

Department  
for Aging and  
Rehabilitative  
Services

State  
Fiscal  
Year  
2024

Adult Protective Services  
Division

Annual Report



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

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Dear Colleagues:

I am pleased to present the State Fiscal Year (SFY) 2024 Adult Protective Services (APS) Division Annual Report. It was an exciting year for APS in Virginia and across the country. In May 2024, the Administration for Community Living (ACL) released first-ever federal regulations for APS programs. These regulations address standards for APS response, least-restrictive alternatives, conflicts of interest, and coordination and collaboration with other entities. The standards are considered a “floor” or a minimum set of requirements, but states are encouraged to adopt practices and procedures that exceed them. Virginia APS is focusing on meeting the May 2028 compliance timeline and is identifying areas where our processes surpass the regulations and where more work needs to be done.

As in past years, APS reports and substantiated investigations continued their upward trend in SFY 2024. LDSS, with additional resources from American Rescue Plan Act (ARPA), were better able to meet the growing needs of adult abuse victims and other vulnerable adults. However, these funds ended and unfortunately the new federal regulations were not accompanied by substantial funding for APS programs. DARS will continue to advocate for the APS system and raise awareness of the challenges it faces.

To our state and local APS professionals—thank you for dedication! Every day I am made aware of the miracles you work throughout Virginia supporting vulnerable adults!

With sincere appreciation,

*Kathryn A. Hayfield*  
Kathryn A. Hayfield

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

*"DARS' mission is 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 Unit, 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 help individuals with physical, cognitive, and developmental disabilities become successfully employed.

The Adult Protective Services (APS) Division oversees two program areas, Adult Services (AS) and APS, which are delivered by 120 local departments of social services (LDSS).<sup>1</sup> The DARS Commissioner, who the Governor appoints, oversees the Division at the state level. The Commissioner and Division Director serve as liaisons to federal agencies as well as state legislative entities and executive branch agencies. Other Division staff develops regulations and guidance documents, conducts training, and monitors LDSS performance in the two program areas.

The SFY 2024 APS Division Report reflects AS and APS statistical data from the PeerPlace case management system for the period of July 1, 2023, through June 30, 2024.

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<sup>1</sup> The Auxiliary Grant (AG) Program was formerly part of the APS Division. An agency reorganization relocated the AG Program to the Division for Community Living effective July 1, 2023.

# Adult Services Program

The following sections provide an overview of Adult Services (AS) Program activities. The AS Program serves adults with an impairment and their families when appropriate.<sup>2</sup> Services help adults remain in the least restrictive environment of their choosing--preferably their own home-- for as long as possible. Home-based services and other supports also decrease or delay the need for more expensive institutional placement.

## 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 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 distributed among many other state programs. SSBG funding for home-based care programs has not increased in several years. Localities have struggled to offer competitive provider wages, locate willing providers, and respond to a growing home-based care service population. Frequently, localities must reduce service hours for their clients or seek other types of long-term services for them.

However, LDSS received some financial relief in SFY 2024, when DARS was allocated temporary funding through the American Rescue Plan Act (ARPA). DARS distributed ARPA funds to LDSS which helped them deliver home-based care and meet other needs of vulnerable adults. However, ARPA funding ended and LDSS will have to rely on limited state funding for home-based care needs moving forward.

PeerPlace service plan data indicates that **4,626** adults received home-based services a **7%** increase from SFY 2023 likely as a result of temporary ARPA funds. In SFY 2024 home-based services included **4,010** companion, **62** chore and **554** homemaker cases.

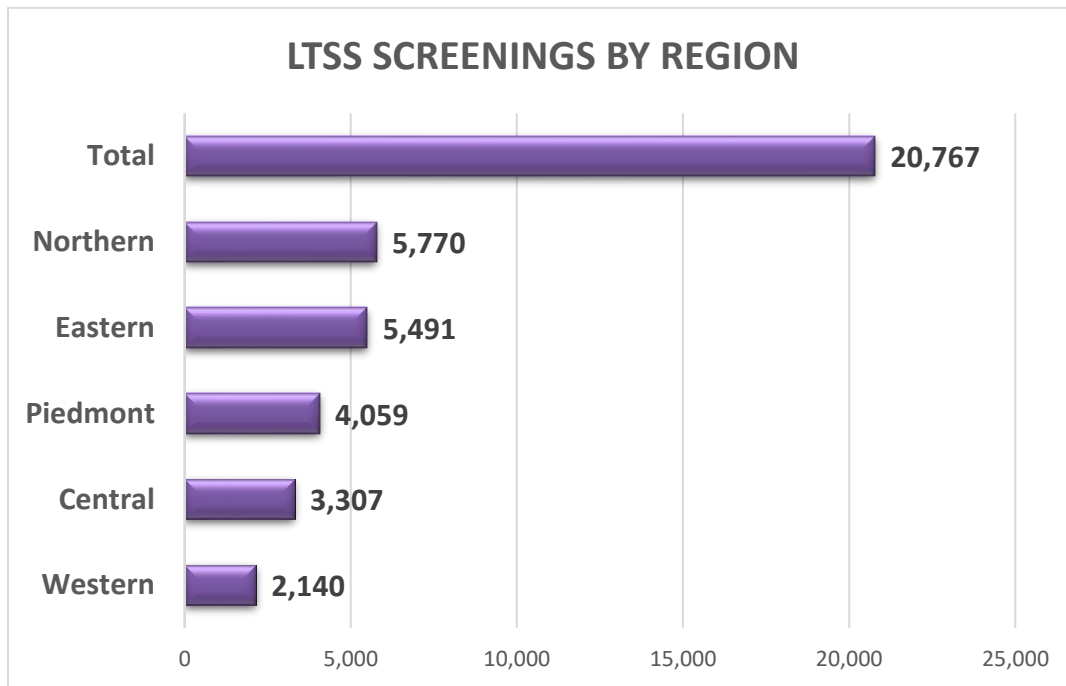
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<sup>2</sup> Adult with an impairment means an adult whose physical or mental capacity is diminished to the extent that he needs counseling or supervisory assistance or assistance with activities of daily living or instrumental activities of daily living (§51.5-144 of the Code of Virginia).

