

SDM® RISK ASSESSMENT

Policy & Procedures Manual



**Kentucky Cabinet
for Health and
Family Services**

April 2024

COMMONWEALTH OF KENTUCKY

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SDM® RISK ASSESSMENT

Kentucky Adult Protective Services

r: 08/23

	SELF-NEGLECT	ABUSE, NEGLECT, OR EXPLOITATION BY ANOTHER PERSON
HISTORICAL		
1. Number of prior APS investigations of any type where the adult was the alleged victim. <input type="radio"/> None <input type="radio"/> One <input type="radio"/> Two or more	 0 0 0	 0 1 2
2. Prior APS investigations for self-neglect allegation. <input type="radio"/> No <input type="radio"/> Yes	 0 1	 0 0
3. Prior confirmed or substantiated allegations. <input type="radio"/> No <input type="radio"/> Yes (<i>Select all that apply</i>) <input type="checkbox"/> Yes, for abuse, neglect, or exploitation <input type="checkbox"/> Yes, for self-neglect	 0 1 0 0	 0 0 2 0
4. Prior APS investigation involved alleged abuse, neglect, or exploitation by a significant other (e.g., spouse) regardless of finding. <input type="radio"/> No <input type="radio"/> Yes	 0 0	 0 2
5. Adult previously declined services. <input type="radio"/> Was not previously offered services <input type="radio"/> Previously accepted services <input type="radio"/> Previously declined services (<i>Select all that apply</i>) <input type="checkbox"/> Adult protective services (ongoing case) <input type="checkbox"/> Referrals to community-based services <input type="checkbox"/> Mental health services <input type="radio"/> Previously declined substance use services	 0 0 1 0 0 0 0	 0 0 0 0 0 0 0

	SELF-NEGLECT	ABUSE, NEGLECT, OR EXPLOITATION BY ANOTHER PERSON
6. Prior to the current investigation, adult received in-home health services or provider services. <input type="radio"/> No <input type="radio"/> Yes (<i>Select all the apply</i>) <input type="checkbox"/> Previously received in-home health or provider services, but not as an APS-eligible adult <input type="checkbox"/> Previously received in-home health or provider services as an APS-eligible adult	0 0 0 0	0 0 0 1
7. Prior self-neglect or abuse, neglect, or exploitation resulted in the adult being the subject of emergency medical services or medical intervention. <input type="radio"/> No <input type="radio"/> Yes	0 0	0 1
8. Adult previously maltreated or allegedly maltreated another person. <input type="radio"/> No <input type="radio"/> Yes (<i>Select all that apply</i>) <input type="checkbox"/> Previously or allegedly maltreated another adult <input type="checkbox"/> Previously or allegedly maltreated a child	0 1 0 0	0 0 0 0
CURRENT INVESTIGATION		
9. Current APS investigation is for self-neglect. <input type="radio"/> No <input type="radio"/> Yes	0 1	0 0
10. Current APS investigation is for abuse, neglect, or exploitation by another person. <input type="radio"/> No <input type="radio"/> Yes, for one type of maltreatment <input type="radio"/> Yes, includes multiple types of maltreatment	0 0 0	0 1 2
11. The adult's physical home is unsafe at the time of the last visit. <input type="radio"/> No <input type="radio"/> Yes	0 1	0 0

