical psychologists, community mental health clinic case workers, licensed marriage and family therapists, licensed clinical social workers, etc.

Item 9g Institutional employee

Q. Who should we count in the category of "institutional employee" reporting sources? Does the definition of an institutional employee include those working in long-term care or acute facilities?

A. Institutional employees includes employees of a residential care community including those providing room and board of at least 2 meals per day and help with personal care. The facility may exclusively serve persons with disabilities. (This is the NAMRS definition of institutional employee.) This would include skilled nursing facilities, assisted living facilities and other facilities that provide care and serve as the clients' residence. It would not include employees of an acute care hospital because patients don't live there, and those employees are considered medical personnel. However, a nurse at a skilled nursing facility can be counted both as medical personnel and an institutional employee.

Item 9h Social worker

Q. Who should we count in the category of "social worker" reporting sources?

A. Social workers include employees of public or private social services, social welfare agencies, or other social workers or counselors who provide similar services including rehabilitative

services. This would include IHSS social workers. There is no requirement that these workers have a social work degree.

Item 9i Community Professional

Q. Who should we count in the category of "community professional" reporting sources?

A. This is a very broad category and it includes anyone who encountered the victim as part of their occupation. This includes such diverse reporters as landlords, housing authorities, hairdressers, mail carriers, firefighters, attorneys and gardeners.

Q. Does "community professional" include providers such as Catholic Charities or Lutheran Social Services? Or would they go under clergy?

A. These professionals would be better categorized as professional service providers since they specifically serve persons with social service needs. However, they would not fit under the category of clergy unless the reporter was actually a member of the clergy.

Item 9j Clergy

Q. Who should we count in the category of "Clergy" reporting sources?

A. "Clergy" means a priest, minister, rabbi, religious practitioner, or similar functionary of a church, synagogue, temple, mosque, or recognized religious denomination or organization.

Q. How should we count a church member who has a position in the church such as a deacon or a church secretary?

A. Church members and church staff who are not clergy generally fall into the catch-all category of "no relationship." The exception would be a person with a dual role such as church social services coordinator who would be better categorized as a social worker or a professional services provider.

Item 9l Family member

Q. Who is counted as a "family member"? Does this include stepchildren?

A. Family members are any person related by blood, marriage, or adoption. This includes spouse, domestic partner, parent, foster parent, child, in-laws, etc. Under this definition, stepchildren are children related by marriage.

Q. Would you count cousins and others outside of immediate family as family members?

A. Yes, if the reporting party identifies him/herself as a family member, count them as a family member regardless of the degree of relationship.

Item 9m No relationship

Q. When do you count a reporter as having “no relationship”?

A. A reporter is counted as having no relationship if he or she is not a member of any of the other categories. Those other reporting categories are meant to capture familial and professional relationships Those in the “no relationship” category would include friends, neighbors, and unrelated household members as well as random individuals who have observed an incident of abuse in public.

Item 9n Anonymous

Q. If a person tells the APS screener their name and then says that they want to be anonymous, can they be listed as anonymous?

A. The answer to this question may vary by county. However, we recommend that you inform the individual that if they are a mandated reporter, the only proof they have that they performed their legal duty to report is to provide their name. Without a name on file, they could be charged with failure to report. If they still prefer to be anonymous, please refer to your county’s policy.

Part D. Recidivism (reported in the month the report was received)

Q. What is considered recidivism?

A. A case is counted in the recidivism count if:

- A new report is received on a client for whom the county has had a previous report AND
- The previous report was within 12 months of the date of the new report AND
- The previous case was closed before the new report was received

If you receive a new report on a client and you find that in the last 12 months you had another report on this client, you count the case in the recidivism count. The original report must have resulted in the opening of an NTD, Immediate or 10-day case to be counted.

Example: You receive a report of abuse for Mr. Green on May 3, 2018. You check the record and you find there was another report for Mr. Green on December 5, 2017. You would count this case in the recidivism count. However, if the previous report was on February 1, 2017 you would not count it as it was more than 12 months ago.

Item 10 Clients for whom a previous report was received within the last 12 months

Q. What are we counting as reports for the purposes of determining recidivism? Do "reports" include Information and Referrals, NIRs, and NTDs?

A. Do not count Information and Referrals or NIRs as recidivism reports. Only count "NTD" and "In-Person Response" reports that result in a new case being opened for a client.

Q. Does a case have to be closed before a new report involving same client can be counted in the recidivism count?

A. You do not count multiple reports on the same client that are received while the case is open and you are arranging for or providing services as recidivism. The intention of this data element is to determine how often clients return for assistance after APS has completed their investigation and closed their case. Therefore, do not count merged reports or reports not yet closed at the time of the new report.

Q: If you get a new referral on a client within 12 months, but it is for a different type of abuse, do you count this as recidivism?

A: Yes, because we are trying to determine how many clients return for assistance. So, the recidivism count is driven by the individual, not the allegation type. We are trying to count clients rather than reports.

Part E. APS Reports Not Assigned as a Case and No In-person Response (NIR) Required (reported at case closure)

Item 11 Reports not assigned as a case and no in-person response required

Q. Have the rules that state which cases are NIRs been changed?

A. No. The criteria for screening a report as an NIR has not changed. However, you are no longer required to report how many reports fall into each criteria category.

Q. What is the criteria for NIRs?

1. Found to be outside APS jurisdiction/did not meet APS criteria:

   Examples of reports outside APS jurisdiction/did not meet APS criteria include, but are not limited to:

   - the individual was not an elder or dependent adult.
   - the abuse occurred in a long-term care or other licensed facility; the alleged abuser was associated with the facility.

- the allegations stated in the report did not meet the APS definition of abuse or neglect.

Example:

A 62-year-old man self-reports he was recently laid off from work. Although he is now receiving unemployment insurance benefits he is concerned that, if he does not find work soon, he will be unable to make his car payments.

2. APS was unable to obtain adequate information to contact/locate individual: APS could not contact or locate the elder or dependent adult due to inadequate information. In addition, information could not be obtained from a family member or other individual with knowledge of the elder's or dependent adult's whereabouts.

Example:

A female caller left an incoherent voice mail message at APS intake unit stating she was in a skilled nursing facility for rehabilitation. Caller stated she was being abused by her daughter and her In-Home Supportive Services provider. Caller did not leave any identifying or contact information for a follow-up call. All intake staff members listened to the message but could not determine the identity of the caller.

3. APS determined the individual moved out-of-state or out-of-county:

Example:

A hospital social worker reported that a 50-year-old recently widowed dependent adult is missing his dialysis treatment due to lapse of medical coverage. The individual recently moved to another city/county with a friend. A cross-report was made to APS in the county of jurisdiction.