## Long-term Services and Supports (LTSS) Screenings

The Code of Virginia (§ 32.1-330) requires that all individuals who apply for or request Medicaid-funded community or institutional long-term services and supports (LTSS) be screened to determine their functional eligibility for these services. The LDSS worker, in cooperation with local health department nurses, are responsible for performing screenings for LTSS for individuals residing in the community. Individuals may request Medicaid services such as the CCC Plus waiver, nursing facility placement or Program for the All-Inclusive Care for the Elderly (PACE). In SFY 2024, LDSS participated in screening **20,767** adults for LTSS, a **4%** increase from the previous SFY. **Table 1** shows that **28%** of LTSS screenings occurred in the Northern Region and the smallest percentage (**10%**) were in the Western Region.

**Table 1-LTSS Screenings by Region<sup>3</sup>**



## Assisted Living Facility (ALF) Assessment and Reassessments

Individuals using the Auxiliary Grant (AG) for ALF placement must be assessed using the Uniform Assessment Instrument (UAI) upon admission, annually, or whenever they experience a significant change. Employees of the following agencies are authorized to complete initial ALF assessments for individuals apply for or receiving AG:

<sup>3</sup> Source: Department of Medical Assistance Services (DMAS)

- 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

Except for staff at acute care hospitals and the Department of Corrections, qualified assessors with the above-named agencies may also conduct annual 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 disability. The AFC is an optional program and not all LDSS offer it. The following local departments offered AFC in 2024: Chesapeake, Fairfax, Fauquier, Montgomery, Norfolk, Prince William, and Virginia Beach. The local board of social services must authorize an AFC Program before the LDSS can offer the program. 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. In SFY 2024, **40** individuals received AFC services.

### **AS Funding**

Most of the AS funding allocated to LDSS is used to provide in-home services and supports such as companion, chore, or homemaker. AS funds may also be used for guardianship support services and for preventative services to stabilize an adult's situation before the adult may need more intrusive protective services. **Table 2** identifies AS expenditures for SFY 2024, and **Table 3** shows a five-year comparison of AS expenditures.

**Table 2-AS Expenditures**

<b>SFY 2024 Adult Services Expenditures<sup>4</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>
Companion	\$3,723,543	\$930,885	\$3,520,130	\$8,174,559	91%
Chore	\$21,051	\$5,263	\$0	\$26,314	<1%
Homemaker	\$9,255	\$2,314	\$0	\$11,569	<1%
Guardianship	\$67,384	\$16,846	\$2,236	\$86,466	1%
Prevention	\$415,214	\$103,803	\$127,377	\$646,395	7%
Adult Day	\$6,994	\$1,749	\$10,266	\$19,009	<1%
<b>Total</b>	<b>\$4,243,441</b>	<b>\$1,060,860</b>	<b>\$3,660,009</b>	<b>\$8,964,312</b>	<b>100%</b>

**Table 3-Five-Year Comparison of AS 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>2024</b>	<b>\$4,243,441</b>	<b>\$1,060,860</b>	<b>\$3,660,010</b>	<b>\$8,964,312</b>
<b>2023</b>	<b>\$4,086,444</b>	<b>\$1,021,611</b>	<b>\$3,297,550</b>	<b>\$8,405,606</b>
<b>2022</b>	<b>\$3,958,441</b>	<b>\$989,610</b>	<b>\$2,653,257</b>	<b>\$7,601,309</b>
<b>2021</b>	<b>\$4,033,459</b>	<b>\$1,008,364</b>	<b>\$3,261,669</b>	<b>\$8,303,493</b>
<b>2020</b>	<b>\$4,301,554</b>	<b>\$1,075,388</b>	<b>\$4,158,633</b>	<b>\$9,535,576</b>

**Home-based Services and AFC Appeals**

<sup>4</sup> Source: LASER



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. DARS received two appeals related to the denial of home-based services in SFY 2024. However, both cases were dismissed when appellant failed to appear.

### **Guardianship Program**

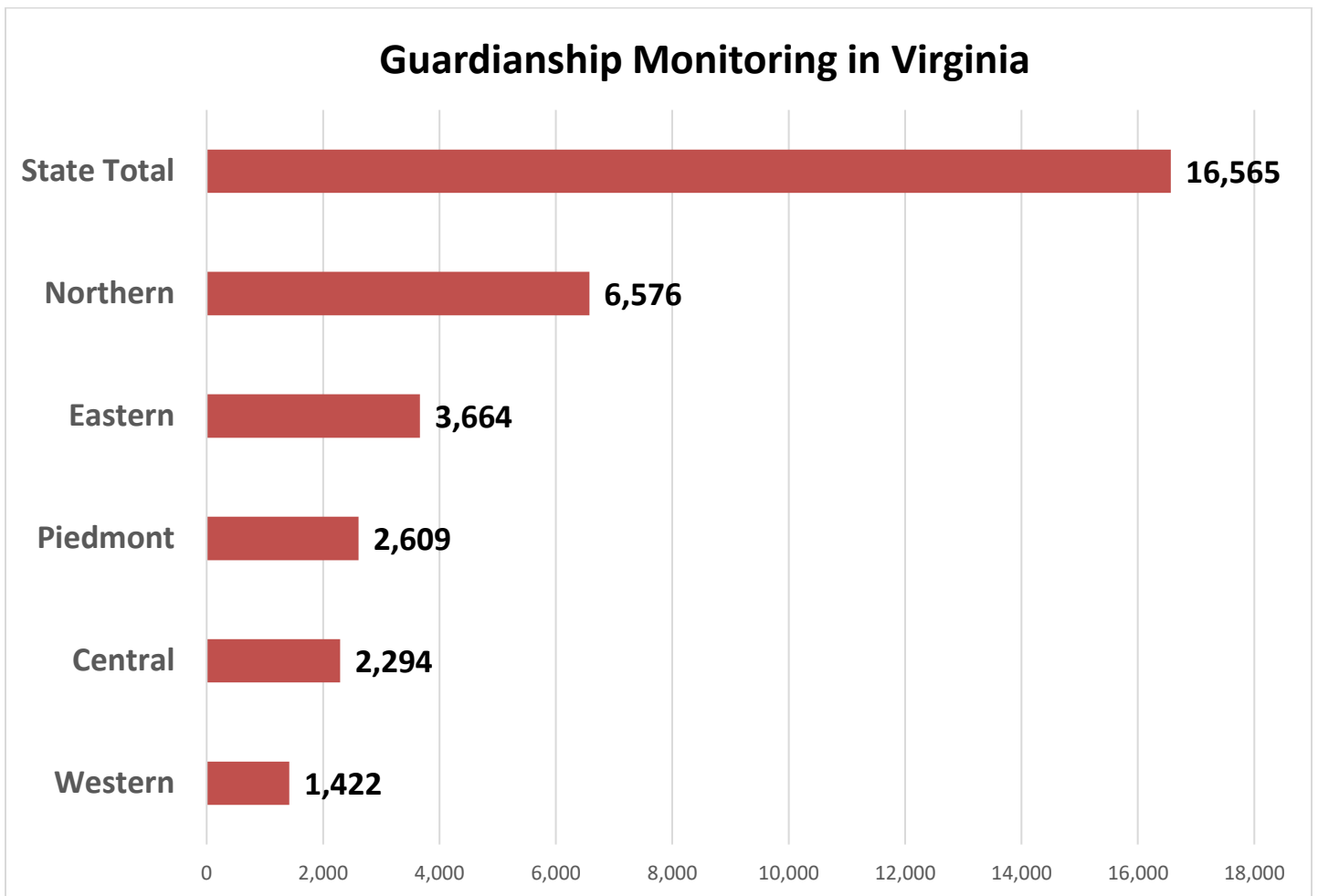
All individuals who have been appointed as guardians by Virginia courts are required to submit the “Annual Report of Guardian for an Incapacitated Person,” along with a \$5.00 filing fee, to the LDSS in the jurisdiction in which the incapacitated adult resides. Section 64.2-2020 of the Code of Virginia requires the guardian report fee to be used by the LDSS to provide protective services to adults.

