

Department  
for Aging and  
Rehabilitative  
Services

State  
Fiscal  
Year 2015

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Adult Protective Services  
Division

Annual Report



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

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Dear Colleagues:

As we begin this new year, I am pleased to present the State Fiscal Year 2015 Adult Protective Services Division (APSD) Report from the Virginia Department for Aging and Rehabilitative Services (DARS).

Once again the Division and our community partners, particularly the local departments of social services (LDSS) "rose to the occasion" to face challenges and take advantage of opportunities in 2015. DARS applied for and was awarded a \$300,000 grant from the federal Administration on Community Living to support a portion of the ASAPS to PeerPlace migration. We are now closer to implementing a much improved Adult Services (AS) case management system in 2018!

DARS started to tackle some of the recommendations in the Division's report on Adult Abuse that was submitted to Health, Welfare, and Institutions Committee in January 2015. APSD developed a proposal to fund an Auxiliary Grant (AG) monitoring position and funding for this request was included in the Governor's budget. Additionally, APS regional consultants hosted special training events in the five regions, providing a boost to a very limited Adult Services and APS training system. This effort will continue in 2016 with the upcoming release of an "APS 101" refresher course, as well as courses on case documentation requirements and skills for supervisors who are new to APS. These training system improvements were initiated by our excellent APS regional consultants.

Community-based preadmission screenings (PAS) became a focus in the Commonwealth in 2015 as the Department of Medical Assistance Services (DMAS) unveiled ePAS, the new system for submitting electronic screening packages. LDSS and local health departments quickly adapted to the online system and undertook significant steps to improve internal procedures to respond to requests for Medicaid funded long-term services and supports. Additionally, PAS data revealed that community-based PAS teams are doing a remarkable job of completing screenings within 30 days of the initial request!

Our 2015 Annual Report contains a wealth of information about APS, AS, and AG programs, as well as some not so surprising trends. APS reports continue to increase (4.7%). However, the story is bigger than just the percentage increase. These cases are incredibly complex and workers are challenged to provide protective services with limited funding. The Division hopes to look at APS funding more closely in the upcoming year.

As in prior years, the 2015 report highlights an LDSS's outstanding efforts to better serve older adults and individuals with disabilities in their community. Giles County DSS is featured this year and

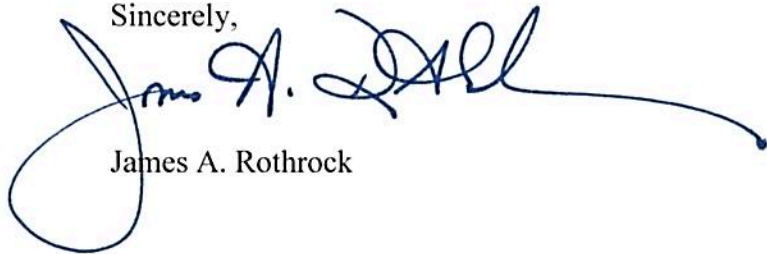
shares information about assisting with successful prosecutions of perpetrators of adult financial exploitation. It is truly a team effort and a commitment to support the wishes of the adult.

Once again I would like to recognize the hard work and leadership of Central Office APSD Program Consultant, Tishaun Harris-Ugworji; Administrative Assistant, Venus Bryant; and the new Division Director, Paige McCleary; and Regional Program Consultants Carol McCray, Andrea Jones, Marjorie Marker, Carey Raleigh and Angela Mountcastle. They are tireless advocates and truly committed to improving services for adults in Virginia.

Thank you for your dedication in serving older adults and individuals with disabilities throughout the Commonwealth. Our mission to improve the employment, quality of life, security, and independence of older Virginians, Virginians with disabilities, and their families would not be possible without you.

With best wishes for a productive year, I am

Sincerely,

A handwritten signature in blue ink, appearing to read "James A. Rothrock". The signature is stylized with a large loop at the beginning and a long horizontal stroke extending to the right.

James A. Rothrock

JAR/pm

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# 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 Adult Protective Services Division, Office of the State Long-term Care Ombudsman, the Virginia Public Guardianship Program, Brain Injury Services Coordination and the Personal Assistance Services Program. DARS also serves as the lead agency in Virginia in addressing the employment needs of individuals with disabilities. The Vocational Rehabilitation services and the Wilson Workforce Rehabilitation Center have helped individuals with physical, cognitive, and developmental disabilities successfully obtain and keep jobs.

## **Adult Protective Services Division**

The DARS Commissioner, who is appointed by the Governor, oversees the Adult Protective Services (APS) Division at the state level. The Division Director, two consultants and one administrative assistant are located in Richmond. Five regional consultants are located in Abingdon, Henrico, Roanoke, Virginia Beach, and Warrenton. Regional consultants act as program liaisons to local Adult Services (AS) and APS staffs. (A list of regional APSD regional consultants and the localities they serve is in [Appendix C](#)).

APS Division staff in the Richmond and five regional offices develop policies, procedures, regulations, training, and standards for local social service programs and are responsible for the monitoring and evaluation of those programs. The Commissioner and Richmond staff act as liaisons to federal and state legislative and executive agencies and to local boards of social services. The Richmond staff, in collaboration with the Department of Social Services allocates and manages state and federal funding for local department of social services (LDSS).

One hundred nineteen (119) LDSS have been an integral part of the social services delivery system for almost 60 years, since the General Assembly first established local boards of welfare. LDSS are the focal point in each community for the delivery of family-focused preventive, supportive and protective services. LDSS use federal, state, and local funds to deliver services.

LDSS are the setting for direct contact with individual clients. Service programs are administered by family services specialists (FSS), while eligibility workers handle benefit programs.

# OVERVIEW OF THE ADULT PROTECTIVE SERVICES DIVISION

APSD supervises the provision of services through three locally administered program areas:

- ◆ Adult Services (AS)
- ◆ Adult Protective Services (APS)
- ◆ Auxiliary Grant (AG)

The *role* of the Division is to:

- ◆ Develop and interpret regulations, manuals, procedures, and guidelines.
- ◆ Provide technical assistance, administrative, and program development consultation to local departments.
- ◆ Provide case consultation and review.
- ◆ Provide information to the legislature and other interested parties.
- ◆ Collect and disseminate statistical and program information.
- ◆ Represent DARS on program-related studies, commissions, and initiatives.
- ◆ Inform and educate stakeholders and the public about program services and the detection, reporting and prevention of abuse, neglect and financial exploitation of elders and adults with incapacities.
- ◆ Monitor local department expenditures.

The Division collaborates with DSS to:

- ◆ Develop, coordinate, and deliver training for LDSS workers.
- ◆ Maintain ASAPS, the statewide Web-based case management and reporting system for AS and APS programs.
- ◆ Allocate funding to local programs.

The *goals* of the Division are to:

- ◆ Protect older and incapacitated adults from abuse, neglect, and/or exploitation.
- ◆ Prevent the abuse, neglect, and/or exploitation of older and incapacitated adults.
- ◆ Maximize the individual's independence, self-sufficiency and personal choice.
- ◆ Prevent the inappropriate or premature institutionalization of elderly or incapacitated adults.
- ◆ Assist when necessary with appropriate long-term care or alternative placement.

The APSD provides protection, empowerment and the opportunity for independence for adults through a focus on individual self-reliance and choice, person-centered planning, case management and a community-based service delivery system.

While older individuals and adults with disabilities seek services through LDSS, state and federal budget issues pose concerns in providing assistance to these individuals. There is no direct federal funding for APS. In Virginia, funding for home-based care and protective services comes through the Social Service Block Grant (SSBG), which is divided among many other state programs or through state general fund dollars. Budget concerns not only affect funding for assistance but resources for agency staff. As the demand for services to elders and individuals with disabilities increases, localities are seeing their current staff managing larger and often more complex caseloads. Most localities have been forced to significantly reduce home-based services or service hours for their clients or seek other types of long-term care assistance for them.

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. In 2009, the Commissioner of the Department of Social Services (DSS) mandated the use of ASAPS for all AS and APS cases. While ASAPS data entry has continued to improve, some LDSS have not fully incorporated this mandate into case management practices, which causes underreporting of some AS and APS data. Statistical data for this report covers state fiscal year (SFY) 2015 which began July 1, 2014 and ended June 30, 2015.

Each service case that an AS or APS worker opens must be given a primary “case type” and must be entered in the ASAPS system according to one of the following definitions:

- **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 one of the protective services being provided. Contacts must be made at least monthly with the adult or collateral.
- **APS Investigation:** An APS report is being investigated and no disposition has yet 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 one of the

services 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 one of the services being provided. Contacts must be made at least monthly with the adult or collateral.
- **Assisted Living Facility (ALF) Reassessment:** The only service being provided is the annual reassessment to maintain an adult's eligibility for AG. The case is opened and the redetermination date is the date the reassessment is due.
- **Guardian Report:** The only 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](#). The case is opened and the redetermination date is the date the initial or annual report is due.

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



**Table 1-Statewide Caseload SFY 2011-2015: All Case Types**

SFY '11-'15 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
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
2012	4,872	188	12,473	15,849	4,283	2,002	601	3,312	8,403	51,983
2011	4,827	189	11,184	15,070	4,696	2,067	592	3,254	6,922	48,801

**Table 1** shows all ASAPS case types from SFY 2011 to SFY 2015. Guardian Report cases have increased nearly **50%** since SFY 2011, while Adult Services cases have increased **33%**.

All home-based services case types combined have decreased **27%** over the same timeframe, likely due to the limited available funding and increased costs in providing home care services. These factors limit the number of individuals to whom most LDSS can provide assistance. See **Table 3** for additional information about home-based care cases.

ALF Reassessment cases have also declined, mirroring the steady decrease in individuals who are receiving AG. See **Tables 19-23** for more information on AG.

