

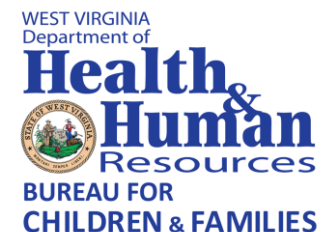
Adult Protective Services

Serving West Virginia's Vulnerable Adults

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Learning Objectives

- **Define** key terms in Adult Protective Services
- **Understand** the various duties of Adult Services
- **Understand and comply** with mandated reporting laws
- **Identify** warning signs of adult maltreatment
- **Connect** with resources

Adult Protective Services Mission Statement

The primary purpose of Adult Protective Services (APS) is to investigate reports of adult abuse, neglect, and financial exploitation while providing least restrictive interventions. It is the mission of APS to provide support and services to vulnerable adults in order to improve the safety, well-being, and independence of victims of abuse, neglect, self-neglect, and financial exploitation.

Law and Policy:

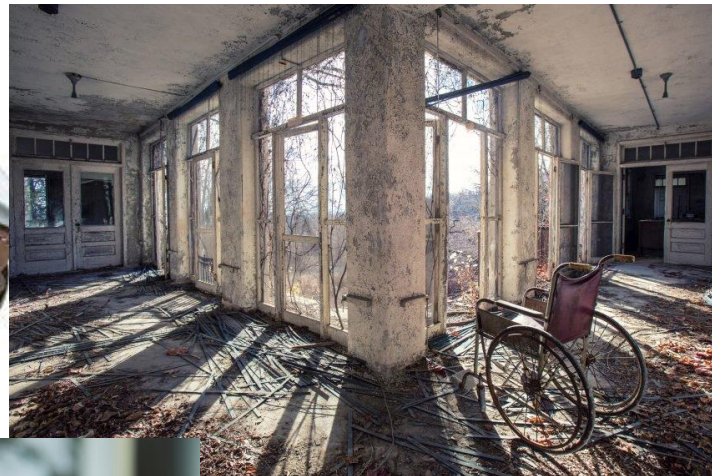
- W. Va. Code § 9-6, “Social Services for Adults”
- W. Va. Code § 44A, “West Virginia Guardianship and Conservatorship Act”
- W. Va. Code § 16-30, “West Virginia Health Care Decisions Act”
- Bureau for Children and Families (BCF) Policy

Programs:

- Adult Protective Services (APS)
- Preventative Adult Protective Services (PAPS)
- Homeless Services
- Adult Residential Services
- Unclaimed Deceased Adult Body
- Substitute Decision Maker

Abuse, Neglect, and Financial Exploitation: What it Looks Like

Warning Signs of Adult Maltreatment



Warning Signs of Adult Maltreatment (Cont.)

Physical	Neglect	Financial Exploitation
<ul style="list-style-type: none"> • Bruises, black eyes, welts, lacerations, or rope marks • Bone fractures, broken bones, or skull fractures • Open wounds, cuts, punctures, untreated injuries in various stages of healing • Sprains, dislocations, or internal injuries/bleeding • Broken eyeglasses/frames, physical signs of being subjected to punishment, or signs of being restrained • Laboratory findings of medication overdose or under-utilization of prescribed drugs • An elder's sudden change in behavior • An elder's report of being hit, slapped, kicked, or mistreated 	<ul style="list-style-type: none"> • Dehydration, malnutrition, untreated bed sores, and poor personal hygiene • Unattended or untreated health problems • Hazardous or unsafe living condition/arrangements (e.g., improper wiring, no heat, or no running water) • Unsanitary and unclean living conditions (e.g., dirt, fleas, lice, soiled bedding, fecal/urine smell, inadequate clothing) • An elder's report of being neglected • The desertion of an elder at a hospital, a nursing facility, or other similar institution • The desertion of an elder at a shopping center or other public location • An elder's report of being abandoned 	<ul style="list-style-type: none"> • Sudden changes in bank accounts or banking practices, including an unexplained withdrawal of large sums of money by a person accompanying the elder • The inclusion of additional names on an elder's bank signature card • Unauthorized withdrawal of the elder's funds using the elder's ATM card • Abrupt changes in a will or other financial documents • Unexplained disappearance of funds or valuable possessions • Substandard care or bills left unpaid despite the availability of adequate financial resources • Discovery of an elder's signature being forged for financial transactions or for the titles of his/her possessions • Sudden appearance of previously uninvolved relatives claiming their rights to an elder's property or possessions • Unexplained sudden transfer of assets to a family member or someone outside the family • The provision of services that are not necessary • An elder's report of financial exploitation

