

Department  
for Aging and  
Rehabilitative  
Services

State  
Fiscal  
Year  
2018

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) 2018 Adult Protective Services (APS) Division Report from the Virginia Department for Aging and Rehabilitative Services (DARS). As with previous years, Virginia APS workers continue to respond to an increasing number of reports of adult abuse, neglect, or exploitation. This year the number of APS reports grew almost 16%. Substantiated cases of financial exploitation jumped 30% compared to last year, presenting an ongoing challenge for the APS workers, law enforcement personnel, and others who address this very serious form of adult maltreatment.

Despite these concerning statistics, there were some bright spots for the APS Division. In October, the Administration on Community Living (ACL) awarded Virginia and 13 other states three-year grants to enhance their states' APS systems. The Division will use ACL funding to develop micro e-learnings for new APS workers and supervisors. Additionally, the funding will help Virginia collect and submit comprehensive APS data to the National Adult Maltreatment Reporting System. Division staff has already started developing the e-learning modules and plans to test them in the Spring!

DARS was also very pleased to receive funding during the 2018 Virginia General Assembly Session to implement PeerPlace, the new APS and Adult Services case management database. DARS trained local department staff throughout Virginia and these workers and supervisors are now using PeerPlace with great success! APS hotline staff will undergo training soon and begin submitting APS reports electronically to the local departments.

As we start this New Year, DARS will continue to highlight the important work that state and local department staff do every day to support and enhance the lives of vulnerable Virginians. However, there is still much to be done to ensure that older adults and individuals with disabilities in Virginia live free of abuse, neglect, and exploitation. We believe that 2019 will be an important year for the programs that support vulnerable Virginians and look forward to continuing our collaborations with state, local and community partners!

Sincerely,

A handwritten signature in blue ink that reads "Kathryn A. Hayfield".

Kathryn A. Hayfield

KAH/pm

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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 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.

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

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

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

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

## The ASAPS Case Management System and Case Type Statistics

The ASAPS automated case management and reporting system is the system of record for AS and APS cases. The majority of information in this report is derived from data entered into ASAPS by LDSS workers. Statistical data for this report covers state fiscal year (SFY) 2018 which began July 1, 2017 and ended June 30, 2018.

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

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

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

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

**Table 1-Statewide Caseload SFY 2014-2018: All Case Types**

SFY ‘14-‘18 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
<b>2018</b>	<b>4,959</b>	<b>130</b>	<b>21,072</b>	<b>19,310</b>	<b>3,152</b>	<b>2,428</b>	<b>305</b>	<b>2,500</b>	<b>12,904</b>	<b>66,760</b>
2017	4,661	132	16,718	18,544	3,419	2,777	252	2,569	12,041	61,113
2016	4,519	156	15,479	20,604	3,745	2,288	240	2,675	11,070	60,776
2015	4,353	131	14,552	20,128	3,619	1,817	243	2,667	10,356	57,866
2014	4,949	151	13,683	18,622	3,648	2,068	248	2,831	9,682	55,882

Table 1 shows caseload counts for each case type from SFY 2014 to SFY 2018. The following information highlights some case trends:

- Guardian Report cases have increased **33%** since SFY 2014.
- On-going APS cases increased **6%** from the previous SFY.
- AS and AS Intensive Services cases (combined) have increased **5%** since SFY 2014.
- Home-based services case types (combined) decreased approximately **6%** from the previous SFY. See Table 3 for additional information about home-based care cases.

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

**Table 2-Statewide Average Monthly Caseload**

<b>SFY 2018 Average Monthly Caseload<sup>2</sup></b>	
<b>Case Type</b>	<b>Average Monthly Caseload</b>
<b>APS</b>	1,892
<b>APS-Home Based Care</b>	67
<b>APS Investigation</b>	5,834
<b>AS</b>	5,359
<b>AS-Home Based Care</b>	2,156
<b>AS-Intensive Services</b>	737
<b>AS- Intensive Services Home Based Care</b>	175
<b>ALF Reassessment</b>	2,052
<b>Guardian Report</b>	11,498
<b>All Cases Types</b>	<b>29,769</b>

## **Service Provision and Expenditures**

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

### **Assessment and Case Management**

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

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

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

## Home-Based Services

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

Home-based care consists of three primary services:

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

In Virginia, funding for home-based care services is through the Social Service Block Grant (SSBG), which distributed among many other state programs. Funding for home-based care programs has not increased in several years. In order to ensure there is an adequate pool of providers to assist community members in need, localities have had to increase provider wages. This has forced some localities to reduce service hours for their clients or seek other types of long-term services for them.

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

Home-Based Services (HBS) SFY 2014-2018					
	2014	2015	2016	2017	2018
<b>Number of HBS Case Types</b>	4,047	3,993	4,141	3,803	3,587

### Long-term Services and Supports Screenings

The Code of Virginia (§ 32.1-330) requires that all individuals who may be eligible for community or institutional long-term care services, and who are eligible for Medicaid or will be eligible for Medicaid within six months, to be screened to determine their need for these services. The LDSS worker, in cooperation with local health department nurses, are responsible for performing screenings for long-term care services and supports for individuals residing in the community. Services that an individual may request include CCC Plus waiver<sup>4</sup>, nursing facility placement or Program for the All-Inclusive Care for the Elderly (PACE). LDSS conducted about **17,000** screenings in SFY 2018, roughly the

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



same number in SFY 2017. More than **15,000** of these screenings were for adults and almost **2,000** were for children.