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

**Table 2-Statewide Average Monthly Caseload**

<b>SFY 2015 Average Monthly Caseload<sup>2</sup></b>	
<b>Case Type</b>	<b>Average Monthly Caseload</b>
<b>APS</b>	1,835
<b>APS-Home Based Care</b>	89
<b>APS Investigation</b>	5,139
<b>AS</b>	7,060
<b>AS-Home Based Care</b>	2,418
<b>AS-Intensive Services</b>	758
<b>AS- Intensive Services Home Based Care</b>	161
<b>ALF Reassessment</b>	2,292
<b>Guardian Report</b>	9,003
<b>All Cases Types</b>	28,754

## **Service Provision**

**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.

<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).

## 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.

## Home-Based Services

Each LDSS is mandated to offer at least one home-based service to eligible individuals 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. LDSS are also authorized to act as a fiscal agent on behalf of the adult to ensure that necessary taxes are paid.

Home-based care consists of three primary services:

- **Companion** services assist older adults and adults with disabilities with 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.

Based on available information in ASAPS approximately **64%** of the home-based services provided are companion services. Homemaker services make up **33%** of the cases with the remainder being chore services. The number of SFY 2015 cases identified as home-based services cases types is shown in **Table 3**.

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

<b>All Home-Based Services SFY 2011-2015</b>					
	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
<b>Number of Home-based Services Case Types</b>	5,477	5,072	4,696	4,047	3,993

## **Preadmission 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. FSS, in cooperation with local health department nurses, are responsible for performing all community-based preadmission screenings (PAS) for Medicaid-funded long-term care services including nursing facility placement, the Elderly and Disabled with Consumer Direction (EDCD) waiver and Program for the All-Inclusive Care for the Elderly (PACE). **LDSS conducted nearly 17,000 PAS in SFY 2015.** This was a **22%** increase from SFY 2014.

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

The Code of Virginia (§ [63.2-1804](#)) requires that individuals residing in or planning to reside in an ALF, regardless of whether their payment status is public (Auxiliary Grant) or private, be assessed using the UAI to determine their need for residential or assisted living level of care. After admission, individuals must be reassessed annually or whenever they experience a significant change in their needs in order to ensure the appropriate level of care is being provided.

For individuals who are eligible for an Auxiliary Grant (AG), employees of the following agencies are authorized to complete initial assessments:

- 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 ALF reassessments. When qualified assessors from these agencies are unavailable, FSS 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. Not all LDSS offer AFC. 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 and regular monitoring of the

provider, the home and the individual residing in the home is required. Adults residing in AFC usually meet at least residential living level of care.

## **Adult Day Services**

Adult day services include the purchase of day services for a portion of a 24-hour day 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 2015, adult day services were arranged in 65 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 FSS 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 FSS 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 10,356 cases in SFY 2015.**

## **Other Adult Services**

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

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

<b>SFY 2015 Services by Type and Number<sup>4</sup></b>	
<b>Type of Service</b>	<b>Number of Cases with Service</b>
Advocacy	<b>1215</b>
Counseling (Individual)	<b>578</b>
Case Management	<b>4313</b>
Emergency Assistance	<b>678</b>
Emergency Shelter	<b>60</b>
Financial Management/Counseling	<b>768</b>
Food Assistance	<b>373</b>
Home Delivered Meals	<b>445</b>
Home Repairs	<b>308</b>
Housing Services	<b>534</b>
Legal Services	<b>716</b>
Medical Services	<b>1013</b>
Nutritional Supplement	<b>135</b>
Monitoring-LDSS	<b>2031</b>
Transportation Services	<b>608</b>

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<sup>4</sup> Source: ASAPS service plan

**Table 5-Purchased Adult Services Expenditures**

<b>SFY 2015 Adult Services and APS Program Expenditures<sup>5</sup></b>					
Services	Federal & State	Local	Non-reimbursed local	Total Expenditures	% of Total Expenditures
<b>Companion</b>	\$3,280,871	\$820,218	\$2,267,139	\$6,368,228	68%
<b>Chore</b>	\$242,691	\$60,673	\$3,968	\$307,332	3%
<b>Homemaker</b>	\$536,588	\$134,147	\$1,065,750	\$1,736,485	19%
<b>Adult Day Services</b>	\$10,501	\$2,625	\$271	\$13,397	<1%
<b>APS</b>	\$732,687	\$134,430	\$62,258	\$929,375	10%
<b>Nutrition</b>	\$0	\$0	\$5,066	\$5,066	<1%
<b>Total</b>	<b>\$4,803,338</b>	<b>\$1,152,093</b>	<b>\$3,404,452</b>	<b>\$9,359,883</b>	<b>100%</b>

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

<b>5-Year Expenditures</b>				
SFY	Federal & State	Local	Non-reimbursed Local	Total Expenditures
<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
<b>2012</b>	\$5,232,840	\$1,261,810	\$3,634,558	\$10,129,208
<b>2011</b>	\$6,867,979	\$1,673,205	\$2,335,823	\$10,877,007

<sup>5</sup> Source: LASER

Pursuant to § 51.5-147 of the Code of Virginia, the DARS Commissioner is responsible for hearing home-based and adult foster care services appeals. **Table 7** provides information about SFY 2015 appeals. The majority of appeals submitted to DARS were not related to home-based services or adult foster care, but rather PAS. Only DMAS has the authority to hear PAS appeals, therefore the appeals received by DARS were deemed invalid. When DARS received these appeals, the constituent was informed of the error and redirected to the DMAS appeals unit.

**Table 7-SFY 2015 Home-based Services Appeals**

<b>Appeals Received</b>	<b>25</b>
<b>Valid Appeals Received</b>	<b>2</b>
<b>Invalid Appeals</b>	<b>22</b>
<b>Appeals Withdrawn</b>	<b>1</b>
<b>Hearings Scheduled<sup>6</sup></b>	<b>2</b>

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<sup>6</sup> Appellants did not show for scheduled hearing and failed to provide evidence of good cause.



# ADULT PROTECTIVE SERVICES IN VIRGINIA

Adult Protective Services (APS) include 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.

The diversity of each state's system is described in the National Adult Protective Services Resource Center (NAPSRC) report summarizing the results of a baseline survey of state APS programs. The comprehensive report, which is available at <http://www.napsa-now.org/resource-center/research/state-of-aps-2012/> highlighted the budgetary, staffing and service delivery challenges facing APS program across the country.

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, developing a database system to collect and organize APS data from each state has been a top priority for ACL.

In 2015, ACL made grants available to state APS programs to enhance their data collection and case management systems to include innovations and improvements in practice, services, and reporting, and to interface with ACL's National Adult Maltreatment Reporting System (NAMRS), an initial step toward national APS data collection. DARS applied for and received \$300,000 to develop a replacement for the outdated ASAPS database. The new case management system, PeerPlace, should be available to all LDSS in 2018.

In December 2014, at the request of Delegate Robert "Bobby" Orrock, the APS Division submitted the report *Strategies to Improve the Safety, Financial Stability, and Well-being*

*of Adults with Disabilities and Older Adults throughout the Commonwealth* to the House of Delegates, Health, Welfare, and Institutions Committee. The report, which was the result of collaborative efforts by stakeholders throughout the Commonwealth, offered 15 recommendations including:

- Increasing funding to provide protective services
- Addressing ways to improve mandated reporting
- Improving training for APS workers
- Developing job aids and best practice tools for APS workers
- Exploring ways to improve information sharing between financial institutions and APS workers who are conducting financial exploitation investigations
- Establishing a monitoring system for the AG Program

The report is available at: <http://www.vadars.org/publications.htm#annualreports> and <http://www.dss.virginia.gov/geninfo/reports/adults/as.cgi>.

## **STATUTORY AUTHORITY OF VIRGINIA APS**

Statutory authority for providing adult protective services was added to the Code of Virginia in 1974. LDSS were assigned authority and responsibility to receive and investigate reports of abuse, neglect or exploitation across all care settings and living situations and to provide protective services to vulnerable adults.

Three years later, Virginia became one of the first states in the nation to recognize an adult segment of the population living at risk of harm and lacking the ability to act in their own best interest. The General Assembly amended protective services law to allow a court to authorize “involuntary protective services” for adults who need protection and who do not have the capacity to consent to the necessary services.

The 1983 Session of the General Assembly strengthened protections for vulnerable adults by mandating LDSS provide protective services when the need is documented through an APS investigation.

In 1991, the General Assembly established for the first time that abuse and neglect of an incapacitated adult are crimes. Under the law (§[18.2-369](#) of the Code of Virginia), abuse or neglect of an incapacitated adult resulting in serious bodily injury or disease became a felony. Abuse or neglect of an incapacitated adult by a person responsible for the adult’s care, custody or control was made a misdemeanor on the first offense and a felony on a second or subsequent offense.

In 2004, then Governor Mark R. Warner proposed landmark APS reform legislation based on the recommendation of a two-year study by a statewide advisory committee facilitated by state Adult Services/APS staff. Committee members included representatives of state and local adult protective services programs and partner agencies, long-term care provider organizations, business and financial interests, advocacy groups for elders and incapacitated individuals, and other stakeholders.