World Aging Statistics (65+):

- 205 million (1950) → 705 million (2007)
- 2 billion (2050), expected

U.S. Aging Statistics (65+):

- 61 million of the total population, which was 308 million (2010)
- 102% increase (2030), expected

National Statistics of Elder Abuse:

- 1 in 23 cases are reported
- 1 in 10 elders is abused annually
- 3x more likely to die
- More likely to be placed in long-term care facility

Adult Protective Services Responds to Adult Maltreatment

Adult Maltreatment (Cont.)

West Virginia – Aging Statistics (2010):

- Total population: 1,853,001
- Aged 65+: 359,482 (19.4%)

Adult Maltreatment Referrals:

Year	Referrals Received	Referrals Accepted
2016	14,777	7,459
2017	15,602	7,264
2018	20,175	13,306
2019	16,879	10,172

Mandated Reporting: Adult Protective Services

Mandated Reporting

Adult Protective Services W.Va. Code § 9-6-9

- Medical, dental, and mental health professionals
- Christian Science practitioners
- Religious healers
- Social service workers
- Law enforcement
- Humane officers
- Any employee of a nursing home or other residential facility

Reporting Maltreatment

Adult Protective Services W.Va. Code § 9-6-9 and § 9-6-11

- Immediate report to West Virginia Centralized Intake
- Written report within 48 hours to local DHHR office
- Additional reports, when appropriate:
 - County law enforcement and prosecuting attorney
 - Medical examiner or coroner, in case of death
 - Administrator of facility
 - Office of Health Facility Licensure and Certification
 - Ombudsman
 - Medicaid Fraud Control Unit

West Virginia Centralized Intake (24/7): [1-800-352-6513](tel:1-800-352-6513)

APS Mandatory Reporting Form



West Virginia Department of Health and Human Resources
Adult Protective Services Mandatory Reporting Form

Use this form to report suspected abuse, neglect, financial exploitation or an immediate risk of serious injury or death - press firmly.

Once a referral is made to Centralized Intake, the Mandatory Reporting Form MUST be FAXED to your LOCAL DHHR office.

Referral Number: _____ Date referral was made to Centralized Intake: ____/____/____

Alleged Victim Information: Information about person who is being abused/neglected/financially exploited or risk of serious injury or death. A separate form is required for each victim.

Name: _____ Age/Date of birth: _____

Address: _____

Phone: _____

Current location & directions: _____

Facility name: _____

Type of facility: _____

Describe physical/cognitive/emotional functioning of the alleged victim: _____

Substitute decision maker (type, name, address and telephone): _____

Alleged Perpetrator Information: Information about person who is abusing/neglecting/financially exploiting or causing serious injury or death of an adult.

Name: _____ Age/Date of birth: _____

Home mailing address: _____

Current location and directions: _____

Title/relationship to victim: _____

Phone: _____

Allegations: Information about the incident of abuse/neglect/financial exploitation or serious injury or death.