LDSS workers review the reports for completeness and determine if report contents reveal 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.

Twice a year LDSS workers are required to submit a list of guardians who are more than 90 days overdue in submitting their annual report. In SFY 2024, LDSS workers were responsible for reviewing annual guardian reports for **16,565** incapacitated adults.

**Table 4** shows the volume of annual unduplicated guardian reports by region. Guardians filed the largest percentage (**40%**) of reports with Northern Region LDSS and the smallest percentage (**9%**) in the Western portion of Virginia.

**Table 4-Annual Guardian Reports by Region**



# 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 needs protective services, documenting the need for protective services, specifying what services the adult needs, and providing or arranging 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. However, only about half of the state APS programs investigate in facilities such as nursing homes, or residential programs for individuals with mental illness or developmental disabilities. In some states, local ombudsmen or state licensing program staff conduct APS investigations in facility settings.

In Fall 2023, the Administration for Community Living (ACL) released proposed, first ever federal regulations (Final Rule) for APS. After reviewing public comments from state APS programs, advocacy organizations, and others about the proposed regulations, ACL released the Final Rule on May 7, 2024. Regulations became effective on June 7, 2024, and all APS programs will have to be compliant by May 8, 2028. The APS Final Rule will:

- Elevate best practices and bring greater consistency to APS systems nationwide while respecting the unique needs of states and localities
- Minimize the burden on state APS systems while setting minimum standards to ensure quality APS services
- Support person-directedness, least restrictive alternatives, and flexibility in service delivery

The Final Rule may be accessed at: <https://www.federalregister.gov/documents/2024/05/08/2024-07654/adult-protective-services-functions-and-grants-programs>

ACL also operates the National Adult Maltreatment Reporting System (NAMRS), a database system to collect and organize APS data submitted by each state. Though submission is voluntary, 56 states and territories and the District of Columbia submit NAMRS data. Data for federal fiscal years (FFY) 2016-2022 is available at: <https://namrs.acl.gov/data>. ACL also coordinates with the APS Technical Assistance Resource Center (TARC), which provides education and technical assistance to state APS programs through webinars, blog posts and helps programs with their FFY NAMRS submissions.

## 2024 Session of the Virginia General Assembly

Several bills that passed the 2024 Session of the Virginia General Assembly focused on strengthening oversight and accountability related to adult guardianship. One proposal, Senate Bill (SB) 291 directed DARS to develop and provide training to court appointed guardians by July 1, 2025. Guardianship education around roles and responsibilities is critically important in ensuring that incapacitated adults receive appropriate care and support.

Adult financial exploitation was the focus of House Bill (HB) 692 & SB 174 which enabled older and other vulnerable adults to provide financial institutions with a list of “trusted persons” whom the financial institution staff may contact if there is a suspicion that the adult is a victim or target of financial exploitation. Financial institutions, under certain circumstances, may also contact others associated with the adult, such as a family member, if there is a suspicion the adult is a victim of financial exploitation. The legislation also establishes processes for financial institutions to train their staff on identifying and reporting suspicions of financial exploitation to legal authorities as well as to the APS hotline or the appropriate LDSS. The State Corporation Commission is required to develop guidelines for financial institution trainings by January 1, 2026.

## **Mandated Reporting in Virginia**

An APS report is an allegation that an adult age 60 or older or an incapacitated person aged 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.

A free e-learning module for mandated reporters, titled “Mandated Reporters: Recognizing Adult Abuse, Neglect, and Exploitation in Virginia,” is available on the DARS APS Division public site at <https://www.dars.virginia.gov/aps/AdultProtServ.htm>.

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 of veterinarians;
- Any mental health services provider as defined in §54.1-2400.1;
- Any emergency medical services provider certified by the Board of Health pursuant to § 32.1-111.5, unless such provider 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;
- Any law-enforcement officer; and
- Any person who engages in the practice of behavior analysis, as defined in §54.1-2900

**Table 5** lists some of most common types of APS reporters. Occupations or professionals highlighted in blue represent mandated reporters. The category “unspecified” refers to reporters, who do not identify their occupation or their relationship to the subject of the report. More than **4,423** individuals wished to remain anonymous when making a report. In SFY 2024 financial institution staff ranked as the second most frequent reporter category to APS. Relatives or family members were the third highest reporter category.