4. Individual had died and no other elder/dependent adult was at risk:

Example:

A family member calls in a report that another family member financially abused the individual who was unable to handle financial matters while receiving hospice services. The individual passed away and no other elder/dependent adult is at risk. The family member is concerned the other family member may take the individual's belongings and abuse the individual's finances. The family member is advised to consult an attorney regarding the individual's estate and financial matters.

5. Duplicates of existing reports or previously resolved cases: Reports of the same alleged abuse incident information (e.g., same client, same date and time, same allegations and same perpetrator) of existing reports or reports from previously resolved cases.

> Example:
>
> APS receives a call reporting suspected financial abuse against the caller's 67-year-old friend. The friend told the caller about a family member who stole $1,000 from him. The intake worker reviews the case management system and finds there was a case that has been opened, investigated and closed five days earlier regarding the same incident and suspected perpetrator. No other allegations of abuse or neglect were reported.

Part F. APS No Ten-Day (NTD) In-Person Response (reported at case closure)

Item 13 NTD cases completed and closed during the month

Q. Have the rules that determine which cases are NTDs changed?

A. The criteria for making a report an NTD has not changed. However, you are no longer required to report how many NTDs fall into each criteria category.

Q. What are the criteria for NTD cases?

1. Cases that did not involve a protection issue.

> Example:
>
> Jane Doe is 72 years old. She stated her landlord is emotionally abusing her. Due to this she is experiencing significant stress. When the social worker called Ms. Doe, the social worker learned her landlord is harassing her because he has asked her four times this week for her late rent payment. She refuses to pay the rent until the landlord agrees to allow parking for friends of the tenant.

2. Cases where the protection issue was resolved.

> Example:
>
> A county law enforcement officer filed a report with APS that a 67-year-old man was subject to possible financial abuse over the past two years. The County District Attorney filed charges against the client's nephew for suspected financial abuse. The client has moved out of the nephew's home and is currently residing in his own apartment. A follow-up call was made by the APS social worker to confirm that no APS intervention is necessary at this time.

3. Cases that received intervention from other agencies/resources.

Example:
A hospital social worker reported an elderly client may be at risk of self-neglect following a recent discharge from the hospital, as the client had increased care needs. Home health has been assigned to follow-up with the client effective tomorrow and sees the client twice per week for the next two months. An APS intake supervisor reviewed the information and assigned the case to a social worker as an NTD case. Follow-up with the home health care worker will be required before the case is closed.

4. Cases with clients who were placed in permanent facilities.

Example:
A caller reported that a 75-year-old female with advanced Alzheimer's disease is bed-bound, has stage 3 decubitus ulcers and lives in her own home under the care of her 60-year-old husband. She has not seen her medical doctor in two years. The reporting party stated the client is scheduled to see her primary care doctor for the decubitus ulcers. According to the social worker at the health care facility, the tentative plan is that, after her doctor assesses the client's decubitus ulcers, the doctor would require the patient to be hospitalized. Following this, the client could be placed in a skilled nursing home. The next day APS confirmed the client was placed in the County Care Center for Long-Term Care by the hospital's social worker.

5. Cases received from non-credible sources

Example:
Report received regarding allegations of financial abuse of a 78-year-old man. The caller, who refuses to give her name, states the client is being manipulated by his son and will be forced to change his will to benefit the son at the expense of "other family members." Caller inadvertently acknowledges the client is her father. This client is known to APS; he has only one daughter (the caller who wished to be anonymous). She is known to be mentally ill, paranoid and delusional. She has frequently reported a variety of allegations against her brother, all of which resulted in unfounded findings. The caller is determined to be non-credible, based upon her known diagnosed mental illness.

6. Cases received that involved other circumstances

Example:

A 77-year-old female who lives alone recently paid $1,200 to her neighbor to replace her water heater. After learning the neighbor was not a licensed plumber, client was worried she had been defrauded. Client presented as alert and oriented, appears to have paid a reasonable fee and has a signed two-year guarantee on the work performed. No action was necessary by APS. APS encouraged client to call back if she needed further assistance.

PART G. APS Investigations and Cases with In-Person Response (reported at case closure)

Item 14 Ten-day response investigations

Q, Should NTDs be counted in 10-day response investigations?

A. No. NTD are all captured in Part F.

Item 15 Immediate Investigations (begun within 24 hours)

Q. Should immediate investigations be counted at intake or at case closure?

A. This count is reported at the time of case closure; however, you are reporting the response time given to the referral when it was assigned to the APS worker. This is true even if you later find that the situation did not need an immediate response. The intent of this data element is to **measure how often APS must go out to investigate immediately,** not to measure how often the situation is urgent. We want to capture how often we need to "roll-out" immediately (even if we sometimes change the response time due to additional information).

Item 16 Immediate investigation after business hours

Q. How are business hours defined? Statewide or by individual county?

A. Business hours are defined by your agency. So, if your county office is closed alternate Fridays, reports received on those closed Fridays would be counted as after business hours even if they came in during the day.

Part H. Victim Count (reported at case closure)

Item 17 Victims with at least one maltreatment that has been confirmed.

Q. How are victims defined?

A. The term "victim" refers to any client for whom at least one allegation of mistreatment/self-neglect has been confirmed.

Q. If a client has confirmed allegations of both self-neglect and abuse by others, where is that case counted?

A. If the client is a victim of self-neglect and abuse by another person, count him in both 17a and 17b.

Part I. Individual allegations of self-neglect (reported at case closure)

Item 18 Total individual allegations of self-neglect

Q. Has the definition of self-neglect been changed?

A. No, the definition of self-neglect is unchanged. It is the negligent failure of an elder or dependent adult to exercise that degree of self-care that a responsible person in a like position would exercise with regard to physical care, medical care, health and safety hazards, malnutrition/dehydration and personal finances. What has changed is how we report the different types of self-neglect. Our intention is to make the categories more intuitive for the APS workers and more understandable to the public.

Q. What happened to the previous breakdown of unfounded and inconclusive findings by client type (elder or dependent adult)?

A. As part of the revision process, the committee removed data elements that were not being requested/used very often. While the numbers of elders and dependent adults with confirmed allegations was of interest when reporting out statistics, the same break-down by unfounded and inconclusive was not.

Q. Can the self-neglect of a client be counted in more than one category of self-neglect?

A. Yes, one allegation of self-neglect might be counted in two categories. For example: If a client fails to go to doctors' appointments (neglect of physical care) because he is mishandling his money (financial self-neglect) and can't pay his co-pay, this allegation would be counted in two categories.

