

Department
for Aging and
Rehabilitative
Services

State
Fiscal
Year 2016

Adult Protective Services
Division

Annual Report



COMMONWEALTH OF VIRGINIA
DEPARTMENT FOR AGING AND REHABILITATIVE SERVICES

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Dear Colleagues:

Happy New Year! I am pleased to present the State Fiscal Year 2016 Adult Protective Services (APS) Division Report from the Virginia Department for Aging and Rehabilitative Services (DARS). This year's report would have not been possible without the dedication and commitment of the Division's Home Office and Regional staff.

2016 was a busy year for the APS Division. In response to House Bill 676, sponsored by Delegate Chris Peace, Division staff and community stakeholders convened a workgroup to examine the issue of adult financial exploitation in the Commonwealth. The workgroup published a report highlighting statistics from 141 substantiated financial exploitation cases. The report, which also outlined eight recommendations to respond to financial exploitation in Virginia, will serve as a blueprint to address this problem that jeopardizes the economic security of older adults and individuals with disabilities. The report is available on the Legislative Information System website at: [http://leg2.state.va.us/dls/h&sdocs.nsf/By+Year/HD132016/\\$file/HD13.pdf](http://leg2.state.va.us/dls/h&sdocs.nsf/By+Year/HD132016/$file/HD13.pdf).

The Division also welcomed a new staff member, Shelley Henley, in July. As a former Medicaid eligibility supervisor for a local department, Shelley brings a wealth of experience to her new role as the Auxiliary Grant (AG) Program Consultant. She'll provide technical assistance to eligibility workers, monitor local AG programs, and in the near future, offer some much needed training opportunities. We are so glad to have her on board!

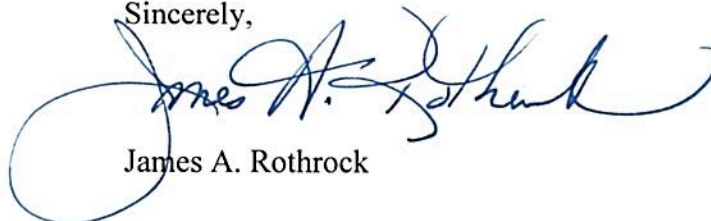
Additionally, we were pleased that funding to replace the antiquated ASAPS database system was included in the Governor's budget. The enhanced system, PeerPlace, will improve case management practices, resulting in better outcomes for our clients, and enhance APS and Adult Services (AS) data collection. Our effort to improve data collection also aligns nicely with the new federal National Adult Maltreatment Reporting System (NAMRS) initiative, the first ever national effort to "paint the picture of APS" throughout the country. The APS Division will submit federal fiscal year 2016 data to NAMRS in early 2017. Your advocacy to assure this system is supported by our General Assembly is welcome.

There are a few trends worth noting in the 2016 Annual Report. The total number of APS reports rose 3.4%, though substantiated APS reports demonstrated a more significant increase of 5.6%. Substantiated cases of financial exploitation grew 14% compared to last year signaling a troubling trend. We must remain vigilant in combating this problem!

But I want to end this year by thanking every local AS, APS, and AG worker who serves older adults and individuals with disabilities throughout the Commonwealth. You are such a critical part of our mission to improve the employment, quality of life, security, and independence of older Virginians, Virginians with disabilities, and their families.

I am looking forward to an exciting and productive 2017!

Sincerely,

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

James A. Rothrock

JAR/pm

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Overview: The APS Division at the Department for Aging and Rehabilitative Services

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

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

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

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

Five regional APS consultants are located in Abingdon, Henrico, Roanoke, Virginia Beach, and Warrenton. The regional consultants act as program liaisons to local Adult Services (AS) and APS staffs. 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: the **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) 2016 which began July 1, 2015 and ended June 30, 2016.

Each service case that an AS or APS worker opens is given an ASAPS “case type” according to one of the following definitions:

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

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

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

Table 1-Statewide Caseload SFY 2012-2016: All Case Types

SFY ‘12-‘16 Total Caseload ¹										
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
2016	4,519	156	15,479	20,604	3,745	2,288	240	2,675	11,070	60,776
2015	4,353	131	14,552	20,128	3,619	1,817	243	2,667	10,356	57,866
2014	4,949	151	13,683	18,622	3,648	2,068	248	2,831	9,682	55,882
2013	4,864	166	13,193	17,260	4,137	2,002	393	3,058	9,100	54,158
2012	4,872	188	12,473	15,849	4,283	2,002	601	3,312	8,403	51,983

Table 1 shows all case types from SFY 2012 to SFY 2016. The following information highlights some case type trends:

- Guardian Report cases have increased nearly **32%** since SFY 2012.
- Adult Services cases have increased **30%** since SFY 2012.
- Home-based services case types (combined) decreased **21%** from 2012-2015, but increased **3.7 %** from 2015 to 2016. See **Table 3** for additional information about home-based care cases.

¹ Source: ASAPS.

Table 2-Statewide Average Monthly Caseload

SFY 2016 Average Monthly Caseload²	
Case Type	Average Monthly Caseload
APS	1,787
APS-Home Based Care	76
APS Investigation	5,052
AS	6,690
AS-Home Based Care	2,469
AS-Intensive Services	779
AS- Intensive Services Home Based Care	161
ALF Reassessment	2,212
Guardian Report	9,614
All Cases Types	28,840

Service Provision and Expenditures

Adult Services (AS) provides assistance to adults with an impairment³ 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.

² Source: ASAPS.

³ 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).

LDSS workers use the Virginia Uniform Assessment Instrument (UAI) to assess an individual's strengths and identify unmet needs.

Home-Based Services

Each LDSS is mandated to offer at least one home-based service to eligible individuals to the extent that federal and state matching funds are available. LDSS may recruit and approve home-based providers using uniform provider standards or contract with licensed home health and other service delivery agencies. LDSS are also authorized to act as a fiscal agent on behalf of the adult to ensure that necessary taxes are paid.