**Table 5-Source of APS Reports**

<b>SFY 2024 REPORTER TYPE</b>	<b># OF REPORTS</b>
Unspecified	7,537
Financial Institution Staff	6,624
Relative (includes ex-wife/ex-husband)	4,681
Anonymous	4,423
Nursing Facility Staff	3,114
Nurse/Nurse Manager/NP/Visiting Nurse/Public Health Nurse	3,068
Social Worker	2,952
Other	2,726
Law Enforcement	2,341
EMS/Fire Department	1,565
Hospital Staff	1,504
Friend/Neighbor	1,467
Community Services Board Staff	1,091
Assisted Living Facility Staff	907
Mental Health Support Worker/Counselor/Psychiatrist/Psychologist	815
Self	559
Doctor/Physician Assistant	540
LDSS Staff	468
Agency	399
Social Service Agency	395
Group Home Staff	391
Other Healthcare Professional (Physical/Occupational Therapist or Speech Language Pathologist)	310
Landlord	259
Hospice Staff	256
Caregiver (not specified)	249
Department of Behavioral Health and Developmental Services Staff	204
Area Agency On Aging Staff	184
Home Based Care/Personal Care Provider	175
Guardian	154
Educational Institution Staff	85
POA	77
Shelter Staff	72
Medicaid	69
Attorney	58
Transportation Provider	52

## APS Reports and Investigations

Every APS report must meet certain criteria for it to be 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 a report does not meet APS validity criteria, the LDSS may refer the reporter to other LDSS programs, an appropriate human service agency, or other service provider. A list of indicators of adult abuse, neglect, or exploitation is located at: <https://www.dars.virginia.gov/aps/AdultProtServ.htm>. The Code of Virginia definitions of adult abuse, neglect, and exploitation follow.

**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 6** identifies three-year trends for APS reports. Total APS reports increased **6%** from SFY 2023 to 2024. Substantiated reports increased **2.5%** during the same time.

**Table 6-Three-Year Comparison of APS Reports**

<b>THREE YEAR COMPARISON OF APS REPORTS</b>			
	<b>2022</b>	<b>2023</b>	<b>2024</b>
<b>Total Reports Received</b>	<b>40,371</b>	<b>43,443</b>	<b>45,946</b>
<b>Total Investigated</b>	<b>26,747</b>	<b>27,511</b>	<b>29,443</b>
<b>Total Substantiated</b>	<b>12,824</b>	<b>12,514</b>	<b>12,816</b>
<b>Unfounded</b>	<b>12,355</b>	<b>12,842</b>	<b>14,234</b>
<b>Invalid Disposition<sup>5</sup></b>	<b>1,567</b>	<b>1,630</b>	<b>1,595</b>
<b>Pending<sup>6</sup></b>	<b>48</b>	<b>525</b>	<b>798</b>
<b>Invalid<sup>7</sup></b>	<b>13,672</b>	<b>15,690</b>	<b>15,865</b>
<b><i>Percent of Reports Substantiated<sup>8</sup></i></b>	<b>48%</b>	<b>46%</b>	<b>44%</b>
<b>DISPOSITIONS OF SUBSTANTIATED REPORTS</b>			
<b>Needs and Accepts Services</b>	<b>4,200</b>	<b>4,072</b>	<b>3,678</b>
<b>Needs and Refuses Services</b>	<b>2,679</b>	<b>2,526</b>	<b>2,669</b>
<b>Need No Longer Exists</b>	<b>5,945</b>	<b>5,916</b>	<b>6,469</b>

## 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

<sup>5</sup> “Invalid disposition” means upon the initiation of the investigation, the worker determined that the situation did not meet all validity criteria even though the report was validated.

<sup>6</sup> Pending reports are reports under investigation that do not have a disposition.

<sup>7</sup> “Invalid” represented only reports invalidated upon receipt.

<sup>8</sup> Percent substantiated is calculated by dividing the number of substantiated investigations by total investigations.



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 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 the 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 investigation and there was a preponderance of evidence that the adult abuse, neglect, or exploitation occurred. 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.

LDSS may use APS funding to provide critical services such as extermination of insect or rodent infestations in the home; home repairs including broken plumbing or a leaking roof; purchase food, medicine, or clothing; and emergency placement in a hotel, nursing facility, or ALF. **Table 7** shows a five-year comparison of APS expenditures.

**Table 7-Five-Year Comparison of APS Expenditures**

5-Year Expenditures				
SFY	Federal & State	Local	Non-reimbursed Local	Total Expenditures
2024	\$722,660	\$132,557	\$653,170	\$1,508,388
2023	\$757,867	\$139,015	\$475,831	\$1,372,713
2022	\$720,171	\$132,100	\$252,460	\$1,104,732
2021	\$585,684	\$107,431	\$340,875	\$1,033,991
2020	\$527,194	\$96,703	\$166,604	\$790,501

Victims may experience different types of abuse, neglect, or exploitation. Some victims may only experience self-neglect. Others may be the victims of poly-victimization, when one or more types of maltreatment co-occur. **Table 8** identifies the types of maltreatment that were substantiated in SFY 2024. Self-neglect is the most common type of maltreatment experienced in Virginia occurring in **60%** of substantiated investigations. Financial exploitation accounted for **17%** of substantiated investigations.