Q. Are findings for NTDs included in the count of individual allegations of self-neglect?

A. Yes. If the allegation is for self-neglect, then the findings for NTD cases should be reported here.

Q. Where are we reporting NTD "not applicable" findings? There is no spot for that now.

A. These are now reported in Part L Clients by Case Closure Reason, Item22 "Unable to complete- closed investigation without findings due to lack of information."

Item 18a Self-neglect of physical care

Q. How are we defining self-neglect of physical care?

A. Self-neglect of physical care is the negligent failure of an elder or dependent adult to exercise the degree of self-care that a responsible person in a similar position would exercise with regard to their physical person. This includes personal hygiene, medical care, nutritional care, etc. This category includes all types of self-neglect except neglect of residence or finances. This is intended to be the "default" category of self-neglect if the worker is unsure which category to use.

Item 18b Self-neglect of residence

Q. How are we defining self-neglect of residence?

A. Self-neglect of residence is the negligent failure of an elder or dependent adult to exercise that degree of self-care that a responsible person in a similar position would exercise with regard to their residence. This includes failure to maintain the home's cleanliness; health and safety issues; eviction threats; or problems with the physical structure, appliances and utilities (Note, if these problems are related to an inability to pay for needed services, also count the allegation in financial self-neglect.)

Item 18c Financial self-neglect

Q How are we defining financial self-neglect?

A. Financial self-neglect is the negligent failure of an elder or dependent adult to exercise that degree of self-care that a responsible person in a similar position would exercise with regard to their finances. This includes not paying bills, eviction threats due to lack of funds/payment, repeatedly falling for scams after being warned they are scams, giving away money needed for self-maintenance, and buying Items they cannot afford.

Part J. Individual allegations of abuse by others (reported at case closure)

Q. What happened to the previous breakdown of unfounded and inconclusive findings by client type (elder or dependent adult)?

A. As part of the revision process, the committee removed data elements that were not being requested/used very often. While the numbers of elders and dependent adults with confirmed allegations was of interest when reporting statistics, the same break-down by unfounded and inconclusive was not.

Q. Are NTD findings counted in this section?

A. Yes, if your NTD case of abuse by others results in findings, those findings should be counted here.

Item 19 Individual allegations of abuse by others

Q. Have there been any changes to the individual allegations of abuse by others categories?

A. These data categories are unchanged except we are no longer breaking down how many elders versus dependent adults have unfounded or inconclusive findings. We have, however, added three subsets to the financial abuse by others category that collects additional case count data on the type of financial abuse allegations collected in Item 19h.

Item 19h Financial Abuse

Q. How should we count Financial Abuse NTD cases without findings in the financial abuse section?

A. You only count allegations of financial abuse with findings of unfounded, inconclusive or confirmed in Item19h and cases with findings in the financial abuse subcategories (Improper use of assets, Scams and Thefts). So, NTDs without findings are not counted here.

Q. Do the number of cases of improper use of assets, theft and scam cases need to add up to the total number of financial abuse allegations?

A. No. For *every case* where there is at least one allegation of financial abuse, it is reported as a single case (regardless of number of allegations). The subsets 19 h1-h3 are not mutually exclusive. More than one type can be selected, which means cell 119 could be greater than or equal to the total of h1 to h3.

- Cells 115 to 119 deal with individual allegations of financial abuse (regardless of type) that have a finding of confirmed, inconclusive and unfounded.
- Cells 120, 121, and 122 deal with the case. Consider the case overall (regardless of individual allegations and findings). Did the case concern an improper use of assets? If yes, count 1 in cell 120. Did the same case concern theft? If yes, count 1 in cell 121. Finally, did the same case concern a scam? If yes, count 1 in cell 122. Again, more than one situation could apply.

Q. Should we count Financial Abuse NTD cases without findings in the financial abuse subcategories (Improper use of assets, Scams and Thefts)?

A. No, do not include any NTDs without findings in these subcategories.

Q. Why is there a 'False' validation error listed for Item 19h Cell 119 for Financial Abuse but no red circle?

A. Items 19h1 – 19h3 refer to cases instead of allegations. The validation was originally based on allegations and not cases. It is understood that there are instances where there can be more allegations per victim than cases. This validation will be removed in an upcoming ACL Errata. In order to allow users to submit the data, however, the validation was removed from the report form sheet but cannot be removed from the validation sheet until the Errata is published.

Subsets of Item 19h Financial Abuse (19h1-19h3) refer to cases, not allegations. This section of the report is the only area that involves both allegations and cases. So, it's important to distinguish and understand this difference of its subsets. For Item 19h Financial Abuse allegations by finding, it is understood that there are instances where there can be more allegations than cases. Each case where there was one or more findings of financial abuse (regardless of type of finding) will have a specific financial abuse type identified and reported in 19h1 -19h3 (Cells 120, 121, 122) and a case can have more than one specific type (i.e. one case could include improper use of assets, theft and/or scam). The only time all zeroes in these subsets would occur (or is acceptable) is if there is zero in Cell 119 (Total). As mentioned in 19h1 below, "Improper us of assets" is the default if the county is unsure which subset(s) to report the case(s) in for the allegation(s) of Financial Abuse,

Item 19h1 Improper use of assets

Q. How are we defining "Improper use of assets"?

A. Improper use of assets is defined as the use or misappropriation of the victim's money or assets (such as real property) for someone else's benefit without the informed consent of the victim. This is intended to be the **default category** for financial abuse by persons in a position of trust. This subheading includes financial abuse by means of undue influence as well as misappropriations that were unknown to the victim. This is a subheading of Financial Abuse and is a report of every case that has an allegation of financial abuse that fits the definition of improper use of assets.

Q. How are we defining "persons in a position of trust"?

A. There is no formal definition in our the regs, but it would include, caregivers, family members, conservators, those with power of attorney, or anyone charged with the well-being and custodial care of the client

Item 19h2 Theft

Q. How are we defining "Theft"?

A. Theft: The act of taking or withholding a client's possession of or right to personal or real property, money or the value of labor or services. Theft can occur without the client's knowledge, or when the client entrusts property to another for a temporary or ongoing purpose, and which the other fails to return. There is no requirement that there is a relationship with the thief. In other words, the thief could be a grandson or a stranger. Both would be counted here. This is a subheading of Financial Abuse and is a report of every case that has an allegation of financial abuse that fits the definition of Theft.

