

Department  
for Aging and  
Rehabilitative  
Services

State  
Fiscal  
Year  
2017

---

Adult Protective Services  
Division

Annual Report



**COMMONWEALTH OF VIRGINIA**  
**DEPARTMENT FOR AGING AND REHABILITATIVE SERVICES**

JAMES A. ROTHROCK  
Commissioner

8004 Franklin Farms Drive  
Henrico, VA 23229

Office (804) 662-7000  
Toll free (800) 552-5019  
TTY Toll free (800) 464-9950  
Fax (804) 662-9532

November 30, 2017

Dear Colleagues:

I am pleased to present the State Fiscal Year (SFY) 2017 Adult Protective Services (APS) Division Report from the Virginia Department for Aging and Rehabilitative Services (DARS). It was an interesting and eventful year for Virginia APS. Unfortunately, the trend from last year of a growing APS caseload continued in SFY 2017. Total APS reports rose 15.6% and substantiated APS reports increased by 12% this year. Substantiated cases of financial exploitation rose 20% compared to last year, further evidence of a growing problem for older adults and individuals with disabilities in Virginia.

Despite these statistics, I was gratified to see that some significant attention was paid at the federal level to the importance of protecting victims of adult abuse. The Administration on Community Living's National Adult Maltreatment Reporting System released the first report on Federal Fiscal Year 2016 APS data from 54 states and territories. Virginia participated in the 2016 submission and will continue to submit data moving forward. The information collected will help shine a light on the extent of the problem nationwide. Additionally, Senate Bill 178 was signed into law and will enhance efforts to prosecute perpetrators of adult abuse and make federal demonstration grants available to state court systems to assess guardianship proceedings and make necessary changes - critical issues for the adults we serve.

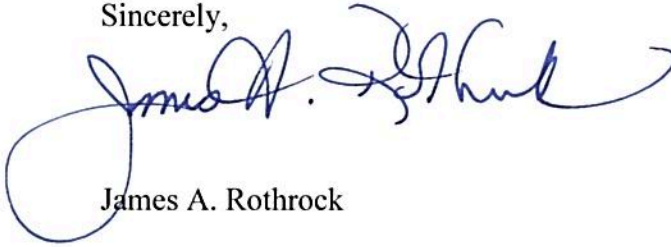
In the APS Division we welcomed Barb Pratt as the APS Training Coordinator. Barb has conducted several APS focused webinars for local staff which were very needed and have been well received. She is also updating some of the mandated courses for new APS workers. As a former local department APS supervisor and state APS trainer, Barb will undoubtedly be an asset to the Division.

At the local level, several LDSS are to be commended for collaborating with community partners to start or participate in elder abuse forensic centers, fatality review teams, or elder justice committees as a way to strengthen the response to adult abuse. I know that most APS and Adult Services workers are stretched thin which makes these commitments all the more remarkable. Also locally we are seeing the first Auxiliary Grant (AG) recipients transition from assisted living facilities to the relatively new supportive housing setting. Great news for individuals who wish to live a more independent life and we appreciate the efforts of AG eligibility workers who play key roles in these transitions!

We are in the process, as of this writing, of sharing important information on some of the above trends and activities with Governor-Elect Northam and are planning to strengthen our collaboration with Attorney General Herring. The accomplishments are stellar again this year, but the trend data demonstrates a need to redouble our efforts to serve and protect some of the most vulnerable Virginians - often neighbors, friends, and family members.

With best regards, I am,

Sincerely,

A handwritten signature in blue ink, appearing to read "James A. Rothrock". The signature is fluid and cursive, with a large initial "J" and a long, sweeping underline.

James A. Rothrock

JAR/pm

# Table of Contents

<b>THE APS DIVISION AT THE DEPARTMENT FOR AGING AND REHABILITATIVE SERVICES .....</b>	<b>2</b>
<b>The ASAPS Case Management System and Case Type Statistics.....</b>	<b>3</b>
Table 1-Statewide Caseload SFY 2013-2017: All Case Types.....	4
Table 2-Statewide Average Monthly Caseload .....	5
<b>Service Provision and Expenditures .....</b>	<b>5</b>
Table 3-Number of Adults Receiving Home-Based Services.....	6
Table 4-Services by Type and Number .....	8
Table 5-AS and APS Expenditures.....	9
Table 6-Five-Year Comparison of Expenditures .....	9
<b>Home-based Services and AFC Appeals.....</b>	<b>10</b>
Table 7- Home-based Services Appeals .....	10
<b>ADULT PROTECTIVE SERVICES PROGRAM .....</b>	<b>11</b>
Table 8-Source of APS Reports.....	13
<b>APS Reports and Investigations.....</b>	<b>14</b>
Table 9-Three-Year Comparison of APS Reports .....	15
Table 10-State and Regional APS Reports Statistics.....	17
Table 11-Statewide Demographics of Substantiated APS Reports.....	18
Table 12-Types of Abuse: Statewide Substantiated Reports .....	19
Table 13-Types of Abuse: Substantiated Reports by Region .....	20
Table 14-APS Hotline Reports .....	22
Table 15-APS Reports by Locality .....	23
Statistical Trends: Adult Services and Adult Protective Services in Virginia .....	25
<b>AUXILIARY GRANT PROGRAM.....</b>	<b>26</b>
Table 16-Auxiliary Grant Rates.....	27
Table 17-Auxiliary Grant Expenditures and Monthly Case Count.....	28
Table 18-Auxiliary Grant Recipients' Demographics .....	29
<b>APPENDICES.....</b>	<b>30</b>
APPENDIX A: Indicators of Adult Abuse, Neglect or Exploitation .....	31
APPENDIX B: Adult Protective Services Division Contacts.....	33
APPENDIX C: Adult Services Regional Assignments .....	34
APPENDIX D: Resources .....	35

# The APS Division at the Department for Aging and Rehabilitative Services

*“The Department for Aging and Rehabilitative Services, in collaboration with community partners, provides and advocates for resources and services to improve the employment, quality of life, security, and independence of older Virginians, Virginians with disabilities, and their families.”*

The Department for Aging and Rehabilitative Services (DARS) is home to several divisions and programs that provide essential services to older adults and individuals with disabilities. Programs include the Office of the State Long-term Care Ombudsman, the Virginia Public Guardianship Program, Brain Injury Services Coordination and the Personal Assistance Services Program. DARS is also the lead agency in Virginia in addressing the employment needs of individuals with disabilities. Vocational Rehabilitation services and the Wilson Workforce Rehabilitation Center have helped individuals with physical, cognitive, and developmental disabilities become successfully employed.

In July 2013, pursuant to a change in state law, the Adult Protective Services (APS) Division relocated from the Department of Social Services (DSS) to DARS. The relocation only affected Division staff as the service delivery system for APS Division programs remained with 119 local departments of social services (LDSS).

The DARS Commissioner, who is appointed by the Governor, oversees the Division at the state level. The Division Director, the Auxiliary Grant (AG) Program Manager, AG Program Consultant and the Division’s Administrative Assistant are located in Richmond.

Five regional APS consultants are located in Abingdon, Henrico, Roanoke, Norfolk, and Warrenton. The regional consultants act as program liaisons to local Adult Services (AS) and APS staff. Home office staff are identified in [Appendix B](#) and regional consultants and the LDSS they serve are identified in [Appendix C](#).

The APS Division supervises the provision of three, locally delivered programs: **Adult Services, APS** and **AG** Programs. These programs provide protection, empowerment, and the opportunity for independence for adults. APS Division staff develops policies, procedures, regulations, training, and standards for the three program areas and are responsible for the monitoring and evaluation of those programs. The Commissioner and Richmond staff serves as liaisons to federal and state legislative and executive agencies and to local boards of social services. The Richmond staff, in collaboration with DSS, allocates and manages program funding for LDSS.

## The ASAPS Case Management System and Case Type Statistics

The ASAPS automated case management and reporting system is the system of record for AS and APS cases. The majority of information in this report is derived from data entered into ASAPS by LDSS workers. Statistical data for this report covers state fiscal year (SFY) 2017 which began July 1, 2016 and ended June 30, 2017.

AS or APS workers use case types to identify the primary services or activity performed in a particular case.

- **APS:** The APS report has been investigated and the disposition is “Needs Protective Services and Accepts.” Protective services are being provided but not home-based care services. Contacts must be made at least monthly with the individual or collateral (relative, personal representative, etc.).
- **APS-Home Based Care:** The APS report has been investigated and the disposition is “Needs Protective Services and Accepts.” Home-based care (companion, chore, and homemaker) is the primary protective services being provided. Contacts must be made at least monthly with the adult or collateral.
- **APS Investigation:** An APS report is being investigated but no disposition has been made. Once a disposition is made, either the case type is changed and the case remains open, or the case is closed.
- **AS:** Intervention is primarily needed to maintain and monitor on-going services to promote self-sufficiency and enhance functioning of the adult. Contact with the individual or collateral must be made at least quarterly.
- **AS-Home Based Care:** Intervention is primarily needed to maintain and monitor on-going services to promote self-sufficiency and enhance functioning of the adult. Home-based care (companion, chore, and homemaker) is the primary service being provided. Contact with the adult or collateral must be made at least quarterly.
- **AS-Intensive Services:** Intervention may be intensive and require many resources in an effort to stabilize the individual’s situation. Frequent and planned contacts with the adult or collateral are documented in the service plan. Contacts must be made at least monthly with the adult or collateral.
- **AS-Intensive Services-Home Based Care:** Intervention may be intensive and require many resources in an effort to stabilize the individual’s situation. Frequent and planned contacts with the adult or collateral are documented in the service plan. Home-based care (companion, chore, and homemaker) is the primary service being provided. Contacts must be made at least monthly with the adult or collateral.



