

Sample — Protocol - TEAM Institute

Texas Elder Abuse and Mistreatment Institute (TEAM Institute)

The University of Texas Health Science Center at Houston

Policies and Procedures



February 7, 2014 (revision 1)

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Section 1: History

The concept for forming the Texas Elder Abuse and Mistreatment (TEAM) Institute had its beginnings in 1995 when the Baylor College of Medicine Geriatrics Program at the Harris County Hospital District (BCM-HCHD), led by Carmel B. Dyer, MD and the Texas Department of Family and Protective Services (DFPS) Adult Protective Services (APS) Region VI, noted an increase in the number of reported abused and neglected elders in Harris County, TX. Leaders from both groups met and determined that strengthening and expanding the existing clinical relationship was a major priority. In 1997 this relationship was formalized through a Memorandum of Understanding between APS and BCM-HCHD, becoming the first APS – medical group collaboration in the United States.

TEAM Institute received its first federal grant from the United States Department of Justice (DOJ) in 2000 and has subsequently received other grants from the DOJ, National Institute of Justice, and National Institutes of Health.

In 2001, as part of the TEAM Institute, the Elder Abuse Fatality Review Team (EFFORT) was established with a grant from the American Bar Association. EFFORT reviews selected cases of unexpected elder deaths. It operates as a sub-committee of the Harris County Domestic Violence Coordinating Council Adult Violent Death Review Team and reports its findings to the Harris County Commissioner’s Office. Members of EFFORT are representatives of multiple agencies, including the Houston Police Department, the Harris County Sheriff’s Office, the Harris County Medical Examiner’s Office, Adult Protective Services, and other healthcare organizations.

In 2007 Dr. Dyer was recruited to The University of Texas Medical School at Houston (UTHealth Medical School) to establish a new division of geriatric and palliative medicine, and the TEAM Institute became a unique collaboration of the UTHealth Medical School, Baylor College of Medicine, Harris County Hospital District (now Harris Health System), and DFPS APS. Dr. Dyer was co-director of TEAM Institute with James Booker, the Region VI APS Director, until February 2014.

Also in 2007 the Houston Financial Abuse Specialist Team (H-FAST) was formed. The members of H-FAST promote financial safety for frail older adults in Houston-Harris County. They meet regularly to discuss cases of financial abuse, develop educational material, train front-line workers and community members and provide consultation on specific cases of elder financial exploitation. Members represent 33 community agencies, organizations, and professions, including UTHealth, TEAM Institute, Adult Protective Services, Better Business Bureau Education Foundation, Care for Elders, City of Houston, Harris County District Attorney’s Office, Houston Police Department, Sheltering Arms, AARP, geriatric care managers, elder law attorneys, bank officers, and others.

TEAM Institute is also affiliated with Forensic Nurse Programs at Harris Health System and Memorial Hermann Hospital.

Section 2: Mission and Goals

Mission

To improve the lives of mistreated elders through clinical care, education, and research.

Goal

To promote an interprofessional approach for the assessment, intervention, and prevention of elder mistreatment and self-neglect.

Objective

To close the gap between the identification of “suspected” elder mistreatment and the timely provision of geriatric

assessment, clinical health services, and social services and to enable criminal actions against perpetrators, if necessary.

Section 3: Functions

1. Clinical Care

TEAM Institute provides medical assessment for mistreated elders. The novel process includes:

- An APS investigation and, when mistreatment is suspected, a referral to TEAM Institute
- Targeted geriatric assessment
- Joint APS and medical team conference and interventions
- Medical and social work follow-up

2. Education

TEAM Institute members and the Houston Geriatric Education Center provide education related to elder mistreatment and elder self-neglect to health care providers, public service providers, and the public in local, regional, and national venues via onsite or online trainings. Members also publish papers about elder mistreatment or the work of the TEAM Institute.

3. Research

The research arm of TEAM Institute conducts grant-supported research studies to (a) understand the physical and social factors contributing to elder mistreatment and self-neglect, and (b) develop innovative and effective interventional strategies.

Section 4: Organizational Structure (See Appendix 1- Organizational Chart)

1. Executive Leadership

- a. Team Institute is led by two Co-Directors.
- b. There are two Associate Directors: the Associate Director for clinical administration and education who completes field assessments of clients, provides clinical guidance to the Coordinator, as needed, and education to professional and community audiences about TEAM Institute services; and the Associate Director for clinical and behavioral research who directs all research activities.
- c. The Administrative Director of the UTHealth Consortium on Aging provides administrative oversight of TEAM Institute.
- d. A part time Coordinator is responsible for intake and scheduling, billing, annual orientation, meeting agendas and minutes, and other assigned responsibilities.