Changes to the Code of Virginia over the past several years have enhanced the safety and well-being of older adults and individuals with disabilities. These changes include:

- Expanding the list of professionals who are mandated to report suspected adult abuse, neglect, or exploitation.
- Requiring LDSS to refer relevant information to the appropriate licensing regulatory, or legal authority for administrative action or criminal investigation.
- Expanding the list of APS situations in which law enforcement must be notified.
- Requiring law-enforcement and other state and local departments, agencies, authorities, and institutions to cooperate with APS investigations and prevention activities.
- Adding accounting firms to the list of financial institutions that may report voluntarily.
- Adding criminal penalties for making a false report.
- Authorizing the Commissioner of the Department for Aging and Rehabilitative Services to impose civil penalties for cases of non-reporting by all mandated reporters with the exception of law-enforcement officers. (Civil penalties for law enforcement are the responsibility of the court system).
- Making it a Class 3 felony for the abuse or neglect of an incapacitated adult that resulted in death.
- Authorizing the creation of a state Adult Fatality Review Team (AFRT), under the Office of the Chief Medical Examiner (OCME).
- Strengthening APS workers' ability to take photographs, video recordings, or medical imaging during the course of an APS investigation.
- Making financial exploitation of a mentally incapacitated person a criminal offense. Prior to 2013, Virginia's Commonwealth's Attorneys did not have a separate criminal offense under which to prosecute individuals who financially exploited adults with a mental incapacity.
- Establishing the ability to award fees and court costs to financial exploitation victims who bring a civil action in response to deeds, contracts, or other instruments that were obtained by fraud or undue influence.
- Authorizing the formation of local or regional adult fatality review teams.

A significant change to Virginia's state APS system occurred in 2012 when the General Assembly passed legislation that established DARS. DARS was created on July 1, 2012 through the merger of the Virginia Department for the Aging and the Department for Rehabilitative Services. On July 1, 2013, State staff, which was responsible for AS, APS and AG Programs, relocated from DSS to DARS. Direct services for AS, APS and AG Programs are still provided by LDSS.

## **Responding To Financial Exploitation: A Local Department’s Approach**

One of the principles of APS is the belief that adult abuse, neglect, and exploitation are primarily social problems and their resolution for the most part occurs through the provision of social, medical, and other supportive services rather than through the legal system. However, acts of domestic violence, bodily injury, or financial exploitation perpetrated against incapacitated persons necessitate a law enforcement response. APS workers regularly see the devastating effects of financial exploitation on older adults and individuals with disabilities as illustrated by the following scenarios.

*“B.” has cerebral palsy and is in his early 60s. The APS report alleged physical abuse. B relies on the perpetrator to meet his daily needs and he initially denied the allegations. APS continued to investigate and discovered that in addition to physical abuse the perpetrator financially exploited for more than \$300,000.*

*“S” is in her late 50s with dementia and other health issues. The alleged perpetrator is a relative who accessed S’s bank accounts. The alleged perpetrator has substance abuse issues. More than \$4,500 of S’s money was taken.*

APS workers not only offer protective services to help stop the victimization of the individual, but also work with community partners to seek justice for the individual and thwart future victimization of others.

Many local departments in the Western Region of Virginia, including Montgomery, Smyth, Lee, Dickenson and Pulaski have assisted in the successful prosecution of perpetrators of adult abuse, neglect, or exploitation. However, Giles County DSS has collaborated with area law enforcement personnel; The Virginia State Police; the Giles County Commonwealth’s Attorney office; the Office of the Attorney General, Medicaid Fraud Control Unit (MFCU); the United States Secret Service; and the local Ombudsman to seek legal interventions in eight cases during the past year.

Suzy Quillen, APS worker at Giles County DSS attributes these successful prosecutions to the invaluable relationships that Giles County DSS has formed with partnering agencies. The relationships were not always strong and took time to develop. Good communication and support such as law enforcement officers and APS workers “going out on calls together” and inviting local prosecutors to an APS educational event have strengthened these relationships. In addition, demonstrating competency as an APS worker is also important. Law enforcement and prosecutors need to know that they can rely on quality and comprehensive casework in order to have successful prosecutions.

Also important is the integration of community services, which helps provide protections to the victim, increases the quality and efficiency of trauma informed care, and ensures effective delivery of services for incapacitated adults and elders in crisis abuse situations. A supportive local department administration, new state laws, dedicated passionate staff, and community involvement also contribute to successful prosecutions.

Giles County DSS and other Western Region local departments are committed to the Restorative Justice concept. Rather than to refer to individuals as “victims” they are called “survivors.” When pursuing interventions, the team supports the survivor’s control, choice, and autonomy. This person-centered approach represents a major shift away from traditional paternalistic models in which the care provider “knows best.” Assumptions about who people are, what they need or should value, or what motivates them are avoided. The survivor is one who defines what justice looks like to them and details what outcome they desire. The team attempts to honor these wishes as closely as possible.

While there have been tremendous strides in successful prosecutions, there are still a number of barriers that still need to be explored. For instance, although health care providers are mandated reporters in Virginia, at times it is difficult for APS workers to obtain medical records from large in and out of state entities. Additionally, financial institutions are not mandated reporters and sometimes do not share important documents citing confidentiality issues.

The largest challenge to successful prosecution is often the adult’s capacity. Some individuals are not legally incapacitated but still may not make good witnesses due to mental health or cognitive issues. Many times, prosecutors have to turn to other laws, such as obtaining money through false pretenses, embezzlement, and money laundering, to prosecute these cases. These laws require lot of evidence though minimal, if any testimony, from the victims. Giles County DSS staff and law enforcement officials always meet and discuss options prior to filing the charges.

Successful prosecutions occurred in both of the Giles County cases. “B’s” perpetrator was arrested and charged with five counts of financial exploitation of an incapacitated adult. She pleaded guilty to one count of financial exploitation and one count of abuse and neglect of an incapacitated person. She received ten years suspended sentence, five years of probation, was required to pay restitution, attend substance abuse treatment, and received other sanctions. B relocated to a safer living situation.

S’s perpetrator faced 2 felony counts of petty larceny and five counts of interference with another person’s property. The perpetrator accepted a plea agreement and was sentenced to 84 months in jail. The sentence was placed under advisement for two years. The perpetrator must complete substance abuse treatment, make restitution and remain on probation for two years.

Individuals who are interested in discussing strategies to increase or improve prosecutions in their jurisdictions may reach Suzy at [suzy.quillen@dss.virginia.gov](mailto:suzy.quillen@dss.virginia.gov)

## REPORTING TO ADULT PROTECTIVE SERVICES

The types of professionals and other individuals who are mandated to report suspicions of adult abuse, neglect, or exploitation to APS vary from state to state. At least 15 states require professionals as well as ordinary citizens to report suspected abuse. Twelve states have specific laws that require financial institutions to report allegations of financial exploitation to APS.

In Virginia an APS report is an allegation made by any person to an LDSS or to the 24-hour toll-free APS Hotline (**1-888-832-3858**) that he or she suspects that an elder or an incapacitated adult is being abused, neglected or exploited.

Virginia’s mandatory reporting law (§ [63.2-1606](#) of the Code of Virginia) requires mandated reporters to report immediately to LDSS or to the 24 hour toll-free APS hotline upon suspecting abuse, neglect, or exploitation. Mandated reporters must report to both law enforcement and medical examiners any deaths arising from suspected abuse or neglect. A civil penalty of up to \$1,000 may be imposed for failure to report any suspected abuse, neglect or exploitation. Individuals who make APS reports in good faith are protected from civil or criminal liability.

Mandated reporters of adult abuse, neglect or exploitation in Virginia include:

- Any person licensed, certified, or registered by health regulatory boards listed below:

<b>Board of Nursing</b>	Registered Nurse (RN); Licensed Nurse Practitioner (LNP); Licensed Practical Nurse (LPN); Clinical Nurse Specialist; Certified Massage Therapist; Certified Nurse Aide (CAN), Advanced Medication Aide, Medication Aide,
<b>Board of Medicine</b>	Doctor of Medicine and Surgery, Doctor of Osteopathic Medicine; Doctor of Podiatry; Doctor of Chiropractic; Interns and Residents; University Limited Licensee; Physician Assistant; Respiratory Therapist; Occupational Therapist; Radiological Technologist; Radiological Technologist Limited; Licensed Acupuncturists; Certified Athletic Trainers, Licensed Midwife, Behavioral Analysts, Assistant Behavioral Analysts
<b>Board of Pharmacy</b>	Pharmacists; Pharmacy Interns; Permitted Physicians; Medical Equipment Suppliers; Restricted Manufacturers; Humane Societies; Physicians Selling Controlled Substances; Wholesale Distributors; Warehousemen, Pharmacy Technicians
<b>Board of Dentistry</b>	Dentists and Dental Hygienists Holding a License, Certification, or Permit Issued by the Board
<b>Board of Funeral Directors and Embalmers</b>	Funeral Establishments; Funeral Services Licensees; Funeral Services Interns, Funeral Directors; Funeral Embalmers; Resident Trainees; Crematories; Surface Transportation and Removal Services; Courtesy Card Holders

<b>Board of Optometry</b>	Optometrist
<b>Board of Counseling</b>	Licensed Professional Counselors; Certified Substance Abuse Counselors; Certified Substance Abuse Counseling Assistants; Certified Rehabilitation Providers; Marriage and Family Therapists; Licensed Substance Abuse Treatment Practitioners
<b>Board of Psychology</b>	School Psychologist; Clinical Psychologist; Applied Psychologist; Sex Offender Treatment Provider; School Psychologist – Limited
<b>Board of Social Work</b>	Registered Social Worker; Associate Social Worker; Licensed Social Worker; Licensed Clinical Social Worker
<b>Board of Long-Term Care Administrators</b>	Nursing Home Administrator; Nursing Home Preceptors; Assisted Living Facility Administrators; Assisted Living Facility Preceptors
<b>Board of Audiology and Speech Pathology</b>	Audiologists; Speech-Language Pathologists; School Speech-language Pathologists
<b>Board of Physical Therapy</b>	Physical Therapist; Physical Therapist Assistant

- 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** illustrates the types of reporters who reported adult abuse, neglect or exploitation in SFY 2015. Occupations or individuals in green 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 2015 Reporter Type	# of Reports
Relative (includes ex-wife/ex-husband)	2751
Social Worker	2348
Other	2241
Nurse	1607
Law Enforcement Officer	1244
Nursing Home Administrator/NH Staff	1221
Hospital Staff	962
Financial Institution	948
Self	937
Friend/Neighbor	912
Home Health Provider	768
EMS Personnel/Fire Department	651
CSB Staff	498
Mental Health Provider/Psychologist/Counselor/Psychiatrist	437
DBHDS Staff	412
ALF Staff	399
Physician/Primary Physician/Physician Assistant	335
Virginia Department of Social Services Staff	309
Agency Provider-Home Based Care/EDCD/Personal Care Provider	275
Family Services Specialist <sup>7</sup>	211
Area Agency on Aging Staff	194
Group Home Staff	172
Hospice	100
Power of Attorney	86
Adult Day Care Staff	77
Guardian/Conservator	60
Other Healthcare Professionals(PT/OT/RT/SLP)	55
Attorney	47
Certified Nursing Assistant (CNA)	46
Transportation Provider <sup>8</sup>	33
Clergy	32
Shelter Staff	31
Workshop Staff	30
Public Housing Staff	24
Health Department Staff/Public Health Nurse	21
Domestic Violence Program Staff	15
Long-term Care Ombudsmen	14
Division for Aging Staff	12
Pharmacist/Pharmacy Staff	2
Dentist/Dental Office Staff	1
<b>Total</b>	<b>20,518</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

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.