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

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

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

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

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

AG recipients may also have the option to reside in an AFC home. AFC provides room and board, supervision and special services to an adult who has a physical, intellectual, or mental health condition. The AFC is an optional program and not all LDSS offer it. An AFC Program must be authorized by the board of the local department of social services. AFC homes must be approved by the LDSS and approved providers may accept no more than three AFC residents. All placements must be authorized by the LDSS worker. Regular monitoring of the provider, the home and the individual residing in the home is required. In SFY 2018, approximately **50** individuals accessed AFC.

### **Adult Day Services**

LDSS may use home-based care funding to purchase adult day services for an eligible adult from a provider approved by the LDSS or a licensed adult day care facility. Adult day services provide personal supervision of the adult and promote social, physical, and emotional well-being through companionship, self-education and leisure activities. Eligible persons must meet state and local board guidelines and be assessed using the UAI. In SFY 2018, adult day services were arranged in **43** cases.

### **Guardianship Reports**

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

The LDSS worker reviews the report for completeness and to determine if the content of the report indicates any safety or welfare concerns about the adult. If there is no reason to indicate the adult is being abused, neglected, or exploited or is at risk of abuse, neglect or exploitation, the worker submits the report to the clerk of the court that appointed the guardian. If the LDSS worker suspects that the adult is being abused or at risk of abuse the worker initiates an APS investigation. LDSS workers were responsible for reviewing annual guardian reports in nearly **13,000** cases in SFY 2018.

### Other Services to Support Adults

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

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

SFY 2018 Services by Type and Number <sup>5</sup>	
Type of Service	Number of Cases with Service
Advocacy	1147
Case Management	4595
Counseling (Individual)	447
Emergency Assistance	771
Emergency Shelter	79
Financial Management/Counseling	751
Food Assistance	413
Home Delivered Meals	437
Home Repairs	320
Housing Services	609
Legal Services	673
Medical Services	975
Nutritional Supplement	107
Monitoring-LDSS	1744
Transportation Services	506

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

**Table 5-AS and APS Expenditures**

<b>SFY 2018 Adult Services and APS Program Expenditures<sup>6</sup></b>					
<b>Services</b>	<b>Federal &amp; State</b>	<b>Local</b>	<b>Non-reimbursed local</b>	<b>Total Expenditures</b>	<b>% of Total Expenditures</b>
<b>Companion</b>	\$4,022,097	\$1,005,523	\$3,604,770	\$8,632,390	82%
<b>Chore</b>	\$151,848	\$37,962	\$0	\$189,810	2%
<b>Homemaker</b>	\$72,518	\$18,129	\$338,572	\$429,219	4%
<b>Adult Day Services</b>	\$10,067	\$2,517	\$0	\$12,584	<1%
<b>Guardianship</b>	\$46,084	\$11,521	\$0	\$57,605	<1%
<b>Prevention</b>	\$141,631	\$35,408	\$2,989	\$180,028	2%
<b>APS</b>	\$740,595	\$135,849	\$168,786	\$1,045,230	10%
<b>Total</b>	<b>\$5,184,840</b>	<b>\$1,246,909</b>	<b>\$4,115,117</b>	<b>\$10,546,866</b>	<b>100%</b>

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

<b>5-Year Expenditures</b>				
<b>SFY</b>	<b>Federal &amp; State</b>	<b>Local</b>	<b>Non-reimbursed Local</b>	<b>Total Expenditures</b>
<b>2018</b>	<b>\$5,184,840</b>	<b>\$1,246,909</b>	<b>\$4,115,117</b>	<b>\$10,546,866</b>
<b>2017</b>	\$5,105,977	\$1,229,966	\$3,515,153	\$9,851,095
<b>2016</b>	\$5,244,066	\$1,261,320	\$3,193,379	\$9,698,765
<b>2015</b>	\$4,803,338	\$1,152,093	\$3,404,452	\$9,359,883
<b>2014</b>	\$4,735,830	\$1,136,584	\$3,641,132	\$9,513,546

<sup>6</sup> Source: LASER

## Home-based Services and AFC Appeals

The DARS Commissioner is responsible for hearing home-based and adult foster care services appeals, pursuant to § 51.5-147 of the Code of Virginia. **Table 7** provides information about SFY 2018 appeals. Most of the appeals DARS received were deemed invalid as they did not pertain to local departments' actions on home-based services or adult foster care cases. Most of the appeals DARS received were in response to denials of Medicaid funded long-term services and supports. When this type of appeal was submitted to DARS, the constituent was informed of the error and redirected to file the appeal with the Department of Medical Assistance Services (DMAS) Appeals Unit.

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

<b>Appeals Received</b>	<b>14</b>
<b>Valid Appeals Received</b>	<b>4</b>
<b>Hearings Scheduled<sup>7</sup></b>	<b>1</b>

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<sup>7</sup> Three appeals were withdrawn before hearing scheduled; one hearing occurred and LDSS decision was upheld

# Adult Protective Services Program

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

Though there is no federal oversight, federal agencies have taken an interest in the issue of elder and adult abuse. In October 2014, the Administration for Community Living (ACL) reorganized, renaming the Office of Elder Rights as the Office of Elder Justice and Adult Protective Services. This change reflected the fact that many state APS programs serve not only older adults but also individuals with disabilities. Though ACL does not provide any federal oversight of state APS programs, the importance of APS data collection in order to better paint the picture of APS across the nation, has been a major focus of ACL. ACL developed the National Adult Maltreatment Reporting System (NAMRS), a database system to collect and organize APS data submitted by each state. Though submission is voluntary, most states, including Virginia, submit NAMRS data. Federal Fiscal Year (FFY) 2016 and 2017 data is available on the ACL website at: <https://acl.gov/programs/elder-justice/national-adult-maltreatment-reporting-system-namrs>

## **2018 legislative changes in Virginia**

Introduced during the 2018 Session of the Virginia General Assembly, House Bill (HB) 850, sponsored by Delegate Chris Peace, and Senate Bill (SB) 543, sponsored by Senator Montgomery Mason, amended § 63.2-1609 of the Code of Virginia. With this statutory change, LDSS gained the ability to petition for temporary conservatorship when it was determined that a vulnerable adult's financial situation required protection. This additional authority was particularly helpful when responding to vulnerable adults who were victims of financial exploitation.