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

Home-based care consists of three primary services:

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

Based on available information in ASAPS approximately **60%** of the home-based services provided are companion services. Homemaker services make up **37%** of the cases with the remainder being chore services. The number of SFY 2016 cases identified as home-based services cases types is shown in **Table 3**.

Table 3-Number of Adults Receiving Home-Based Services

All Home-Based Services SFY 2012-2016					
	2012	2013	2014	2015	2016
Number of Home-based Services Case Types	5,072	4,696	4,047	3,993	4,141

Preadmission Screenings

The Code of Virginia (§ [32.1-330](#)) requires that all individuals who may be eligible for community or institutional long-term care services, and who are eligible for Medicaid or will be eligible for Medicaid within six months, to be screened to determine their need for these services. The LDSS worker, in cooperation with local health department nurses, are responsible for performing community-based preadmission screenings (PAS) for Medicaid-funded long-term care services including nursing facility placement, the Elderly and Disabled with Consumer Direction (EDCD) waiver and Program for the All-Inclusive Care for the Elderly (PACE). LDSS conducted **more than 17,800 PAS** in SFY 2016, a **4.7%** increase from SFY 2015. Approximately **15,600** of these screenings were for adults and **2,100** were for children.

Assisted Living Facility (ALF) Assessment and Reassessments

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

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

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

Adult Foster Care (AFC) Services

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

Adult Day Services

LDSS may use home-based care funding to purchase adult day services for an eligible adult from a provider approved by the LDSS or a licensed adult day care facility. Adult day services provide personal supervision of the adult and promote social, physical, and emotional well-being through companionship, self-education and leisure activities. Eligible persons must meet state and local board guidelines and be assessed using the UAI. In SFY 2016, adult day services were arranged in **42 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 **11,070** cases in SFY 2016.

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 by type and number some of these services.

Table 4-Services by Type and Number

SFY 2016 Services by Type and Number⁴	
Type of Service	Number of Cases with Service
Advocacy	1,229
Case Management	4,387
Counseling (Individual)	488
Emergency Assistance	537
Emergency Shelter	52
Financial Management/Counseling	714
Food Assistance	360
Home Delivered Meals	425
Home Repairs	242
Housing Services	568
Legal Services	644
Medical Services	943
Nutritional Supplement	131
Monitoring-LDSS	2,033
Transportation Services	544

⁴ Source: ASAPS service plan

Table 5-AS and APS Expenditures

SFY 2016 Adult Services and APS Program Expenditures⁵					
Services	Federal & State	Local	Non-reimbursed local	Total Expenditures	% of Total Expenditures
Companion	\$3,752,821	\$938,205	\$2,405,330	\$7,096,356	73%
Chore	\$196,076	\$49,019	\$0	\$245,095	3%
Homemaker	\$538,194	\$134,549	\$716,944	\$1,389,686	14%
Adult Day Services	\$10,454	\$2,613	\$0	\$13,067	<1%
APS	\$746,521	\$136,934	\$71,105	\$954,560	10%
Total	\$5,244,066	\$1,261,320	\$3,193,379	\$9,698,765	100%

Table 6-Five-Year Comparison of Expenditures

5-Year Expenditures				
SFY	Federal & State	Local	Non-reimbursed Local	Total Expenditures
2016	\$5,244,066	\$1,261,320	\$3,193,379	\$9,698,765
2015	\$4,803,338	\$1,152,093	\$3,404,452	\$9,359,883
2014	\$4,735,830	\$1,136,584	\$3,641,132	\$9,513,546
2013	\$4,973,434	\$1,194,254	\$3,700,227	\$9,867,915
2012	\$5,232,840	\$1,261,810	\$3,634,558	\$10,129,208

Efforts by APS Division staff, VDSS and LDSS to better manage and reallocate funding LDSS use to provide homemaker, chore, and companion services resulted in a slight (3.6%) increase in expended funding in SFY 2016.

⁵ 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 2016 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. The appeals DARS received were in response to denials of Medicaid funded home-based services. When this type of appeal was submitted to DARS, the constituent was informed of the error and redirected to file the appeal with the Department of Medical Assistance Services (DMAS) Appeals Unit.

Table 7- Home-based Services Appeals

Appeals Received	53
Valid Appeals Received	0
Invalid Appeals	52
Appeals Withdrawn⁶	1
Hearings Scheduled	0

⁶ Appeal withdrawn before validation.

Adult Protective Services Program

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

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

Though there is no federal oversight, federal agencies have taken an interest in the issue of elder and adult abuse. In October 2014, Administration for Community Living (ACL) reorganized, renaming the Office of Elder Rights as the Office of Elder Justice and Adult Protective Services. This change reflected the fact that many state APS programs serve not only older adults but also individuals with disabilities. Though ACL does not provide any federal oversight of state APS programs, the importance of APS data collection in order to better paint the picture of APS across the nation, has been a major focus of ACL. ACL developed the National Adult Maltreatment Reporting System (NAMRS), a database system to collect and organize APS data submitted by each state. Though submission is voluntary, most states have agreed to submit NAMRS data beginning in early 2017.

Statutory Authority for Virginia APS

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

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

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

- Establishing laws regarding criminal abuse and neglect of an incapacitated adult that resulted in serious bodily injury or disease.
- Expanding the list of professionals who are mandated to report suspected adult abuse, neglect, or exploitation.
- Requiring LDSS to refer relevant information to the appropriate licensing regulatory, or legal authority for administrative action or criminal investigation.
- Expanding the list of APS situations in which law enforcement must be notified.
- Requiring law-enforcement and other state and local departments, agencies, authorities, and institutions to cooperate with APS investigations and prevention activities.
- Adding accounting firms to the list of financial institutions that may report voluntarily.
- Adding criminal penalties for making a false report.
- Authorizing the Commissioner of the Department for Aging and Rehabilitative Services to impose civil penalties for cases of non-reporting by all mandated reporters with the exception of law-enforcement officers. (Civil penalties for law enforcement are the responsibility of the court system).
- Making it a Class 3 felony for the abuse or neglect of an incapacitated adult that resulted in death.
- Authorizing the creation of a state Adult Fatality Review Team (AFRT), under the Office of the Chief Medical Examiner (OCME).
- Strengthening APS workers' ability to take photographs, video recordings, or medical imaging during the course of an APS investigation.
- Making financial exploitation of a mentally incapacitated person a criminal offense. Prior to 2013, Virginia's Commonwealth's Attorneys did not have a separate criminal offense under which to prosecute individuals who financially exploited adults with a mental incapacity.
- Establishing the ability to award fees and court costs to financial exploitation victims who bring a civil action in response to deeds, contracts, or other instruments that were obtained by fraud or undue influence.
- Authorizing the formation of local or regional adult fatality review teams.
- Requiring the APS hotline staff or the LDSS to report suspected financial exploitation greater than \$50,000 immediately to local law enforcement.

