# Elder Maltreatment Screen and Follow-Up Plan

*This measure is to be reported at **each visit** during the reporting period for all patients aged 65 years and older.*

## Measure description

Percentage of patients age 65 years and older with documentation of a screen for elder maltreatment AND documented follow-up plan

## What will you need to report at each visit for each patient aged 65 years and older for this measure?

Whether or not you screened for elder maltreatment and documented[1] a follow up plan, if necessary.

- The screen includes a review of the following components[2]: 1) physical abuse, 2) emotional or psychological abuse, 3) neglect, 4) sexual abuse, 5) abandonment, 6) financial or material exploitation, 7) self-neglect, and 8) unwanted control.
- A follow up plan may include but is not limited to: documentation of a referral or discussion with other providers, ongoing monitoring or assessment, and/or a direct intervention

## What if this process or outcome of care is not appropriate for your patient?

There may be times when it is not appropriate to screen for elder maltreatment, due to:

- Documented reasons (eg, not an initial visit[3], patient refuses to participate, patient is in an urgent or emergent situation and to delay treatment would jeopardize the patient's health status).

In these cases, you will need to indicate that a documented reason applies, and specify the reason on the worksheet and in the medical chart. The office/billing staff will then report the G-code that represents these valid reasons (also called exclusions).

[1]Documented — Evidenced in the clinical record. Such evidence can include narrative notes, a formal screen and/or an assessment and treatment plan tool/form, copy of a documented plan or referral request for further evaluation, etc.

[2]Physical Abuse — Infliction of physical injury by punching, beating, kicking, biting, burning, shaking or other actions that result in harm. (Institute of Medicine, 2002)

Emotional or Psychological Abuse — Involves psychological abuse, verbal abuse, or mental injury and includes act or omissions by loved ones or caregivers that have caused or could cause serious behavioral, cognitive, emotional, or mental disorders.

Neglect — Involves attitudes of others or actions caused by others-such as family members, friends, or institutional caregivers-that have an extremely detrimental effect upon well-being. (Reyes-Ortiz 2001)

Active — Behavior that is willful, the caregiver intentionally withholds care or necessities. The neglect may be motivated by financial gain or reflect interpersonal conflicts. (NCPEA)

Passive — Situations where the caregiver is unable to fulfill his or her care giving responsibilities as a result of illness, disability, stress, ignorance, lack of maturity, or lack of resources. (NCPEA)

Sexual Abuse — Involves adults who are unable to fully comprehend and/or give informed consent in sexual activities that violate the taboos of society. (Institute of Medicine 2002)

Abandonment — Desertion of an elderly person by an individual who has assumed responsibility for providing care for an elder, or by a person with physical custody of an elder. (NCPEA)

Financial or Material Exploitation — Taking advantage of a person for monetary gain or profit. (Institute of Medicine 2002)

Self-Neglect — Self-imposed attitudes or actions that contribute to decline in the persons overall health and well being, may be associated with an inappropriate or nontraditional lifestyle. Other names used may include Diogenes syndrome (DS), aged reclusion, social breakdown, and squalor syndrome. (Reyes-Ortiz 2001)

Unwarranted Control — Controlling a person's ability to make choices about living situations, household finances, and medical care. (Institute of Medicine 2002)

[3]Excluding CPT or HCPCS Codes 96116, 97803, G0270 — the elder maltreatment screen and documented follow-up is required at every visit for these procedure codes.