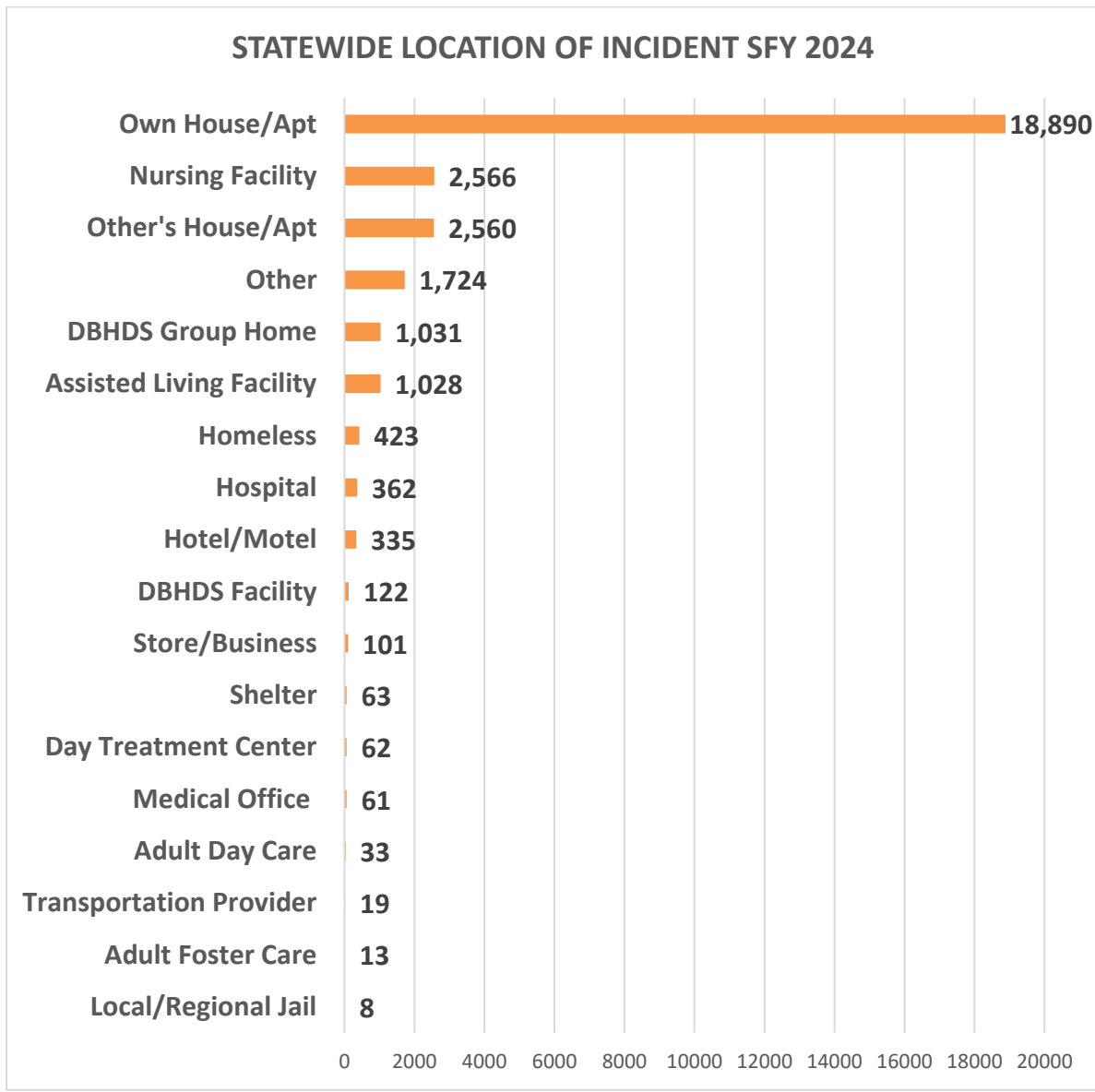
**Table 8-Statewide Substantiated Maltreatment**

SFY 2024 Substantiated Types of Maltreatment	#	%
Self-Neglect	7,978	60%
Financial Exploitation	2,345	17%
Neglect	1,666	12%
Physical Abuse	647	5%
Mental Abuse	574	4%
Other Exploitation	218	2%
Sexual Abuse	62	<1%
<b>TOTAL</b>	<b>13,488<sup>9</sup></b>	<b>100%</b>

<sup>9</sup> More than one type of substantiated maltreatment may be selected.

**Table 9** shows the location of the incident of maltreatment in the APS report. In SFY 2024, the majority of maltreatment incidents occurred in the adult’s own home or apartment. The second most common incident location was a nursing facility.

**Table 9-Location of Incident**



**Table 10** reflects demographics of the APS report subjects, statewide and regionally. Statewide **83%** of subjects were age 60 or older. Nearly **4,400** individuals were age 85 or older.