- **Assisted Living Facility (ALF) Reassessment:** The primary service being provided is the annual reassessment to maintain an adult’s eligibility for AG.
- **Guardian Report:** The primary service being provided is the receipt and review of the Annual Report of the Guardian as required by the Code of Virginia, § [64.2-2020](#).

Tables 1 and 2 provide statewide caseload information by each case type.

**Table 1-Statewide Caseload SFY 2013-2017: All Case Types**

SFY ‘13-‘17 Total Caseload <sup>1</sup>										
SFY	APS	APS-Home Based Care	APS Investigation	AS	AS-Home Based Care	AS-Intensive Services	AS-Intensive Services-Home Based Care	ALF Reassessment	Guardian Report	Total
2017	4,661	132	16,718	18,544	3,419	2,777	252	2,569	12,041	61,113
2016	4,519	156	15,479	20,604	3,745	2,288	240	2,675	11,070	60,776
2015	4,353	131	14,552	20,128	3,619	1,817	243	2,667	10,356	57,866
2014	4,949	151	13,683	18,622	3,648	2,068	248	2,831	9,682	55,882
2013	4,864	166	13,193	17,260	4,137	2,002	393	3,058	9,100	54,158

Table 1 shows caseload counts for each case type from SFY 2013 to SFY 2017. The following information highlights some case trends:

- Guardian Report cases have increased **32.3%** since SFY 2013.
- On-going APS cases increased **3.1%** from the previous SFY.
- AS and AS Intensive Services cases (combined) have increased **10.6%** since SFY 2013.
- Home-based services case types (combined) decreased **8%** from the previous SFY. See **Table 3** for additional information about home-based care cases.

<sup>1</sup> Source: ASAPS.

**Table 2-Statewide Average Monthly Caseload**

<b>SFY 2017 Average Monthly Caseload<sup>2</sup></b>	
<b>Case Type</b>	<b>Average Monthly Caseload</b>
<b>APS</b>	1,772
<b>APS-Home Based Care</b>	83
<b>APS Investigation</b>	5,461
<b>AS</b>	6,192
<b>AS-Home Based Care</b>	2,322
<b>AS-Intensive Services</b>	967
<b>AS- Intensive Services Home Based Care</b>	196
<b>ALF Reassessment</b>	2,131
<b>Guardian Report</b>	10,524
<b>All Cases Types</b>	<b>29,646</b>

## **Service Provision and Expenditures**

**Adult Services (AS)** provides assistance to adults with an impairment<sup>3</sup> and to their families when appropriate. Services are designed to help adults remain in the least restrictive environment of their choosing -- preferably their own home -- for as long as possible. Adequate home-based services and case management decrease or delay the need for institutional placement, reduce costs, and ensure appropriate support services.

### **Assessment and Case Management**

LDSS provide a statewide system of services and provide needs assessment and case management services. LDSS are the focal point for delivery of services through eligibility determination and needs assessment. Assessment is an integral part of case management and includes an assessment of both individual and family needs and wishes. LDSS workers use the Virginia Uniform Assessment Instrument (UAI) to assess an individual's strengths and identify unmet needs.

<sup>2</sup> Source: ASAPS.

<sup>3</sup> Adult with an impairment means an adult whose physical or mental capacity is diminished to the extent that he needs counseling or supervisory assistance or assistance with activities of daily living or instrumental activities of daily living (§51.5-144 of the Code of Virginia).



## Home-Based Services

Each LDSS is mandated to offer at least one home-based service to eligible adults to the extent that federal and state matching funds are available. LDSS may recruit and approve home-based providers using uniform provider standards or contract with licensed home health and other service delivery agencies.

Home-based care consists of three primary services:

- **Companion** services include as activities of daily living such as eating, dressing, bathing, toileting, light housekeeping, meal preparation, and shopping.
- **Homemaker** services include instruction in or the provision of activities to maintain a household and may include personal care, home management, household maintenance, nutrition, and consumer and health care education.
- **Chore** services are non-routine, heavy home maintenance tasks that may include window washing, floor maintenance, yard maintenance, painting, chopping wood, snow removal, and minor repair work in the home.

In Virginia, funding for home-based care services is through the Social Service Block Grant (SSBG), which is divided among many other state programs. Funding for home-based care has not increased in several years. Many localities have been forced to reduce home-based services or service hours for their clients in order to stretch limited resources or seek other types of long-term care assistance for them.

**Table 3-Number of Adults Receiving Home-Based Services**

Home-Based Services (HBS) SFY 2013-2017					
	2013	2014	2015	2016	2017
<b>Number of HBS Case Types</b>	4,696	4,047	3,993	4,141	3,803

## Long-term Services and Supports Screenings

The Code of Virginia (§ [32.1-330](#)) requires that all individuals who may be eligible for community or institutional long-term care services, and who are eligible for Medicaid or will be eligible for Medicaid within six months, to be screened to determine their need for these services. The LDSS worker, in cooperation with local health department nurses, are responsible for performing screenings for long-term care services and supports for individuals residing in the community. Services that an individual may request include CCC Plus waiver<sup>4</sup>, nursing facility placement or Program for the All-Inclusive Care for the Elderly (PACE). LDSS conducted about **17,000** screenings in SFY 2017, roughly the same number in SFY 2016. More than **15,000** of these screenings were for adults and almost 2,000 were for children.

<sup>4</sup> The CCC Plus waiver includes the Tech and Elderly and Disabled with Consumer Direction waivers.

## **Assisted Living Facility (ALF) Assessment and Reassessments**

Individuals applying for or receiving AG must be assessed annually or whenever they experience a significant change using the UAI in order to ensure the appropriate level of care is being provided. Employees of the following agencies are authorized to complete initial assessments for individuals apply for or receiving AG:

- Local departments of social services
- Area agencies on aging
- Centers for independent living
- Community services boards/Behavioral health authorities
- Local departments of health
- Department of Corrections, Community Release Units
- Acute care hospitals

With the exception of staff at acute care hospitals and the Department of Corrections, qualified assessors with the above-named agencies may also conduct reassessments. When qualified assessors from these agencies are unavailable, LDSS workers are the assessors of last resort.

## **Adult Foster Care (AFC) Services**

AG recipients may also have the option to reside in an AFC home. AFC provides room and board, supervision and special services to an adult who has a physical, intellectual, or mental health condition. The AFC is an optional program and not all LDSS offer it. An AFC Program must be authorized by the board of the local department of social services. AFC homes must be approved by the LDSS and approved providers may accept no more than three AFC residents. All placements must be authorized by the LDSS worker. Regular monitoring of the provider, the home and the individual residing in the home is required.

## **Adult Day Services**

LDSS may use home-based care funding to purchase adult day services for an eligible adult from a provider approved by the LDSS or a licensed adult day care facility. Adult day services provide personal supervision of the adult and promote social, physical, and emotional well-being through companionship, self-education and leisure activities. Eligible persons must meet state and local board guidelines and be assessed using the UAI. In SFY 2017, adult day services were arranged in **43 cases**.

## **Guardianship Reports**

All individuals who have been appointed as guardians by Virginia courts are required to submit the “Annual Report of Guardian for an Incapacitated Person,” along with a \$5.00 filing fee, to the LDSS in the jurisdiction in which the incapacitated adult resides.

Section [64.2-2020](#) of the Code of Virginia requires the guardian report fee to be used by the LDSS to provide protective services to adults.

The LDSS worker reviews the report for completeness and to determine if the content of the report indicates any safety or welfare concerns about the adult. If there is no reason to indicate the adult is being abused, neglected, or exploited or is at risk of abuse, neglect or exploitation, the worker submits the report to the clerk of the court that appointed the guardian. If the LDSS worker suspects that the adult is being abused or at risk of abuse the worker initiates an APS investigation. LDSS workers were responsible for reviewing annual guardian reports in **12,000** cases in SFY 2017.

### Other Services to Support Adults

In addition to home-based services, PAS, AFC, adult day services and ALF assessments, LDSS workers offer or arrange a variety of other assistance and support for their adult clients. **Table 4** lists these services by type and number.