Mandated Reporting in Virginia

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

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

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

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

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

	Therapists; Licensed Substance Abuse Treatment Practitioners
Board of Psychology	School Psychologist; Clinical Psychologist; Applied Psychologist; Sex Offender Treatment Provider; School Psychologist – Limited
Board of Social Work	Registered Social Worker; Associate Social Worker; Licensed Social Worker; Licensed Clinical Social Worker
Board of Long-Term Care Administrators	Nursing Home Administrator; Nursing Home Preceptors; Assisted Living Facility Administrators; Assisted Living Facility Preceptors
Board of Audiology and Speech Pathology	Audiologists; Speech-Language Pathologists; School Speech-language Pathologists
Board of Physical Therapy	Physical Therapist; Physical Therapist Assistant

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

Table 8 illustrates the types of reporters who reported adult abuse, neglect, or exploitation in SFY 2016. Occupations or individuals in blue represent mandated reporters. Some reporters make anonymous reports and do not identify their occupation or their relationship to the subject of the report.

Table 8-Source of APS Reports

SFY 2016 Reporter Type	# of Reports
Relative (includes ex-wife/ex-husband)	2727
Other	2392
Social Worker	2285
Nurse	1557
Law Enforcement Officer	1265
Financial Institution	1168
Nursing Home Administrator/NH Staff	1090
Hospital Staff	1025
Self	1011
Friend/Neighbor	912
Home Health Provider	844
EMS Personnel/Fire Department	752
Mental Health Provider/Psychologist/Counselor/Psychiatrist	562
CSB Staff	528
ALF Staff	435
Physician/Primary Physician/Physician Assistant	387
DBHDS Staff	321
Agency Provider-Home Based Care/EDCD/Personal Care Provider	282
Virginia Department of Social Services Staff	255
Family Services Specialist ⁷	232
Area Agency on Aging Staff	186
Group Home Staff	179
Hospice	111
Adult Day Care Staff	94
Power of Attorney	77
Other Healthcare Professionals(PT/OT/RT/SLP)	72
Guardian/Conservator	65
Certified Nursing Assistant (CNA)	51
Attorney	42
Transportation Provider ⁸	38
Public Housing Staff	32
Shelter Staff	31
Workshop Staff	31
Health Department Staff/Public Health Nurse	31
Clergy	25
Domestic Violence Program Staff	21
Division for Aging Staff	13
Long-term Care Ombudsmen	12
Pharmacist/Pharmacy Staff	8
Dentist/Dental Office Staff	3
Total	21,152

⁷ Family services specialist (FSS) includes LDSS AS and APS workers.

⁸ 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.” Abuse includes battery and other forms of physical violence including, hitting, kicking, burning, choking, scratching, rough-handling, cutting, and biting, etc. It includes sexual assault, inflicting pornography, voyeurism, exhibitionism, and other forms of forced sexual activity on an elder or an incapacitated adult. It includes any sexual activity with an adult who is unable to understand or give consent, the control of an adult through the use of threats or intimidation, and the abuse of a relationship of trust.

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

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

Adult Exploitation is defined by the Code of Virginia, (§ 63.2-100), as “the illegal use of an incapacitated adult or his resources for another’s profit or advantage.” Exploitation, including financial abuse and sexual exploitation, is accomplished by the use of covert, subtle, and deceitful means. It is usually a pattern of behavior rather than a single episode. Financial exploitation includes the crimes of larceny, embezzlement, theft by false pretenses, burglary, forgery, false impersonation, and extortion.

Table 9 identifies three-year trends for APS reports.

Total APS reports increased **4.7%** from SFY 2014 to 2015 and **3.4%** from 2015 to 2016. Substantiated reports increased **0.9%** from SFY 2014 to 2015 and **5.6%** from 2015 to 2016.

Table 9-Three-Year Comparison of APS Reports

THREE YEAR COMPARISON OF APS REPORTS			
	2014	2015	2016
Total Reports Received	21,650	22,658	23,432
Reports Investigated ⁹	17,319	17,625	17,764
Total Reports Substantiated ¹⁰	9,140	9,224	9,755
Unfounded	8,179	8,401	8,009
Pending ¹¹	114	110	41
Invalid ¹²	4,217	4,923	5,627
<i>Percent of Reports Substantiated</i>	<i>53%</i>	<i>52%</i>	<i>55%</i>
DISPOSITIONS OF SUBSTANTIATED REPORTS			
Needs and Accepts Services	4,066	4,171	4,416
Needs and Refuses Services	1,644	1,749	1,834
Need No Longer Exists	3,430	3,304	3,505

Dispositions

⁹ Investigated reports include substantiated and unfounded reports.

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

¹¹ Pending reports include reports undergoing investigation.

¹² 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.”

APS Investigations result in one of the following dispositions:

- **NEEDS PROTECTIVE SERVICES AND ACCEPTS**

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

- **NEEDS PROTECTIVE SERVICES AND REFUSES**

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

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

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

- **UNFOUNDED**

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

- **INVALID**

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

Table 10 reflects demographics of the APS report subjects. Seventy-three percent of the adults were age 60 or older. More than **373** of these individuals were age 96 or older. Over **900** adults were 18-25 years of age.