### Types of Abuse

**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.” 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 an elder or an incapacitated adult. 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 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 use of an incapacitated adult or his resources for another’s profit or advantage.” Exploitation, including financial abuse and sexual exploitation, is accomplished by the use of covert, subtle, and deceitful means. It is usually a pattern of behavior rather than a single episode. Financial exploitation includes the crimes of larceny, embezzlement, theft by false pretenses, burglary, forgery, false impersonation, and extortion.

Some common signs of adult abuse, neglect, or exploitation are found in Appendix A.

**Table 9** shows three-year trends for APS reports.

Total APS reports increased **4.6%** from SFY 2013 to 2014 and **4.7%** from SFY 2014 to 2015. Substantiated reports increased **0.7%** from SFY 2013 to 2014 and **0.9%** from SFY 2014 to 2015.

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

<b>THREE YEAR COMPARISON OF APS REPORTS</b>			
	<b>2013</b>	<b>2014</b>	<b>2015</b>
Total Reports Received	20,704	21,650	22,658
Reports Investigated <sup>9</sup>	16,632	17,319	17,625
Total Reports Substantiated <sup>10</sup>	9,075	9,140	9,224
Unfounded	7,557	8,179	8,401
Pending <sup>11</sup>	87	114	110
Invalid <sup>12</sup>	3,985	4,217	4,923
<i>Percent of Reports Substantiated</i>	<i>55%</i>	<i>53%</i>	<i>52%</i>
<b>DISPOSITIONS OF SUBSTANTIATED REPORTS</b>			
Needs and Accepts Services	4,048	4,066	4,171
Needs and Refuses Services	1,766	1,644	1,749
Need No Longer Exists	3,261	3,430	3,304

<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-three percent of the adults were age 60 or older. More than **350** of these individuals were age 96 or older. Over **920** adults were 18-25 years of age.

**Table 10-Statewide Demographics of APS Reports**

SFY 2015 DEMOGRAPHICS OF REPORT SUBJECTS		
<b>TOTAL REPORTS RECEIVED</b>		<b>22,658</b>
AGE	60 years or older	73%
	18-59	27%
SEX	Female	61%
	Male	39%
	Unknown	<1%
RACE	White	67%
	African American	24%
	Unknown	8%
	Asian	1%
	American Indian	<1%
	Alaskan Native	<1%
LIVING ARRANGEMENT AT TIME OF REPORT	Own House or Apt	65%
	Other's House or Apt	11%
	Nursing Facility	11%
	Assisted Living Facility	4%
	BHDS Facility or Group Home	5%
	Homeless	2%
	Shelter	<1%
	Adult Foster Care	<1%
	Local/Regional Jail	<1%
	Other	2%

**Table 11-Regional APS Reports Statistics**

<b>SFY 2015 Regional Demographics of Report Subjects</b>						
	<b>CENTRAL</b>	<b>EASTERN</b>	<b>NORTHERN</b>	<b>PIEDMONT</b>	<b>WESTERN</b>	<b>STATE TOTALS</b>
Reports Received	<b>3,619</b>	<b>5,401</b>	<b>4,837</b>	<b>6,048</b>	<b>2,753</b>	<b>22,658</b>
% Substantiated	46%	50%	51%	56%	56%	52%
<b>Demographics of Report Subject</b>						
60+	71%	72%	77%	70%	74%	73%
18-59	29%	28%	23%	30%	26%	27%
Female	61%	61%	60%	61%	60%	61%
Male	39%	39%	39%	38%	40%	39%
White	50%	53%	72%	73%	94%	67%
Black	36%	39%	15%	20%	3%	24%
Unknown	12%	6%	10%	7%	2%	8%
Other <sup>13</sup>	1%	1%	3%	<1%	0%	1%

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

**Table 12-APS Reports: Location of Incident of Abuse, Neglect or Exploitation**

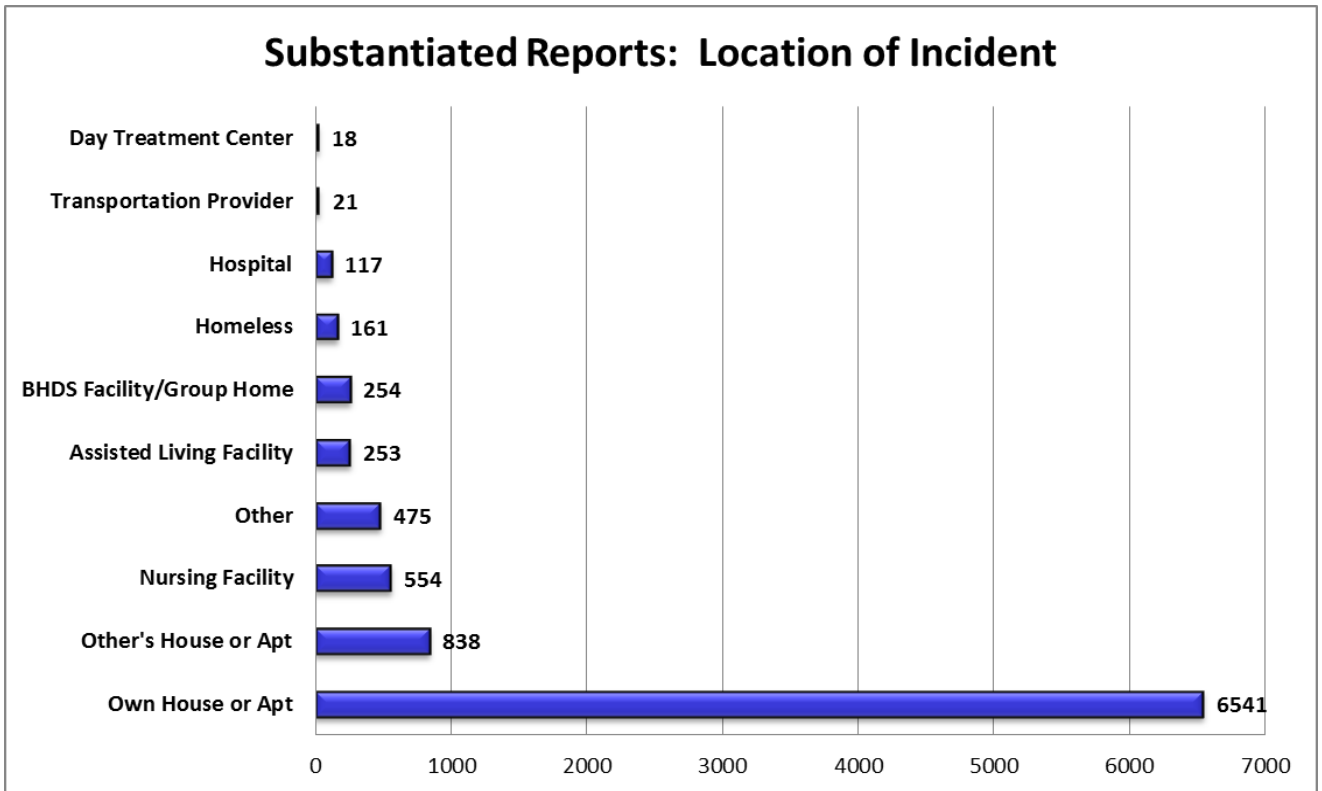
<b>SFY 2015 APS REPORTS: Location of Incident</b>						
<b>Location</b>	<b>Central</b>	<b>Eastern</b>	<b>Northern</b>	<b>Piedmont</b>	<b>Western</b>	<b>State</b>
<b>Own House/Apt</b>	60%	60%	64%	61%	68%	62%
<b>Other's House/Apt</b>	11%	9%	11%	9%	10%	10%
<b>Nursing Facility</b>	10%	11%	8%	14%	10%	11%
<b>Assisted Living Facility</b>	5%	4%	3%	4%	3%	4%
<b>Other<sup>14</sup></b>	8%	7%	8%	5%	4%	6%
<b>BHDS Facility or Group Home</b>	4%	6%	4%	4%	3%	4%
<b>Hospital</b>	1%	1%	1%	2%	2%	1%
<b>Homeless</b>	1%	1%	1%	1%	1%	1%

<sup>14</sup> Other includes senior center, shelter, adult foster care, adult day care, jail, day treatment center, transportation provider, sheltered workshop and other undefined location of the incident.