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

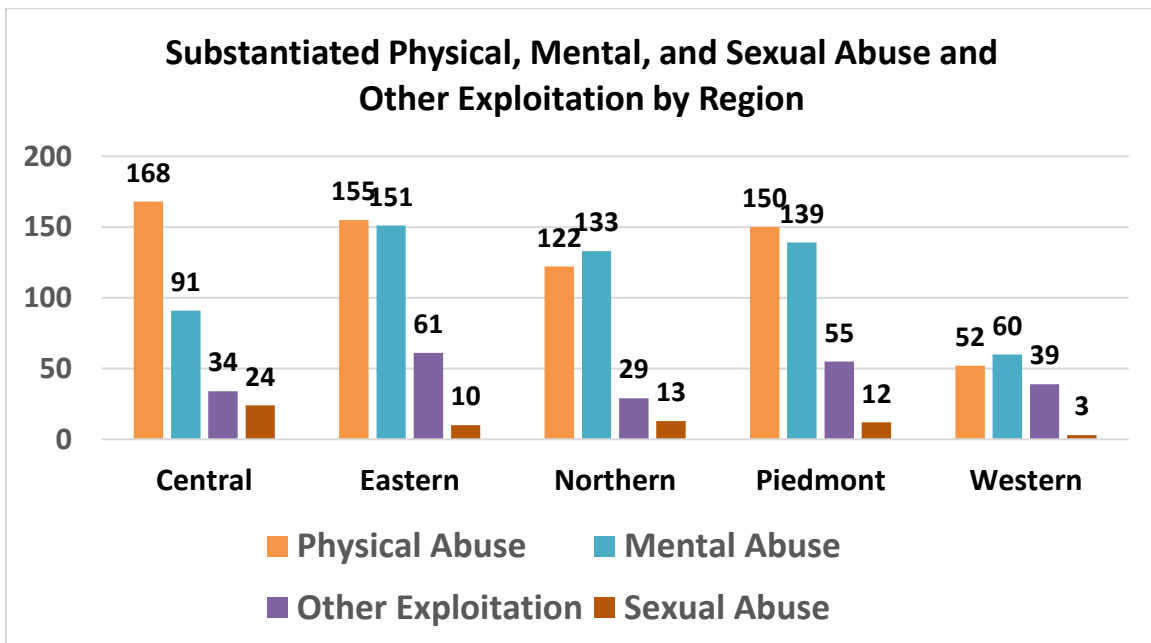
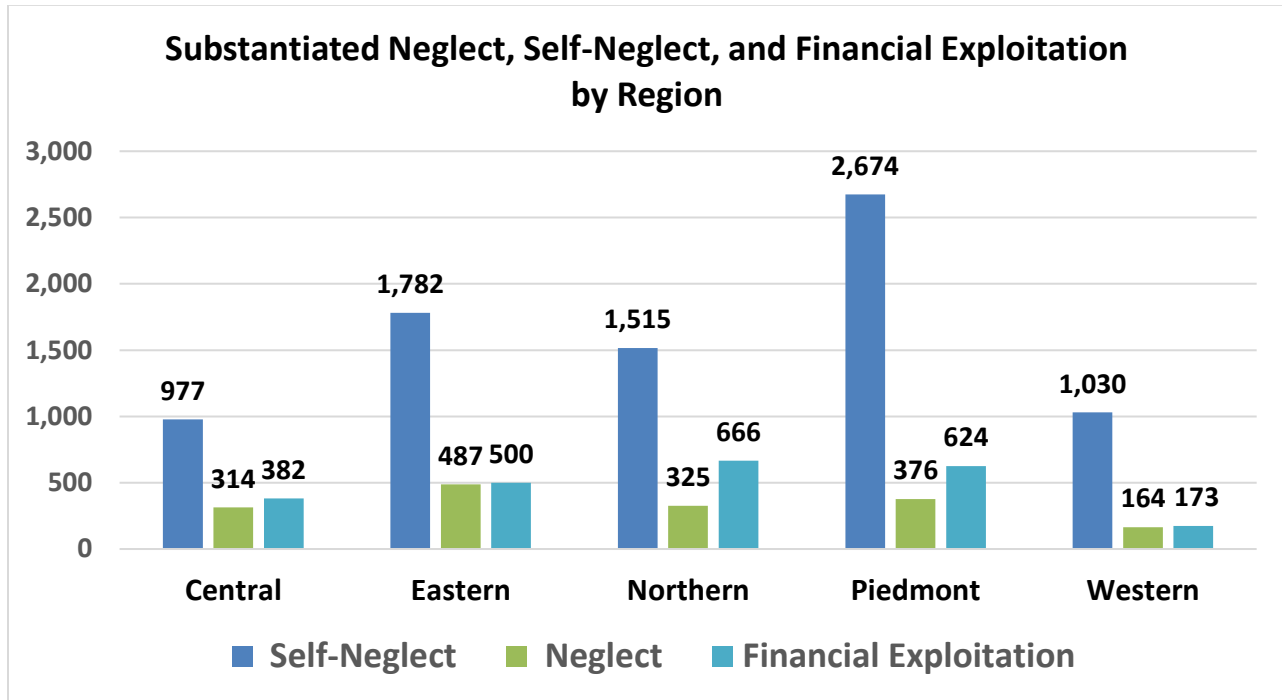
<b>SFY 2024 REGIONAL DEMOGRAPHICS OF REPORT SUBJECTS</b>						
	CENTRAL	EASTERN	NORTHERN	PIEDMONT	WESTERN	STATE TOTAL
Reports Received	8,172	10,392	12,887	10,236	4,259	<b>45,946</b>
Reports Substantiated	1,874	3,009	2,662	3,845	1,426	<b>12,816</b>
<b>DEMOGRAPHICS OF REPORT SUBJECT</b>						
60+	81%	84%	84%	83%	83%	<b>83%</b>
18-59	19%	15%	16%	16%	17%	<b>16%</b>
Unknown	<1%	<1%	<1%	<1%	<1%	<b>&lt;1%</b>
Female	57%	59%	59%	58%	62%	<b>59%</b>
Male	41%	40%	40%	42%	38%	<b>41%</b>
Unspecified/Unknown	2%	1%	<1%	<1%	<1%	<b>&lt;1%</b>
Transgender	<1%	<1%	<1%	<1%	<1%	<b>&lt;1%</b>
White <sup>10</sup>	50%	50%	63%	69%	87%	<b>61%</b>
Black	31%	33%	15%	16%	3%	<b>21%</b>
Asian	1%	2%	4%	<1%	<1%	<b>2%</b>
American Indian or Alaska Native	<1%	<1%	<1%	<1%	<1%	<b>&lt;1%</b>
Native Hawaiian or Other Pacific Islander	<1%	<1%	<1%	<1%	<1%	<b>&lt;1%</b>
Unk/RTA <sup>11</sup>	18%	16%	19%	15%	10%	<b>16%</b>
Married	13%	17%	20%	16%	17%	<b>17%</b>
Divorced	8%	8%	9%	11%	13%	<b>9%</b>
Separated	2%	2%	1%	2%	2%	<b>2%</b>
Single	22%	22%	22%	19%	18%	<b>21%</b>
Widowed	11%	15%	16%	17%	23%	<b>16%</b>
Unknown	45%	37%	32%	35%	27%	<b>36%</b>

<sup>10</sup> In response to federal requirements, the race categories were changed October 1, 2021, and system users could select more than one race for a client. 176 cases had more than 1 race category selected.

<sup>11</sup> RTA=Refuse to Answer

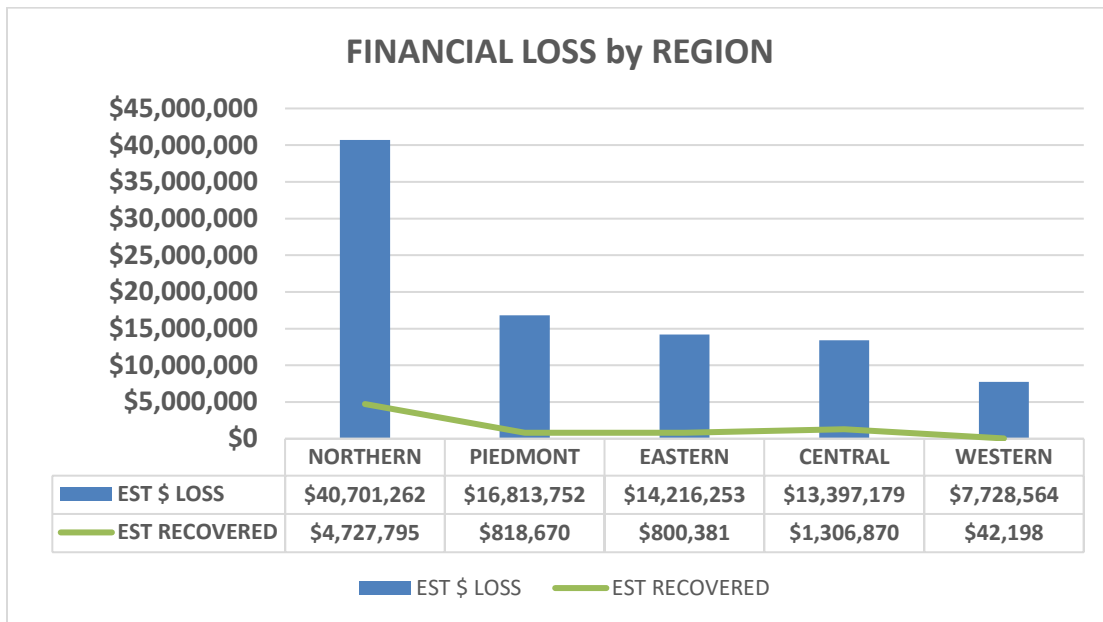
**Table 11** compares self-neglect, neglect, and financial exploitation by region in one chart and physical abuse, mental abuse, other exploitation, and sexual abuse by region in the second chart. Across all five regions self-neglect is the most prevalent type of maltreatment.