Table 10-Statewide Demographics of APS Reports

SFY 2016 DEMOGRAPHICS OF REPORT SUBJECTS		
TOTAL REPORTS RECEIVED		23,432
AGE	60 years or older	73%
	18-59	27%
SEX	Female	60%
	Male	39%
	Unknown	<1%
RACE	White	67%
	African American	23%
	Unknown	8%
	Asian	1%
	American Indian	<1%
	Alaskan Native	<1%
LIVING ARRANGEMENT AT TIME OF REPORT	Own House or Apt	64%
	Other's House or Apt	12%
	Nursing Facility	9%
	Assisted Living Facility	5%
	BHDS Facility or Group Home	4%
	Homeless	2%
	Other ¹³	3%

¹³ Other=Jail, Adult foster care home, shelter and other setting identified in case narrative

Table 11-Regional APS Reports Statistics

SFY 2016 Regional Demographics of Report Subjects						
	CENTRAL	EASTERN	NORTHERN	PIEDMONT	WESTERN	STATE TOTAL
Reports Received	3,846	5,625	5,110	6,204	2,647	23,432
% Substantiated	49%	55%	50%	58%	62%	55%
Demographics of Report Subject						
60+	72%	72%	76%	70%	74%	73%
18-59	28%	28%	24%	30%	26%	27%
Female	60%	60%	61%	60%	59%	60%
Male	40%	39%	38%	40%	41%	39%
White	53%	55%	70%	74%	95%	67%
Black	36%	36%	15%	19%	3%	23%
Unknown	10%	8%	12%	7%	2%	8%
Other ¹⁴	1%	1%	3%	<1%	0%	2%

¹⁴ Includes Asian, American Indian, & Alaskan Native

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

SFY 2016 APS REPORTS: Location of Incident						
Location	Central	Eastern	Northern	Piedmont	Western	State
Own House/Apt	60%	59%	62%	62%	71%	62%
Other's House/Apt	12%	11%	11%	10%	9%	11%
Nursing Facility	8%	9%	8%	12%	8%	9%
Assisted Living Facility	6%	5%	4%	5%	4%	5%
Other¹⁵	7%	7%	8%	5%	4%	6%
BHDS Facility or Group Home	4%	6%	4%	3%	2%	4%
Hospital	1%	2%	2%	1%	1%	2%
Homeless	1%	1%	1%	2%	1%	1%

¹⁵ Other includes senior center, shelter, adult foster care, adult day care, jail, day treatment center, transportation provider, sheltered workshop and other undefined location of the incident.

Table 13-Statewide Demographics of Substantiated APS Reports

SFY 2016: Demographics of Subjects of Substantiated Reports		
TOTAL SUBSTANTIATED REPORTS		9,755
AGE	60 years or older	76%
	18-59	24%
SEX	Female	60%
	Male	40%
	Unknown	<1%
RACE	White	72%
	African American	22%
	Unknown	5%
	Asian	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.

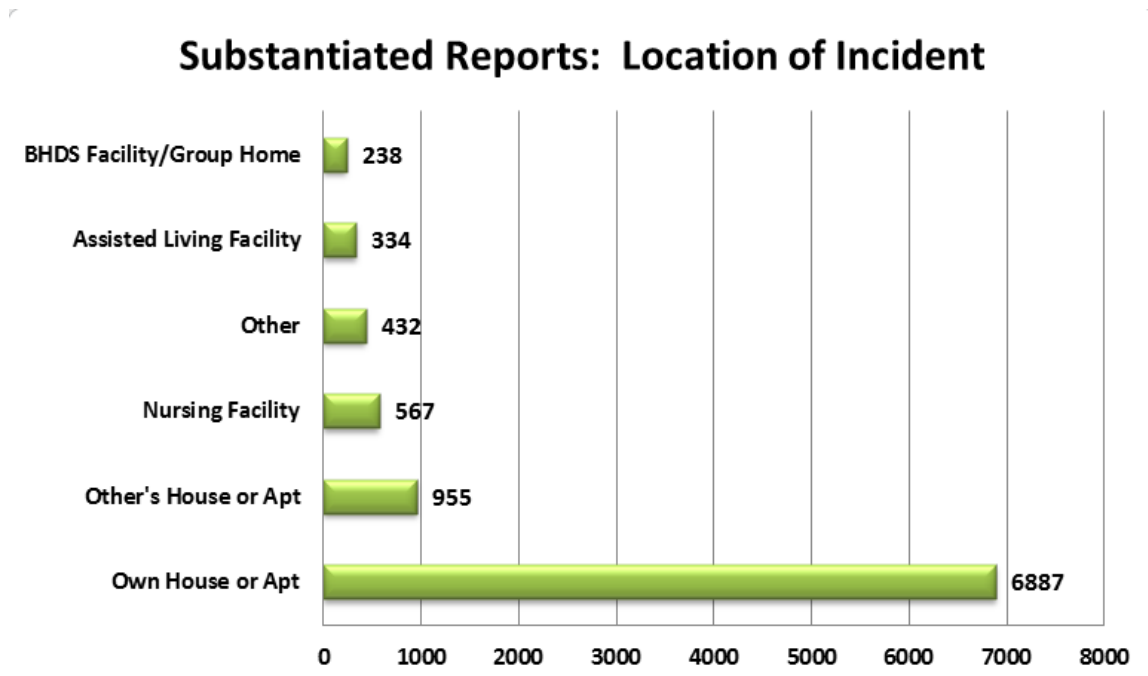
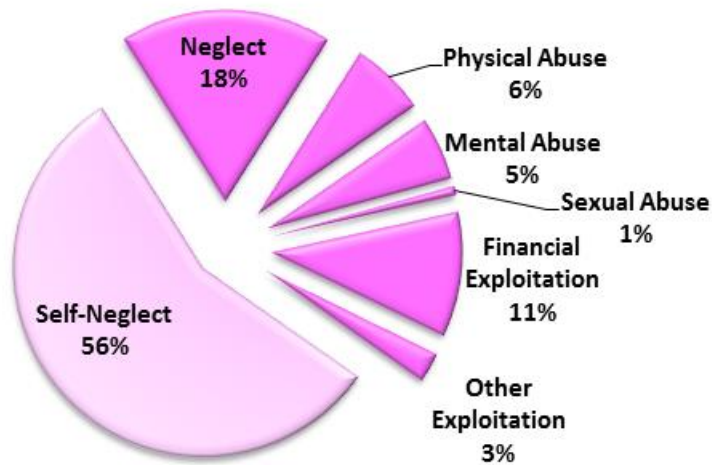