2. Steering Committee

- a. Members of the Steering Committee include the TEAM Institute Co-Directors, Associate Directors, and Coordinator; APS representatives (Community Initiatives Specialist, Trainer, Supervisors, Program Administrators), Baylor College of Medicine representatives, and Administrative Director of the UTHealth Consortium on Aging.

- b. Steering Committee meetings are held on the second Monday of every month to review news and activities related to elder mistreatment on national, state and local levels; TEAM processes; educational needs; and other opportunities and outstanding issues.
 - i. The Coordinator develops the meeting agenda. One week prior to the scheduled meeting, the Coordinator requests agenda topics from the Co-Directors, Associate Directors, and APS representatives.
 - ii. The Coordinator distributes an email meeting reminder with the agenda within 5 days of the scheduled meeting.
 - iii. The Coordinator confirms that phone lines will be available for the meeting.
 - iv. The Coordinator records minutes of the meetings and distributes them to committee members within 7-10 days after the meeting.

Section 5: Client Eligibility

TEAM Institute provides services to clients who, after assessment by an APS caseworker, (1) are determined to be at risk for mistreatment or self-neglect; and (2) may have a medical or psychiatric component. In addition, the client displays one or more of the following characteristics:

- Questionable capacity to consent;
- Reluctance to leave their home to visit a doctor’s office, clinic, or hospital;
- Lack of medical care for a long period and no connection with any health care system or provider;
- Inability to see their physician in a timely manner because of scheduling difficulties or the physicians’ unavailability;
- Possible misdiagnosis, over-medication, or inadequate care; or
- Desire for the specialized assessment, geriatric expertise, and interdisciplinary approach offered by TEAM Institute.

Section 6 : Confidentiality of Health Information

Client information may not be disclosed with anyone outside the TEAM Institute unless the client consents to share the information, as outlined in the Health Information Portability and Accountability Act (HIPAA). Refer to HIPAA for additional information on protected health information.

Section 7: Client Referral and Assessment

1. DFPS APS Region VI receives referrals for suspected cases of elder mistreatment in a multi-county area (Harris, Brazoria, Fort Bend, Wharton, Matagorda, Austin, Colorado, Montgomery, Walker, Waller, Liberty, Galveston, and Chambers counties). APS Caseworkers evaluate all clients referred to their agency and make referrals to TEAM Institute when they determine that a client needs medical assessment, capacity assessment, or both.
2. TEAM Institute clinicians include Nurses, Nurse Practitioners, Social Workers, and Physicians.
 - a. A Nurse or Nurse Practitioner may complete a History and Physical, battery of geriatrics assessments (see #7c below), and a basic capacity assessment.

- b. A Social Worker may complete a History (medical social, and environmental history), battery of geriatrics assessments (see #7c below), and a basic capacity assessment.
 - c. A Physician may complete (i) the entire assessment (History and Physical, battery of geriatrics assessments, and a complete capacity assessment) or (ii) capacity assessment or (iii) a medical assessment only.
 3. UTHealth Psychiatrists who are a part of the TEAM Capacity Assessment Unit will provide assessments of mental capacity as it pertains to self-care and self-protection.
 - a. Psychiatrists will:
 - i. Participate in TEAM assessment training (1 hour).
 - ii. Provide a schedule of the weekly rotation of responsible clinicians to the TEAM Coordinator.
 - iii. Perform in-home assessments of capacity.
 - iv. Complete the Physicians' Certificate of Medical Examination (court documentation).
 - v. Participate in a 5-15 minute/client interdisciplinary conference call. IDT conference calls are usually scheduled on Friday mornings at 8:00 am except on the last Friday of the month.
 - vi. Send report of visit and court documentation to Coordinator who will forward to APS and file electronically.
 - vii. Meet other contract requirements.
 - b. At the end of each month, the TEAM Coordinator will verify the number of cases completed by Psychiatry faculty with staff in the Psychiatry Department and will ensure that completed cases are included on the monthly billing to APS. (See section 10). Funds will be transferred to the Psychiatry Department based on the agreed upon fees.
 4. When the APS Caseworker determines that a client needs TEAM Institute services, the Caseworker will:
 - a. Discuss the case with their immediate supervisor for approval.
 - b. Complete a TEAM Institute referral form and the APS service authorization form (form 2311).
 - c. Fax both forms to the TEAM Institute office, attention: TEAM Institute Coordinator (Coordinator).
 5. Within two business days of receipt of a referral, the Coordinator:
 - a. Makes contact with the APS Caseworker to determine the urgency of the referral (if not indicated on the faxed referral form) and gather any other information not included on the referral form. The Coordinator will confer with the Associate Director for Education on any further questions of urgency and client safety.
 - b. Obtains a Service Authorization form (form 2311) from APS if one was not faxed with the referral.
 - c. Triage clinician assignment, based on referral, needs of client and urgency.
 - i. Medical assessments only are referred first to the Nurse Practitioner. If the Nurse Practitioner is unavailable, the Social Worker will make the initial visit.