**Table 4-Services by Type and Number**

SFY 2017 Services by Type and Number <sup>5</sup>	
Type of Service	Number of Cases with Service
Advocacy	1210
Case Management	4539
Counseling (Individual)	533
Emergency Assistance	583
Emergency Shelter	54
Financial Management/Counseling	653
Food Assistance	359
Home Delivered Meals	409
Home Repairs	263
Housing Services	539
Legal Services	618
Medical Services	856
Nutritional Supplement	140
Monitoring-LDSS	1767
Transportation Services	480

<sup>5</sup> Source: ASAPS service plan

**Table 5-AS and APS Expenditures**

<b>SFY 2017 Adult Services and APS Program Expenditures<sup>6</sup></b>					
<b>Services</b>	<b>Federal &amp; State</b>	<b>Local</b>	<b>Non-reimbursed local</b>	<b>Total Expenditures</b>	<b>% of Total Expenditures</b>
<b>Companion</b>	\$4,037,541	\$1,009,385	\$3,342,772	\$8,389,698	85%
<b>Chore</b>	\$257,291	\$64,323	\$26,213	\$347,827	4%
<b>Homemaker</b>	\$42,021	\$10,505	\$0	\$52,526	<1%
<b>Adult Day Services</b>	\$14,668	\$3,667	\$0	\$18,335	<1%
<b>Guardianship</b>	\$12,281	\$3,070	\$0	\$15,351	<1%
<b>Prevention</b>	\$43,242	\$10,811	\$150	\$54,203	<1%
<b>APS</b>	\$698,934	\$128,205	\$146,018	\$973,157	10%
<b>Total</b>	<b>\$5,105,977</b>	<b>\$1,229,966</b>	<b>\$3,515,153</b>	<b>\$9,851,095</b>	<b>100%</b>

**Table 6-Five-Year Comparison of Expenditures**

<b>5-Year Expenditures</b>				
<b>SFY</b>	<b>Federal &amp; State</b>	<b>Local</b>	<b>Non-reimbursed Local</b>	<b>Total Expenditures</b>
<b>2017</b>	<b>\$5,105,977</b>	<b>\$1,229,966</b>	<b>\$3,515,153</b>	<b>\$9,851,095</b>
<b>2016</b>	\$5,244,066	\$1,261,320	\$3,193,379	\$9,698,765
<b>2015</b>	\$4,803,338	\$1,152,093	\$3,404,452	\$9,359,883
<b>2014</b>	\$4,735,830	\$1,136,584	\$3,641,132	\$9,513,546
<b>2013</b>	\$4,973,434	\$1,194,254	\$3,700,227	\$9,867,915

<sup>6</sup> Source: LASER

## Home-based Services and AFC Appeals

The DARS Commissioner is responsible for hearing home-based and adult foster care services appeals, pursuant to § 51.5-147 of the Code of Virginia. **Table 7** provides information about SFY 2017 appeals. Most of the appeals DARS received were deemed invalid as they did not pertain to local departments' actions on home-based services or adult foster care cases. Most of the appeals DARS received were in response to denials of Medicaid funded home-based services. When this type of appeal was submitted to DARS, the constituent was informed of the error and redirected to file the appeal with the Department of Medical Assistance Services (DMAS) Appeals Unit.

**Table 7- Home-based Services Appeals**

<b>Appeals Received</b>	29
<b>Valid Appeals Received</b>	2
<b>Hearings Scheduled</b>	2

# Adult Protective Services Program

APS includes the receipt and investigation of reports of abuse, neglect, or exploitation and the provision of services to stop or prevent further abuse. Protective services also include assessing service needs, determining whether the adult is in need of protective services, documenting the need for protective services, specifying what services are needed, and providing or arranging for service delivery.

Because there is no federal statute or funding directly related to the delivery of APS, each state has developed its own system for service delivery. State APS programs differ by the populations served, locations in which investigations are conducted, report response times, and post-investigation service delivery responsibilities. APS workers are typically the first responders to reports of adult abuse, neglect, and exploitation, though response mandates differ. In all states, APS programs conduct investigations in community settings, such as the adult's own home, while fewer than 50% are responsible for investigations in nursing facilities or state facilities for individuals with mental illness or developmental disabilities. In some states, local ombudsmen or other state program staff members are responsible for conducting APS investigations in facility settings.

Though there is no federal oversight, federal agencies have taken an interest in the issue of elder and adult abuse. In October 2014, Administration for Community Living (ACL) reorganized, renaming the Office of Elder Rights as the Office of Elder Justice and Adult Protective Services. This change reflected the fact that many state APS programs serve not only older adults but also individuals with disabilities. Though ACL does not provide any federal oversight of state APS programs, the importance of APS data collection in order to better paint the picture of APS across the nation, has been a major focus of ACL. ACL developed the National Adult Maltreatment Reporting System (NAMRS), a database system to collect and organize APS data submitted by each state. Though submission is voluntary, most states submitted NAMRS data in early 2017. Virginia was one of the states to submit data. The first NAMRS report is available at: [https://www.acl.gov/sites/default/files/programs/2017-08/NAMRS2017\\_Report\\_Release-1.pdf](https://www.acl.gov/sites/default/files/programs/2017-08/NAMRS2017_Report_Release-1.pdf).

## Legislative changes in 2017

During the 2017 Session of the Virginia General Assembly, two laws passed that affected APS. Senate Bill (SB) 1462, sponsored by Senator Jeremy McPike amended §63.2-1605 of the Code of Virginia. SB 1462 removed the existing \$50,000 threshold which prompted APS to report suspected adult financial exploitation to local law enforcement. Beginning July 1, 2017, LDSS and the APS hotline staff were required to refer all suspected adult financial exploitation reports, regardless of the amount of the loss, to law enforcement officials.

House Bill (HB) 1945, sponsored by Delegate Chris Peace, strengthened the definition of adult exploitation in §63.2-100 of the Code of Virginia. Amended language clarified that both incapacitated adults and older adults could be victims of exploitation. Additionally,

the definition added terms such as “unauthorized” and “improper” to describe possible exploitative acts. Previously these acts had to be “illegal” to meet the definition of adult exploitation. HB 1945 also identified the methods that perpetrators may employ to exploit vulnerable adults including “coercion, duress, or undue influence.”

## **Mandated Reporting in Virginia**

In Virginia an APS report is an allegation that an adult age 60 or older or an incapacitated person age 18 to 59 is being abused, neglected, or exploited. Reports are made to the appropriate LDSS or to the 24-hour toll-free APS Hotline (**1-888-832-3858**)

Virginia’s mandatory reporting law (§ [63.2-1606](#) of the Code of Virginia) identifies professionals or individuals performing certain job functions, who are required to report suspected adult abuse, neglect, or exploitation to LDSS or to the 24 hour toll-free APS hotline immediately. These individuals, also known as mandated reporters, may face a civil penalty of up to \$1,000 for failure to report. Anyone who makes an APS report in good faith are protected from civil or criminal liability.

Mandated reporters include the following persons acting in their professional capacity:

- Any person licensed, certified, or registered by health regulatory boards listed in § [54.1-2503](#) with the exception veterinarians;
- Any mental health services provider;
- Any emergency medical services personnel certified by the Board of Health pursuant to § 32.1-111.5, personnel immediately reports the suspected abuse, neglect or exploitation directly to the attending physician at the hospital to which the adult is transported, who shall make such report forthwith;
- Any guardian or conservator of an adult;
- Any person employed by or contracted with a public or private agency or facility and working with adults in an administrative, supportive or direct care capacity;
- Any person providing full, intermittent, or occasional care to an adult for compensation, including but not limited to companion, chore, homemaker, and personal care workers; and
- Any law-enforcement officer.

**Table 8** lists individuals who reported adult abuse, neglect, or exploitation in SFY 2017. Occupations or professionals in blue represent mandated reporters. Some reporters make anonymous reports and do not identify their occupation or their relationship to the subject of the report.



**Table 8-Source of APS Reports**

SFY 2017 Reporter Type	# of Reports
Relative (includes ex-wife/ex-husband)	3,016
Social Worker	2,751
Other	2,622
Nurse	1,836
Financial Institution	1,747
Law Enforcement Officer	1,645
Nursing Home Administrator/NH Staff	1,426
Hospital Staff	1,210
Self	1,109
Friend/Neighbor	996
Home Health Provider	783
EMS Personnel/Fire Department	762
CSB Staff	618
Mental Health Provider/Psychologist/Counselor/Psychiatrist	592
ALF Staff	539
Physician/Primary Physician/Physician Assistant	406
Agency Provider-Home Based Care/EDCD/Personal Care Provider	387
DBHDS Staff	315
Virginia Department of Social Services Staff	312
Family Services Specialist <sup>7</sup>	259
Area Agency on Aging Staff	176
Group Home Staff	159
Other Healthcare Professionals(PT/OT/RT/SLP)	122
Adult Day Care Staff	106
Hospice	104
Guardian/Conservator	94
Power of Attorney	89
Shelter Staff	63
Workshop Staff	56
Attorney	55
Certified Nursing Assistant (CNA)	50
Transportation Provider <sup>8</sup>	38
Clergy	35
Public Housing Staff	31
Domestic Violence Program Staff	24
Health Department Staff/Public Health Nurse	23
Division for Aging Staff	12
Long-term Care Ombudsmen	8
Pharmacist/Pharmacy Staff	5
Dentist/Dental Office Staff	2
<b>Total</b>	<b>24,583</b>

<sup>7</sup> Family services specialist (FSS) includes LDSS AS and APS workers.