**Table 11-Substantiated Maltreatment by Type and Region**

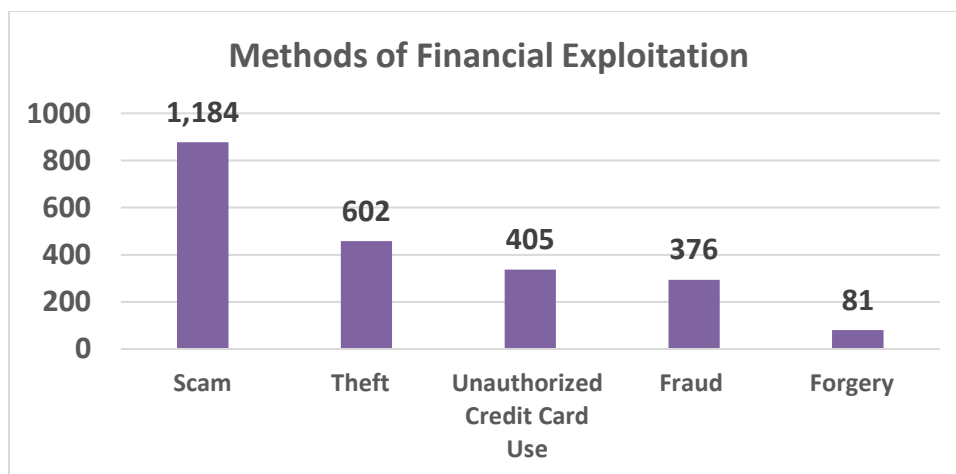


**Table 12** reflects the impact of financial exploitation on victims by region. Based on APS workers' estimates during SFY 2024 exploited adults lost **\$92,857,010** and approximately **8%** of these assets and resources or **\$7,695,915** was recovered. **Forty-four percent** of the total financial loss impacted adults in the Northern Region.

**Table 12-Financial Exploitation-Regional Impact**

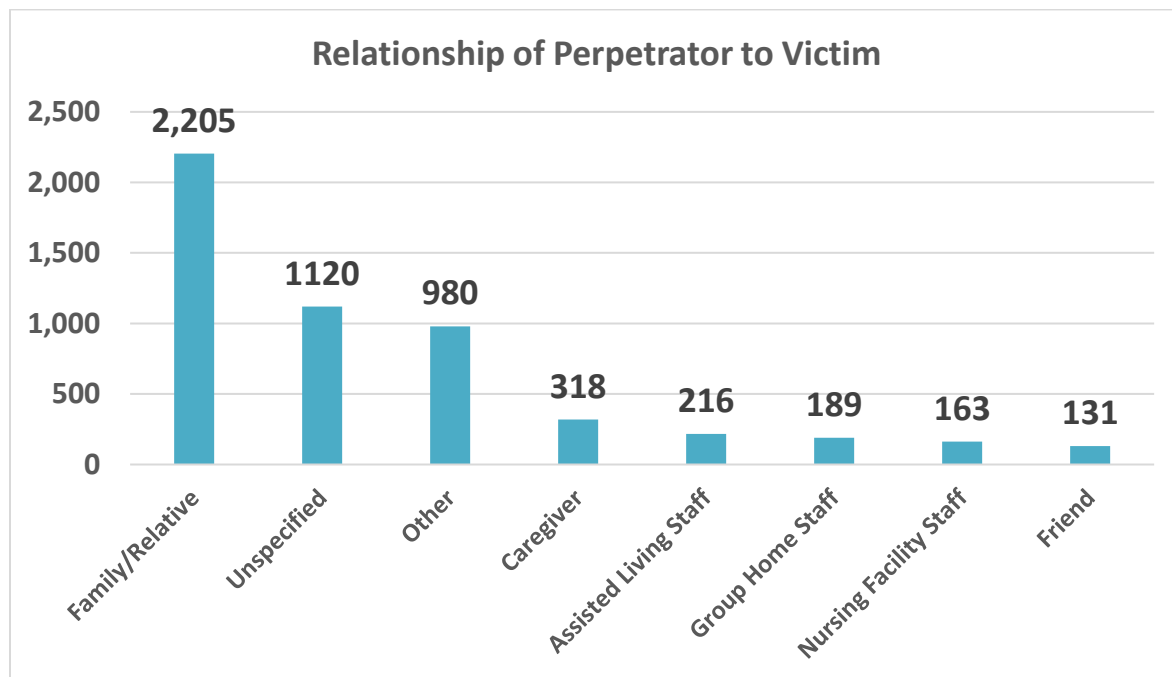


**Table 13-Method Used to Financially Exploit**



**Table 14** represents some of the common types of perpetrators of adult maltreatment. Most perpetrators are relatives of victims. The worker would choose the value “other” if none of the available descriptions of the relationship between the perpetrator and the adult applies. The worker would select “unspecified” when the perpetrator is unidentifiable or unknown, for example, when the adult has been exploited through a telephone or computer scam.

**Table 14-Perpetrators in Substantiated APS Cases**



Actions against the perpetrator are another tool to help APS workers protect the adult. **Table 15** lists some perpetrator related legal actions.

**Table 15-Types of Perpetrator Legal Actions**

<b>Other legal remedy</b>	<b>331</b>
<b>Referral to law enforcement for criminal financial exploitation</b>	<b>307</b>
<b>Referral to law enforcement for criminal abuse/neglect</b>	<b>147</b>
<b>Protective order (restraining order)</b>	<b>139</b>
<b>Eviction of perpetrator from victim’s residence</b>	<b>102</b>
<b>Court ordered restitution made by perpetrator</b>	<b>57</b>
<b>Court order to remove perpetrator as guardian</b>	<b>45</b>
<b>Court order to remove perpetrator as conservator</b>	<b>27</b>
<b>Court order to gain access to victim to provide protective services</b>	<b>11</b>
<b>Court order to prevent interference by another person</b>	<b>7</b>

An APS worker may also take steps to secure necessary services or identify a surrogate decision maker for the adult. In SFY 2024, APS workers and their LDSS attorneys filed:

- **184** petitions for guardianship
- **88** petitions for conservatorship
- **82** emergency orders for protective services
- **63** involuntary commitments to state or private hospitals
- **3** orders for medical treatment

Protective services provided at the conclusion of an investigation help stop abuse and prevent further maltreatment. The adult, or the adult’s representative may accept one or more of the services offered by the worker, or in some instances services may be court ordered. The APS worker develops a service plan with the adult and others who may be involved in the adult’s care.