- ii. Medical assessments and capacity assessments are referred to the TEAM Physician for right of first refusal and then to the Nurse Practitioner or Social Worker.
 - iii. Capacity assessments only are referred to the TEAM Physician for right of first refusal and then to the Psychiatrist on rotation that week.
 - d. Coordinates a time within 10 business days of receipt of the referral when the Caseworker can meet a TEAM Institute Clinician (Clinician) at the client's residence. When possible, the Coordinator utilizes an established schedule of times when clinicians are available for house calls. The APS Caseworker decides whether to inform the client of the scheduled house call.
 - e. Confirms the assessment time with the designated Clinician and emails them a scanned copy of the referral form.
6. The TEAM Coordinator initiates the Routing Form and Checklist (appendix 2) and also maintains a spreadsheet of referrals and the following data related to each referral:
 - a. Client name
 - b. Date of referral
 - c. Referring Caseworker and APS supervisor
 - d. Due date actual date of first contact with APS
 - e. Date of receipt of Service Authorization
 - f. TEAM Clinician(s) assigned
 - g. Due date and actual date of History and Physical and battery of assessments
 - h. Due date and actual date of Interdisciplinary Team meeting
 - i. Date of completion of Case Report and due date and actual date of report submission to APS
 - j. Due date actual date of billing for services
7. The TEAM Institute assessment includes the following:
 - a. APS Caseworker's evaluation
 - b. History and Physical
 - c. Battery of geriatrics assessments that *may* include but is not limited to:
 - i. Mini-Mental State Exam (SLUMS preferably or MMSE)
 - ii. Geriatric Depression Scale – Short Form (GDS-SF)
 - iii. CLOX I, II
 - iv. Timed Get Up and Go Test for physical performance
 - v. CAGE questionnaire for alcohol use
 - vi. Confusion Assessment Method (CAM) for delirium
 - vii. The Kohlman Evaluation of Living Skills (KELS)

- viii. Self-neglect Severity Scale (SSS)
8. After the TEAM Institute Clinician completes the assessment:
 - a. The Clinician prepares a report of the assessment using a standardized template (Appendix 3), if appropriate, and emails it to the Coordinator.
 - b. The Coordinator scans the report, uploads it to the shared Geriatrics Division drive.
 - c. The Coordinator notifies the Physician when a report submitted by a Nurse, Nurse Practitioner or Social Worker has been uploaded to the shared drive.
 9. Verification of capacity by the Physician is not indicated (a) if the Nurse or Nurse Practitioner or Social Worker completes the basic capacity assessment and feels that the client has capacity **and** (b) the Physician agrees, given the evidence of the battery of geriatrics assessments and after discussion at the Interdisciplinary Team (IDT) meeting. In these circumstances, the Coordinator finalizes the TEAM assessment by forwarding the report of the Nurse, Nurse Practitioner or Social Worker to APS.
 10. If verification of executive capacity by the Physician is indicated:
 - a. The Coordinator notifies the Physician that the report of the Nurse, Nurse Practitioner or Social Worker has been uploaded to the shared drive.
 - b. The Coordinator contacts the APS Caseworker to set up a time when the Physician can meet the Caseworker at the client's residence. Occasionally the Physician will have a phone conversation with the Caseworker.
 - c. The Physician completes the legal/court documentation summarizing the capacity assessment on a standardized form (Appendix 4), reviews and completes the assessment report, uploads the report to the shared drive, and notifies the Coordinator that the reports are on the shared drive.
 - d. The Coordinator is responsible for sending the reports to APS.
 11. If urgent medical or social issues are noted, the TEAM Clinician notifies the APS caseworker, or, if not available, the APS supervisor or administrator.
 12. If no urgent issues are noted, the Coordinator schedules the client for discussion at the next interdisciplinary team (IDT) meeting.