Date of incident: _____ Time of incident: _____ Date this report completed: _____

Where incident occurred: _____

Describe incident/injuries: _____

Describe action(s) taken to prevent further abuse/neglect: _____

Was treatment outside facility required? Yes ___ No ___ If yes, provider of treatment: _____

Why is the adult unable to protect themselves? _____

How long has the abuse/neglect/financial exploitation existed? _____

Is anyone else aware of the incident? If yes, list the name(s) & relationship to alleged victim: _____

Are there witnesses to the incident? If yes, list the name(s) & relationship to alleged victim and contact information of all witnesses: _____

Check here if additional pages attached

- A copy of this report must be filed with the following parties by the person completing the form (within 48 hours).
- Original (top sheet) to: Adult Protective Services Unit - local Department of Health and Human Resources office.
 - Copy to:
 - Office of Health Facilities Licensure & Certification if alleged victim is resident of a nursing home or residential facility
 - State or Regional Long-Term Care Ombudsman if alleged victim is resident of a nursing home or residential facility
 - Facility administrator if alleged victim is resident of a nursing home or residential facility ** (see instructions on back)
 - Local law enforcement agency when applicable - e.g. violent crime, domestic violence, serious injury, death
 - Local prosecuting attorney when applicable - e.g. violent crime, domestic violence, serious injury, death
 - Local coroner or medical examiner in case of death
 - Medicaid Fraud Control Unit if alleged victim is a resident of a nursing home, residential facility, board and care facility, or a hospital in-patient

Reporter information is confidential and must ONLY go to DHHR Adult Protective Services according to WV State Code 9-6-8. Reporter identity must NOT be shared if this form is faxed.

Reporter Information:

Name: _____ (Preferred) Phone #: _____

Address: _____

Title/relationship to victim: _____

Instructions for Completing the APS Mandatory Reporting Form

The APS Mandatory Reporting form was developed by the West Virginia Department of Health and Human Resources (DHHR) as a result of a change to the law in 2000, WV Code 9-6-11. The form is to be used by mandatory reporters for reporting to Adult Protective Services (APS) and/or other appropriate entities. Colored carbon copies of this form are to be sent, as appropriate, to:

White (original)	Pink	Yellow	Green	Gold	Blue
DHHR-APS	OHFLAC	Ombudsman	Facility Administrator	Law Enforcement	Prosecuting Attorney, Coroner/ME, Medicaid Fraud

WHO/WHEN TO COMPLETE:

All individuals identified as *Mandatory Reporters* of abuse, neglect and financial exploitation of incapacitated adults and residents of nursing homes or residential facilities are required to complete this form as part of the APS reporting process. Incidents of abuse/neglect must be reported immediately to DHHR's Centralized Intake. As follow-up to the immediate report, mandatory reporters are required to provide a written report to the local APS unit within 48 hours. This form will serve as the required written report. **Mandatory reporters include:** medical, dental or mental health professionals, Christian Science practitioners, religious healers, state and regional ombudsmen, social service workers, law enforcement officers, county humane officers and any employee of a nursing home or other residential facility.

Complete this report as thoroughly as possible. While anonymous reports will be accepted, the reporter is encouraged to provide personal information in the event additional information/follow-up is needed. If more space is required, additional pages may be attached. If so, mark the appropriate box to indicate that there is an attachment. On the attached page, indicate the section of the form that is being continued. Finally, be sure to include a copy of the attachment with all copies distributed to various parties.

REQUIRED FILING:

The person completing this form is responsible for filing a copy of the completed form with all appropriate parties. Appropriate parties are determined based on the circumstances of the allegation. It is not necessary to send a copy to all parties in all cases.

****Note:** West Virginia state law requires that this form be filed with the APS agency (DHHR) and other parties, including the facility administrator (when applicable), within 48 hours. However, state and federal reporting requirements for facilities that are certified to receive Medicare or Medicaid funds have not changed as a result of implementation of this form. Filing of this form does not replace other applicable reporting requirements.