<sup>8</sup> Mandated reporter if employed by services organization or receiving Medicaid reimbursement.

## APS Reports and Investigations

Every APS report must meet certain criteria in order for it to be deemed a “valid” report. The term “valid” does not refer to accuracy of the report but to specific elements that must be present to establish APS authority and jurisdiction:

- The adult must be at least 60 years or older or age 18 to 59 and incapacitated;
- The adult must be living and identifiable;
- Circumstances must allege abuse, neglect, or exploitation; and
- The local department must be the agency of jurisdiction.

If APS validity criteria are not met, the local department or APS Hotline may refer the reporter to other LDSS programs or an appropriate human service agency or other service provider. The following provides definitions and indicators of adult abuse, neglect, and exploitation. Some common signs of adult abuse, neglect, or exploitation are also found in [Appendix A](#).

**Adult Abuse** is defined by the Code of Virginia, (§ [63.2-100](#)), as “the willful infliction of physical pain, injury or mental anguish or unreasonable confinement of an adult as defined in § 63.2-1603.” Abuse includes battery and other forms of physical violence including, hitting, kicking, burning, choking, scratching, rough-handling, cutting, and biting, etc. It includes sexual assault, inflicting pornography, voyeurism, exhibitionism, and other forms of forced sexual activity on older adult or an incapacitated person. It includes any sexual activity with an adult who is unable to understand or give consent, the control of an adult through the use of threats or intimidation, and the abuse of a relationship of trust.

**Adult Neglect** is defined by the Code of Virginia, (§ 63.2-100), as “an adult as defined in § 63.2-1603 is living under such circumstances that he is not able to provide for himself or is not being provided services necessary to maintain his physical and mental health and that the failure to receive such necessary services impairs or threatens to impair his well-being. However, no adult shall be considered neglected solely on the basis that such adult is receiving religious nonmedical treatment or religious nonmedical nursing care in lieu of medical care, provided that such treatment or care is performed in good faith and in accordance with the religious practices of the adult and there is a written or oral expression of consent by that adult.” This definition includes both adults who are self-neglecting, living under such circumstances that the adult is unable to provide for himself/herself as well as adults whose needs for physical or mental health services are not being met by a caregiver or responsible party.

Indicators of neglect include malnourishment, dehydration, the presence of pressure sores, inadequate personal hygiene, inadequate or inappropriate clothing, inadequate or inappropriate supervision, extreme filth of person or home, severe pest/rodent infestation, offensive odors, inadequate heat, lack of electricity or refrigeration, and untreated physical or mental health problems.

**Adult Exploitation** is defined by the Code of Virginia, (§ 63.2-100), as the illegal, unauthorized, improper, or fraudulent use of an adult as defined in § 63.2-1603 or his funds, property, benefits, resources, or other assets for another's profit, benefit, or advantage, including a caregiver or person serving in a fiduciary capacity, or that deprives the adult of his rightful use of or access to such funds, property, benefits, resources, or other assets. "Adult exploitation" includes (i) an intentional breach of a fiduciary obligation to an adult to his detriment or an intentional failure to use the financial resources of an adult in a manner that results in neglect of such adult; (ii) the acquisition, possession, or control of an adult's financial resources or property through the use of undue influence, coercion, or duress; and (iii) forcing or coercing an adult to pay for goods or services or perform services against his will for another's profit, benefit, or advantage if the adult did not agree, or was tricked, misled, or defrauded into agreeing, to pay for such goods or services or to perform such services.

**Table 9** identifies three-year trends for APS reports. Total APS reports increased dramatically (**15.6%**) from SFY 2016 to 2017 compared to the previous year's growth of just **3.4%**. Substantiated reports increased **5.7%** from SFY 2015 to 2016 but more than doubled that increase (**12%**) from 2016 to 2017.

**Table 9-Three-Year Comparison of APS Reports**

<b>THREE YEAR COMPARISON OF APS REPORTS</b>			
	<b>2015</b>	<b>2016</b>	<b>2017</b>
Total Reports Received	22,658	23,432	27,105
Reports Investigated <sup>9</sup>	17,625	17,764	19,913
Total Reports Substantiated <sup>10</sup>	9,224	9,755	10,920
Unfounded	8,401	8,009	8,993
Pending <sup>11</sup>	110	41	63
Invalid <sup>12</sup>	4,923	5,627	7,129
<i>Percent of Reports Substantiated</i>	<i>52%</i>	<i>55%</i>	<i>55%</i>
<b>DISPOSITIONS OF SUBSTANTIATED REPORTS</b>			
Needs and Accepts Services	4,171	4,416	4,685
Needs and Refuses Services	1,749	1,834	2,096
Need No Longer Exists	3,304	3,505	4,139

<sup>9</sup> Investigated reports include substantiated and unfounded reports.

<sup>10</sup> A substantiated report is defined as a completed investigation with a disposition that the adult needs protective services.

<sup>11</sup> Pending reports include reports undergoing investigation.

<sup>12</sup> Information on invalid reports was not available prior to the implementation of the ASAPS program.

Invalid (reports not meeting validity criteria) includes reports that are invalidated at the time they are made as well as investigated reports that receive a disposition of "invalid."

## **Dispositions**

APS Investigations result in one of the following dispositions:

- **NEEDS PROTECTIVE SERVICES AND ACCEPTS**

An adult is found to need protective services when a preponderance of evidence shows that adult abuse, neglect, or exploitation has occurred or is occurring, or there is reason to suspect that the adult is at risk of abuse, neglect, or exploitation and needs protective services in order to reduce that risk. This disposition is assigned when the adult needing protective services accepts the needed services, or the adult needing protective services is not capable of making a decision to accept needed services. In cases where the adult is not capable of making a decision, the APS social worker petitions the court for the provision of involuntary protective services.

- **NEEDS PROTECTIVE SERVICES AND REFUSES**

An adult is found to need protective services when a preponderance of evidence shows that adult abuse, neglect, or exploitation has occurred or is occurring or there is reason to suspect that the adult is at risk of abuse, neglect, and/or exploitation and needs protective services in order to reduce that risk. This disposition is determined when the adult is capable of making a decision about needed services and his/her decision is to refuse services.

- **NEED FOR PROTECTIVE SERVICES NO LONGER EXISTS**

This disposition is determined when there is a preponderance of evidence that adult abuse, neglect, or exploitation has occurred but the adult is no longer at risk. This disposition is also used if the adult, who is the subject of the report, dies during the course of the investigation. If this finding is made in an institutional setting, a referral is made to the appropriate regulatory or legal authority for follow-up as necessary.

- **UNFOUNDED**

This disposition is determined when a review of the facts does not show a preponderance of evidence that abuse, neglect, or exploitation has occurred or that the adult is at risk of abuse, neglect, or exploitation.

- **INVALID**

This disposition is determined when, after an investigation has been initiated, the report is found not to meet the criteria of a valid report.

**Table 10** reflects demographics of the APS report subjects. Seventy-four percent of the adults were age 60 or older. Just over **440** of these individuals were age 96 or older. Over **950** adults were 18-25 years of age.