## Mandated Reporting in Virginia

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

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

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

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

**Table 8** lists individuals who reported adult abuse, neglect, or exploitation in SFY 2018. Occupations or professionals 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 2018 Reporter Type	# of Reports
Relative (includes ex-wife/ex-husband)	3,178
Other	2,933
Social Worker	2,890
Financial Institution	2,592
Nurse	2,059
Nursing Home Administrator/NH Staff	1,805
Law Enforcement Officer	1,798
Self	1,316
Hospital Staff	1,184
Friend/Neighbor	1,035
Home Health Provider	915
EMS Personnel/Fire Department	826
CSB Staff	732
Mental Health Provider/Psychologist/Counselor/Psychiatrist	675
ALF Staff	664
DBHDS Staff	537
Physician/Primary Physician/Physician Assistant	442
Agency Provider-Home Based Care/EDCD/Personal Care Provider	349
Virginia Department of Social Services Staff	340
Family Services Specialist <sup>8</sup>	301
Group Home Staff	202
Area Agency on Aging Staff	189
Hospice	136
Other Healthcare Professionals(PT/OT/RT/SLP)	134
Adult Day Care Staff	125
Power of Attorney	113
Guardian/Conservator	80
Attorney	52
Transportation Provider <sup>9</sup>	43
Workshop Staff (Employment Services Organization staff)	43
Shelter Staff	41
Certified Nursing Assistant (CNA)	38
Public Housing Staff	30
Clergy	29
Health Department Staff/Public Health Nurse	27
Domestic Violence Program Staff	24
Long-term Care Ombudsmen	16
Division for Aging Staff	12
Dentist/Dental Office Staff	7
Pharmacist/Pharmacy Staff	4
<b>Total</b>	<b>27,916</b>

<sup>8</sup> Family services specialist (FSS) includes LDSS AS and APS workers.

<sup>9</sup> Mandated reporter if employed by services organization or receiving Medicaid reimbursement.

## APS Reports and Investigations

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

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

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

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

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

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



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

**Table 9** identifies three-year trends for APS reports. Total APS reports increased **15.9%** from SFY 2017 to 2018, mirroring the previous year's **15.6%** growth. Substantiated reports rose **9.2%** from SFY 2017 to 2018, compared to the **12%** growth from 2016 to 2017.

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

<b>THREE YEAR COMPARISON OF APS REPORTS</b>			
	<b>2016</b>	<b>2017</b>	<b>2018</b>
Total Reports Received	23,432	27,105	31,436
Reports Investigated <sup>10</sup>	17,764	19,913	21,461
Total Reports Substantiated <sup>11</sup>	9,755	10,920	11,924
Unfounded	8,009	8,993	9,537
Pending <sup>12</sup>	41	63	73
Invalid <sup>13</sup>	5,627	7,129	9,902
<i>Percent of Reports Substantiated</i>	<i>55%</i>	<i>55%</i>	<i>56%</i>
<b>DISPOSITIONS OF SUBSTANTIATED REPORTS</b>			
Needs and Accepts Services	4,416	4,685	5,090
Needs and Refuses Services	1,834	2,096	2,297
Need No Longer Exists	3,505	4,139	4,537

<sup>10</sup> Investigated reports include substantiated and unfounded reports.

<sup>11</sup> A substantiated report is defined as a completed investigation with a disposition that the adult needs protective services.

<sup>12</sup> Pending reports include reports undergoing investigation.

<sup>13</sup> Information on invalid reports was not available prior to the implementation of the ASAPS program. Invalid (reports not meeting validity criteria) includes reports that are invalidated at the time they are made as well as investigated reports that receive a disposition of "invalid."

## **Dispositions**

APS Investigations result in one of the following dispositions:

- **NEEDS PROTECTIVE SERVICES AND ACCEPTS**

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

- **NEEDS PROTECTIVE SERVICES AND REFUSES**

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

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

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

- **UNFOUNDED**

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

- **INVALID**

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

**Table 10** reflects demographics of the APS report subjects. Seventy-four percent of the adults were age 60 or older. Nearly **600** individuals were age 96 or older. More than **1,000** adults were 18-25 years of age.