**Table 13-Statewide Demographics of Substantiated APS Reports**

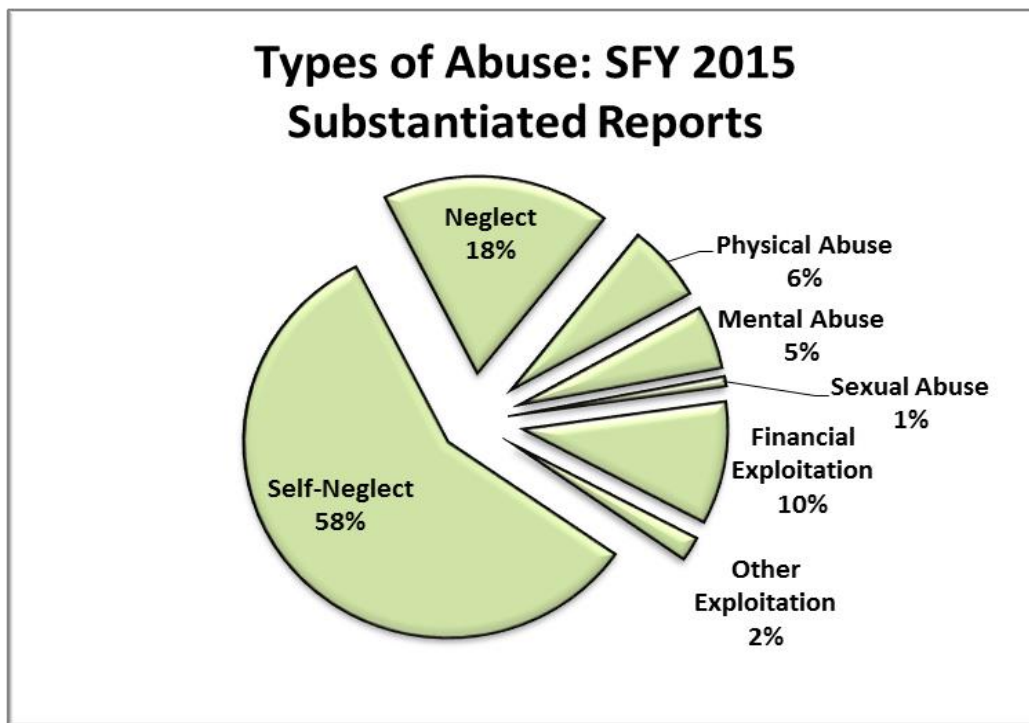
<b>SFY 2015: Demographics of Subjects of Substantiated Reports</b>		
<b>TOTAL SUBSTANTIATED REPORTS</b>		<b>9,224</b>
<b>AGE</b>	60 years or older	75%
	18-59	25%
<b>SEX</b>	Female	60%
	Male	40%
	Unknown	<1%
<b>RACE</b>	White	71%
	African American	23%
	Unknown	5%
	Asian	1%
	American Indian	<1%

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 most frequent locations of abuse that occurred 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 14-Types of Abuse: Statewide Substantiated Reports**

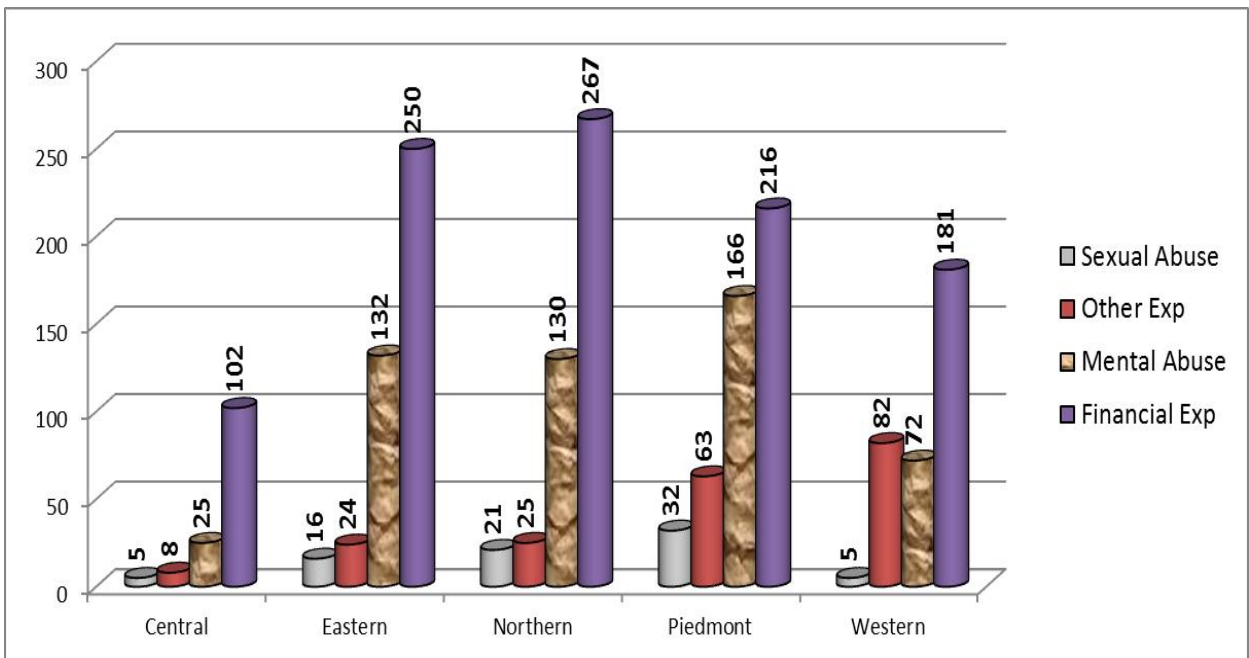
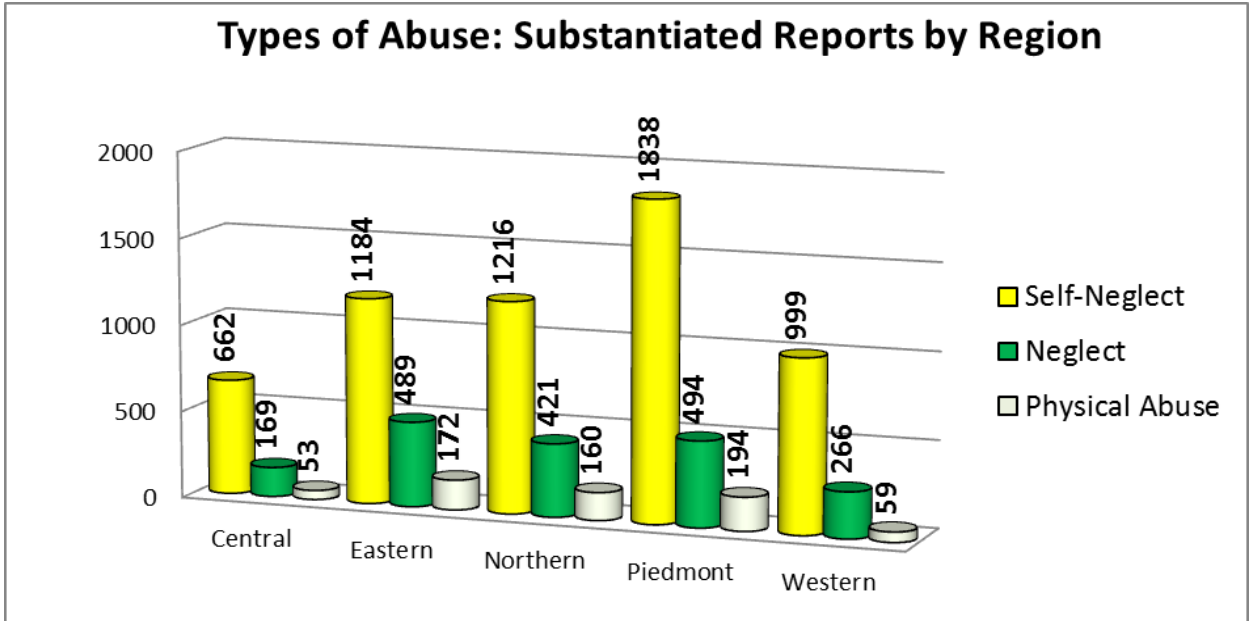
Abuse Type—SFY 2015 Substantiated Reports	#
Self-Neglect	5,899
Neglect	1,839
Financial Exploitation	1,016
Physical Abuse	638
Mental Abuse	525
Other Exploitation	202
Sexual Abuse	79
<b>Total</b>	<b>10,109<sup>15</sup></b>



<sup>15</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



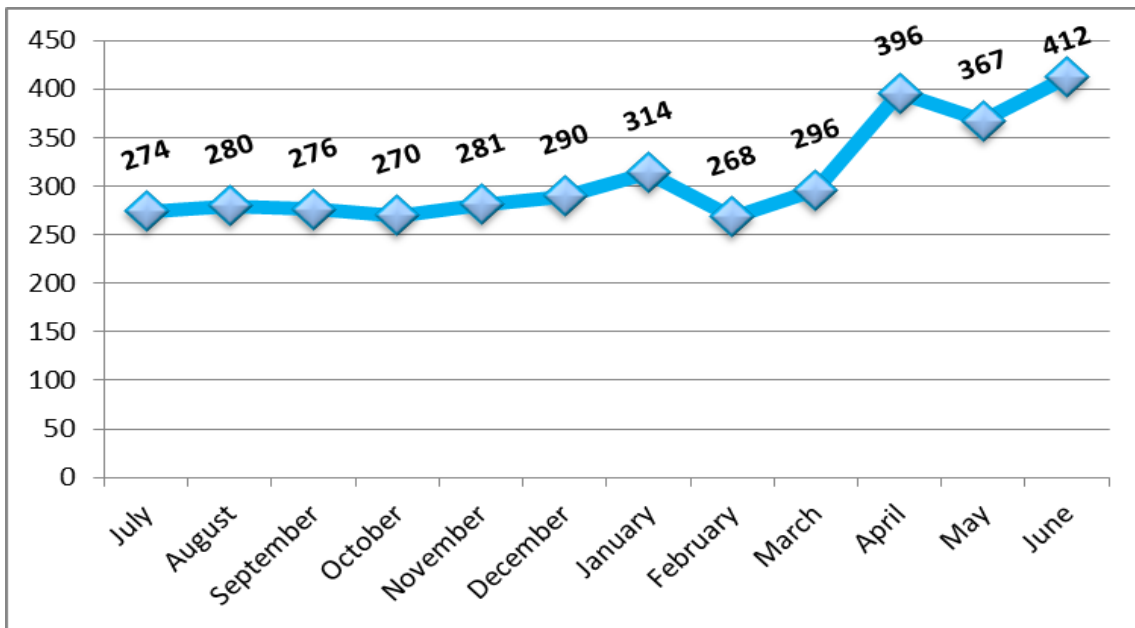
**Table 15-Types of Abuse: Substantiated Reports by Region**



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 16** illustrates APS hotline call volume for SFY15.