	SELF-NEGLECT	ABUSE, NEGLECT, OR EXPLOITATION BY ANOTHER PERSON
12. Alleged perpetrator includes friend/neighbor and/or caretaker. (Select all that apply and add for score.)		
<input type="checkbox"/> Friend or neighbor	0	1
<input type="checkbox"/> Caretaker	0	1
<input type="checkbox"/> Adult child (non-caretaker)	0	0
<input type="checkbox"/> None of the above	0	0
13. Caretaker(s) has realistic expectations of the adult.		
<input type="radio"/> Not applicable—no caretaker	0	0
<input type="radio"/> Realistic expectations from all caretakers	0	0
<input type="radio"/> Unrealistic expectations from any caretaker	0	1
14. Adult currently declines all services.		
<input type="radio"/> No services required.	0	0
<input type="radio"/> Adult accepted services offered.	0	0
<input type="radio"/> Adult declines all offered services.	2	0
ADULT CHARACTERISTICS		
15. Age of adult at intake		
<input type="radio"/> Under 60	-1	0
<input type="radio"/> 60 or older	0	0
16. Adult is receiving Medicaid.		
<input type="radio"/> No	0	0
<input type="radio"/> Yes	0	1
17. Adult is isolated.		
<input type="radio"/> No	0	0
<input type="radio"/> Yes	1	1
18. Adult's substance use impacts daily functioning. (Previously or currently)		
<input type="radio"/> No	0	0
<input type="radio"/> Yes (Select all that apply)	1	0
<input type="checkbox"/> Alcohol	0	0
<input type="checkbox"/> Drugs	0	0

	SELF-NEGLECT	ABUSE, NEGLECT, OR EXPLOITATION BY ANOTHER PERSON
19. Adult has indicators of an intellectual or developmental disability. <input type="radio"/> No <input type="radio"/> Yes	0 0	0 1
20. Adult has indicators of impaired cognitive functioning or mental incapacity. <input type="radio"/> No <input type="radio"/> Yes	0 0	0 1
21. Adult shows a pattern of behaviors or actions that prevent accepting help or engaging with support services. <input type="radio"/> No <input type="radio"/> Yes	0 1	0 0
22. Adult has a physical condition that impairs independent living or self-care. <input type="radio"/> No <input type="radio"/> Yes	0 1	0 1
TOTAL		

SCORED RISK LEVEL

Assign the adult's risk level based on the highest score on either the self-neglect or abuse, neglect, or exploitation scale, using the following chart.

Self-Neglect Score	Abuse, Neglect, or Exploitation Score	Scored Risk Level
<input type="radio"/> -1-1	<input type="radio"/> 0-2	<input type="radio"/> Low
<input type="radio"/> 2-4	<input type="radio"/> 3-5	<input type="radio"/> Moderate
<input type="radio"/> 5 +	<input type="radio"/> 6 +	<input type="radio"/> High

Comments:

SUPPLEMENTAL ITEMS

Information collected in the following risk items may be used in a future study to determine if a relationship exists between one or more of these factors and subsequent abuse or self-neglect. If the data indicate a relationship, one or more of these factors may be added to the risk assessment.

S1. Another person has authorized or unauthorized access to the adult's finances or resources. (Select all that apply.)

- No
- Yes, caretaker
- Yes, alleged perpetrator
- Yes, family member
- Yes, other: _____

S2. Does the adult have sufficient resources to meet basic needs?

- Yes
- No

S3. Caretaker characteristics (Select all that apply.)

- Caretaker lacks the skills/training to perform caregiving tasks.
- Concerns exist about the caretaker's mental health, but there is no diagnosis.
- Caretaker has a diagnosed mental health condition.
- Concerns exist about the caretaker's substance use.
- None of the above

S4. Adult's housing situation

- Does not have stable housing
- Has dependent housing
- Has independent stable housing

S5. Adult's mental health (past or current)

- No concern or diagnosis
- Yes, concerns exist but no diagnosis
- Yes, has/had diagnosed mental health condition

SDM RISK ASSESSMENT

DEFINITIONS

HISTORICAL

1. NUMBER OF PRIOR APS INVESTIGATIONS OF ANY TYPE WHERE THE ADULT WAS THE ALLEGED VICTIM

None

No APS investigations occurred prior to the current investigation.

One

The adult was the alleged victim of one APS investigation prior to the current investigation.

Two or more

The adult was the alleged victim of two or more APS investigations prior to the current investigation.

2. PRIOR APS INVESTIGATIONS FOR SELF-NEGLECT ALLEGATION

No

No prior investigations involved allegations of self-neglect.

Yes

A prior investigation included allegations of self-neglect, regardless of finding.

3. PRIOR CONFIRMED OR SUBSTANTIATED ALLEGATIONS (*SELECT ALL THAT APPLY.*)

No

There are no prior confirmed or substantiated allegations in which the adult was the alleged victim.