Item 19h3 Scam

Q. How are we defining "Scam"?

A. A deceptive scheme to defraud the victim; committed by a stranger or a person who engages with the client specifically to take advantage him/her. In other words, scams are NOT committed by persons in a position of trust. Financial abuse by persons in a position of trust should be counted in improper use of assets (except for outright theft). This is a subheading of Financial Abuse and is a report of every case that has an allegation of financial abuse that fits the definition of a scam.

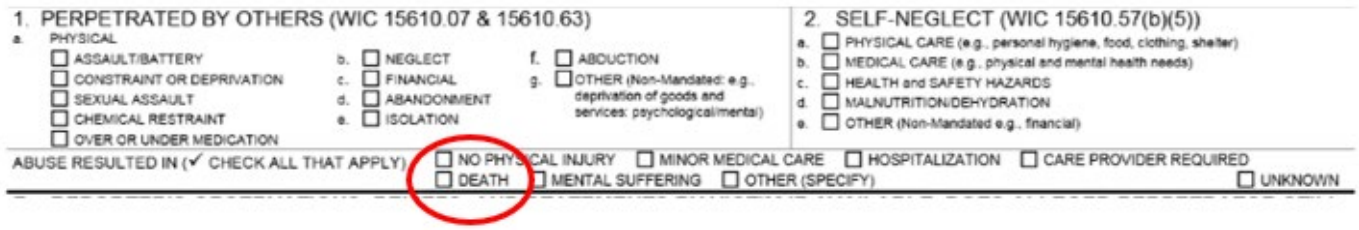
Item 19L Suspicious Deaths

Q. How are we defining "Suspicious deaths?

A. Suspicious deaths are defined as an unexpected fatality or one in which circumstances or causes are medically or legally unexplained or resulted from abuse. This includes reports of suspicious deaths at the time of intake (in which case, no APS case was opened because there was no client to whom APS could offer services) and deaths that occurred during the investigation. Deaths meeting this definition are included regardless of NIR/NTD/In-Person response status.

Q. How are we collecting the information for Suspicious deaths?

A. At the time of intake, the SOC 341 may include in Part E that the abuse resulted in death (see below). Alternatively, the client may die during the investigation or service planning stage of the case. In this case, the APS worker would document it.



Q. Should we open a case if the reporting party indicates in the report that the abused person died a suspicious death?

A. No, do not open a case on a deceased person. APS is a social services program and we are unable to provide social services to deceased individuals.

Q. Are medical self-neglect deaths considered suspicious for this part of the SOC 242?

A. No, we are only including deaths that involve the suspicion of abuse by another person. While your death review team may want to look at deaths in self-neglect cases from the perspective of the system's failure to protect the person, we are not including those deaths in this count.

Q. Are these deaths added in as separate Items in the abuse by others total?

A. No, these allegations should already be counted in other categories of "abuse by others" such as physical abuse or neglect. To count them again would inflate the numbers.

Part K. Hoarding (reported at case closure)

Item 20 Hoarding Situations

Q. How are we defining "Hoarding"?

A. Hoarding is the accumulation of household Items or animals to the extent that it poses a risk to the client. To be classified as hoarding, the client's situation must either:

- Pose a significant health or safety hazard (i.e., major infestation of insects or vermin, unsafe food storage, presence of accumulated feces, lack of safe walkways)
- Pose a fire hazard
- Pose an eviction risk

Q. What if the client is not the one doing the hoarding? What if it is another household member?

A. It doesn't matter who the hoarder is. We are looking at the unsafe housing situation. If the housing situation meets the definition of hoarding, it should be counted.

Q. Does hoarding include the hoarding of animals?

A. Yes, this does include animal hoarding.

Q. Does this count reflect the client's situation when the case is opened or when the case is closed?

A. Although we are entering this count at case closure, we are attempting to count how many cases come into APS as hoarding situations. So, we are assessing the situation when the case is opened.

Q. Is this count (Part K) supposed to be added to self-neglect of the residence?

A. No, do not take the count in Part K and add it into the self-neglect of residence count. These cases should already be counted in either self-neglect of the residence or, in the case of a household member being the hoarder, neglect by others. Adding the total from Part K to the self-neglect of residence count or the neglect by others count would result in these cases being double counted. Part K is a subset of those two categories that will allow us to know "of all the self-neglect of residence or neglect cases, how many are hoarding cases?"

Part L. Clients by Case Closure Reason (reported at case closure)

Item 21 Cases completed with findings and closed

Q. Should the data in Item 21 equal the sum of Items 21a and 21b?

A. No. If a case is reported in either Item 21a or 21b, the same case must be reported in Item 21. If it's a closed case that doesn't meet Items 21a or 21b, and only Item 21, that's acceptable. Cases reported in Cell 125 can also be reported in Cell 126 or 127. Plus, there can be more cases in 125 that don't fit the category of Cells 126 or 127. Also see the instructions of ACL 18-146E for Items 21, 21a and 21b.

Q. How are we defining "Cases Completed with Findings and Closed"?

A. This data element is a count of all the cases that have been investigated and the allegations found to be confirmed, inconclusive or unfounded. The vast majority of your cases should fit into this category. This number should include:

1. 4. Those cases where an investigation was completed, a finding was made, and the client accepted services/services were provided to an incapacitated client
2. NTD cases closed after a determination of findings was completed.
3. Those cases where the investigation was completed with findings, but the client later refused some or all services.
4. Those cases where the investigation was completed with findings, but the client did not need any protective services, or the client could not be offered protective services due to no direct client contact. These cases are not counted in 21a or 21b.

Do not include cases where the client could not be located or refused the investigation and therefore you were unable to arrive at findings, died before the investigation was completed, or the case was opened in error.

Item 21a Protective Services Completed

Q. How are we defining “Protective Services Completed”?

A. This is a subcategory of “Cases Completed with Findings and Closed” and includes all cases that were closed after the client accepted all or some part of the service plan, or involuntary services were implemented. In other words, if the client accepted any services, count that case here. These cases are also included in the cases completed with findings and closed count. NTD cases should also be included here as we have determined that these clients are in a protected situation (i.e. no protective issue, protective issue resolved, received intervention from other agencies/resources, placed in a facility, report was non-credible).

Q: Do Items 21(a) and 21(b) need to add up to the value in Item 21, or could the value in Item 21 be greater than the sum of Item 21a plus Item 21b? There are many cases that we close after a surrogate decision maker steps in, or placement happens with incapacitated clients. They received our protective services, without accepting any of them.

A. Our definition of Protective Services completed does include involuntary services implemented for incapacitated clients. Those cases where the investigation was completed with findings but the client did not need any protective services are not counted in either 21a or 21b. Therefore, 21a plus 21b will not always add up to Item21.