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

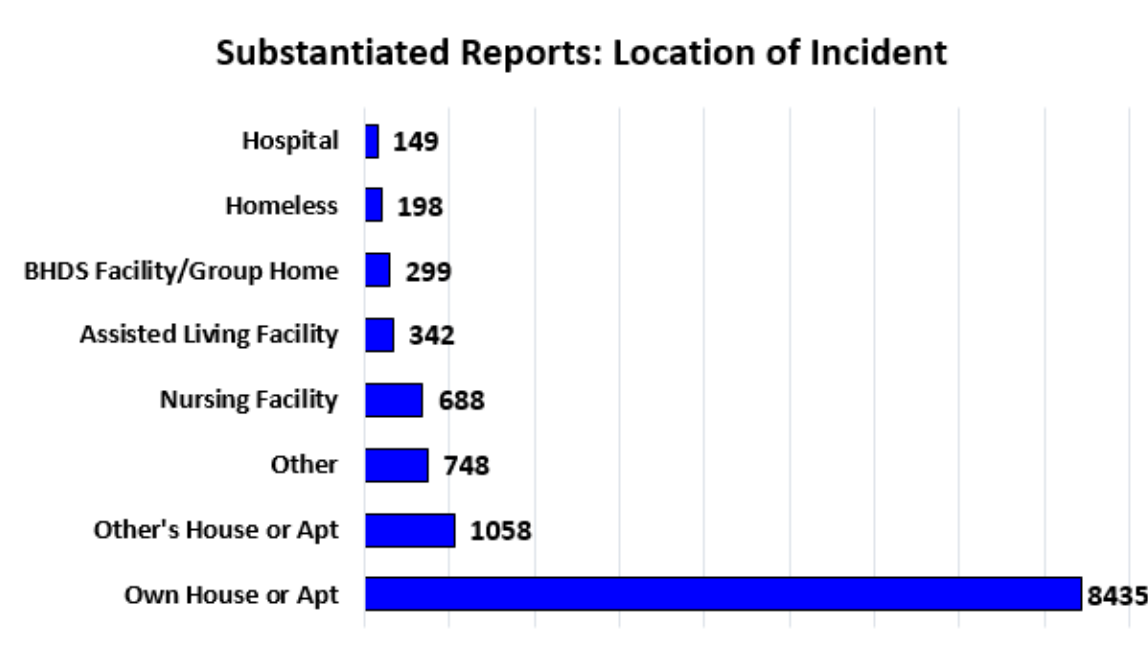
<b>SFY 2018 Regional Demographics of Report Subjects</b>						
	<b>CENTRAL</b>	<b>EASTERN</b>	<b>NORTHERN</b>	<b>PIEDMONT</b>	<b>WESTERN</b>	<b>STATE TOTAL</b>
Reports Received	<b>4,800</b>	<b>7,866</b>	<b>7,382</b>	<b>8,185</b>	<b>3,203</b>	<b>31,436</b>
% Substantiated	50%	53%	55%	59%	61%	<b>56%</b>
<b>Demographics of Report Subject</b>						
60+	74%	76%	77%	71%	72%	<b>74%</b>
18-59	26%	24%	23%	29%	28%	<b>26%</b>
Female	60%	60%	59%	59%	59%	<b>60%</b>
Male	40%	39%	40%	41%	40%	<b>40%</b>
White	51%	54%	65%	71%	92%	<b>64%</b>
Black	33%	35%	14%	18%	3%	<b>22%</b>
Unknown	15%	10%	18%	11%	6%	<b>12%</b>
Other <sup>14</sup>	<1%	<1%	4%	<1%	<1%	<b>1%</b>
<b>Location of Incident</b>						
Own Home/Apt	57%	57%	59%	60%	71%	<b>60%</b>
Other's Home/Apt	10%	10%	10%	8%	10%	<b>9%</b>
Nursing Facility	10%	10%	10%	14%	8%	<b>11%</b>
Assisted Living Facility	6%	7%	6%	4%	3%	<b>5%</b>
Other	10%	9%	9%	6%	4%	<b>8%</b>
BHDS Facility	4%	4%	3%	6%	1%	<b>4%</b>
Hospital	1%	2%	2%	1%	2%	<b>2%</b>
Homeless	2%	1%	1%	1%	1%	<b>1%</b>

<sup>14</sup> Includes Asian, American Indian, & Alaskan Native

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

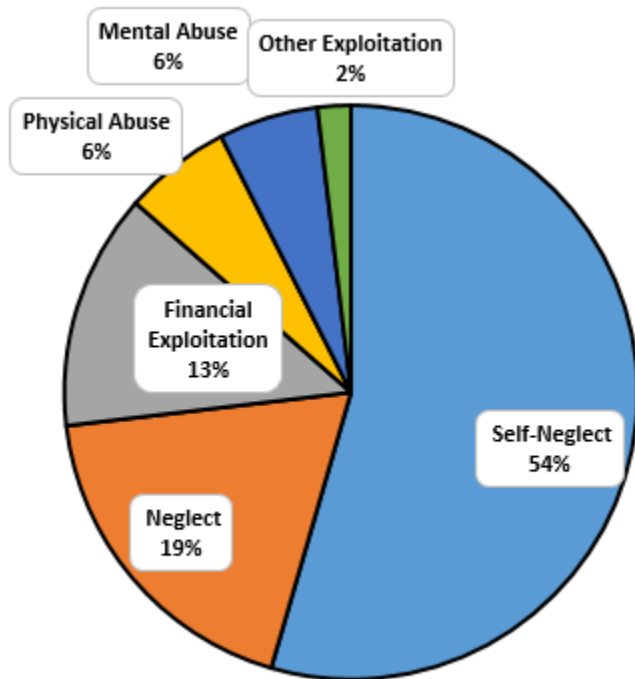
<b>SFY 2018: Demographics of Subjects of Substantiated Reports</b>		
<b>TOTAL SUBSTANTIATED REPORTS</b>		
<b>AGE</b>	60 years or older	78%
	18-59	22%
<b>SEX</b>	Female	59%
	Male	41%
	Unknown	<1%
<b>RACE</b>	White	71%
	African American	21%
	Unknown	7%
	Other	1%

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 locations of abuse in substantiated reports. “Other” includes senior center, shelter, adult foster care, adult day care, jail, sheltered workshop and other undefined location of the incident.