**Table 10-State and Regional APS Reports Statistics**

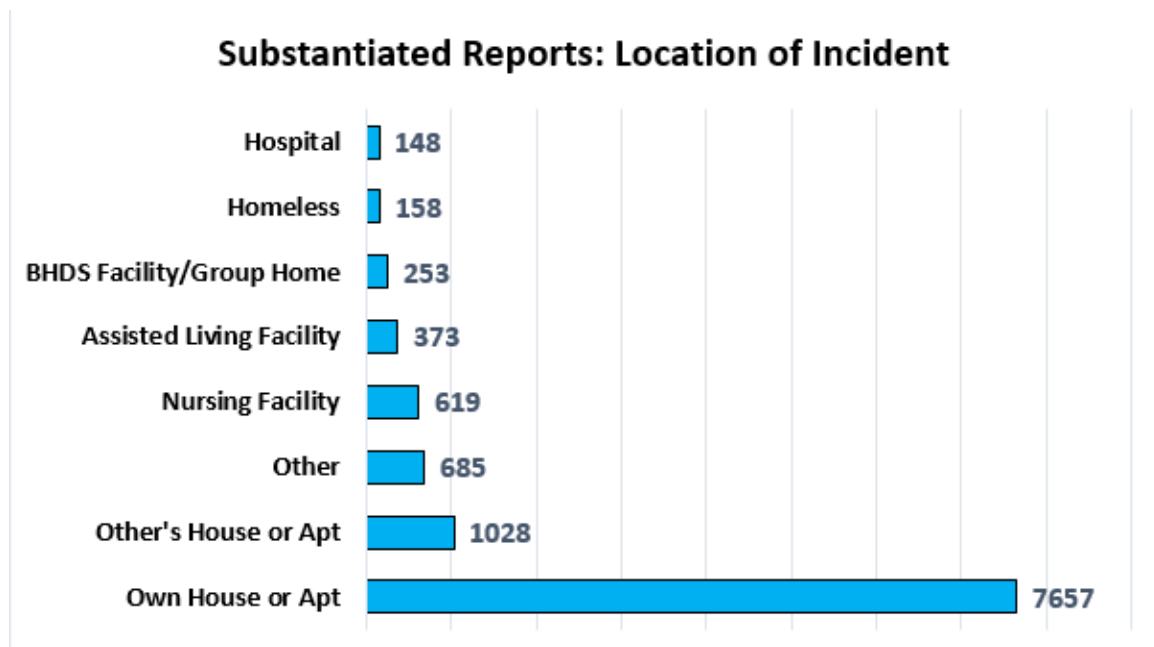
<b>SFY 2017 Regional Demographics of Report Subjects</b>						
	<b>CENTRAL</b>	<b>EASTERN</b>	<b>NORTHERN</b>	<b>PIEDMONT</b>	<b>WESTERN</b>	<b>STATE TOTAL</b>
Reports Received	<b>4,105</b>	<b>6,598</b>	<b>5,958</b>	<b>7,365</b>	<b>3,079</b>	<b>27,105</b>
% Substantiated	49%	53%	52%	59%	60%	<b>55%</b>
<b>Demographics of Report Subject</b>						
60+	74%	74%	76%	73%	72%	<b>74%</b>
18-59	26%	26%	24%	27%	28%	<b>26%</b>
Female	60%	61%	61%	60%	62%	<b>61%</b>
Male	40%	38%	39%	40%	38%	<b>39%</b>
White	51%	55%	69%	73%	93%	<b>67%</b>
Black	34%	35%	14%	18%	3%	<b>22%</b>
Unknown	13%	9%	13%	9%	4%	<b>10%</b>
Other <sup>13</sup>	1%	1%	4%	0%	0%	<b>2%</b>
<b>Location of Incident</b>						
Own Home/Apt	60%	58%	63%	62%	71%	<b>62%</b>
Other's Home/Apt	11%	10%	10%	8%	10%	<b>10%</b>
Nursing Facility	9%	10%	7%	14%	6%	<b>10%</b>
Assisted Living Facility	6%	6%	5%	4%	4%	<b>5%</b>
Other	8%	9%	8%	5%	4%	<b>7%</b>
BHDS Facility	4%	5%	3%	3%	2%	<b>3%</b>
Hospital	1%	1%	2%	1%	2%	<b>2%</b>
Homeless	1%	1%	1%	1%	1%	<b>1%</b>

<sup>13</sup> Includes Asian, American Indian, & Alaskan Native

**Table 11-Statewide Demographics of Substantiated APS Reports**

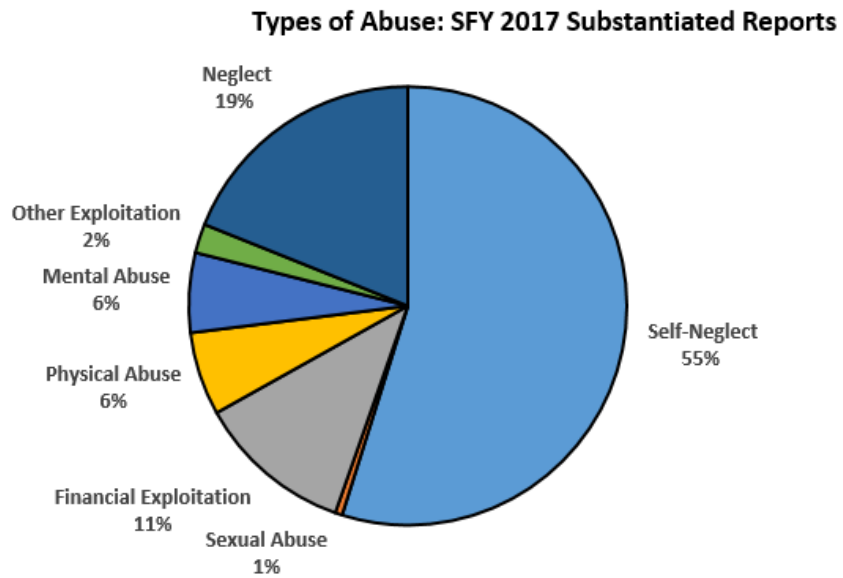
<b>SFY 2017: Demographics of Subjects of Substantiated Reports</b>		
<b>TOTAL SUBSTANTIATED REPORTS</b>		<b>10,920</b>
<b>AGE</b>	60 years or older	77%
	18-59	23%
<b>SEX</b>	Female	60%
	Male	40%
	Unknown	0%
<b>RACE</b>	White	71%
	African American	21%
	Unknown	6%
	Other	2%

The adult’s own home or apartment was the most common location of abuse, neglect or exploitation in substantiated APS reports. The following graph also depicts the other locations of abuse in substantiated reports. “Other” includes senior center, shelter, adult foster care, adult day care, jail, sheltered workshop and other undefined location of the incident.



**Table 12-Types of Abuse: Statewide Substantiated Reports**

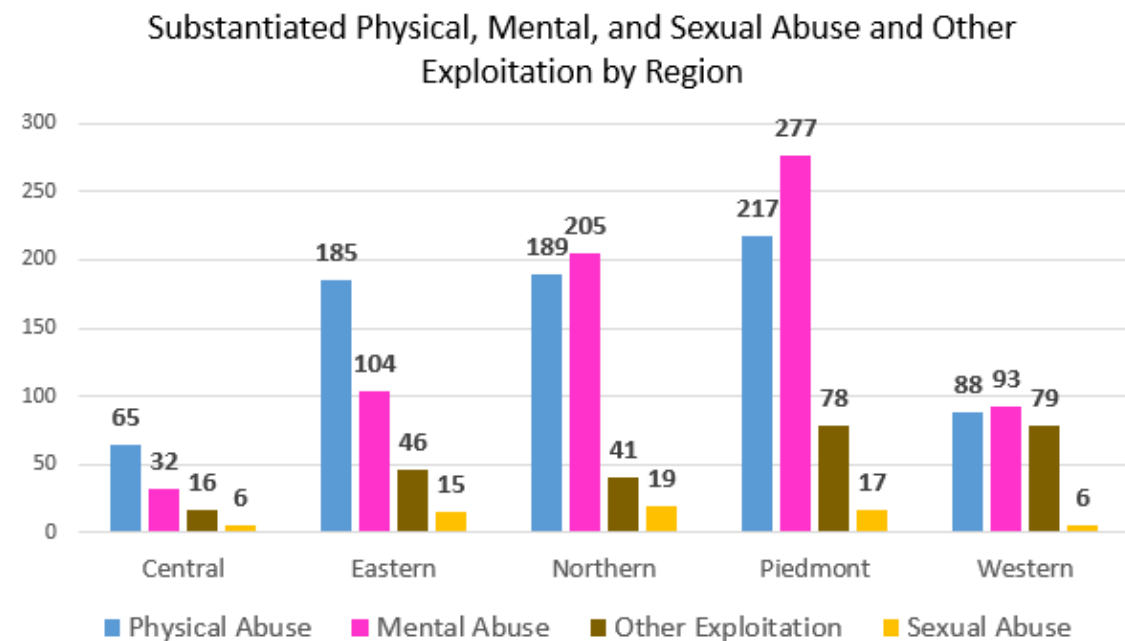
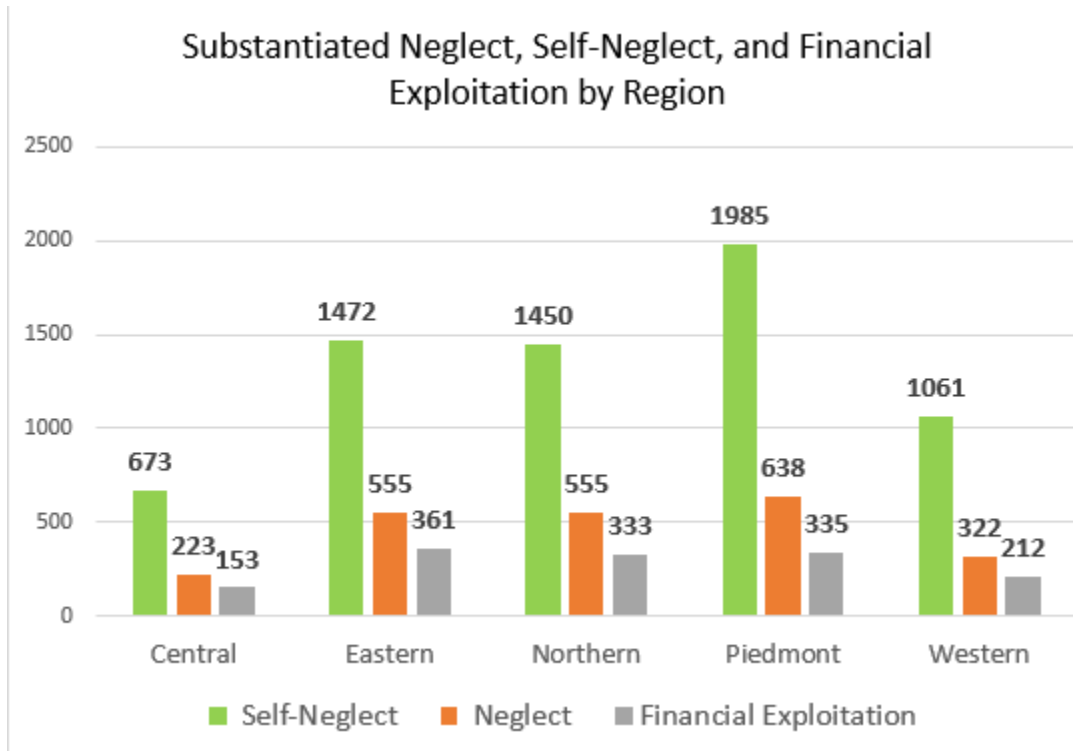
Abuse Type—SFY 2017 Substantiated Reports	#
Self-Neglect	6,641
Neglect	2,293
Financial Exploitation	1,394
Physical Abuse	744
Mental Abuse	711
Other Exploitation	260
Sexual Abuse	63
<b>Total</b>	<b>12,106<sup>14</sup></b>