Q. Where are we counting cases closed as unfounded?

A. Unfounded cases are only counted in “Case completed with findings and closed” (Item 21), but they are not counted in either 21a or 21b.

Item 21b Refused Services

Q. How are we defining “Refused Services”?

A. The case closure reason “Refused Services” includes those cases where:

1. The client refused to speak with the social worker at the initial visit, but you could arrive at a finding; or

2. You completed the investigation and determined that services would benefit the client. However, the client declined the services offered and no protective services were provided.

These investigations are also included in the cases completed and closed count (Item 21).

Item 22 Unable to Complete-Closed investigation without findings due to lack of info.

Q. How are we defining “Unable to complete - closed investigation without findings due to lack of info”?

A. This is a count of all the cases where we were unable to come up with findings (except those cases where we don’t have a finding because the client died). This includes cases closed because an in-person response contact could not be made (formerly “Unable to locate”). It also includes all NTD cases where there was not enough investigative information to determine a finding. Please note that for statewide consistency, it is preferable to count NDTs when there is not enough investigative information to determine a finding here rather than calling them “inconclusive” in Part H or J, unless there is investigative information that makes inconclusive the proper finding.

Q. What investigations are we counting in “Unable to complete-closed investigation without findings due to lack of info”?

A. There are many situations that can result in the case being closed without findings. They include (but are not limited to):

- NTD cases where the client is safe, but you have been unable to gather enough information to determine whether the abuse occurred.
- Cases where you are unable to locate the client, and therefore you can’t gather enough information to make a finding.
- Cases where the client refused to cooperate in the investigation into a self-neglect or mental suffering allegation and you are unable to gather enough information to make a finding.
- Cases where the client refused to cooperate in the investigation when the alleged abuse is perpetrated by another person AND there is no other avenue for determining whether the abuse occurred. If the client refuses to cooperate with the investigation but you are able to determine findings, you should report those findings and use the case closure reason “Client refused services”. (Please note that investigations into penal code violations must go forward. You can stop when the client says no in a self-neglect investigation, but not in an abuse by others investigation.)
- Cases where the client has moved out of the area <u>after the case was opened</u> and therefore you can’t gather enough information to make a finding.

Do NOT include:

- Cases where there are no findings because the client died before you could determine findings. Report those cases with the case closure reason “Client died”.

- Cases that involve clients who are later found to live (at the time of the report) outside of your jurisdiction. Report those cases with the case closure reason "Opened in error."
- Cases that involve clients who are found ineligible for APS services (not elderly or a dependent adult). Report those cases with the case closure reason "Opened in error."
- Cases where the allegations are later found to not meet the definition of abuse. Report those cases with the case closure reason "Opened in error."

Item 23 Client Died

Q. What investigations are we counting in "Client Died"?

A. Cases closed because the client died before the investigation was complete are counted in "Client Died". These are investigations without findings. This is NOT a count of all the cases where a client has died during the investigation because you may still be able to determine findings in some of those cases. (Note: Suspicious deaths are counted in another section of the form- Part J Item19j.)

Item 24 Opened in Error

Q. What cases get counted in "Opened in Error"?

A. This is the place to reconcile any problems you may have in your case count because of an error—enter the number of cases closed because they were opened erroneously. For example, you might accidentally input the same report twice and assign it to two different workers and now you need to close one as "opened in error". Or you have two reports on the same person under two different names and you realize that you need to merge the cases. **NOTE: This type of closed case is not reported anywhere else on the report related to closed cases (i.e., Part A. Item 4 and Parts F through P)**.

Part M. Interagency Coordination During Investigation (reported at case closure)

Item 25 Clients who received interagency coordination during the investigation

Q. How are we defining "Clients who received interagency coordination during the investigation"?

A. Cases that APS referred to another agency for coordinated investigation (not services) are counted as "Clients who received interagency coordination during the investigation." Those other agencies include, but are not limited to, law enforcement; protection and advocacy programs; state licensing; state Bureau of Medi-Cal Fraud; Public Guardian; and/or Long-term Care Ombudsman.

Item 25a Clients referred to Law Enforcement including Prosecutorial offices for an investigation

Q. Does the category "Clients referred to Law Enforcement including Prosecutorial offices for an investigation" include the standard cross reporting to law enforcement?

A. No. Do not include the mandatory cross reports to law enforcement at intake in this count. This is meant to be a count of those cases where APS has contacted law enforcement during the APS investigation and asked them to open their own investigation. This is a subset of "Clients who received interagency coordination during the investigation."

Item 25b Requested capacity assessment or capacity declaration from Public Guardian (LPS or Probate)

Q. What situations should be counted in "Requested capacity assessment or capacity declaration"?

A. We should count those situations where APS was actively involved in obtaining a Capacity Assessment or Declaration for the client. Actively involved is defined as doing more than just making a referral to the Public Guardian (that is counted in Item25c). Examples include working with a doctor to get him/her to complete the capacity declaration, paying for a professional assessment by a psychologist, etc. The intention is to get a clear picture of how often APS has to make a major commitment of time and/or money in order to determine the client's capacity.

Item 25c Requested a conservatorship investigation from Public Guardian (P.G.) (LPS or Probate)?

Q. We often make a referral to the Public Guardian's Office, but they refuse the case. Should those referrals be counted in "Requested a conservatorship investigation from P.G. (LPS or Probate)"?

A. Yes, we are counting the **number of referrals to the P.G.** regardless of whether those referrals are accepted, investigated, or filed upon. We would like to be able to compare the number of referrals to the number of resulting conservatorships in the future to show that we have a service gap.

Part N. APS Support Services (reported at case closure)

Q. Are all referrals to services captured in this section?

A. No. This section (Part N) only collects a small sub-group of all the possible services APS might put into the service plan. The committee started with a very long list of services but selected those services that we thought would be of the most help in advocating for needed

client services or painting a clear picture of our client population. In the process, many potentially interesting service types had to be discarded because we could not include everything.

Your county case management system may collect more types of referrals than the categories that are provided on the SOC 242. Some specific services (e.g. emergency shelter and domestic violence shelter) may need to be mapped to more general categories (in this case, housing and relocation services). In other cases, there may not be an appropriate category on the SOC 242 (e.g. hazmat cleanup), so count those services in Item32 "Victims who received services or were referred for services by APS", and only for those clients with confirmed abuse allegations.