Table 14-Types of Abuse: Statewide Substantiated Reports

Abuse Type—SFY 2016 Substantiated Reports	#
Self-Neglect	6,154
Neglect	1,964
Financial Exploitation	1,158
Physical Abuse	698
Mental Abuse	584
Other Exploitation	279
Sexual Abuse	87
Total	10,109¹⁶

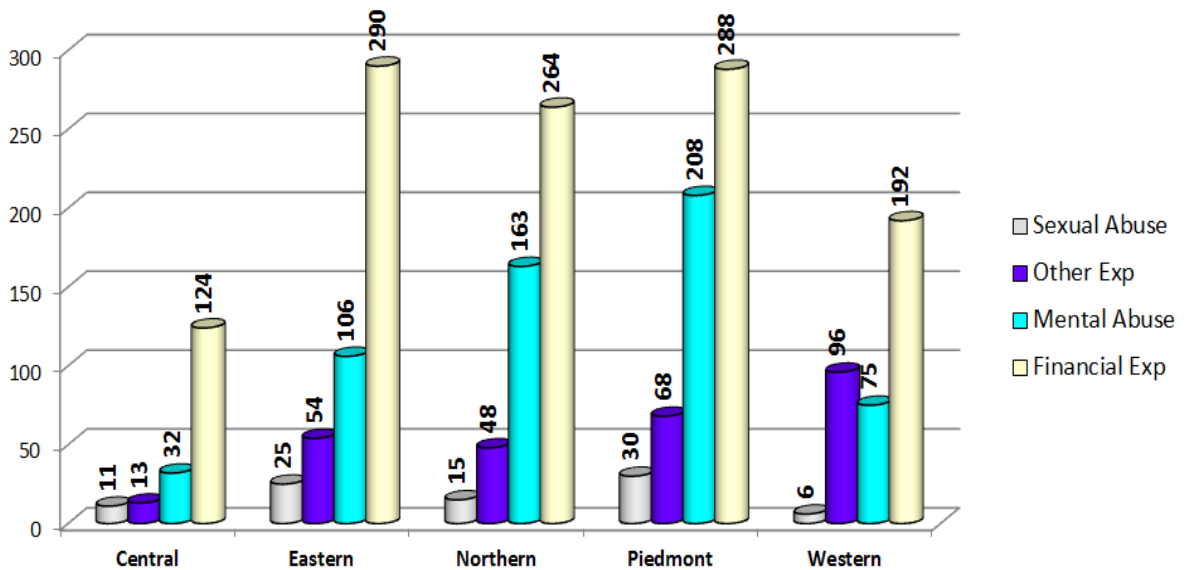
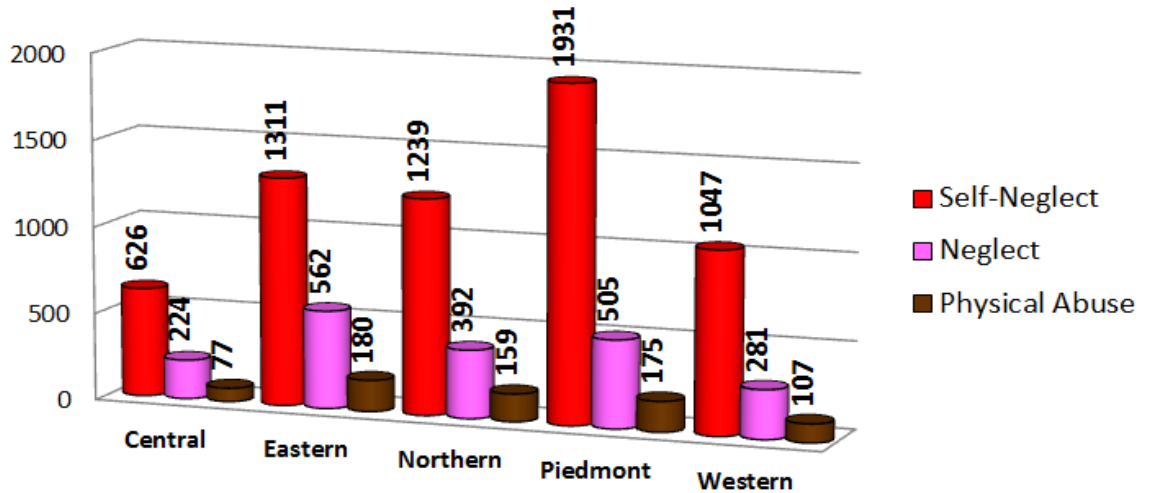
Types of Abuse: SFY 2016 Substantiated Reports



¹⁶ The total number of types of abuse is greater than the substantiated case total as cases may contain more than 1 type of abuse