Yes, for abuse, neglect, or exploitation

A prior investigation resulted in at least one substantiated allegation of abuse, neglect, or exploitation in which the adult was the alleged victim.

Yes, for self-neglect

A prior investigation resulted in at least one confirmed self-neglect allegation in which the adult was the alleged victim.

4. PRIOR APS INVESTIGATION INVOLVED ALLEGED ABUSE, NEGLECT, OR EXPLOITATION BY A SIGNIFICANT OTHER (E.G., SPOUSE) REGARDLESS OF FINDING.

No

There is no prior investigated allegation of abuse, neglect, or exploitation by a significant other.

Yes

A significant other was an alleged perpetrator in a prior investigation.

5. ADULT PREVIOUSLY DECLINED SERVICES.

Was not previously offered services

The adult has never been offered services prior to the current intake.

Previously accepted services

The adult did not decline services offered prior to the current intake.

Previously declined services

At some point prior to the current intake, the adult declined all offered services. Select all services that were declined prior to the current intake, including adult protective services (ongoing case), referrals to community-based services (e.g., Meals on Wheels, provider services, home health services), and mental health services offered through an APS investigation.

Previously declined substance use services

At some point prior to the current intake, the adult declined substance use services offered through an APS investigation.

6. PRIOR TO THE CURRENT INVESTIGATION, ADULT RECEIVED IN-HOME HEALTH SERVICES OR PROVIDER SERVICES.

Did not previously receive in-home health or provider services

The adult did not previously receive in-home health services or provider services.

Previously received in-home health or provider services, but not as an APS-eligible adult

The adult previously received in-home health services or provider services but was not APS-eligible at the time of receipt, or the worker was unable to determine if the alleged victim was an APS-eligible adult at the time services were received.

Previously received in-home health or provider services as an APS-eligible adult

Prior to the current intake, the alleged victim received provider or in-home health services *as an APS-eligible adult*, including but not limited to: Personal Assistance Services; chore, home-, and community-based waiver services; Veterans Affairs services; and home health services, either state-funded or private pay.

7. PRIOR SELF-NEGLECT OR ABUSE, NEGLECT, OR EXPLOITATION RESULTED IN THE ADULT BEING THE SUBJECT OF EMERGENCY MEDICAL SERVICES OR MEDICAL INTERVENTION.

Note: Emergency medical services typically include ambulance services, trips to the emergency room, or acute medical care at a hospital, including care received because of emergency protective custody.

No

No emergency medical services were required in relation to prior abuse, neglect, or exploitation.

Yes

Emergency medical services were required in relation to prior abuse, neglect, or exploitation.

8. ADULT PREVIOUSLY MALTREATED OR ALLEGEDLY MALTREATED ANOTHER PERSON. (SELECT ALL THAT APPLY.)

For maltreatment of another adult or a child, exclude incidents of aggression/combativeness that result from dementia, brain injury, or other cognitive impairment. Include credible reports of abuse, neglect, or exploitation that were not reported to APS or child protective services, law enforcement, etc.

Include credible reports of domestic violence. Domestic violence can involve one or more physical assaults and/or periods of intimidation, threats, or harassment.

Previously maltreated or allegedly maltreated an adult

The adult perpetrated abuse, neglect, or exploitation on another adult.

Previously maltreated or allegedly maltreated a child

The adult perpetrated abuse, neglect, or exploitation on a child.

None of the above

There is no indication that the adult has perpetrated abuse, neglect, or exploitation against another person as an adult.

CURRENT INVESTIGATION

9. CURRENT APS INVESTIGATION IS FOR SELF-NEGLECT.

No

The current investigation does not include allegations of self-neglect.

Yes

The current investigation includes allegations of self-neglect.

10. CURRENT APS INVESTIGATION IS FOR ABUSE, NEGLECT, OR EXPLOITATION BY ANOTHER PERSON.

No

The current investigation does not include allegations of abuse, neglect, or exploitation by another person.