Item 26 Clients referred for housing and/or relocation services

Q. How are we defining "Clients referred for housing and/or relocation services"?

A. Clients who were referred to services for housing issues are those clients who were only given a referral (i.e., given a referral to HUD, a shelter, etc.) This does not include clients for whom APS arranged housing or emergency shelter. If you handed the client off to another agency to arrange for housing, that gets counted here. However, if you put a substantial amount of time and energy into helping the client find housing or get relocated, it should probably be counted in Item27. The intention of this data element is to measure the magnitude of the housing needs of APS clients for future advocacy efforts.

Q. Does the data element "clients referred for housing and/or relocation services" apply for all clients or only victims (i.e. confirmed allegations)?

A. Except for Item 32, all counts in Part N- APS Support Services, refer to all our clients, not just clients who have confirmed allegations of abuse (i.e. victims).

Item 27 Clients received housing or relocation services from APS

Q. How are we defining "Clients received housing or relocation services from APS"?

A. These are clients for whom APS provided actual housing and/or relocation services (as differentiated from making housing referrals). As noted above, if you handed the client off to another agency to arrange for housing, that gets counted in Item26. However, if you put a substantial amount of time and energy into helping the client find housing or get relocated, it should be counted here. The intention of this data element is to measure the scope of the current work being done by APS to address the housing needs of APS clients.

Item 28 Clients referred to in-home assistance

Q. What is meant by in-home assistance in Item28 "Clients referred to in-home assistance"?

A. In-home assistance includes, but is not limited to, homemakers and home health aides; visiting and telephone reassurance (i.e., friendly visitors); chore maintenance; and personal care services. This includes referrals to IHSS.

Item 29 Clients referred for Transportation Needs

Q. What kinds of services are counted in “Clients referred for Transportation Needs”?

A. Transportation services include referrals for transportation programs, paying for taxis, and completing a paratransit application. We are counting transportation provided by APS as well as referrals to transportation services. The intention is to measure the transportation needs of APS clients for future advocacy efforts.

Item 30 Clients referred for legal services (i.e. restraining orders, etc.)

Q. Does being referred to legal services also include the APS Initiated Restraining Order (AIRO) APS provides?

A. Legal services includes tax advice, restraining orders, tenant/landlord issues, real estate issues, etc. This does include APS providing AIRO restraining orders. The intention is to measure the legal needs of APS clients for future advocacy efforts.

Item 31 Clients referred for on-going case management

Q. What kinds of on-going case management should be counted in “Client referred for on-going case management”?

A. On-going case management includes, but is not limited to, mental health case management, MSSP program case management, regional center services, and representative payee services from an agency. It does not include the short-term case management that APS provides (even when it becomes more long term while waiting for a conservatorship).

Item 32 Victims who received services or were referred for services by APS

Q. How are we defining victims in “Victims who received services or were referred for services by APS”?

A. As in other parts of the SOC 242, victims refer to clients who have at least one confirmed abuse allegation.

Q. Are we only counting the types of services reported in Item26 through Item31 or all services provided to victims?

A. Please count all the types of services you can identify for victims. We understand that you may not be able to pull individual services out of case narratives, so this may be limited to Item 26 through Item 31, but the intent is to count all services.

Q. In part N line 32, are we including a count for any victim who had received any of the services in line 26 to 31? So, if a client (who is also a victim of confirmed abuse) received housing services from APS, would they have a count in line 27 and 32?

A. Yes. This is a total count of all victims who received services, those services in line 26-31, and those services not called out for a specific count.

Part O. Client Demographics

Q. How are we defining total (investigated) clients?

A. Total (Investigated) clients are clients for who APS opened and attempted to complete an investigation. This essentially means that we are counting all clients for whom we have demographic information even if we were unable to determine findings.

Q. What if we have some demographic information for a client but not all the information. Do you still want us to provide the incomplete information?

A. Yes, please provide whatever demographics you can.

Q. Why aren't we breaking out demographics for unfounded and inconclusive clients from the demographics for total clients?

A. We had to limit the number of data elements that we are collecting to ensure that CDSS could handle the data using the current reporting software. We could not have accommodated those additional data elements for all 58 counties for 12 months with our current software.

Item 33 Clients by Age

Q. Do you want us to provide our best guess if we don't have a birthdate or exact age?

A. Yes. The age categories for dependent adults are broken into 10-year intervals, and for elders they are broken into 5-year intervals. Your best guess will help us to get a general sense of the ages of our clients and our victims. It will help answer such questions as "what age group is most likely to be victimized"? If you cannot provide an estimate, choose unknown.

Item 34 Clients by Gender

Q. Are we required to ask about the client's gender identity?

A. Yes, Legislation was passed in 2016 requiring certain state programs to ask clients about both gender identity and sexual orientation. If you are not sure how to ask clients about gender identity and sexual orientation, please seek out the many online materials available to help with this new requirement. For example, SAGE (Services and Advocacy for Gay, Lesbian, Bisexual & Transgender Seniors) has produced "LGBT Affirming Intake: Asking Questions about Sexual Orientation and Gender Identity."

Q. Is the client required to answer?

A. No. The client does not have to answer questions about either gender identity or sexual orientation. Refusal to answer does not affect a client's eligibility to receive APS services.

Q. Do we count the client's gender identity as provided by the mandated reporter on the SOC 341/342 or the client's gender identity as provided by the client?

A. The intake worker should ask the reporting party about the client's gender identity to help facilitate identification/communication with both the client and collateral contacts before the client interview (e.g. "I am looking for Billy Jones. Is she home?"). However, the investigating worker needs to ask the client how they identify themselves, and that is the information that should be provided on the SOC 242.

Q. What is other or non-binary for gender identity?

A. This is the preferred umbrella term for all genders other than female/male or woman/man; used as an adjective (e.g., Jesse is a nonbinary person). Not all nonbinary people identify as transgender and not all transgender people identify as nonbinary. Sometimes (and increasingly), nonbinary can be used to describe the aesthetic/presentation/expression of a cisgender (meaning a person whose gender corresponds with their birth sex) or transgender person.

Q. The California Association of Area Agencies on Aging (C4A) has added gender at birth to their Universal Intake Form (UIF). Why aren't we capturing that information?

A. That data element was not required by the Lesbian, Gay, Bisexual and Transgender Disparities Act of 2016 (Chu, Chapter 565, Statutes of 2015), nor is it required by NAMRS. Therefore, the committee elected not to include it.

Q. The gender identity categories that have been adopted by the California Association of Area Agencies on Aging (C4A) on the Universal Intake Form do not match the categories on the SOC 242. Which should we use?