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

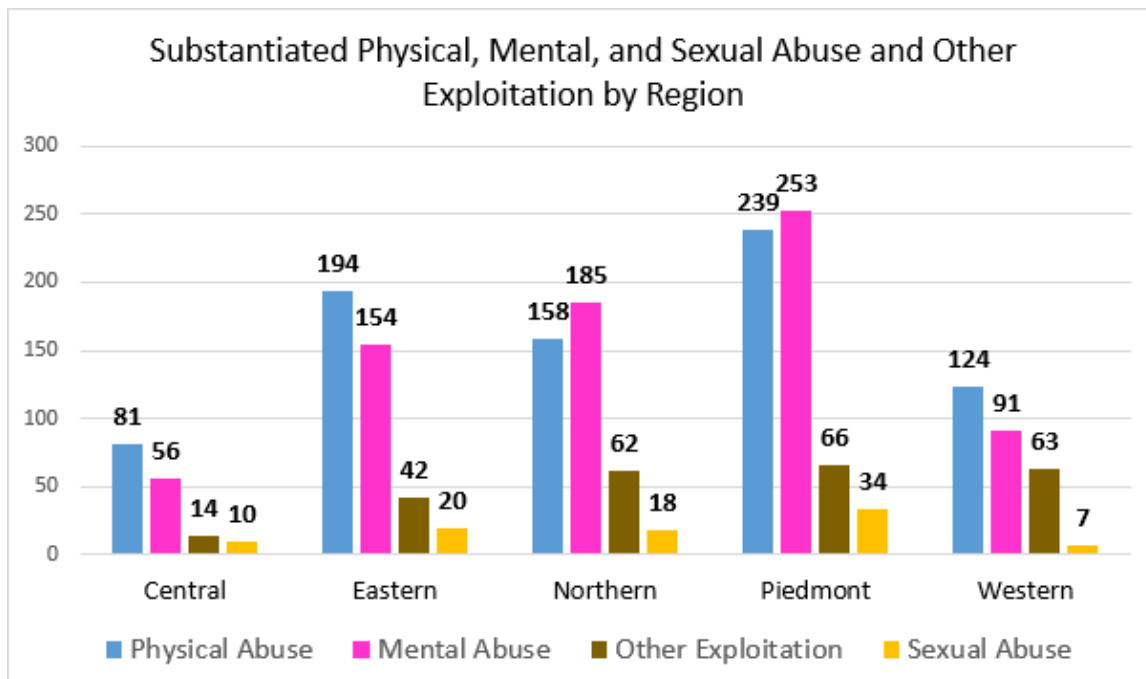
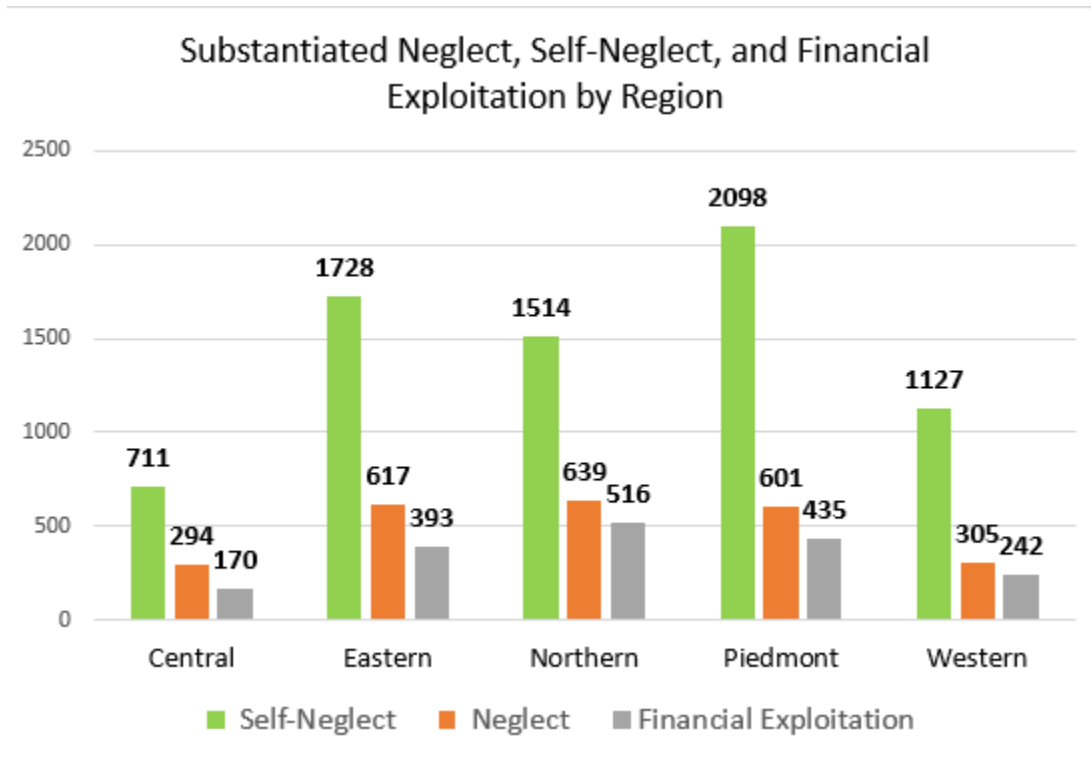
Abuse Type—SFY 2018 Substantiated Reports	#
Self-Neglect	7,178
Neglect	2,456
Financial Exploitation	1,756
Physical Abuse	796
Mental Abuse	739
Other Exploitation	247
Sexual Abuse	89
<b>Total</b>	<b>13,261<sup>15</sup></b>



**Types of Abuse: SFY 2018 Substantiated Reports**

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



During the course of an APS investigation or during service provision, LDSS workers may find it necessary to initiate certain legal actions in order to stop the abuse, neglect or exploitation or prevent further maltreatment from occurring. In SFY 2018 LDSS, often in collaboration with local law enforcement or the LDSS attorney, initiated the following actions:

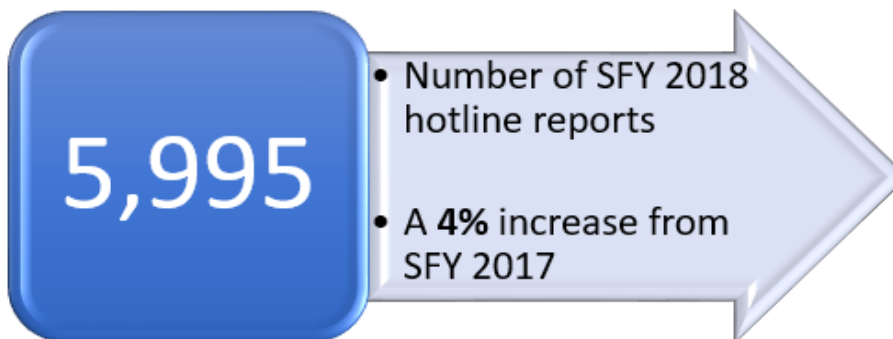
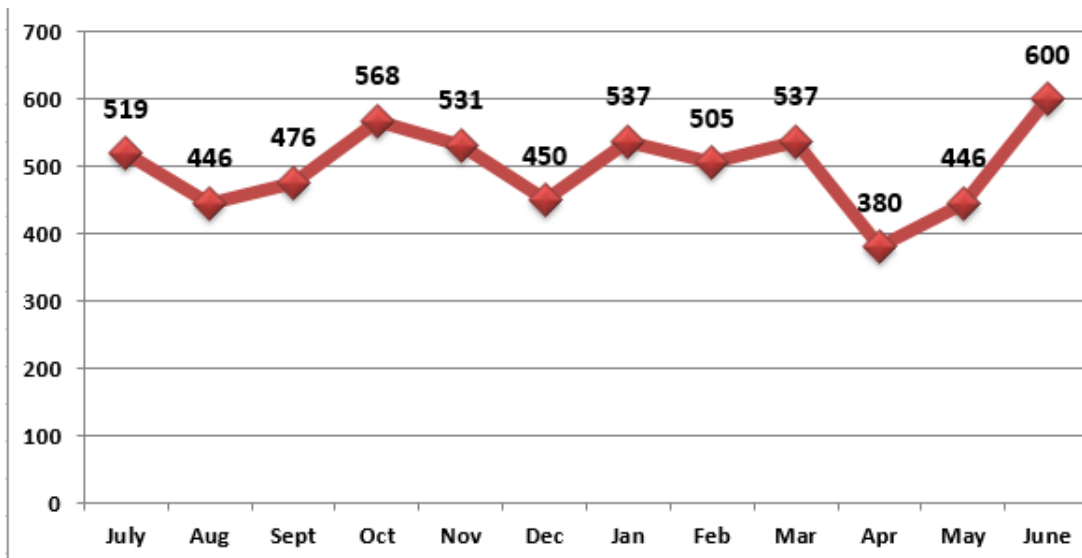
- **263** petitions for guardianship
- **30** petitions for conservatorship
- **60** protective orders
- **14** emergency orders for protective services
- **43** involuntary commitments to state or private hospitals
- **10** orders for medical treatment

Additionally, **62** cases were referred to legal authorities for possible criminal abuse or neglect charges.

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

The 24-hour, 7 days a week, APS hotline is located at DSS in Richmond. Hotline staff receive APS reports about adult abuse, neglect, or exploitation and forward the reports to the appropriate LDSS. **Table 14** illustrates APS hotline call volume for SFY 2018.

### **SFY 2018: Monthly APS Hotline Reports**



**Table 15** illustrates the number of SFY 2018 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 15-APS Reports by Locality**

Central Region		Eastern Region		Northern Region	
<i>Locality</i>	<i># of Reports</i>	<i>Locality</i>	<i># of Reports</i>	<i>Locality</i>	<i># of Reports</i>
Amelia (I)	47	Accomack (II)	166	Alexandria (III)	200
Buckingham (II)	52	Brunswick (II)	30	Arlington (III)	250
Caroline (II)	112	Chesapeake (III)	1,387	Clarke (I)	90
Charles City (I)	9	Dinwiddie (II)	24	Culpeper (II)	105
Chesterfield/ Colonial Heights (III)	772	Franklin City (II)	9	Fairfax/Fairfax City/Falls Church (III)	1,876
Cumberland (I)	37	Gloucester (II)	215	Fauquier (II)	389
Essex (I)	8	Greensville/Emporia (II)	15	Frederick (II)	409
Fluvanna (II)	54	Hampton (III)	302	Fredericksburg (II)	137
Goochland (I)	74	Isle of Wight (II)	125	Greene (I)	71
Hanover (II)	311	James City County (II)	367	Harrisonburg/ Rockingham (III)	436
Henrico (III)	1,514	Mathews (I)	72	King George (I)	8
Hopewell (II)	185	Newport News (III)	758	Loudoun (III)	669
King & Queen (I)	21	Norfolk (III)	1,338	Louisa (II)	132
King William (I)	27	Northampton (II)	27	Madison (I)	33
Lancaster (I)	48	Portsmouth (III)	219	Manassas City (II)	77
Lunenburg (I)	18	Prince George (II)	78	Manassas Park (I)	48
Middlesex (I)	104	Southampton (II)	51	Orange (II)	253
New Kent (I)	41	Suffolk (III)	446	Page (II)	61
Northumberland (I)	12	Surry (II)	13	Prince William (III)	1,043
Nottoway (I)	26	Sussex (II)	59	Rappahannock (I)	46
Petersburg (III)	167	Virginia Beach (III)	1,790	Shenandoah (II)	190
Powhatan (II)	14	Williamsburg (II)	83	Spotsylvania (III)	299
Prince Edward (II)	83	York/Poquoson (II)	292	Stafford (II)	202
Richmond City (III)	968			Warren (II)	182
Richmond County (I)	22			Winchester (II)	176
Westmoreland (II)	74				
<b>Total</b>	<b>4,800</b>	<b>Total</b>	<b>7,866</b>	<b>Total</b>	<b>7,382</b>