MAILING ADDRESSES:

Reports that are to be filed with the Office of Health Facilities Licensure & Certification (OHFLAC), the Long-Term Care Ombudsman Program (LTCOP), and Medicaid Fraud Control Unit (MFCU) are to be mailed to the appropriate state entity. Mailing addresses for these agencies are:

West Virginia Department of Health and Human Resources
Office of Health Facilities Licensure & Certification
OR
Medicaid Fraud Control Unit
408 Leon Sullivan Way
Charleston, West Virginia 25301-1713

West Virginia State Long-Term Care Ombudsman
Bureau of Senior Services
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305-0160

Reports that are to be filed with the APS agency (DHHR), law enforcement, prosecuting attorney and coroner/medical examiner are to be sent to the appropriate local entity.

To request additional copies of this form:

Additional copies of this form may be obtained by submitting a written request to the West Virginia Department of Health and Human Resources.

West Virginia Department of Health and Human Resources
Materials Management
900 Bullitt Street
Charleston, West Virginia 25301
Phone (304) 558-3417 or FAX to (304) 558-1524

What to Expect After Reporting

- Notification of referral acceptance (sent by West Virginia Centralized Intake)
- Notification upon completion of investigation (sent by assigned APS worker)

Adult Protective Services

Adult Protective Services

What

- Investigates abuse, neglect, and financial exploitation, or emergency situations for vulnerable adults in the state of West Virginia.

Who

- Be 18 years of age, or an emancipated minor;
- Meet the definition of vulnerable or a facility resident; and,
- Reported to be a victim of abuse, neglect, or financial exploitation, or in an emergency situation.

Definitions: Policy and Law

Policy and Legal Definitions

- **Adult Protective Services:** Services provided to vulnerable adults as the DHHR cabinet secretary may specify and may include, but are not limited to, services such as:
 - (A) Receiving reports of adult abuse, neglect, or exploitation;
 - (B) Investigating the reports of abuse, neglect, or exploitation;
 - (C) Case planning, monitoring, evaluation, and other case work and services; and
 - (D) Providing, arranging for, or facilitating the provision of medical, social service, economic, legal, housing, law enforcement, or other protective, emergency, or support services.
- **Preventative Adult Protective Services:** A range of supportive services provided to vulnerable adults or facility residents from whom the threat of harm exists, and without intervention, it is likely that abuse, neglect, or financial exploitation will result.

Legal Definitions (W.Va. Code § 9-6-1)

- **Vulnerable Adult:** Any person over the age of 18, or an emancipated minor, who by reason of physical or mental condition is unable to independently carry on the daily activities of life necessary to sustaining life and reasonable health and protection.
- **Abuse:** The infliction or threat of physical or psychological harm, including the use of undue influence or the imprisonment of any vulnerable adult or facility resident.
- **Neglect:** The unreasonable failure by a caregiver to provide the care necessary to maintain the safety or health of a vulnerable adult or self-neglect by a vulnerable adult, including the use of undue influence by a caregiver to cause self-neglect.
- **Self-Neglect:** The inability of a vulnerable adult to meet his/her own basic needs of daily living due to mental or physical condition.

- **Caregiver:** An individual who is responsible for the care of a vulnerable adult or a facility resident, either voluntarily, by contract, by receipt of payment for care, or as a result of the operation of law, and means a family member or other individual who provides (on behalf of such individual or of a public or private agency, organization, or institution) compensated or uncompensated care to an adult with disabilities or a facility resident who needs supportive services in any setting.

- **Financial Exploitation:** The intentional misappropriation, misuse, or use of undue influence to cause the misuse of funds or assets of a vulnerable adult or facility resident, but does not apply to a transaction or disposition of funds or assets where a person made a good-faith effort to assist the vulnerable adult or facility resident with the management of his or her money or other things of value.
- **Emergency or Emergency Situation:** A situation or set of circumstances which presents a substantial and immediate risk of death or serious injury to a vulnerable adult.