**Table 16-APS Hotline Reports**

**SFY 2015: Monthly APS Hotline Reports**



Hotline staff received APS 3,724 reports in SFY 2015

- An 23% increase over SFY 2014

The following tables illustrate the number of SFY 2015 APS reports received in each locality. **Table 17** organizes the localities according to region.

**Table 17-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	18	Accomack	71	Alexandria	256
Buckingham	47	Brunswick	26	Arlington	229
Caroline	67	Chesapeake	867	Clarke	46
Charles City	23	Dinwiddie	56	Culpeper	96
Chesterfield/ Colonial Heights	594	Franklin City	6	Fairfax/Fairfax City/Falls Church	1,040
Cumberland	45	Gloucester	113	Fauquier	337
Essex	6	Greensville/Emporia	7	Frederick	344
Fluvanna	133	Hampton	249	Fredericksburg	64
Goochland	50	Isle of Wight	90	Greene	42
Hanover	222	James City County	211	Harrisonburg/ Rockingham	294
Henrico	966	Mathews	45	King George	2
Hopewell	102	Newport News	664	Loudoun	417
King & Queen	22	Norfolk	992	Louisa	141
King William	9	Northampton	11	Madison	12
Lancaster	44	Portsmouth	200	Manassas City	58
Lunenburg	32	Prince George	58	Manassas Park	19
Middlesex	91	Southampton	24	Orange	82
New Kent	33	Suffolk	237	Page	79
Northumberland	3	Surry	14	Prince William	676
Nottoway	21	Sussex	70	Rappahannock	21
Petersburg	96	Virginia Beach	1,078	Shenandoah	109
Powhatan	9	Williamsburg	76	Spotsylvania	142
Prince Edward	44	York/Poquoson	236	Stafford	50
Richmond City	881			Warren	111
Richmond County	4			Winchester	170
Westmoreland	57				
<b>Total</b>	<b>3,619</b>	<b>Total</b>	<b>5,401</b>	<b>Total</b>	<b>4,837</b>

Piedmont Region		Western Region	
<i>Locality</i>	<i># of Reports</i>	<i>Locality</i>	<i># of Reports</i>
Albemarle	343	Bland	9
Alleghany/Covington/Clifton Forge	93	Bristol	84
Amherst	101	Buchanan	26
Appomattox	22	Carroll	264
Bath	16	Dickenson	35
Bedford/Bedford City	451	Floyd	82
Botetourt	76	Galax	31
Campbell	141	Giles	66
Charlotte	16	Grayson	159
Charlottesville	317	Lee	46
Craig	18	Montgomery	115
Danville	203	Norton	10
Franklin County	200	Patrick	139
Halifax/South Boston	100	Pulaski	233
Henry/Martinsville	239	Radford	14
Highland	21	Russell	161
Lynchburg	610	Scott	212
Mecklenburg	131	Smyth	265
Nelson	73	Tazewell	302
Pittsylvania	163	Washington	146
Roanoke City	616	Wise	226
Roanoke County/Salem	717	Wythe	128
Rockbridge/Buena Vista/Lexington	57		
Staunton/Augusta/Waynesboro	1,324		
<b>Total</b>	<b>6,048</b>	<b>Total</b>	<b>2,753</b>

## **Table 18-APS Reports by Agency Level**

**Table 18** lists the number of APS reports for each locality according to agency level (size). LDSS are divided into three agency levels based on the number of full time employees (FTE).

- Level I--A small office typically has less than twenty-one (21) approved permanent 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.

<b>Level III</b>	
<b><i>Locality</i></b>	<b><i># of Reports</i></b>
<b>Albemarle</b>	<b>343</b>
<b>Alexandria</b>	<b>256</b>
<b>Arlington</b>	<b>229</b>
<b>Charlottesville</b>	<b>317</b>
<b>Chesapeake</b>	<b>867</b>
<b>Chesterfield/Colonial Heights</b>	<b>594</b>
<b>Danville</b>	<b>203</b>
<b>Fairfax</b>	<b>1,040</b>
<b>Hampton</b>	<b>249</b>
<b>Harrisonburg/Rockingham</b>	<b>294</b>
<b>Henrico</b>	<b>966</b>
<b>Henry/Martinsville</b>	<b>239</b>
<b>Loudoun</b>	<b>417</b>
<b>Lynchburg</b>	<b>610</b>
<b>Newport News</b>	<b>664</b>
<b>Norfolk</b>	<b>992</b>
<b>Petersburg</b>	<b>96</b>
<b>Portsmouth</b>	<b>200</b>
<b>Prince William</b>	<b>676</b>
<b>Richmond City</b>	<b>881</b>
<b>Roanoke City</b>	<b>616</b>
<b>Roanoke County</b>	<b>717</b>
<b>Staunton/Augusta/Waynesboro</b>	<b>1,324</b>
<b>Suffolk</b>	<b>237</b>
<b>Virginia Beach</b>	<b>1,078</b>
<b>Wise</b>	<b>226</b>
<b>Total</b>	<b>14,331</b>

Level II				Level I	
<i>Locality</i>	<i># of Reports</i>	<i>Locality</i>	<i># of Reports</i>	<i>Locality</i>	<i># of Reports</i>
Accomack	71	Lee	46	Amelia	18
Alleghany/Covington	93	Louisa	141	Appomattox	22
Amherst	101	Manassas City	58	Bath	16
Bedford/Bedford City	451	Mecklenburg	131	Bland	9
Bristol	84	Montgomery	115	Botetourt	76
Brunswick	26	Northampton	11	Charles City	23
Buchanan	26	Orange	82	Clarke	46
Buckingham	47	Page	79	Cumberland	45
Campbell	141	Patrick	139	Essex	6
Caroline	67	Pittsylvania	163	Floyd	82
Carroll	264	Prince Edward	44	Galax	31
Charlotte	16	Prince George	58	Goochland	50
Craig	18	Pulaski	233	Greene	42
Culpeper	96	Rockbridge	57	Highland	21
Dickenson	35	Russell	161	King & Queen	22
Dinwiddie	56	Scott	212	King George	2
Fauquier	337	Shenandoah	109	King William	9
Fluvanna	133	Smyth	265	Lancaster	44
Franklin City	6	Southampton	24	Lunenburg	32
Franklin County	200	Spotsylvania	142	Madison	12
Frederick	344	Stafford	50	Manassas Park	19
Fredericksburg	64	Surry	14	Mathews	45
Giles	66	Sussex	70	Middlesex	91
Gloucester	113	Tazewell	302	Nelson	73
Grayson	159	Warren	111	New Kent	33
Greensville/Emporia	7	Washington	146	Northumberland	3
Halifax	100	Westmoreland	57	Norton	10
Hanover	222	Winchester	170	Nottoway	21
Hopewell	102	Wythe	128	Powhatan	9
Isle of Wight	90	York/Poquoson	236	Radford	14
James City County	211			Rappahannock	21
				Richmond County	4
				Williamsburg	76
		<b>Total</b>	<b>7,300</b>	<b>Total</b>	<b>1,027</b>

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 2015 LDSS, often in collaboration with local law enforcement or the LDSS attorney initiated the following actions:

- **265** petitions for guardianship
- **24** petitions for conservatorship
- **42** protective orders
- **18** emergency orders for protective services
- **71** involuntary commitments to state or private hospitals
- **9** orders for medical treatment

Additionally, **60** cases were referred to legal authorities for possible criminal abuse or neglect charges.

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

- In SFY 2015, LDSS provided or arrange for over **30,000** services for clients, including, emergency assistance, home repairs, medical services, transportation and counseling.
- LDSS non-reimbursable expenditures for homemaker, chore and companion services decreased **7%** from SFY 2014 to 2015.
- Homemaker, chore and companion cases have declined about **9.6%** each year since SFY 2010.
- As part of community-based preadmission screening teams, LDSS completed **17,000** preadmission screenings in SFY 2015, nearly a **22%** increase from the previous SFY.
- Guardian report cases increased almost **7%** from SFY 2014.
- LDSS received a total of **22,658** reports of adult abuse, neglect, or exploitation, a **4.7%** increase from SFY 2014.
- Substantiated reports increased **0.7%** from SFY 2013 to 2014 and increased **0.9%** from SFY 2014 to 2015.
- APS reports made by financial institution have increased **200%** since SFY 2010.
- **Seventy-three percent** of report subjects were adults age 60 years or older, a **1%** increase from the previous SFY.
- **Nineteen percent** of adults exercised their statutory right to refuse services, a consistent trend since SFY 2010.
- Self-neglect (**58%**) remains the most common type of abuse in substantiated APS cases.