Piedmont Region		Western Region	
<i>Locality</i>	<i># of Reports</i>	<i>Locality</i>	<i># of Reports</i>
Albemarle (III)	565	Bland (I)	3
Alleghany/Covington/Clifton Forge (II)	85	Bristol (II)	41
Amherst (II)	194	Buchanan (II)	83
Appomattox (I)	11	Carroll (II)	170
Bath (I)	67	Dickenson (II)	70
Bedford (III)	635	Floyd (I)	85
Botetourt (I)	186	Galax (I)	81
Campbell (II)	236	Giles (II)	47
Charlotte (II)	26	Grayson (II)	91
Charlottesville (III)	317	Lee (II)	53
Craig (I)	11	Montgomery (II)	395
Danville (III)	139	Norton (I)	43
Franklin County (II)	257	Patrick (II)	169
Halifax/South Boston (II)	58	Pulaski (II)	100
Henry/Martinsville (III)	577	Radford (I)	43
Highland (I)	16	Russell (II)	243
Lynchburg (III)	603	Scott (II)	203
Mecklenburg (II)	148	Smyth (II)	281
Nelson (I)	50	Tazewell (II)	349
Pittsylvania (II)	218	Washington (II)	122
Roanoke City (III)	935	Wise (III)	414
Roanoke County/Salem (III)	896	Wythe(II)	117
Rockbridge/Buena Vista/Lexington (II)	111		
Staunton/Augusta/Waynesboro (III)	1,844		
<b>Total</b>	<b>8,185</b>	<b>Total</b>	<b>3,203</b>

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

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- In SFY 2018, LDSS provided or arranged just under **28,000** services for clients, including, emergency assistance, home repairs, medical services, transportation and counseling.
- Adult Services and APS expenditures increased **7%** in SFY 2018.
- Home-based care cases declined **5.7%** between SFY 2017 and 2018.
- In SFY 2018 as part of community-based screening teams, LDSS completed more than **15,000** screenings on adults in need of Medicaid-funded long-term care services.
- Guardian report cases have increased almost **33%** since SFY 2014.
- LDSS received **31,436** reports of adult abuse, neglect, or exploitation, almost a **16%** increase from SFY 2017.
- Substantiated APS reports rose **12%** from SFY 2016 to 2017 and **9%** from SFY 2017 to 2018.
- APS reports made by financial institution have grown almost **252%** since SFY 2014.
- In SFY 2018, **74%** of APS report subjects were adults age 60 or older.
- **Nineteen percent** of adults exercised their statutory right to refuse services, a consistent figure for the past several years.
- Substantiated financial exploitation cases jumped **30%** from the previous fiscal year.

# Auxiliary Grant Program

An Auxiliary Grant (AG) is a supplement for individuals with Supplemental Security Income (SSI) and certain other aged, blind, or disabled individuals residing in specific long-term care settings. AG payments ensure that individuals are able to maintain a standard of living that meets their basic needs. The AG Program, administered by DARS, is funded with 80 percent state money and 20 percent local money. The AG rate is set by the Virginia General Assembly and is adjusted periodically, usually in response to Cost of Living Adjustments (COLA) issued by the Social Security Administration (SSA).

Individuals are only eligible for an AG payment if they reside in assisted living facilities (ALF) licensed by the Virginia Department of Social Services, Division of Licensing Programs, an adult foster care (AFC) home approved by LDSS, or a supportive housing (SH) setting certified through the Department of Behavior Health and Developmental Services. Not all ALFs accept AG. As of June 30, 2018, Virginia had 575 licensed ALFs with a licensed bed capacity of 36,446. Fewer than 300 of the 575 licensed ALFs accepted individuals with AG. Some ALFs may accept one or two individuals with AG, while in other facilities nearly all of the individuals residing there receive AG.

## How is eligibility determined?

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

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

- ◆ Be a citizen of the United States or an alien who meets specified criteria;
- ◆ Have countable income less than the total of the AG rate approved for plus the personal needs allowance;
- ◆ Have non-exempted resources less than \$2,000 for one person or \$3,000 for a couple<sup>16</sup> and;
- ◆ Have been assessed and determined to meet either residential or assisted living level of care.

The LDSS issues a monthly AG payment once eligibility has been established. The AG

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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.

payment is mailed directly to the individual or the individual's representative who pays the ALF, AFC, or SH provider. The individual keeps a portion of the payment as a personal needs allowance.

**Table 16-Auxiliary Grant Rates**

<b>Auxiliary Grant Rates 2012-2018</b>									
	<b>1/12</b>	<b>7/12</b>	<b>1/13</b>	<b>7/13</b>	<b>1/14</b>	<b>1/15</b>	<b>1/16</b>	<b>1/17</b>	<b>1/18</b>
<b>Standard Rate</b>	\$1,136	\$1,150	\$1,161	\$1,196	\$1,207	\$1,219	\$1,219	\$1,221	\$1,236
<b>Planning District 8 Rate*</b>	\$1,303	\$1,317	\$1,328	\$1,375	\$1,388	\$1,402	\$1,402	\$1,404	\$1,421
<b>Personal Needs Allowance (PNA)</b>	\$81	\$81	\$82	\$82	\$82	\$82	\$82	\$82	\$82

ALF = Assisted Living Facility; AFC = Adult Foster Care

\*Planning District 8 includes Arlington, Alexandria, Fairfax City and County, Falls Church, Loudoun County, Prince William County, Manassas City and Manassas Park.  
SH rates are same as ALF and AFC rates.