Time Frames

Time Frames for APS Investigations

Referral Response Options

- Immediate
(0-24 hours)
- Within 72 hours
- Within 14 days

Investigations

- Abuse and
Neglect:
30 days
- Financial
Exploitation:
60 days

Cases

- Adult Protective
Services:
12 months
- Preventative
Adult Protective
Services:
6 months

Adult Protective Services Authority

- To have a private, face-to-face interview with the alleged victim.
- To have access to documents in a timely manner for the purposes of an investigation and protection of the alleged victim.
- To cooperate with and share information related to an APS case with others, as deemed appropriate by W.Va. Code § 9-6-3.
- To provide the mandated reporter of the alleged maltreatment with basic information.

Example #1:

When George, 79, lost his wife of 50 years to cancer, his son, Lawrence, came to live with him. Lawrence was on disability due to a traumatic brain injury. The brain injury caused behavioral changes, including difficulty with self-control and verbal and physical outbursts. The injury also caused violent mood swings. Occasionally, Lawrence went to a neighbor's apartment and got drunk. One night when Lawrence returned home, George [the father] asked him if he was drunk. Lawrence yelled, "NO!" and punched his father in the face.

Example #2:

Kofi, 84, was diagnosed with Alzheimer's disease and moved in with his daughter's family. Sometimes Kofi had trouble sleeping and had physical and verbal outbursts. He began wandering, and his daughter and son-in-law were afraid that Kofi might wander out of the house if they left him alone. They locked the doors to the house so that Kofi could not get out and wander around when they left for work. A neighbor noticed Kofi trying to get out of the house.

Example #1:

Tamara, 76, lived alone but had trouble getting around. Her son and his wife asked Tamara to move in with them. Tamara had her own bedroom on the second floor and stayed there most of the time. She could not use the stairs easily. Her son and daughter-in-law both traveled frequently for work and sometimes neglected to give her adequate food and water. They also failed to groom her or to clean her room consistently. One day Tamara became dizzy, weak and disoriented so her daughter took her to the hospital. The hospital staff discovered that she was dehydrated, disheveled and obviously unwashed. When they asked about her care, Tamara said she was well cared for.

Financial Exploitation Case

Example #1:

Monte, 82, had moderate dementia and required guardianship due to his worsening disease. Unfortunately, Monte had never given his only son, Samson, power of attorney. Monte also no longer had sufficient mental capacity to execute a power of attorney for Samson, who now lived out of state. Monte's personal assistant, John, handled all of Monte's financial transactions for him. Samson was concerned about John's access to his father's finances and reviewed Monte's account statements while visiting his father over the summer. Samson discovered that several times John had taken over \$3,000 from one of Monte's little used accounts.

Example #2:

Barbara, 76, a retired, high-ranking, federal government employee, was independent and lived alone. She was recently diagnosed with Alzheimer's disease and knew she would need more help in the future. Barbara asked Margie, a former neighbor, who was recently divorced, to move in with her. Over time, they agreed that Margie would care for Barbara in her old age and that in return, Barbara would provide Margie with food and housing. Barbara gave Margie her power of attorney for access to all her accounts and named her the sole beneficiary of her investment portfolio. After a several months, Barbara noticed her accounts were almost empty.

National and State Resources

Resources

- **WV Department of Health and Human Resources**
<https://dhhr.wv.gov/bcf/>
- **U.S. Department of Justice, Elder Justice Initiative**
<https://www.justice.gov/elderjustice>
- **WV Aging & Disability Resource Network**
<https://www.wvnavigate.org/SitePages/Home.aspx#/>
- **Disability Rights of WV**
<https://www.drofww.org/>
- **Legal Aid of WV & Senior Legal Aid of WV**
<http://www.lawv.net/>
<http://www.wvseniorservices.gov/StayingSafe/tabid/57/Default.aspx>
- **National Center on Elder Abuse**
<https://ncea.acl.gov/>
- **National Adult Protective Services (NAPSA)**
<http://www.napsa-now.org/>

Contact

West Virginia Department of Health and Human Resources
Bureau for Children and Families
Division of Children and Adult Services
350 Capitol Street, Room 691
Charleston, WV 25301
Phone: 304-588-7980

West Virginia Centralized Intake (24/7): [1-800-352-6513](tel:1-800-352-6513)