<sup>14</sup> The total number of types of abuse is greater than the substantiated case total as cases may contain more than 1 type of abuse



**Table 13-Types of Abuse: Substantiated Reports by Region**



During the course of an APS investigation or during service provision, LDSS workers may find it necessary to initiate certain legal actions in order to stop the abuse, neglect or exploitation or prevent further maltreatment from occurring. In SFY 2017 LDSS, often in collaboration with local law enforcement or the LDSS attorney, initiated the following actions:

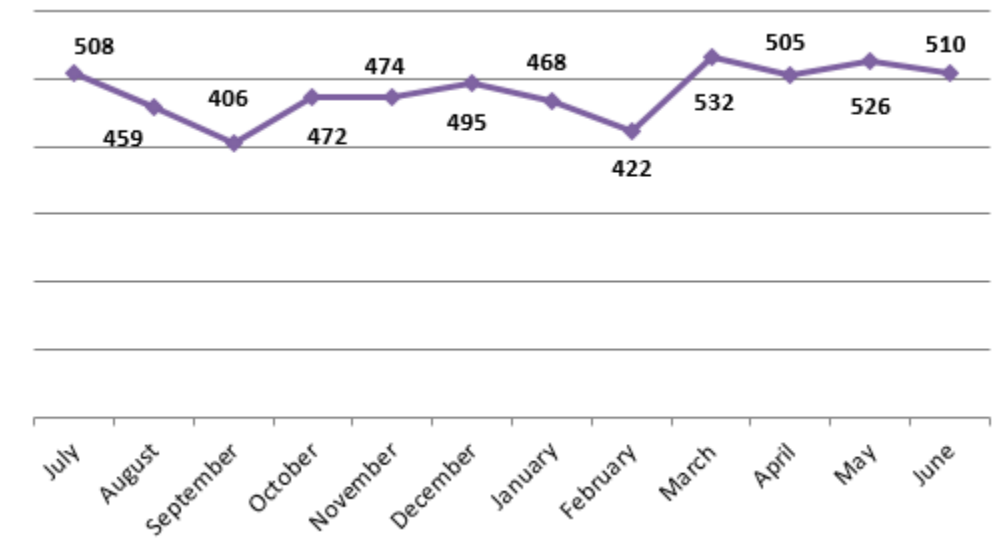
- **273** petitions for guardianship
- **34** petitions for conservatorship
- **56** protective orders
- **6** emergency orders for protective services
- **55** involuntary commitments to state or private hospitals
- **5** orders for medical treatment

Additionally, **63** cases were referred to legal authorities for possible criminal abuse or neglect charges.

## **Table 14-APS Hotline Reports**

The 24-hour, 7 days a week, APS hotline is housed at DSS Home Office in Richmond. Hotline staff receive APS reports about adult abuse, neglect, or exploitation and forward the reports to the appropriate LDSS. **Table 14** illustrates APS hotline call volume for SFY 2017.

### **SFY 2017: Monthly APS Hotline Reports**



The APS hotline received 5,777 reports in SFY 2017

• A 22% increase over SFY 2016

**Table 15** illustrates the number of SFY 2017 APS reports received in each locality. Localities are organized according to region as well as agency level or size which is listed in parentheses next to the LDSS name. Agency levels are categorized in the following way:

- Level I--A small office typically has less than twenty-one (21) approved permanent full-time equivalent (FTE) positions;

- Level II--A moderate office typically has twenty-one (21) to eighty (80) approved permanent FTE positions;
- Level III--A large office typically has more than eighty (81+) approved permanent FTE positions.

**Table 15-APS Reports by Locality**

Central Region		Eastern Region		Northern Region	
<i>Locality</i>	<i># of Reports</i>	<i>Locality</i>	<i># of Reports</i>	<i>Locality</i>	<i># of Reports</i>
Amelia (I)	38	Accomack (II)	139	Alexandria (III)	220
Buckingham (II)	53	Brunswick (II)	23	Arlington (III)	230
Caroline (II)	72	Chesapeake (III)	1,109	Clarke (I)	71
Charles City (I)	6	Dinwiddie (II)	1	Culpeper (II)	75
Chesterfield/ Colonial Heights (III)	621	Franklin City (II)	7	Fairfax/Fairfax City/Falls Church (III)	1,194
Cumberland (I)	38	Gloucester (II)	195	Fauquier (II)	482
Essex (I)	15	Greensville/Emporia (II)	9	Frederick (II)	412
Fluvanna (II)	69	Hampton (III)	298	Fredericksburg (II)	134
Goochland (I)	47	Isle of Wight (II)	95	Greene (I)	37
Hanover (II)	322	James City County (II)	227	Harrisonburg/ Rockingham (III)	328
Henrico (III)	1,265	Mathews (I)	55	King George (I)	5
Hopewell (II)	141	Newport News (III)	810	Loudoun (III)	557
King & Queen (I)	39	Norfolk (III)	1,000	Louisa (II)	150
King William (I)	25	Northampton (II)	13	Madison (I)	35
Lancaster (I)	47	Portsmouth (III)	241	Manassas City (II)	36
Lunenburg (I)	21	Prince George (II)	58	Manassas Park (I)	37
Middlesex (I)	65	Southampton (II)	37	Orange (II)	103
New Kent (I)	29	Suffolk (III)	406	Page (II)	68
Northumberland (I)	6	Surry (II)	30	Prince William (III)	884
Nottoway (I)	19	Sussex (II)	48	Rappahannock (I)	35
Petersburg (III)	139	Virginia Beach (III)	1,457	Shenandoah (II)	167
Powhatan (II)	11	Williamsburg (II)	76	Spotsylvania (III)	246
Prince Edward (II)	52	York/Poquoson (II)	264	Stafford (II)	133
Richmond City (III)	891			Warren (II)	138
Richmond County (I)	9			Winchester (II)	181
Westmoreland (II)	65				
<b>Total</b>	<b>4,105</b>	<b>Total</b>	<b>6,598</b>	<b>Total</b>	<b>5,958</b>

Piedmont Region		Western Region	
<i>Locality</i>	<i># of Reports</i>	<i>Locality</i>	<i># of Reports</i>
Albemarle (III)	577	Bland (I)	6
Alleghany/Covington/Clifton Forge (II)	19	Bristol (II)	102
Amherst (II)	145	Buchanan (II)	67
Appomattox (I)	7	Carroll (II)	228
Bath (I)	40	Dickenson (II)	39
Bedford (III)	552	Floyd (I)	73
Botetourt (I)	134	Galax (I)	38
Campbell (II)	171	Giles (II)	66
Charlotte (II)	20	Grayson (II)	92
Charlottesville (III)	332	Lee (II)	38
Craig (I)	7	Montgomery (II)	372
Danville (III)	164	Norton (I)	38
Franklin County (II)	304	Patrick (II)	145
Halifax/South Boston (II)	68	Pulaski (II)	146
Henry/Martinsville (III)	517	Radford (I)	67
Highland (I)	18	Russell (II)	138
Lynchburg (III)	568	Scott (II)	208
Mecklenburg (II)	194	Smyth (II)	324
Nelson (I)	41	Tazewell (II)	338
Pittsylvania (II)	213	Washington (II)	141
Roanoke City (III)	892	Wise (III)	331
Roanoke County/Salem (III)	773	Wythe(II)	82
Rockbridge/Buena Vista/Lexington (II)	166		
Staunton/Augusta/Waynesboro (III)	1,443		
<b>Total</b>	<b>7,132</b>	<b>Total</b>	<b>3,079</b>

## Statistical Trends: Adult Services and Adult Protective Services in Virginia

---

---

- In SFY 2017, LDSS provided or arranged just over **28,000** services for clients, including, emergency assistance, home repairs, medical services, transportation and counseling.
- Adult Services and APS expenditures increased slightly (**1.6%**) in SFY 2017.
- Homemaker, chore and companion cases declined **8%** from SFY 2016.
- In SFY 2017 as part of community-based screening teams, LDSS completed more than **15,000** screenings on adults in need of Medicaid-funded long-term care services.
- Guardian report cases have increased almost **32%** since SFY 2013.
- LDSS received a total of **27,105** reports of adult abuse, neglect, or exploitation, a **15%** increase from SFY 2016.
- Substantiated APS reports rose **5.6%** from SFY 2015 to 2016 and **12%** from SFY 2016 to 2017.
- APS reports made by financial institution have grown almost **192%** since SFY 2013.
- In SFY 2017, **74%** of APS report subjects were adults age 60 or older.
- **Nineteen percent** of adults exercised their statutory right to refuse services, a consistent trend since SFY 2010.
- Substantiated financial exploitation cases increased **20%** from the previous fiscal year.