Table 15-Types of Abuse: Substantiated Reports by Region

Types of Abuse: Substantiated Reports by Region

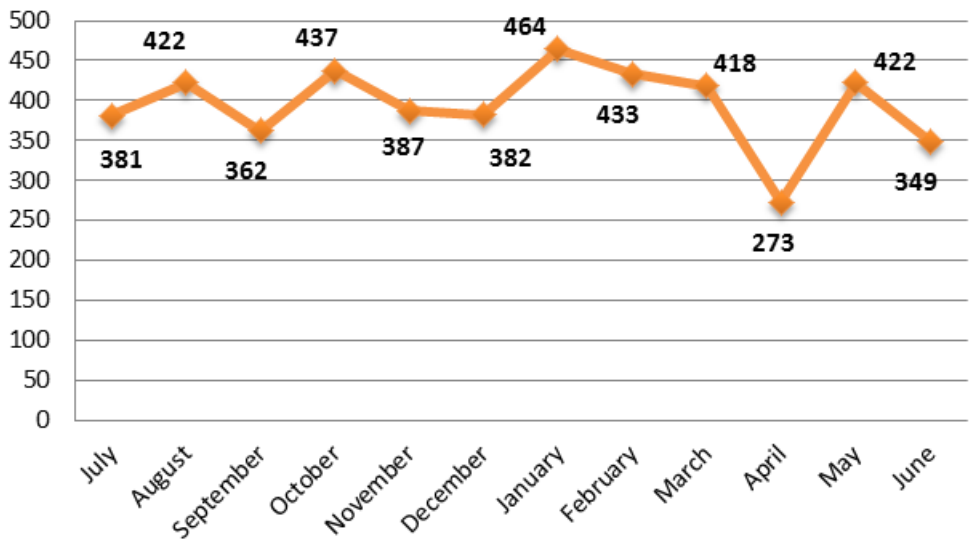


The 24-hour, 7 days a week, APS hotline is housed at DSS Home Office in Richmond. Hotline staff receive APS reports about adult abuse, neglect, or exploitation and forward

the reports to the appropriate LDSS. **Table 16** illustrates APS hotline call volume for SFY 16.

Table 16-APS Hotline Reports

SFY 2016: Monthly APS Hotline Reports



**The APS hotline
received 4,730
reports in SFY
2016**

**A 27%
increase
over SFY
2015**

The following tables illustrate the number of SFY 2016 APS reports received in each locality. **Table 17** organizes the localities according to region.

Table 17-APS Reports by Locality

Central Region		Eastern Region		Northern Region	
<i>Locality</i>	<i># of Reports</i>	<i>Locality</i>	<i># of Reports</i>	<i>Locality</i>	<i># of Reports</i>
Amelia	38	Accomack	76	Alexandria	231
Buckingham	60	Brunswick	33	Arlington	228
Caroline	93	Chesapeake	1,050	Clarke	57
Charles City	19	Dinwiddie	35	Culpeper	48
Chesterfield/ Colonial Heights	653	Franklin City	7	Fairfax/Fairfax City/Falls Church	1,062
Cumberland	57	Gloucester	139	Fauquier	348
Essex	11	Greensville/Emporia	6	Frederick	355
Fluvanna	90	Hampton	263	Fredericksburg	64
Goochland	36	Isle of Wight	85	Greene	20
Hanover	254	James City County	179	Harrisonburg/ Rockingham	251
Henrico	1,123	Mathews	34	King George	12
Hopewell	137	Newport News	670	Loudoun	551
King & Queen	26	Norfolk	784	Louisa	163
King William	35	Northampton	27	Madison	3
Lancaster	44	Portsmouth	222	Manassas City	31
Lunenburg	33	Prince George	88	Manassas Park	14
Middlesex	67	Southampton	56	Orange	113
New Kent	24	Suffolk	286	Page	50
Northumberland	3	Surry	21	Prince William	757
Nottoway	10	Sussex	47	Rappahannock	31
Petersburg	109	Virginia Beach	1,199	Shenandoah	135
Powhatan	3	Williamsburg	77	Spotsylvania	156
Prince Edward	41	York/Poquoson	241	Stafford	91
Richmond City	840			Warren	168
Richmond County	3			Winchester	171
Westmoreland	37				
Total	3,846	Total	5,625	Total	5,110

Piedmont Region		Western Region	
<i>Locality</i>	<i># of Reports</i>	<i>Locality</i>	<i># of Reports</i>
Albemarle	317	Bland	8
Alleghany/Covington/Clifton Forge	50	Bristol	36
Amherst	86	Buchanan	33
Appomattox	11	Carroll	196
Bath	19	Dickenson	63
Bedford	515	Floyd	85
Botetourt	146	Galax	32
Campbell	152	Giles	52
Charlotte	28	Grayson	142
Charlottesville	287	Lee	37
Craig	20	Montgomery	239
Danville	189	Norton	13
Franklin County	165	Patrick	179
Halifax/South Boston	67	Pulaski	165
Henry/Martinsville	337	Radford	22
Highland	23	Russell	141
Lynchburg	592	Scott	177
Mecklenburg	147	Smyth	233
Nelson	58	Tazewell	308
Pittsylvania	188	Washington	156
Roanoke City	633	Wise	230
Roanoke County/Salem	727	Wythe	100
Rockbridge/Buena Vista/Lexington	77		
Staunton/Augusta/Waynesboro	1,369		
Total	6,203	Total	2,647

Table 18-APS Reports by Agency Level

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

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

Level III	
<i>Locality</i>	<i># of Reports</i>
Albemarle	317
Alexandria	231
Arlington	228
Charlottesville	287
Chesapeake	1,050
Chesterfield/Colonial Heights	653
Danville	189
Fairfax	1,062
Hampton	263
Harrisonburg/Rockingham	251
Henrico	1,123
Henry/Martinsville	337
Loudoun	551
Lynchburg	592
Newport News	670
Norfolk	784
Petersburg	109
Portsmouth	222
Prince William	757
Richmond City	840
Roanoke City	633
Roanoke County	727
Staunton/Augusta/Waynesboro	1,369
Suffolk	286
Virginia Beach	1,199
Wise	230
Total	14,960