# 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. This assistance is available from LDSS to ensure that individuals are able to maintain a standard of living that meets a basic level of need. The AG Program is funded with 80 percent state money and 20 percent local money and is administered by the Department. The rate that an ALF may charge to provide services for an individual with AG is determined by the Virginia General Assembly and is adjusted periodically.

The AG program is specifically for individuals who reside in assisted living facilities (ALF) licensed by the Virginia Department of Social Services, Division of Licensing Programs, or in adult foster care (AFC) homes approved by LDSS. Not all ALFs accept AG. As of June 30, 2015, Virginia had 539 licensed ALFs with a licensed bed capacity of 32,860. Fewer than 300 of the 539 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.

There are two levels of care provided in ALFs, residential and assisted living. Individuals meeting the residential level of care require minimal assistance with activities of daily living (ADLs) such as bathing, dressing, eating, transferring, toileting, and bowel and bladder continence, or need assistance with medication management. Individuals who need the assisted living level of care require assistance with more ADLs or have a dependency in behavior pattern.

## 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.

In 2012 the AG regulations were revised to include a residency requirement for all individuals applying for AG. Individuals must be 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 65 or over, or be blind, or be disabled;
- ◆ Reside in an ALF or approved AFC home;
- ◆ Be a citizen of the United States or an alien who meets specified criteria;

- ◆ Be a Virginia resident or meet the exception
- ◆ Have countable income less than the total of the AG rate approved for the assisted living facility plus the personal needs allowance;
- ◆ Have non-exempted resources less than \$2,000 for one person or \$3,000 for a couple<sup>16</sup> and;
- ◆ Have been assessed and determined to need ALF or AFC placement.

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 or AFC provider for services provided.

## **What is covered under the Auxiliary Grant?**

### **Room and Board:**

- ◆ Provision of a furnished room in a facility that meets applicable building and fire safety codes;
- ◆ Housekeeping services based on the needs of the resident;
- ◆ Meals and snacks, including extra portions and special diets;
- ◆ Clean bed linens and towels as needed by the resident provided at least once a week.

### **Maintenance and Care:**

- ◆ Minimal assistance with personal hygiene including bathing, dressing, oral hygiene, hair grooming and shampooing, care of clothing, shaving, care of toenails and fingernails, arranging for haircuts as needed, and care of needs associated with menstruation or occasional bladder or bowel incontinence;
- ◆ Medication administration as required by licensing regulations including insulin injections;
- ◆ Provision of generic personal toiletries;
- ◆ Minimal assistance with the following: care of personal possessions, care of personal funds if requested by the recipient and residence policy allows it, use of telephone, arranging transportation, obtaining necessary personal items and clothing, making and keeping appointments, and correspondence;
- ◆ Securing health care and transportation when needed for medical treatment;
- ◆ Providing social and recreational activities as required by licensing regulations;
- ◆ General supervision for safety.

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<sup>16</sup> These figures are current but are subject to change. Contact the eligibility unit at the local department of social services for current information.

## Third party payments

As of July 1, 2012, ALF and AFC providers can accept third party payment on behalf of an AG individual. These payments are not counted as income when determining eligibility for AG.

The payments must be made:

- Directly to the provider by the third party on behalf of the individual receiving AG after the goods or services have been provided
- Voluntarily by the third party, and not in satisfaction of a condition of admission, stay, or provision of proper care and services to the individual receiving AG and
- For specific goods and services provided to the individual receiving AG other food, shelter, or specific goods or services required to be provided by the provider as a condition of participation in the AG program

## Applying for AG or becoming an AG provider

Individuals interested in applying for AG should contact their LDSS.

An ALF provider interested in accepting individuals eligible for Auxiliary Grant should contact the Department for Aging and Rehabilitative Services, Adult Protective Services Division, 8004 Franklin Farms Drive, Henrico, VA 23229 (telephone 804-662-7531). Providers need to fill out a Provider Agreement and return the completed agreement and a copy of their facility license to the APS Division.

**Table 19-Auxiliary Grant Rates**

<b>Auxiliary Grant Rates 2009-2015</b>									
	1/09	1/10	1/11	1/12	7/12	1/13	7/13	1/14	1/15
<b>ALF Rate</b>	\$1,112	\$1,112	\$1,112	\$1,136	\$1,150	\$1,161	\$1,196	\$1,207	\$1,219
<b>AFC Rate</b>	\$1,112	\$1,112	\$1,112	\$1,136	\$1,150	\$1,161	\$1,196	\$1,207	\$1,219
<b>Planning District 8*</b>	\$1,279	\$1,279	\$1,279	\$1,303	\$1,317	\$1,328	\$1,375	\$1,388	\$1,402
<b>Personal Needs Allowance (PNA)</b>	\$81	\$81	\$81	\$81	\$81	\$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 2015 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 20-Auxiliary Grant Expenditures and Monthly Case Count**

<b>SFY 2015 Auxiliary Grant Expenditures and Monthly Case Counts<sup>17</sup></b>			
	<b>Adult Foster Care</b>	<b>Assisted Living Facility</b>	<b>Total</b>
Average Monthly Caseload ( Aged)	6	1,505	1,511
Average Monthly Caseload ( Blind)	0	6	6
Average Monthly Caseload (Disabled)	33	2,818	2,851
Average Monthly Caseload (Total)	39	4,329	4,368
State	\$196,025	\$21,055,670	\$21,251,695
Local	\$49,006	\$5,263,917	\$5,312,923
Local-Non Reimbursable	\$0	\$1,587	\$1,587
Total Expenditures	\$245,031	\$26,321,174	\$26,566,205

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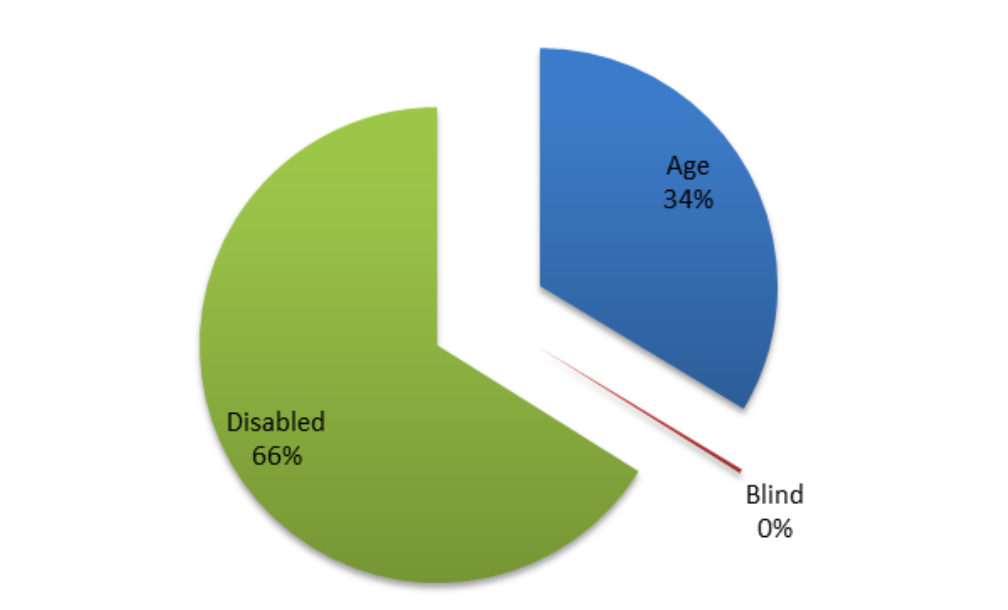
<sup>17</sup> Source: Laser

In order to develop a more comprehensive picture of the demographics of individuals who receive AG, information from the VDSS Data Warehouse database was analyzed. In SFY 2015 there were 5,124 individual (unduplicated) AG recipients who received an AG payment for at least one month during the fiscal year. The following graphs and charts depict SFY 2015 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 the Social Security Administration. Individuals who are 65 or older meet the category of aged.

Individuals with a disability accounted for 66% of the individuals who received AG. Fourteen individuals identified as blind.

**Table 21-Auxiliary Grant Recipients' Demographics: Aged, Blind and Disabled (ABD) Categories**

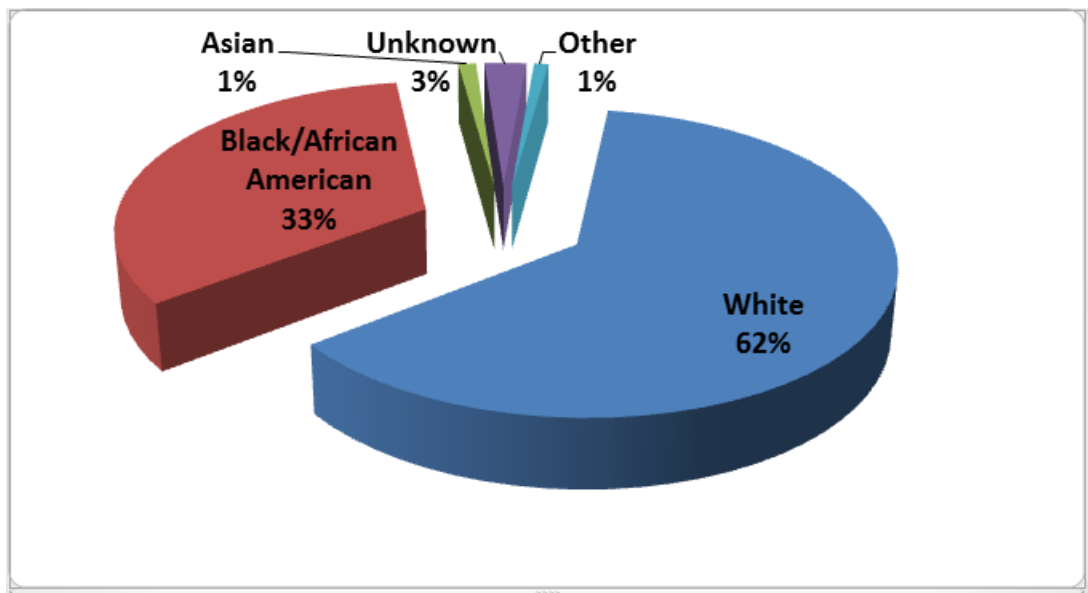


In FY 2015, 62% of individuals were white and 33% were African American. Thirty-two individuals identified as Spanish American