# Auxiliary Grant Program

An Auxiliary Grant (AG) is a supplement for individuals with Supplemental Security Income (SSI) and certain other aged, blind, or disabled individuals residing in an assisted living facility or an adult foster care home. In 2016, the Virginia General Assembly amended the Code of Virginia to permit 60 individuals to receive AG payments in a supportive housing (SH) setting.

AG payments ensure that individuals are able to maintain a standard of living that meets their basic needs. The AG Program, administered by DARS, is funded with 80 percent state money and 20 percent local money. The AG rate is set by the Virginia General Assembly and is adjusted periodically, usually in response to Cost of Living Adjustments (COLA) issued by the Social Security Administration (SSA).

Individuals are only eligible for an AG payment if they reside in assisted living facilities (ALF) licensed by the Virginia Department of Social Services, Division of Licensing Programs, an adult foster care (AFC) home approved by LDSS, or a SH setting certified through the Department of Behavior Health and Developmental Services. Not all ALFs accept AG. As of June 30, 2017, Virginia had 580 licensed ALFs with a licensed bed capacity of 35,051. Fewer than 300 of the 580 licensed ALFs accepted individuals with AG. Some ALFs may accept one or two individuals with AG, while in other facilities nearly all of the individuals residing there receive AG.

## How is eligibility determined?

To receive assistance from the AG program, an individual must file an application with and have his eligibility determined by the LDSS in the locality where the individual resides. Residence for AG eligibility is determined by the city or county within Virginia where the person last lived outside of an institution. For purposes of the AG program, hospitals, ALFs, and AFC homes are considered institutions. Individuals must also have been a resident of Virginia for at least 90 days or have relocated to Virginia to be closer to a relative who has been a resident for at least 90 days.

Additionally, to be eligible for AG in Virginia, an individual must meet all of the following:

- ◆ Be a citizen of the United States or an alien who meets specified criteria;
- ◆ Have countable income less than the total of the AG rate approved for plus the personal needs allowance;
- ◆ Have non-exempted resources less than \$2,000 for one person or \$3,000 for a couple<sup>15</sup> and;

---

<sup>15</sup> These figures are current but are subject to change. Contact the eligibility unit at the local department of social services for current information.



- ◆ Have been assessed and determined to meet either residential or assisted living level of care.

The LDSS issues a monthly AG payment once eligibility has been established. The AG payment is mailed directly to the individual or the individual’s representative who pays the ALF, AFC, or SH provider. The individual keeps a portion of the payment as a personal needs allowance.

**Table 16-Auxiliary Grant Rates**

<b>Auxiliary Grant Rates 2011-2017</b>									
	<b>1/11</b>	<b>1/12</b>	<b>7/12</b>	<b>1/13</b>	<b>7/13</b>	<b>1/14</b>	<b>1/15</b>	<b>1/16</b>	<b>1/17</b>
<b>Standard Rate</b>	\$1,112	\$1,136	\$1,150	\$1,161	\$1,196	\$1,207	\$1,219	\$1,219	\$1,221
<b>Planning District 8 Rate*</b>	\$1,279	\$1,303	\$1,317	\$1,328	\$1,375	\$1,388	\$1,402	\$1,402	\$1,404
<b>Personal Needs Allowance (PNA)</b>	\$81	\$81	\$81	\$82	\$82	\$82	\$82	\$82	\$82

ALF = Assisted Living Facility; AFC = Adult Foster Care

\*Planning District 8 includes Arlington, Alexandria, Fairfax City and County, Falls Church, Loudoun County, Prince William County, Manassas City and Manassas Park.

The table below provides SFY 2017 average monthly AG case counts and total AG expenditures. The information is obtained from LASER, (Locality Automated System for Expenditure Reimbursement), a Department computer system.

**Table 17-Auxiliary Grant Expenditures and Monthly Case Count**

<b>SFY 2017 Auxiliary Grant Expenditures and Monthly Case Counts</b>			
	<b>Adult Foster Care</b>	<b>Assisted Living Facility</b>	<b>Total</b>
Average Monthly Caseload ( Aged)	6	1,377	1,383
Average Monthly Caseload ( Blind)	0	5	5
Average Monthly Caseload (Disabled)	31	2,665	2,696
Average Monthly Caseload (Total)	37	4,047	4,084
State	\$170,991	\$19,604,540	\$19,775,531
Local	\$42,748	\$4,899,284	\$4,942,032
Local-Non Reimbursable	\$1,279	\$-760	\$519
Total Expenditures	\$215,018	\$24,503,064	\$24,718,082

In SFY 2017 there were 4,891 individual (unduplicated) AG recipients who received an AG payment for at least one month during the fiscal year. **Table 18** depicts SFY 2017 DSS Data Warehouse statistics on individuals receiving AG.

Individuals applying for AG must meet a category of aged, blind or disabled. In order to meet the category of disabled, an individual must have been determined disabled by SSA. Individuals who are 65 or older meet the category of aged.

**Table 18-Auxiliary Grant Recipients' Demographics**

<b>SFY 2017: AG Recipient Demographics</b>		
<b>Number of Recipients</b>		<b>4,891</b>
AID CATEGORY	Age	34%
	Blind	<1%
	Disabled	66%
SEX	Female	60%
	Male	40%
RACE	White	63%
	African American	33%
	Unknown	2%
	Other <sup>16</sup>	2%

<sup>16</sup> Other includes Asian, Native American, Spanish American or a combination of these races

# Appendices

## APPENDIX A: Indicators of Adult Abuse, Neglect or Exploitation



### Indicators of Adult Abuse, Neglect or Exploitation

#### ABUSE

- Multiple/severe bruises, welts
- Bilateral bruises on upper arms
- Clustered bruises on trunk
- Bruises which resemble an object
- Old and new bruises
- Signs of bone fractures
- Broken bones, open wounds, skull fracture
- Striking, shoving, beating, kicking, scratching
- Internal injuries
- Sprains, dislocation, lacerations, cuts, punctures
- Black eyes
- Bed sores
- Untreated injuries
- Broken glasses/frames
- Untreated medical condition
- Burns, scalding
- Restrained, tied to bed, tied to chair, locked in, isolated
- Overmedicated
- Verbal assaults, threats, intimidation
- Prolonged interval between injury and treatment
- Fear of caregiver
- Individual is prohibited from being alone with visitors
- Individual has recent or sudden changes in behavior
- Unexplained fear
- Unwarranted suspicion

---

#### NEGLECT

- Untreated medical condition
- Untreated mental health problem(s)
- Bedsores
- Medication not taken as prescribed
- Malnourished
- Dehydrated
- Dirt, fleas, lice on person
- Fecal/urine smell
- Animal infested living quarters
- Insect infested living quarters
- Non-functioning toilet
- No heat, running water, electricity
- Homelessness
- Lacks needed supervision
- Lack of food or inadequate food
- Uneaten food over period of time
- Accumulated newspaper/debris
- Unpaid bills
- Inappropriate or inadequate clothing
- Needs but does not have glasses, hearing aid, dentures, prosthetic device
- Hazardous living conditions
- Soiled bedding/furniture



## Indicators of Adult Abuse, Neglect or Exploitation

### FINANCIAL EXPLOITATION

- Unexplained disappearance of funds, valuables, or personal belongings
- Adult child is financially dependent upon the older person or the older person is dependent on caregiver
- Misuse of money or property by another person
- Transfer of property or savings
- Excessive payment for care and/or services
- Individual unaware of the amount of his or her income
- Depleted bank account
- Sudden appearance of previously uninvolved relatives/friends
- Change in payee, power of attorney or will
- Caregiver is overly frugal
- Unexplained cash flow
- Unusual household composition
- Chronic failure to pay bills
- Individual is kept isolated
- Signatures on check that do not resemble the individual's signature
- Individual doesn't know what happened to money
- Checks no longer come to house
- Individual reports signing papers and doesn't know what was signed

### SEXUAL ABUSE

- Untreated medical condition
- Genital or urinary irritation, injury, infection or scarring
- Presence of a sexually transmitted disease
- Frequent, unexplained physical illness
- Intense fear reaction to an individual or to people in general
- Mistrust of others
- Nightmares, night terrors, sleep disturbance
- Direct or coded disclosure of sexual abuse
- Disturbed peer interactions
- Depression or blunted affect
- Poor self-esteem
- Self-destructive activity or suicidal ideation