**Table 16** lists several of the services provided in SFY 2024 to APS clients. The most common service provided was LDSS monitoring, which is in-person or telephonic contacts between the APS worker and the client, or a designated party involved in the client’s care. Multiple services may be provided in each case and figures also include services provided in ongoing cases from SFY 2024.



**Table 16-APS Post-Investigation Services**

<b>Post Investigations Services Provided to APS Clients</b>	<b>Number of Cases with Service</b>
<b>Monitoring - LDSS</b>	<b>1,935</b>
<b>Other</b>	<b>1,159</b>
<b>Advocacy</b>	<b>1,120</b>
<b>Case Management Services</b>	<b>821</b>
<b>Emergency Assistance</b>	<b>778</b>
<b>CCC Plus</b>	<b>746</b>
<b>Medical Services</b>	<b>727</b>
<b>Screening (Medicaid)</b>	<b>660</b>
<b>Nursing Facility (NF) Placement</b>	<b>642</b>
<b>Housing Services</b>	<b>611</b>
<b>Legal Assistance</b>	<b>528</b>
<b>Financial Management/Counseling</b>	<b>518</b>
<b>Assisted Living Facility (ALF) Placement</b>	<b>462</b>
<b>Food Assistance</b>	<b>439</b>
<b>Home Maintenance</b>	<b>397</b>
<b>Companion Services</b>	<b>366</b>
<b>Substitute Decision-Maker</b>	<b>348</b>
<b>Transportation</b>	<b>345</b>
<b>Mental Health Services</b>	<b>343</b>
<b>Home Health</b>	<b>332</b>

**Table 17** illustrates the number of APS reports received in each locality. Localities are organized according to region as well as agency level or size (in parentheses). Agency levels are as follows:

- 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 17-APS Reports by Locality**

CENTRAL REGION		EASTERN REGION		NORTHERN REGION	
Locality	# of Reports	Locality	# of Reports	Locality	# of Reports
Amelia (I)	96	Accomack (II)	216	Alexandria (III)	384
Buckingham (II)	93	Brunswick (II)	91	Arlington (III)	684
Caroline (II)	167	Chesapeake (III)	1,286	Clarke (I)	122
Charles City (I)	21	Dinwiddie (II)	73	Culpeper (II)	288
Chesterfield/ Colonial Heights (III)	1,849	Franklin City (II)	55	Fairfax/Fairfax City/Falls Church (III)	3,747
Cumberland (I)	65	Gloucester (II)	262	Fauquier (II)	466
Essex (I)	89	Greensville/Emporia (II)	95	Frederick (II)	604
Fluvanna (II)	161	Hampton (III)	576	Fredericksburg (II)	231
Goochland (I)	64	Isle of Wight (II)	178	Greene (I)	157
Hanover (II)	546	James City County (II)	575	Harrisonburg/ Rockingham (III)	613
Henrico (III)	2,248	Mathews (I)	87	King George (I)	85
Hopewell (II)	265	Newport News (III)	1,086	Loudoun (III)	986
King & Queen (I)	51	Norfolk (III)	1,311	Louisa (II)	295
King William (I)	61	Northampton (II)	77	Madison (I)	110
Lancaster (I)	44	Portsmouth (III)	480	Manassas City (II)	129
Lunenburg (I)	38	Prince George (II)	136	Manassas Park (I)	33
Middlesex (I)	124	Southampton (II)	68	Orange (II)	262
New Kent (I)	92	Suffolk (III)	503	Page (II)	69
Northumberland (I)	64	Surry (II)	43	Prince William (III)	1,359
Nottoway (I)	104	Sussex (II)	80	Rappahannock (I)	62
Petersburg (III)	245	Virginia Beach (III)	2,567	Shenandoah (II)	379
Powhatan (II)	89	Williamsburg (II)	107	Spotsylvania (III)	728
Prince Edward (II)	108	York/Poquoson (II)	440	Stafford (II)	491
Richmond City (III)	1,311			Warren (II)	309
Richmond County (I)	44			Winchester (II)	294
Westmoreland (II)	133				
<b>TOTAL:</b>	<b>8,172</b>	<b>TOTAL:</b>	<b>10,392</b>	<b>TOTAL:</b>	<b>12,887</b>

PIEDMONT REGION		WESTERN REGION	
Locality	# of Reports	Locality	# of Reports
Albemarle (III)	481	Bland (I)	21
Alleghany/Covington/Clifton Forge (II)	325	Bristol (II)	199
Amherst (II)	229	Buchanan (II)	97
Appomattox (I)	37	Carroll (II)	167
Bath (I)	49	Dickenson (II)	53
Bedford (III)	861	Floyd (I)	114
Botetourt (I)	164	Galax (I)	135
Campbell (II)	346	Giles (II)	83
Charlotte (II)	69	Grayson (II)	110
Charlottesville (III)	287	Lee (II)	187
Craig (I)	39	Montgomery (II)	385
Danville (III)	108	Norton (I)	33
Franklin County (II)	456	Patrick (II)	238
Halifax/South Boston (II)	86	Pulaski (II)	356
Henry/Martinsville (III)	538	Radford (I)	86
Highland (I)	37	Russell (II)	202
Lynchburg (III)	839	Scott (II)	243
Mecklenburg (II)	152	Smyth (II)	369
Nelson (I)	73	Tazewell (II)	456
Pittsylvania (II)	274	Washington (II)	272
Roanoke City (III)	1,544	Wise (III)	279
Roanoke County/Salem (III)	1,235	Wythe (II)	174
Rockbridge/Buena Vista/Lexington (II)	278		
Staunton/Augusta/Waynesboro (III)	1,729		
<b>TOTAL</b>	<b>10,236</b>	<b>TOTAL</b>	<b>4,259</b>

**Table 18-APS Hotline Reports**

The Virginia Department of Social Services (VDSS) operates the 24-hour, 7 days a week, APS hotline in conjunction with the Child Protective Services (CPS) hotline. **Table 16** illustrates monthly APS hotline call volume for SFY 2024. There were **13,462** reports to the APS Hotline, a **20%** increase from SFY 2023. **Twenty-nine percent** of SFY 2024 APS reports were made through the APS hotline.