A. Because the UIF has more categories than the SOC 242, it is recommended that those counties that have both APS and Area Agencies on Aging (AAA) program use the UIF

categories and then map those categories to the appropriate/ more general SOC 242 gender categories. So, Transgender Female to Male and Transgender Male to Female from the UIF would both map to the more general category of Transgender on the SOC 242. Genderqueer/Gender Nonbinary and Not Listed on the UIF would map to Other/Nonbinary on the SOC 242. Decline to State on the UIF would map to Unknown/Not Provided on the SOC 242.

Item 35 Clients by Sexual Orientation

Q. The sexual orientation categories that have been adopted by the California Association of Area Agencies on Aging (C4A) on the Universal Intake Form do not match the categories on the SOC 242. Which should we use?

A. Because the UIF has more categories than the SOC 242, it is recommended that those counties that have both APS and AAA program use the UIF categories and then map those categories to the appropriate/more general SOC 242 sexual orientation categories. So Straight/Heterosexual from the UIF would map to the category of Straight on the SOC 242. Gay/Lesbian/Same Gender-loving on the UIF would map to Gay/Lesbian on the SOC 242. Questioning/Unsure would map to Questioning. Decline to State and Not Listed on the UIF would map to Unknown/Not Provided on the SOC 242.

Q. Are we required to ask about the client's sexual orientation?

A. Yes. Legislation was passed in 2016 requiring certain state programs to ask clients about both gender identity and sexual orientation. The client does not have to answer, however. Some people find it helpful to explain why the questions is being asked. For example:

- "If you are uncomfortable with the question, we can skip it or come back to it later. These questions are not mandatory for you to receive services."
- "We ask everyone these questions. They help us collect important data and make sure we have the best information about all of our clients."

Q. Does the client have to answer questions about sexual orientation?

A. No, there is no requirement that the client provide this information. Failure to provide an answer does not affect the clients eligibly for APS services.

Item 36 Clients by Race

Q. There is no category for Biracial or Multiethnic race identity. How should we categorize those clients?

A. Bi-racial or Multiethnic clients should be entered as "other."

Q. What race should we use for Hispanic persons?

A. Hispanic is not considered a race by the United States Census (which is the source of the NAMRS categories) so you will still need to inquire about race.

Item 37 Clients by Ethnicity

Q. The Annual Recipient Report (ACIN I-36-18) requires us to collect more detailed data on ethnic origins than we have clients by race on the SOC 242. Do we still need to collect the ARR data? And, if so, how are we collecting it on the SOC 242?

A. You will need to map the ARR race/ethnic origins to the SOC 242 race and ethnic categories, as shown below.

ARR categories	SOC 242
American Indian or Alaska Native	American Indian or Alaskan Native
Filipino	Asian
Chinese	
Cambodian	
Japanese	
Korean	
Laotian	
Vietnamese	
Asian Indian	
Other Asian or Pacific Islander	Native Hawaiian or Other Pacific Islander
Samoan	
Hawaiian	
Guamanian	
Black	Black or African American
White	White
Hispanic	Cuban

ARR categories	SOC 242
	Hispanic, Latino/a or Spanish origin
	Mexican, Mexican American, Chicano/a
	Puerto Rican

Item 38 Clients Receiving Benefits

Q. Should we count the benefits that the client was receiving when the case was opened or the benefits the client is receiving when the case was closed?

A. Count the benefits that the client is receiving at the time the case is closed.

Q. Are we just counting the benefits listed in 38a-38e or should we include other benefits that the client is receiving?

A. We are only counting the five specific benefits listed (Medi-Cal, Medicare, Veterans, SSI and Subsidized Housing).

Item 39 Clients with Disabilities

Q. Do the clients' disabilities need to be medically certified to be counted in Item39?

A. No, the client does not need to have a diagnosis or be medically certified for their disability to be counted in Item39. A client's disability is counted if, in the APS worker's opinion, the client appears to be experiencing a specific difficulty.

Q. Can we count more than one disability?

A. Yes, count all the disabilities that apply.

Item 39a Ambulatory difficulties

Q. How are we defining ambulatory difficulties?

A. You should count a client as having ambulatory difficulties if the client has difficulty moving from place to place. This includes clients who use assistive devices (i.e., wheelchairs, walkers, crutches) to move from place to place.

Item 39b Cognitive difficulties

Q. How are we defining cognitive difficulties?

A. You should count a client as having cognitive difficulties if they appear to be experiencing dementia, delirium or a mental health problem that interferes with the client's reasoning ability.

Item 39c Hearing Difficulties

Q. How are we defining hearing difficulties?

A. You should count a client as having hearing difficulties if the client has difficulty hearing without assistance such as a hearing aid.

Item 39d Independent living difficulties (Difficulties with IADL)

Q. How are we defining independent living difficulties?

A. You should count a client as having difficulties with independent living if the client needs help with instrumental activities of daily living (IADLs), including cooking cleaning shopping, paying bills, using the phone, etc.

Item 39e Self-care difficulties (Difficulties with ADL)

Q. How are we defining self-care difficulties?

A. You should count a client as having difficulties with self-care if the client needs help with activities of daily living (ADLs), including bathing, dressing, eating, ambulation (count also in Item39a), etc.

Item 39f Vision Difficulties

Q. How are we defining vision difficulties?

A. You should count a client as having difficulties with vision if the client has difficulty seeing which cannot be corrected with eyeglasses.

Item 39g Other

Q. What kind of difficulty might be counted in other?

A. Count any disability that is not already counted in another category and that has significantly impacted the client’s life.

Item 40 Clients living outside of an institutional setting at case closure

Q. Would we count a person who lives in a homeless shelter or on the street in Item 40?

A. A person who is homeless or living in an unstable housing situation would be counted as living outside of an institutional setting. We decided not to include a separate category for

homelessness because we are counting how many clients need referrals to housing assistance in Part N, Item 26 and Item 27.

Q. How are you defining institutionalization?

A. The easiest way to explain which housing situations are considered institutions is those living situations that are outside of APS jurisdiction would be counted as an institution.

Q. Is an unlicensed Board and Care considered to be an institution?

A. An unlicensed Board and Care is not considered an institution.

Q. Do we count clients whose whereabouts are unknown at case closure as living outside of an institutional setting?

A. No, do not include clients whose whereabouts are unknown, whose living situation is unknown, or any other situation where it is not clear that the client is living outside of an institutional setting.

Item 41 Clients with a behavioral condition

Q. Do the clients' behavioral conditions need to be diagnosed to be counted in Item 41?

A. No. A client's behavioral condition is counted if, in the APS worker's opinion, the client appears to be exhibiting or has a history of that behavioral condition. This opinion can be based on direct observation or information from the victim and/or collateral contacts.

Q. We don't want to label our clients if they do not have an actual diagnosis, but you are asking us to insert a behavioral condition in their record.