Yes, for one type of maltreatment

The current investigation includes one type of alleged abuse, neglect, or exploitation by another person.

Yes, includes multiple types of maltreatment

The current investigation includes two or more types of alleged abuse, neglect, or exploitation by another person.

Types of abuse, neglect, or exploitation include:

- Physical abuse;
- Sexual abuse;
- Neglect by another person; and
- Financial exploitation.

11. THE ADULT'S PHYSICAL HOME IS NOT SAFE AT THE TIME OF THE LAST VISIT.

No

The adult's physical home is safe at the time of the last visit.

Yes

The adult's physical home is not safe at the time of the last visit to the extent that it is adversely impacting the adult's life. Unsafe conditions include but are not limited to the following.

- The living conditions are unsanitary. Housing conditions result in threats to health and safety, such as rotting food, animal or human feces, pest infestation, hoarding, etc.
- There are no working utilities, and alternative arrangements have not been made. The home lacks working utilities such as electricity, water, or heating, and the adult has no alternative access to utilities (e.g., showering at a neighbor's home).

- The physical condition of the home is severely damaged or otherwise unsafe (e.g., building is condemnable, toxic mold, site of methamphetamine production, hoarding conditions, blocked pathways).

12. ALLEGED PERPETRATOR INCLUDES FRIEND/NEIGHBOR AND/OR CARETAKER. (SELECT ALL THAT APPLY AND ADD FOR SCORE.)

Friend or neighbor

The current investigation involves an alleged perpetrator who is a friend or neighbor with an ongoing relationship with the adult.

Caretaker

The current investigation involves a caretaker as an alleged perpetrator.

Adult child (non-caretaker)

The current investigation involves an adult child who is not a caretaker as an alleged perpetrator.

None of the above

The current investigation was for self-neglect or did not include a caretaker, neighbor, or friend as an alleged perpetrator.

13. CARETAKER(S) HAS REALISTIC EXPECTATIONS OF THE ADULT.

Not applicable—no caretaker.

Realistic expectations from all caretakers

All caretakers demonstrate realistic expectations of the adult.

Unrealistic expectations from any caretaker

Any caretaker has demonstrated unrealistic expectations of the adult, either in the past or currently. These unrealistic expectations may be related to overestimating or underestimating the adult's abilities. Examples include but are not limited to the following.

- Caretaker expects the adult to behave or perform in ways that are unreasonable, given the adult's physical and/or mental/cognitive capabilities.
- Caretaker expects the adult to perform self-care responsibilities beyond their abilities.
- Caretaker does not allow the adult to engage in self-care activities despite having the ability to complete these tasks.
- Caretaker expects the adult to move between rooms independently or more quickly than the adult's condition allows.
- Caretaker expects the adult to remember instructions for taking medications despite having a diagnosis of dementia.

14. ADULT CURRENTLY DECLINES ALL SERVICES.

When responding to this item, consider whether the adult had the capacity to consent at the time of the refusal.

No services required.

No services are required.

Adult accepted services offered.

The adult has accepted or is currently participating in any services offered during the current investigation.

Adult declines all offered services.

The adult is capable of accepting and/or accessing needed resources or services but declines *all* offered services. Include refusal to accept community-based services (e.g., Meals on Wheels, provider services, in-home health services).

ADULT CHARACTERISTICS

15. AGE OF ADULT AT INTAKE

Under 60

The adult was under 60 years old at the time of the intake that resulted in the current investigation.

60 or older

The adult was 60 years old or older at the time of the intake that resulted in the current investigation.

16. ADULT IS RECEIVING MEDICAID.

No

Adult is not receiving Medicaid.

Yes

Adult is receiving Medicaid.

17. ADULT IS ISOLATED.

If the current report is for abuse, neglect, or exploitation by another person, consider only the adult's support and connections beyond the alleged perpetrator.

No

The adult is not isolated in any way.

Yes

The adult is isolated. Examples include but are not limited to the following.

- The adult is isolated geographically or otherwise, as evidenced by having no friends or immediate family members.
- The adult lacks access to community resources as a result of physical or social isolation.
- The adult does not have family/friends to socialize with or rely upon for support.