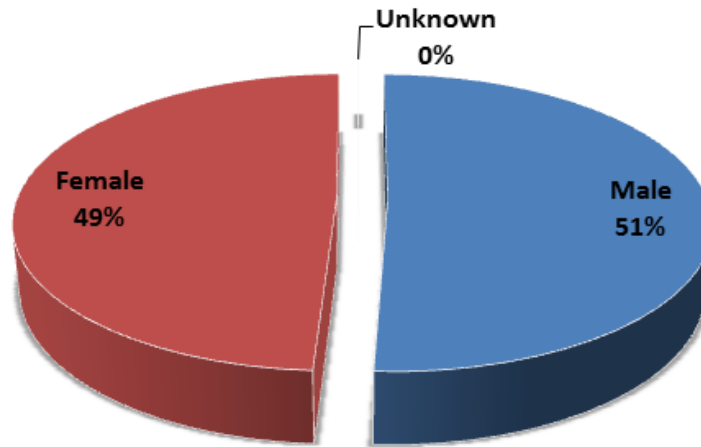
The “Other” category (1%) includes individuals who identify as:

- Other Race
- Black/African American/Asian
- American Indian/Alaskan Native
- Spanish American

**Table 22-Auxiliary Grant Recipients’ Demographics: Race**



**Table 23-Auxiliary Grant Recipients' Demographics: Male & Female**



# Appendices



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

### SIGNS OF ADULT ABUSE, NEGLECT OR EXPLOITATION



**CONTACT ADULT PROTECTIVE SERVICES (APS)  
IF YOU NOTICE ANY OF THESE:**

<p><b>CAREGIVER ABUSE</b></p> <ul style="list-style-type: none"> <li>• Forced isolation</li> <li>• Lack of affection or care for the adult</li> <li>• Communicates to others that adult is a burden</li> <li>• Conflicting stories or accounts of details</li> <li>• Prevents adult from speaking with others</li> <li>• Prevents visitation from family and friends</li> <li>• Inappropriate sexual relationship or language</li> <li>• History of dysfunctional behavior, criminal behavior, or family violence</li> </ul>	<p><b>FINANCIAL EXPLOITATION</b></p> <ul style="list-style-type: none"> <li>• Missing personal belongings</li> <li>• Suspicious signatures</li> <li>• Adult has no knowledge of monthly income</li> <li>• Frequent checks made out to "cash"</li> <li>• Numerous unpaid bills</li> <li>• Discrepancies in tax returns</li> <li>• Large bank withdrawal</li> <li>• Unusual bank activity</li> <li>• A changed will or POA</li> </ul>	<p><b>PSYCHOLOGICAL/ BEHAVIORAL</b></p> <ul style="list-style-type: none"> <li>• Depression</li> <li>• Lack of communication and talking</li> <li>• Isolation or withdrawal</li> <li>• Anxiety</li> <li>• Anger</li> <li>• Frequent change of health care professionals</li> </ul>
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**REPORT SUSPECTED ABUSE**

Any person, including financial institutions, may report suspected abuse to APS. If you or someone you know is being mistreated, contact your local department of social services and ask for an APS worker, or you may call the 24-hour, toll-free hotline listed below.

**PHYSICAL SIGNS OF ABUSE**

- Dehydration or malnutrition
- Broken bones or sprains
- Pain from touching
- Scratches, burns, bruises
- Soiled clothing or bed
- Restrained, tied to bed or chair



1-888-832-3858

24-HOUR TOLL FREE HOTLINE

Virginia Department for Aging and Rehabilitative Services  
Adult Protective Services Division  
<http://www.dars.virginia.gov>

032-02-0744-02-eng (07/13)

## **APPENDIX B: Adult Protective Services Division Contacts**

<b>Adult Protective Services Home Office Staff</b> Virginia Department for Aging and Rehabilitative Services 8004 Franklin Farms Drive Henrico, VA 23229	
<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>	<b>Venus Bryant</b> Administrative Assistant ☎ 804-726-1904 <a href="mailto:venus.bryant@dars.virginia.gov">venus.bryant@dars.virginia.gov</a>
<b>Tishaun Harris-Ugworji</b> Adult Services/Adult Protective Services Program Consultant ☎ 804-662-7531 <a href="mailto:tishaun.harrisugworji@dars.virginia.gov">tishaun.harrisugworji@dars.virginia.gov</a>	

<b>Adult Services Regional Staff</b>	
<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>	<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>
<b>Angela Mountcastle</b> 1351 Hershberger Road Suite 210 Roanoke, VA 24012 ☎ 540-204-9640 FAX: 540-561-7536 <a href="mailto:Angela.mountcastle@dars.virginia.gov">Angela.mountcastle@dars.virginia.gov</a>	<b>Margie Marker</b> 1604 Santa Rosa Road Richmond, VA 23229 ☎ 804-662-9783 FAX: 804-662-7023 <a href="mailto:Marjorie.Marker@dars.virginia.gov">Marjorie.Marker@dars.virginia.gov</a>
<b>Carey Raleigh</b> 291 Independence Blvd. Pembroke IV, Suite 300 Virginia Beach, VA 23462 ☎ 757-491-3983 FAX: 757-552-1832 <a href="mailto:Carey.Raleigh@dars.virginia.gov">Carey.Raleigh@dars.virginia.gov</a>	

**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> 291 Independence Blvd. Pembroke Four, Suite 300 Virginia Beach, VA 23462 ☎ 757-491-3983 FAX: 757-552-1832	<b>Margie Marker</b> 1604 Santa Rosa Road Suite 130 Richmond, VA 23229 ☎ 804-662-9783 FAX: 804-662-7023	<b>Andrea Jones</b> 410 Rosedale Court Suite 270 Warrenton, VA 20186 ☎ 540-347-6313 FAX: 540-347-6331	<b>Angela Mountcastle</b> 1351 Hershberger Road Suite 210 Roanoke, VA 24012 ☎ 540-204-9640 FAX: 540-561-7536	<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 Matthews (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: Agencies and Organizations**

### **VIRGINIA**

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

- Virginia Division for the Aging: [www.vda.virginia.gov](http://www.vda.virginia.gov)
- Division of Rehabilitative Services
- Adult Protective Services Division

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/>

**APPENDIX E: Local Department of Social Services**  
***ADULT SERVICES (AS) and ADULT PROTECTIVE SERVICES (APS) Contacts***

<b><u>COUNTIES</u></b>	
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<p><b>BOTETOURT DSS</b>  LEIGH MARTIN, FS SUPERVISOR  220 COMMONS PARKWAY  PO BOX 99  DALEVILLE, VA 24083  540-591-5960; FAX 540-591-5969  <a href="#">Webpage</a></p> <p><b>BRUNSWICK DSS</b>  DEBBIE BURKETT, DIRECTOR  201 SHARPE STREET, SUITE 100  LAWRENCEVILLE, VA 23868  434-848-2142; FAX 434-848-2828  <a href="#">Webpage</a></p> <p><b>BUCHANAN DSS</b>  CECIL STILTNER, FS SUPERVISOR  3174 SLATE CREEK ROAD  GRUNDY, VA 24614-0674  276-935-8106; FAX 276-935-5412  <a href="#">Webpage</a></p> <p><b>BUCKINGHAM DSS</b>  STEPHANIE COLEMAN, FS SUPERVISOR  13360 WEST JAMES ANDERSON HIGHWAY  ROUTE 60, PO BOX 170  BUCKINGHAM COURT HOUSE, VA 23921-0170  434-969-4246; FAX 434-969-1449  <a href="#">Webpage</a></p> <p><b>CAMPBELL DSS</b>  SUSAN R. JONES, FS SUPERVISOR  69 KABLER LANE  PO BOX 860  RUSTBURG, VA 24588-0860  434-332-9585; FAX 434-332-9699  <a href="#">Webpage</a></p>	<p><b>CAROLINE DSS</b>  IVEY BLUNT, FS SUPERVISOR  17202 RICHMOND TURNPIKE  PO BOX 430  BOWLING GREEN, VA 22427  804-633-5071; FAX 804-633-5648  <a href="#">Webpage</a></p> <p><b>CARROLL DSS</b>  PATRICIA DRAUGHAN, FS SUPERVISOR  CARROLL COUNTY GOVERNMENTAL COMPLEX  605-8 PINE STREET  HILLSVILLE, VA 24343  276-730-3130; FAX 276-730-3135  <a href="#">Webpage</a></p> <p><b>CHARLES CITY DSS</b>  LATOYA JOHNSON-DAVIS  10600 COURTHOUSE ROAD  PO BOX 98  CHARLES CITY, VA 23030-0098  804-652-1708; FAX 804-829-2430</p> <p><b>CHARLOTTE DSS</b>  PHYLLIS COLLEY, FS SPECIALIST  400 THOMAS JEFFERSON HIGHWAY  PO BOX 440  CHARLOTTE COURT HOUSE, VA 23923  434-542-5164; FAX 434-542-5692  <a href="#">Webpage</a></p> <p><b>CHESTERFIELD-COLONIAL HGHTS DSS</b>  KIVA ROGERS, ACTING SUPERVISOR  9501 LUCY CORR CIRCLE  PO BOX 430  CHESTERFIELD, VA 23832-0430  804-748-1100; FAX 804-717-6294  <a href="#">Webpage</a></p>
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