The table below provides SFY 2018 average monthly AG case counts and total AG expenditures. The information is obtained from LASER, (Locality Automated System for Expenditure Reimbursement), a DSS computer system.

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

<b>SFY 2018 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)	2	1,325	1,327
Average Monthly Caseload ( Blind)	0	3	3
Average Monthly Caseload (Disabled)	34	2,433	2,467
Average Monthly Caseload (Total)	36	3,761	3,797
State	\$152,830	\$18,031,125	\$18,183,955
Local	\$38,028	\$4,504,719	\$4,542,927
Local-Non Reimbursable	\$1,895	\$412,512	\$414,407
Total Expenditures	\$192,933	\$22,948,356	\$23,141,289

<sup>17</sup> Figures do not include supportive housing (SH) recipients. The SFY 2018 SH report is available at: <https://rga.lis.virginia.gov/Published/2018/RD226/PDF>

In SFY 2018, **4,577** individuals (unduplicated) received an AG payment for at least one month during the fiscal year. **Table 18** depicts SFY 2018 DSS Data Warehouse statistics for these individuals.

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

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

<b>SFY 2018: AG Recipient Demographics</b>		
<b>Number of Recipients</b>		<b>4,577</b>
<b>AID CATEGORY</b>	Aged	<b>40%</b>
	Blind	<b>&lt;1%</b>
	Disabled	<b>60%</b>
<b>SEX</b>	Female	<b>48%</b>
	Male	<b>52%</b>
<b>RACE</b>	White	<b>65%</b>
	African American	<b>34%</b>
	Unknown	<b>&lt;1%</b>
	Other <sup>18</sup>	<b>1%</b>

<sup>18</sup> Other includes Asian, Native American, Spanish American or a combination of these races

# Appendices



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



### Indicators of Adult Abuse, Neglect or Exploitation

#### ABUSE

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

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#### NEGLECT

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



## Indicators of Adult Abuse, Neglect or Exploitation

### FINANCIAL EXPLOITATION

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

### SEXUAL ABUSE

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



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

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

**(888) 832-3858**

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

**Calls may be made anonymously.**



**VERMONT DEPARTMENT FOR AGING  
AND REHABILITATIVE SERVICES**

10/2017

## APPENDIX B: Adult Protective Services Division Contacts

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

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

**APPENDIX C: Adult Services Regional Assignments**

Eastern	Central	Northern	Piedmont	Western
<b>Carey Raleigh</b> 420 North Center Drive Building 11, Suite 100 Norfolk, VA 23502 ☎ 757-985-4948 FAX: 757-455-0840	<b>Margie Marker</b> 1604 Santa Rosa Road Suite 130 Richmond, VA 23229 ☎ 804-662-9783 FAX: 804-819-7114	<b>Andrea Jones</b> 410 Rosedale Court Suite 270 Warrenton, VA 20186 ☎ 540-347-6313 FAX: 540-347-6331	<b>Angela Mountcastle</b> 210 First Street, SW Suite 200 Roanoke, VA 24011 ☎ 540-204-9640 FAX: 540-561-7569	<b>Carol McCray</b> 190 Patton Street Abingdon, VA 24210 ☎ 276-676-5636 FAX: 276-676-5621
Agencies	Agencies	Agencies	Agencies	Agencies
Accomack (001) 22 Brunswick (025) 13 Chesapeake (550) 23 Dinwiddie (053) 19 Franklin City (620) 23 Gloucester (073) 18 Greensville (081)/Emporia (595) 19 Hampton (650) 23 Isle of Wight (093) 23 James City (095) 23 Mathews (115) 18 Newport News (700) 23 Norfolk (710) 23 Northampton (131) 22 Portsmouth (740) 23 Prince George (149) 19 Southampton (175) 23 Suffolk (800) 23 Surry (181) 19 Sussex (183) 19 Virginia Beach (810) 23 Williamsburg (830) 23 York (199)/Poquoson (735) 23	Amelia (007) 14 Buckingham (029) 14 Caroline (033) 16 Charles City (036) 15 Chesterfield (041)/ Colonial Heights (570) 15 Cumberland (049) 14 Essex (057) 18 Fluvanna (065) 10 Goochland (075) 15 Hanover (085) 15 Henrico (087) 15 Hopewell (670) 19 King and Queen (097) 18 King William (101) 18 Lancaster (103) 17 Lunenburg (111) 14 Middlesex (119) 18 New Kent (127) 15 Northumberland (133) 17 Nottoway (135) 14 Petersburg (730) 19 Powhatan (145) 15 Prince Edward (147) 14 Richmond City (760) 15 Richmond County (159) 17 Westmoreland (193) 17	Alexandria (510) 8 Arlington (013) 8 Clarke (043) 7 Culpeper (047) 9 Fairfax (059)/Fairfax City (600)/Falls Church (610) 8 Fauquier (061) 9 Frederick (069) 7 Fredericksburg (630) 16 Greene (079) 10 Harrisonburg (660) 6/ Rockingham (165) King George (099) 16 Loudoun (107) 8 Louisa (109) 10 Madison (113) 9 Manassas City (683) 8 Manassas Park (685) 8 Orange (137) 9 Page (139) 7 Prince William (153) 8 Rappahannock (157) 9 Shenandoah (171) 7 Spotsylvania (177) 16 Stafford (179) 16 Warren (187) 7 Winchester (840) 7	Albemarle (003) 10 Alleghany(005)/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