Level II				Level I	
<i>Locality</i>	<i># of Reports</i>	<i>Locality</i>	<i># of Reports</i>	<i>Locality</i>	<i># of Reports</i>
Accomack	76	Lee	37	Amelia	38
Alleghany/Covington	50	Louisa	163	Appomattox	11
Amherst	86	Manassas City	31	Bath	19
Bedford	515	Mecklenburg	147	Bland	8
Bristol	36	Montgomery	239	Botetourt	146
Brunswick	33	Northampton	27	Charles City	19
Buchanan	33	Orange	113	Clarke	57
Buckingham	60	Page	50	Cumberland	57
Campbell	152	Patrick	179	Essex	11
Caroline	93	Pittsylvania	188	Floyd	85
Carroll	196	Prince Edward	41	Galax	32
Charlotte	28	Prince George	88	Goochland	36
Craig	20	Pulaski	165	Greene	20
Culpeper	48	Rockbridge	77	Highland	23
Dickenson	63	Russell	141	King & Queen	26
Dinwiddie	35	Scott	177	King George	12
Fauquier	348	Shenandoah	135	King William	35
Fluvanna	90	Smyth	233	Lancaster	44
Franklin City	7	Southampton	56	Lunenburg	33
Franklin County	165	Spotsylvania	156	Madison	3
Frederick	355	Stafford	91	Manassas Park	14
Fredericksburg	64	Surry	21	Mathews	34
Giles	52	Sussex	47	Middlesex	67
Gloucester	139	Tazewell	308	Nelson	58
Grayson	142	Warren	168	New Kent	24
Greensville/Emporia	6	Washington	156	Northumberland	3
Halifax	67	Westmoreland	37	Norton	13
Hanover	254	Winchester	171	Nottoway	10
Hopewell	137	Wythe	100	Powhatan	3
Isle of Wight	85	York/Poquoson	241	Radford	22
James City County	179			Rappahannock	31
				Richmond County	3
				Williamsburg	77
		Total	7,397	Total	1,074

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 2016 LDSS, often in collaboration with local law enforcement or the LDSS attorney initiated the following actions:

- **244** petitions for guardianship
- **18** petitions for conservatorship
- **49** protective orders
- **7** emergency orders for protective services
- **42** involuntary commitments to state or private hospitals
- **6** orders for medical treatment

Additionally, **75** cases were referred to legal authorities for possible criminal abuse or neglect charges.

Statistical Trends: Adult Services and Adult Protective Services in Virginia

- In SFY 2016, LDSS provided or arranged for nearly **30,000** services for clients, including, emergency assistance, home repairs, medical services, transportation and counseling.
- Home-based services and APS expenditures increased slightly (**3.6%**) in SFY 2016.
- Homemaker, chore and companion cases have declined for the past several years but increased **3.7%** from SFY 2015 to 2016.
- In SFY 2016 as part of community-based screening teams, LDSS completed more than **15,600** preadmission screenings on adults in need of Medicaid-funded long-term care services.
- Guardian report cases have increased almost **32%** since SFY 2012.
- LDSS received a total of **23,432** reports of adult abuse, neglect, or exploitation, a **3.4%** increase from SFY 2015.
- Substantiated APS reports rose **0.9%** from SFY 2014 to 2015 and **5.6 %** from SFY 2015 to 2016.
- APS reports made by financial institution have grown almost **160%** since SFY 2011.
- In SFY 2016, **73%** of APS report subjects were adults age 60 or older.
- **Nineteen percent** of adults exercised their statutory right to refuse services, a consistent trend since SFY 2010.
- Substantiated APS cases of financial exploitation increased **14%** from the previous fiscal year.

Auxiliary Grant Program

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

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

Individuals are only eligible for an AG payment if they reside in assisted living facilities (ALF) licensed by the Virginia Department of Social Services, Division of Licensing Programs, an adult foster care (AFC) home approved by LDSS, or a supportive housing setting through the Department of Behavior Health and Developmental Services. Not all ALFs accept AG. As of June 30, 2016, Virginia had 558 licensed ALFs with a licensed bed capacity of 34,251. Fewer than 300 of the 558 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 couple¹⁷ and;

¹⁷ These figures are current but are subject to change. Contact the eligibility unit at the local department of social services for current information.

- ◆ Have been assessed and determined to need ALF or AFC placement.

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

Table 19-Auxiliary Grant Rates

Auxiliary Grant Rates 2010-2016									
	1/10	1/11	1/12	7/12	1/13	7/13	1/14	1/15	1/16
ALF Rate	\$1,112	\$1,112	\$1,136	\$1,150	\$1,161	\$1,196	\$1,207	\$1,219	\$1,219
AFC Rate	\$1,112	\$1,112	\$1,136	\$1,150	\$1,161	\$1,196	\$1,207	\$1,219	\$1,219
Planning District 8*	\$1,279	\$1,279	\$1,303	\$1,317	\$1,328	\$1,375	\$1,388	\$1,402	\$1,402
Personal Needs Allowance (PNA)	\$81	\$81	\$81	\$81	\$82	\$82	\$82	\$82	\$82

ALF = Assisted Living Facility; AFC = Adult Foster Care

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

The table below provides SFY 2016 average monthly AG case counts and total AG expenditures. The information is obtained from LASER, (Locality Automated System for Expenditure Reimbursement), a Department computer system.

Table 20-Auxiliary Grant Expenditures and Monthly Case Count

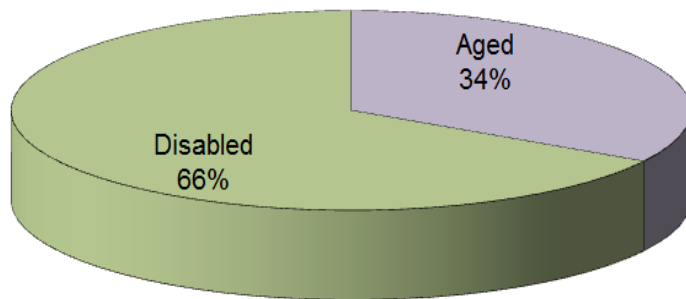
SFY 2016 Auxiliary Grant Expenditures and Monthly Case Counts			
	Adult Foster Care	Assisted Living Facility	Total
Average Monthly Caseload (Aged)	12	1,432	1,444
Average Monthly Caseload (Blind)	0	5	5
Average Monthly Caseload (Disabled)	40	2,701	2,741
Average Monthly Caseload (Total)	52	4,138	4,190
State	\$266,021	\$20,353,777	\$20,619,798
Local	\$66,505	\$5,088,444	\$5,154,949
Local-Non Reimbursable	\$0	\$3,835	\$3,835
Total Expenditures	\$332,526	\$25,446,056	\$25,778,582

In SFY 2016 there were 5,056 individual (unduplicated) AG recipients who received an AG payment for at least one month during the fiscal year. The following graphs and charts depict SFY 2016 DSS Data Warehouse statistics on individuals receiving AG.