A. To avoid having workers inappropriately label clients, clients should only be counted as having a behavioral condition if the case record includes specific observable behavioral indicators and statements that a reasonable person reading the record would also agree were indicators of the behavioral condition. For example, a client might be counted as having a dementing condition if:

- The client stated that she can't remember the names of her daughters, or
- The client could not explain the source of her income, or
- The client thought the worker was her neighbor even after the worker corrected her twice.

In this example, the worker's opinion is based on concrete, observable behaviors.

Q. Can we count more than one behavioral condition?

A. Yes, count all the behavioral conditions that apply.

Item 42 Client has a Guardian/Conservator

Q. Are we counting clients who have a conservator when the case was opened or at the time of closure?

A. We are counting any client who has a conservator at the time of case closure. Do not count clients with a pending conservatorship application.

Item 43 Interpreter or bi-lingual worker needed

Q. How are we determining whether to count a client in Item 43?

A. You should count any client with whom you need to use a translator or bilingual worker to communicate. This includes use of an American Sign Language interpreter. This data element will help us estimate the resources needed to provide translation services.

Part P. Suspected Abuser Information

Q. Do we complete the suspected abuser information about the client in self-neglect cases?

A. No, do not answer any of the suspected abuser questions for a self-neglecting client.

Q. If there are multiple suspected abusers on the case, do we provide information about all the suspected abusers?

A. Please provide answers for each suspected abuser.

Item 44 Suspected Abusers by age

Q. Do you want us to provide our best guess if we do not have a birthdate or exact age of a suspected abuser?

A. Yes. The age categories are broken into 10-year intervals for younger suspected abusers and into 5-year intervals for older suspected abusers. Your best guess will help us to get a general sense of the ages of our suspected abusers. If you cannot provide an estimate, choose unknown. Note: If any unknown suspected abusers are under the age of 18, please provide in the Comments section of the SOC242 report the number of suspected abusers under 18 years that are reported in each column of Item 44n, Unknown (Cells 306 and 307.

Item 45 Suspected Abusers by Gender

Q. Are we required to ask about the suspected abuser's gender identity?

A. Whenever possible you should be asking for this information. Legislation was passed in 2016 requiring certain state programs to ask about both gender identity and sexual orientation. If you are not sure how to ask clients about gender identity and sexual orientation, please seek out the many online materials available to help with this new requirement. For example, SAGE (Services and Advocacy for Gay, Lesbian, Bisexual & Transgender Seniors) has produced "LGBT Affirming Intake: Asking Questions about Sexual Orientation and Gender Identity." Obviously, there are times when the suspected abuser will not be cooperative with the investigation and you may not be able to ask about gender identity. In addition, there are times when it might change the tone of your interview to ask this question. Workers will need to use their best judgment in these cases.

Q. If the suspected abuser doesn't provide their gender identity, or if the APS worker feels that it will compromise the interview to ask about gender identity, how do we determine what to enter as the suspected abuser's identity?

A. Please use the best available information about the suspected abuser's identity. The best information would be the suspected abuser's own self-identification, next best would be information from known associates (family and friends, the client), and then the social worker's own observations. Unknown should only be used when the suspected abuser was a telemarketer, on-line scammer or other unknown person.

Q. What is non-binary for gender?

A. Non-binary is the preferred umbrella term for all genders other than female/male or woman/man; used as an adjective (e.g., Jesse is a nonbinary person). Not all nonbinary people identify as transgender and not all transgender people identify as nonbinary. Sometimes (and increasingly), nonbinary can be used to describe the aesthetic/presentation/expression of a cisgender or transgender person.

Q. The California Association of Area Agencies on Aging (C4A) has added gender at birth to their Universal Intake Form (UIF). Why aren't we capturing that information?

A. That data element was not required by the Lesbian, Gay, Bisexual and Transgender Disparities Act of 2016 (Chu, Chapter 565, Statutes of 2015), nor is it required by NAMRS. Therefore, the committee elected not to include it.

Q. The gender identity categories that have been adopted by C4A on the Universal Intake Form do not match the categories on the SOC 242. Which should we use?

A. Because the UIF has more categories than the SOC 242, it is recommended that those counties that have both APS and AAA program use the UIF categories and then map those categories to the appropriate/more general SOC 242 gender categories. So, Transgender

Female to Male and Transgender Male to Female from the UIF would both map to the more general category of Transgender on the SOC 242. Genderqueer/Gender Nonbinary Not Listed on the UIF would map to Other/Nonbinary on the SOC 242. Decline to State on the UIF would map to Unknown/Not Provided on the SOC 242.

Item 46 Suspected Abusers by kinship relationship

Q. How would we count a family member who is also a conservator?

A. You would count the suspected abuser in both Item 46 (kinship relationship) and as a conservator in Item 47 (suspected abuser with association to client).

Q. How would we count a family member who is also an unpaid caregiver?

A. You would count the suspected abuser in both Item 46 (kinship relationship) and as an unpaid caregiver in Item 47 (suspected abuser with association to client).

Q. How would you count a suspected abuser who worked for the client? For example, a suspected abuser who is the client's lawyer, gardener, etc.

A. Unless the suspected abuser's relationship fits in Item 46 (kinship relationship) or in Item 47 (suspected abuser with association to client), it is counted in Item 48 (without association to client).

Item 49 Suspected Abusers live with victim

Q. Do we count a suspected abuser as living with the client if he/she only lives with the client sporadically?

A. If the suspected abuser lived with the client at the time of the abuse incident, we would count the suspected abuser as living with the client.

Item 50 Suspected Abusers with a behavioral condition

Q. Do the suspected abusers' behavioral conditions need to be diagnosed to be counted in Item50?

A. No. A suspected abusers' behavioral condition is counted if, in the APS worker's opinion, the suspected abuser appears to be exhibiting or has a history of that behavioral condition. This opinion can be based on direct observation or information from the victim, the suspected abuser, and/or collateral contacts.

Q. Can we count more than one behavioral condition?

A. Yes, count all the behavioral conditions that apply.

Part Q. Unduplicated Clients

Item 51 Unduplicated clients who received investigations in the last Federal Fiscal Year (October through September)

Q. Why do we only report unduplicated clients in September?

A. The National Adult Maltreatment Reporting System (NAMRS) requests that California provide the number of unique clients served over the past 12 months of the federal calendar year (October to September). This is the only data that is reported on a federal year, so we have put it in a separate category. We only ask for this total once a year. When the SOC 242 is filled out for September, there will be a validation requiring data. For months October through August, this data cell will be locked.