**Suspicious that an adult is being abused, neglected or exploited?**

**Don't wait. Call the 24-hour, toll-free APS hotline at:**

**(888) 832-3858**

**Or call your local department of social services.**

**Calls may be made anonymously.**



**VERMONT DEPARTMENT FOR AGING  
AND REHABILITATIVE SERVICES**

10/2017

## APPENDIX B: Adult Protective Services Division Contacts

<b>Adult Protective Services Home Office Staff</b> 8004 Franklin Farms Drive Henrico, VA 23229	
<p><b>Paige McCleary</b> Adult Services/Adult Protective Services Director ☎ 804-662-7605 <a href="mailto:paige.mccleary@dars.virginia.gov">paige.mccleary@dars.virginia.gov</a></p>	<p><b>Venus Bryant</b> Administrative Assistant ☎ 804-726-1904 <a href="mailto:venus.bryant@dars.virginia.gov">venus.bryant@dars.virginia.gov</a></p>
<p><b>Tishaun Harris Ugworji</b> Auxiliary Grant Program Manager ☎ 804-662-7531 <a href="mailto:tishaun.harrisugworji@dars.virginia.gov">tishaun.harrisugworji@dars.virginia.gov</a></p>	<p><b>Shelley Henley</b> Auxiliary Grant Program Consultant ☎ 804-662-7071 <a href="mailto:shelley.henley@dars.virginia.gov">shelley.henley@dars.virginia.gov</a></p>
<p><b>Barbara Pratt</b> APS Training Coordinator ☎ 757-650-9472 <a href="mailto:barbara.pratt@dars.virginia.gov">barbara.pratt@dars.virginia.gov</a></p>	

<b>Regional Staff</b>	
<p><b>Carol McCray</b> 190 Patton Street Abingdon, VA 24210 ☎ 276-676-5636 FAX: 276-676-5621 <a href="mailto:Carol.mccray@dars.virginia.gov">Carol.mccray@dars.virginia.gov</a></p>	<p><b>Andrea Jones</b> 410 Rosedale Court, Suite 270 Warrenton, VA 20186 ☎ 540-347-6313 FAX: 540-347-6331 <a href="mailto:Andrea.jones@dars.virginia.gov">Andrea.jones@dars.virginia.gov</a></p>
<p><b>Angela Mountcastle</b> 210 First Street, SW Suite 200 Roanoke, VA 24011 ☎ 540-204-9640 FAX: 540-561-7569 <a href="mailto:Angela.mountcastle@dars.virginia.gov">Angela.mountcastle@dars.virginia.gov</a></p>	<p><b>Margie Marker</b> 1604 Santa Rosa Road Suite 130 Richmond, VA 23229 ☎ 804-662-9783 FAX: 804-819-7114 <a href="mailto:Marjorie.Marker@dars.virginia.gov">Marjorie.Marker@dars.virginia.gov</a></p>
<p><b>Carey Raleigh</b> 420 North Center Drive Building 11, Suite 100 Norfolk, VA 23502 ☎ 757-985-4948 FAX: 757-455-0840 <a href="mailto:Carey.Raleigh@dars.virginia.gov">Carey.Raleigh@dars.virginia.gov</a></p>	



**APPENDIX C: Adult Services Regional Assignments**

<b>Eastern</b>	<b>Central</b>	<b>Northern</b>	<b>Piedmont</b>	<b>Western</b>
<b>Carey Raleigh</b> 420 North Center Drive Building 11, Suite 100 Norfolk, VA 23502 ☎ 757-985-4948 FAX: 757-455-0840	<b>Margie Marker</b> 1604 Santa Rosa Road Suite 130 Richmond, VA 23229 ☎ 804-662-9783 FAX: 804-819-7114	<b>Andrea Jones</b> 410 Rosedale Court Suite 270 Warrenton, VA 20186 ☎ 540-347-6313 FAX: 540-347-6331	<b>Angela Mountcastle</b> 210 First Street, SW Suite 200 Roanoke, VA 24011 ☎ 540-204-9640 FAX: 540-561-7569	<b>Carol McCray</b> 190 Patton Street Abingdon, VA 24210 ☎ 276-676-5636 FAX: 276-676-5621
Agencies	Agencies	Agencies	Agencies	Agencies
Accomack (001) 22 Brunswick (025) 13 Chesapeake (550) 23 Dinwiddie (053) 19 Franklin City (620) 23 Gloucester (073) 18 Greensville (081)/Emporia (595) 19 Hampton (650) 23 Isle of Wight (093) 23 James City (095) 23 Mathews (115) 18 Newport News (700) 23 Norfolk (710) 23 Northampton (131) 22 Portsmouth (740) 23 Prince George (149) 19 Southampton (175) 23 Suffolk (800) 23 Surry (181) 19 Sussex (183) 19 Virginia Beach (810) 23 Williamsburg (830) 23 York (199)/Poquoson (735) 23	Amelia (007) 14 Buckingham (029) 14 Caroline (033) 16 Charles City (036) 15 Chesterfield (041)/ Colonial Heights (570) 15 Cumberland (049) 14 Essex (057) 18 Fluvanna (065) 10 Goochland (075) 15 Hanover (085) 15 Henrico (087) 15 Hopewell (670) 19 King and Queen (097) 18 King William (101) 18 Lancaster (103) 17 Lunenburg (111) 14 Middlesex (119) 18 New Kent (127) 15 Northumberland (133) 17 Nottoway (135) 14 Petersburg (730) 19 Powhatan (145) 15 Prince Edward (147) 14 Richmond City (760) 15 Richmond County (159) 17 Westmoreland (193) 17	Alexandria (510) 8 Arlington (013) 8 Clarke (043) 7 Culpeper (047) 9 Fairfax (059)/Fairfax City (600)/Falls Church (610) 8 Fauquier (061) 9 Frederick (069) 7 Fredericksburg (630) 16 Greene (079) 10 Harrisonburg (660) 6/ Rockingham (165) King George (099) 16 Loudoun (107) 8 Louisa (109) 10 Madison (113) 9 Manassas City (683) 8 Manassas Park (685) 8 Orange (137) 9 Page (139) 7 Prince William (153) 8 Rappahannock (157) 9 Shenandoah (171) 7 Spotsylvania (177) 16 Stafford (179) 16 Warren (187) 7 Winchester (840) 7	Albemarle (003) 10 Alleghany005)/Covington (580) 5/ Clifton Forge (560) 5 Amherst (009) 11 Appomattox (011) 11 Bath (017) 6 Bedford (019)/Bedford City (515) 11 Botetourt (023) 5 Campbell (031) 11 Charlotte (037) 14 Charlottesville (540) 10 Craig (045) 5 Danville (590) 12 Franklin County (067) 12 Halifax (083)/South Boston (780) 13 Henry (089)/ Martinsville (690) 12 Highland (091) 6 Lynchburg (680) 11 Mecklenburg (117) 13 Nelson (125) 10 Pittsylvania (143) 12 Roanoke (770) 5 Roanoke Co. (161)/Salem (775) 5 Rockbridge (163)/Buena Vista (530)/ Lexington (678) 6 Shenandoah Valley (Staunton (790)/Augusta (015)/ Waynesboro (820)6)	Bland (021) 3 Bristol (520) 3 Buchanan (027) 2 Carroll (035) 3 Dickenson (051) 2 Floyd (063) 4 Galax (640) 3 Giles (071) 4 Grayson (077) 3 Lee (105) 1 Montgomery (121) 4 Norton (720) 1 Patrick (141) 12 Pulaski (155) 4 Radford (750) 4 Russell (167) 2 Scott (169) 1 Smyth (173) 3 Tazewell (185) 2 Washington (191) 3 Wise (195) 1 Wythe (197) 3

## **APPENDIX D: Resources**

### **VIRGINIA**

Department for Aging and Rehabilitative Services: [www.dars.virginia.gov/](http://www.dars.virginia.gov/)

Department of Social Services: [www.dss.virginia.gov](http://www.dss.virginia.gov)

Department of Health: [www.vdh.virginia.gov](http://www.vdh.virginia.gov)

Department of Medical Assistance Services (Medicaid): <http://dmasva.dmas.virginia.gov/default.aspx>

Department of Behavioral Health and Developmental Services: [www.dbhds.virginia.gov](http://www.dbhds.virginia.gov)

Virginia Board for People with Disabilities: [www.vaboard.org](http://www.vaboard.org)

Virginia Center on Aging: <http://www.sahp.vcu.edu/vcoa/>

Virginia Coalition for the Prevention of Elder Abuse: [www.vcpea.org](http://www.vcpea.org)

Partnership for People with Disabilities: [www.vcu.edu/partnership](http://www.vcu.edu/partnership)

### **NATIONAL**

National Center on Elder Abuse: <http://www.ncea.aoa.gov/>

National Adult Protective Services Association <http://www.napsa-now.org/>

Centers for Disease Control-Elder Abuse <http://www.cdc.gov/violenceprevention/elderabuse/>

Consumer Financial Protection Bureau: <http://www.consumerfinance.gov/older-americans/>

Center of Excellence on Elder Abuse & Neglect: <http://www.centeronelderabuse.org/>

Family Caregiver Alliance: <https://www.caregiver.org/>

National Alliance for Caregiving: <http://www.caregiving.org/>