18. ADULT'S SUBSTANCE USE IMPACTS DAILY FUNCTIONING. (PREVIOUSLY OR CURRENTLY; SELECT ALL THAT APPLY.)

Daily functioning may include things such as an impact to finances, health, safety, access to supports, employment, and relationships.

No

The adult has no past or present substance use that interferes with daily functioning.

Yes, alcohol

The adult has a past or present history with alcohol misuse that interfered or interferes with daily functioning.

Yes, drugs

The adult has a past or present history with drug misuse that interfered or interferes with daily functioning (including prescription and/or over-the-counter drug or other drug misuse).

19. ADULT HAS INDICATORS OF AN INTELLECTUAL OR DEVELOPMENTAL DISABILITY.

No

There is no diagnosis or indicators of an intellectual or developmental disability, and the adult is not receiving qualified services.

Yes

The adult has a diagnosis or other indicators of an intellectual or developmental disability and/or is receiving qualified services.

20. ADULT HAS INDICATORS OF IMPAIRED COGNITIVE FUNCTIONING OR MENTAL INCAPACITY.

Cognitive functioning/mental capacity is impacted by many factors. As people age, they may experience some natural decline in certain mental functions, particularly memory. Pronounced (i.e., sudden or obvious) decline may signal illness or disease, however. Some indicators of impaired cognitive functioning or mental incapacity may include, but are not limited to, not taking prescribed medications, inability to manage finances or follow through with scheduled appointments, and trouble with comprehension, reasoning, or recall of recent events.

No

Adult does not have indicators of impaired cognitive functioning or mental incapacity.

Yes

The adult shows indications of impairment—of memory, logic, ability to calculate, and “flexibility” to turn one's attention from one task to another—that grossly affects judgment, behavior, or ability to live independently or provide self-care as revealed by observation, diagnosis, investigation, or evaluation.

21. ADULT SHOWS A PATTERN OF BEHAVIORS OR ACTIONS THAT PREVENT ACCEPTING HELP OR ENGAGING WITH SUPPORT SERVICES.

No

The adult does not exhibit a pattern of behaviors or actions that prevent accepting or engaging with support services.

Yes

The adult exhibits a pattern of behaviors or actions that may include:

- False or unreliable reporting of support staff;
- Physical or verbal aggression;
- Refusal of care;
- Behaviors that alienate caregivers;
- Firing caretakers or supports; and
- Maladaptive behaviors (not including substance use). Maladaptive behaviors are behaviors that inhibit or prevent an individual from adjusting to changes, stresses, and new situations. Examples may include but are not limited to sexual harassment/inappropriateness and manipulation.

22. ADULT HAS A PHYSICAL CONDITION THAT IMPAIRS INDEPENDENT LIVING OR SELF-CARE.

No

The adult does not have a physical condition that impairs independent living or self-care.

Yes

The adult has a physical condition that impairs independent living or self-care.

Select if the adult has a substantial incapability, due to physical limitations, of living independently or providing self-care as determined through observation, diagnosis, investigation, or evaluation. Examples include but are not limited to the following.

- Physical conditions (including those requiring an assistive device) that hinder independent living such as those that impair hearing, mobility, speech, or vision
- Any condition that impairs basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying
- Physical conditions that prevent self-care, including but not limited to personal hygiene, eating, and dressing; and activities necessary to support independent living (e.g., using the telephone, shopping, preparing food, housekeeping, self-administering medications, and managing money)

SUPPLEMENTAL ITEMS

S1. ANOTHER PERSON HAS AUTHORIZED OR UNAUTHORIZED ACCESS TO THE ADULT'S FINANCES OR RESOURCES.

There is credible information that a person, whether trusted by the adult or not, has direct access to the adult's bank account or other assets. The access could be authorized by the adult knowingly or unknowingly.

Examples include but are not limited to the following.

- Another person is listed on the adult's financial accounts.
- Another person can access the adult's finances without the adult's knowledge.
- Another person has power of attorney for financial matters on behalf of the adult.