Section 8: Interdisciplinary Team Meeting (IDT)

1. After an APS client is referred to and assessed by the TEAM Institute, the client's case is reviewed by the interdisciplinary team.
2. IDTs are held weekly on Friday mornings (except for the last Friday of the month) via conference call.
3. IDT participants include the APS Caseworker and/or supervisor, TEAM Nurse Practitioner, Social Worker, and Physician, Medical School Geriatric fellows and others invited by APS or the medical team members.
4. The meeting agenda includes a review of any clients assessed in the previous week and other pertinent issues.

5. The Coordinator distributes the IDT agenda at least one day before the scheduled meeting and is responsible for notifying IDT participants that a meeting is cancelled if there are no cases to review or issues to discuss.
6. Documentation of the IDT will be included in the report, as appropriate.

Section 9: Contract and Billing

1. Cooperative contract
 - a. The Texas Department of Family and Protective Services (DFPS) and The University of Texas Health Science Center at Houston have an interagency cooperative contract initially executed in 2007 and renewed periodically, the most recent renewal in June 2012.
 - b. The contract (and consequent amendments, as appropriate) stipulates services to be performed, response time expectations, reimbursement rates, terms of contract, etc. (Appendix 5)
2. Billing (Appendix 8 – billing forms)
 - a. At the beginning of each month, the APS contract specialist sends a pre-bill and form 416 (cover page) to the Coordinator. The pre-bill is a list of clients for whom Caseworkers report having sent referrals in the preceding month. Only cases that have reached the end-point within that calendar month are billed.
 - b. The Coordinator verifies that the assessments listed on the pre-bill were done within the billing period (one month from time of referral) and then writes in the corresponding fee(s).
 - c. The Coordinator lists the names of other clients who were assessed but not included on the pre-bill on the Delivered Services Input supplemental form (Form 2016) and enters the appropriate information corresponding to each client.
 - d. The Coordinator completes Form 416 with the total number of assessments (from the pre-bill and Form 2016) and the Total Claimed Amount.
 - e. The Coordinator scans and emails all three billing forms (pre-bill, form 416, and form 2016 if needed) and scanned copies of the corresponding 2311 authorization forms to the APS contract manager. Originals of the billing forms are mailed to the APS contract manager and hard copies are retained in the TEAM office.
 - f. The Coordinator sends an email confirming the completion of the month's billing and the total amount billed to the Administrative Services Officer of the Division of Geriatric and Palliative Medicine, the Budget Analyst of the Department of Internal Medicine, the TEAM Associate Director of Clinical Administration and Education, and the Administrative Director of the Consortium on Aging.

Section 10: Documentation and Records

1. The Coordinator maintains records for each client referred to TEAM Institute for medical assessment:
 - a. A hard copy file with the billing authorization form (form 2311), referral, and routing form is kept in the TEAM Institute office.
 - b. An electronic folder for each client is kept on the shared drive of the Division of Geriatric and Palliative Medicine. The folder contains the referral form, clinician's report, and capacity assessment.

2. The Coordinator maintains a file of all billing records and logs in the TEAM Institute office.

Section 11: Orientation to TEAM Institute for APS Caseworkers

1. The purpose of orientation is to introduce APS Caseworkers to TEAM Institute.
2. Participants in orientation sessions include new APS Caseworkers, Caseworkers who have previously attended an orientation session and want a refresher, APS administrators, and TEAM Institute representatives.
3. Orientation sessions are scheduled annually. Additional sessions may be scheduled, as needed. Scheduling of orientation sessions is discussed during Steering Committee meetings.
4. The agenda typically consists of:
 - a. TEAM overview by APS administrators.
 - b. Nuts and bolts of making a TEAM referral by an APS representative.
 - c. TEAM's added value, i.e. the comprehensive geriatric assessment and capacity evaluation by the TEAM Institute director or administrator.
 - d. Case presentations (optional) by a TEAM representative.
5. The TEAM Institute Coordinator is responsible for:
 - a. Finalizing the agenda and notifying speakers. See sample agenda in Appendix xx.
 - b. Ordering breakfast and lunch. Official Function Forms must be prepared in advance of the scheduled orientation. One week prior to the orientation, the Coordinator will contact the APS Education Administrator to confirm the number of participants.
6. APS Administration is responsible for:
 - a. Reserving the space and notifying the TEAM Institute Coordinator.
 - b. Notifying APS Caseworkers of the date, location, and logistics.

Appendices

- Appendix 1: Organizational Chart
- Appendix 2: Routing Form and Checklist
- Appendix 3: Report template
- Appendix 4: Court documentation form
- Appendix 5: APS-UTHealth contract
- Appendix 6: TEAM Institute process flow chart