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

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

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



In FY 2016, 63% of individuals were white and 33% were African American. Thirty-two individuals identified as Spanish American

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

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

Table 22-Auxiliary Grant Recipients' Demographics: Race

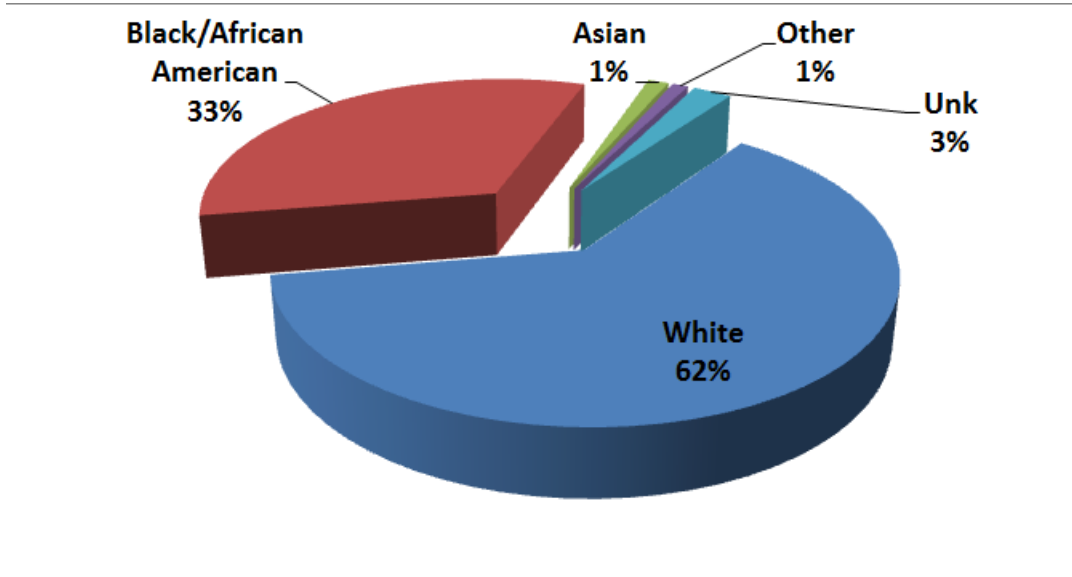
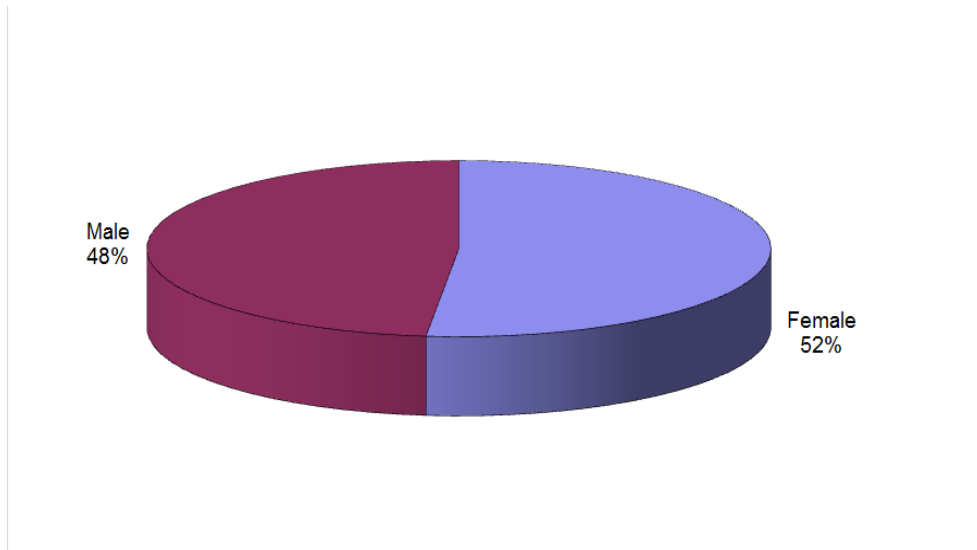


Table 23-Auxiliary Grant Recipients' Demographics: Male & Female



Appendices

APPENDIX A: Signs of Adult Abuse, Neglect or Exploitation

SIGNS OF ADULT ABUSE, NEGLECT OR EXPLOITATION







REPORT SUSPECTED ABUSE

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

PHYSICAL SIGNS OF ABUSE

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

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

CAREGIVER ABUSE <ul style="list-style-type: none"> • Forced isolation • Lack of affection or care for the adult • Communicates to others that adult is a burden • Conflicting stories or accounts of details • Prevents adult from speaking with others • Prevents visitation from family and friends • Inappropriate sexual relationship or language • History of dysfunctional behavior, criminal behavior, or family violence 	FINANCIAL EXPLOITATION <ul style="list-style-type: none"> • Missing personal belongings • Suspicious signatures • Adult has no knowledge of monthly income • Frequent checks made out to "cash" • Numerous unpaid bills • Discrepancies in tax returns • Large bank withdrawal • Unusual bank activity • A changed will or POA 	PSYCHOLOGICAL/ BEHAVIORAL <ul style="list-style-type: none"> • Depression • Lack of communication and talking • Isolation or withdrawal • Anxiety • Anger • Frequent change of health care professionals
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1-888-832-3858

24-HOUR TOLL FREE HOTLINE

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

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

APPENDIX B: Adult Protective Services Division Contacts

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

APPENDIX D: Agencies and Organizations

VIRGINIA

Department for Aging and Rehabilitative Services: www.dars.virginia.gov/

- Virginia Division for the Aging: www.vda.virginia.gov
- Division of Rehabilitative Services
- Adult Protective Services Division

Department of Social Services: www.dss.virginia.gov

Department of Health: www.vdh.virginia.gov

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

Department of Behavioral Health and Developmental Services: www.dbhds.virginia.gov

Virginia Board for People with Disabilities: www.vaboard.org

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

Virginia Coalition for the Prevention of Elder Abuse: www.vcpea.org

Partnership for People with Disabilities: www.vcu.edu/partnership

NATIONAL

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

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

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

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

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

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

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

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

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