No

No other person(s) has access to the adult's finances.

Yes, caretaker

A caretaker has access to the adult's finances/assets.

Yes, alleged perpetrator

An alleged perpetrator has access to the adult's finances/assets.

Yes, family member

A family member has access to the adult's finances/assets.

Yes, other

Another person has access to the adult's finances/assets. Indicate the relationship.

S2. DOES THE ADULT HAVE SUFFICIENT RESOURCES TO MEET BASIC NEEDS?

Yes

The adult is able to consistently meet basic needs.

No

The adult is unable to consistently meet basic needs, whether it is due to poverty/insufficient resources or money mismanagement.

S3. CARETAKER CHARACTERISTICS (*SELECT ALL THAT APPLY.*)

Caretaker lacks the skills/training to perform caregiving tasks

The caretaker is unable to perform specific tasks, such as personal hygiene requirements and transferring, at the level required to care for the adult.

Concerns exist about caretaker's mental health, but there is no diagnosis

There are concerns about caretaker's mental health, and there is no diagnosed mental health condition.

Caretaker has a diagnosed mental health condition

The caretaker self-reports having a diagnosed mental health condition, or other information exists that the caretaker has a diagnosed mental health condition.

Concerns exist about caretaker's substance use

The caretaker's drug and/or alcohol misuse interferes with daily functioning and/or the ability to care for the adult. Examples include but are not limited to the following.

- Substance use that negatively affects marital or family relationships
- Inability to care for self or other adult/child living in the home
- Self-report of a problem

- Hospitalization for substance use/substance use disorder
- Health/medical problems caused by substance use/substance use disorder
- History of DUI/DWI arrests or police/emergency service reports indicating substance involvement in incidents

None of the above

No caretaker demonstrates any of the characteristics.

S4. ADULT'S HOUSING SITUATION

Does not have stable housing

Adult is currently homeless, or there is risk of eviction.

Has dependent housing

Adult has a non-legal living arrangement (e.g., lives with friends or relatives or is financially dependent on others), and the living situation may not be permanent or secure.

Has independent stable housing

Adult owns their home or is renting without risk of eviction.

S5. ADULT'S MENTAL HEALTH (PAST OR CURRENT)

No concern or diagnosis

The adult does not display any symptoms of a mental health condition and has not been diagnosed with a mental health condition, either past or current.

Yes, concerns exist but no diagnosis

The adult reports, displays, or has displayed symptoms of a mental health condition but has not been diagnosed with a mental health condition.

Yes, has/had diagnosed mental health condition

The adult self-reports having a diagnosed mental health condition, or other information exists that the adult has a diagnosed mental health condition.

SDM® RISK ASSESSMENT POLICY AND PROCEDURES

The Structured Decision Making® (SDM) risk assessment provides specialists with a consistent set of risk factors to assess in every case to estimate the likelihood that the adult will become involved with APS again (e.g., involved in another investigation or have a confirmed or substantiated allegation) in the next six to 12 months.

The risk assessment is based on data analysis conducted in Kentucky that examined the relationships between adult characteristics and the outcomes of subsequent investigated or substantiated self-neglect or abuse, neglect, or exploitation by another. The assessment does not predict recurrence; it simply assesses whether an adult is more or less likely to have another APS investigation or finding.

WHICH CASES

All cases screened in for APS investigation.

WHO

The worker who completes the face-to-face contact with the adult.

WHEN

Workers complete in TWIST prior to the close of the investigation; however, in order to guide their work with an adult, workers are encouraged to complete the risk assessment as soon as all needed information has been gathered.

DECISION

The risk assessment can help determine which adults will benefit from receiving ongoing services. The risk assessment evaluates this based on which of the following categories the adult falls into.¹

- Low risk
- Moderate risk

¹ Unless a client with capacity to consent refuses services.

- High risk

Adults classified as high risk should be prioritized for ongoing services.

APPROPRIATE COMPLETION

Complete all items. For each item, select the appropriate response using the definitions. TWIST should automatically calculate the item scores and overall risk level.