

Department
for Aging and
Rehabilitative
Services

State
Fiscal
Year
2019

Adult Protective Services
Division

Annual Report

Table of Contents

THE APS DIVISION AT THE DEPARTMENT FOR AGING AND REHABILITATIVE SERVICES	2
STATE FISCAL YEAR (SFY) 2019 ANNUAL REPORT	3
Table 1-Services by Type and Number	5
Table 2-AS and APS Expenditures.....	6
Table 3-Five-Year Comparison of Expenditures	6
Home-based Services and AFC Appeals.....	7
Table 4- Home-based Services Appeals	7
ADULT PROTECTIVE SERVICES PROGRAM	8
Table 5-Source of APS Reports.....	11
APS Reports and Investigations	11
Table 6-Three-Year Comparison of APS Reports	13
Table 7-State and Regional APS Reports Statistics.....	15
Table 8-Types of Abuse: Statewide Substantiated Reports	16
Table 9-Types of Abuse: Substantiated Reports by Region	17
Table 10-APS Hotline Reports	19
GUARDIANSHIP PROGRAM.....	20
AUXILIARY GRANT PROGRAM.....	22
Table 11-Auxiliary Grant Rates.....	23
Table 12-Auxiliary Grant Expenditures and Monthly Case Count.....	24
Table 13-Auxiliary Grant Recipients' Demographics	25

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 120 local departments of social services (LDSS).

The DARS Commissioner, who the Governor appoints, 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. A part-time trainer/curriculum developer works remotely. A list of Home Office staff is available at: <https://www.vadars.org/aps/HomeStaff2.htm>.

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. Contact information for regional consultants including the LDSS they serve is available at: <https://www.vadars.org/aps/Regional.htm>.

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.

State Fiscal Year (SFY) 2019 Annual Report

In July 2018, DARS received funding from the Virginia General Assembly to begin statewide implementation of PeerPlace, the new AS and APS case management system. Prior to PeerPlace, AS and APS workers used ASAPS, a system that had been operating since 2005 but had not been upgraded or enhanced for several years.

DARS implemented PeerPlace in Virginia from July 2018 through November 2018. Workers continued to use ASAPS until their region “went live” in the new system. DARS terminated each workers’ ASAPS access two months after the region’s workers began using PeerPlace. In April 2019, DARS exported ASAPS case records to the DARS Adult Reporting and Tracking System (DARTS). AS and APS workers and APS Division staff access DARTS to view historical ASAPS records. These records may be printed, as needed, but not modified.

Developing the SFY 2019 Annual Report presented unique challenges for APS Division staff due to the need to combine and summarize a large volume of data from ASAPS and PeerPlace. Additionally, PeerPlace captures new APS data elements not previously available in ASAPS, further making data analysis difficult. Hence, the APS Division did not include all of the tables or charts that were part of past annual reports and focused solely on state and regional data points.

PeerPlace also does not categorize AS and APS records by “case type” as ASAPS did. Instead, PeerPlace supports three types of programs: AS, APS and Guardianship. Workers register an individual in one or more of these programs depending on service need. A description of the AS Program follows.

Adult Services Program

Adult Services (AS) is assistance to adults with an impairment¹ and to their families when appropriate. Services 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. The types of services provided in an Adult Services case include:

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.

¹ 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 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 is distributed among many other state programs. Funding for home-based care programs has not increased in several years. Localities struggle with the need to increase providers' wages, the inability to locate willing providers, and a growing number of individuals who request home-based care. Frequently, localities must reduce service hours for their clients or seek other types of long-term services for them. PeerPlace service plan data indicates that **2,746** adults received home-based services.

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 services and supports (LTSS) for individuals residing in the community. Services that an individual may request include CCC Plus waiver², nursing facility placement or Program for the All-Inclusive Care for the Elderly (PACE). In SFY 2019, LDSS participated in screening **13,840** adults for LTSS.

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

² The CCC Plus waiver replaced the Tech and Elderly and Disabled with Consumer Direction waivers.

- 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. The local board of social services must authorize an AFC Program before the LDSS can offer the program. AFC homes must be approved by the LDSS and approved providers may accept no more than three AFC residents. All placements must be authorized by the LDSS worker. In SFY 2019, **74** individuals received AFC services.

Other Services to Support Adults

In addition to home-based services, screenings, AFC, adult day services and ALF assessments, LDSS workers offer or arrange a variety of other assistance and support for their adult clients. **Table 1** lists these services by type and number.

Table 1-Services by Type and Number

SFY 2019 Services by Type and Number³	
Type of Service	Number of Cases with Service
Advocacy	531
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

³ Source: PP service plan, includes services provided in AS and APS programs.

Table 2-AS and APS Expenditures

SFY 2019 Adult Services and APS Program Expenditures⁴					
Services	Federal & State	Local	Non-reimbursed local	Total Expenditures	% of Total Expenditures
Companion	\$3,902,024	\$975,505	\$4,134,738	\$9,012,267	88%
Chore	\$191	\$48	\$0	\$239	<1%
Homemaker	\$36,931	\$9,233	\$0	\$46,164	<1%
Adult Day Services	\$11,208	\$2,802	\$0	\$14,010	<1%
Guardianship	\$65,097	\$16,274	\$0	\$81,371	1%
Prevention	\$223,094	\$55,774	\$705	\$279,573	3%
APS	\$562,190	\$103,122	\$162,417	\$827,729	8%
Total	\$4,800,735	\$1,162,758	\$4,297,860	\$10,261,353	100%

Table 3-Five-Year Comparison of Expenditures

5-Year Expenditures				
SFY	Federal & State	Local	Non-reimbursed Local	Total Expenditures
2019	\$4,800,735	\$1,162,758	\$4,297,860	\$10,261,353
2018	\$5,184,840	\$1,246,909	\$4,115,117	\$10,546,866
2017	\$5,105,977	\$1,229,966	\$3,515,153	\$9,851,095
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

⁴ 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 2019 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 4- Home-based Services Appeals

Appeals Received	13
Valid Appeals Received	2
Hearings Scheduled⁵	1

⁵ One appeal was withdrawn before hearing was scheduled

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, elder and adult abuse is certainly an area of interest at the federal level. The Administration for Community Living (ACL) supports state APS programs primarily through federal grants to improve states' APS systems. ACL also 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) data for 2016, 2017 and 2018 is available at: <https://namrs.acl.gov/Learning-Resources/Adult-Maltreatment-Reports.aspx>

ACL also coordinates with the APS Technical Assistance Resource Center (TARC), which provides education and technical assistance to state APS program through webinars, blog posts and helps programs with their FFY NAMRS submissions.

2019 Legislative Changes in Virginia

During the 2019 Virginia General Assembly Session, certain bills sought to strengthen collaboration among professional to combat adult abuse and provide financial institutions with more tools to address adult financial exploitation. A summary of the legislation follows.

House Bill (HB) 2560 and Senate Bill (SB) 1224 amended § 63.2-1605 of the Code of Virginia by permitting local departments, when practicable, to create and maintain local multi-disciplinary teams (MDTs) comprised of professionals who serve older and incapacitated adults to:

- (1) assist in identifying abused, neglected, and exploited adults;
- (2) coordinate services for abused, neglected, and exploited adults;

- (3) develop innovative programs for detection and prevention of the adult abuse, neglect, or exploitation;
- (4) promote community awareness to address abuse, neglect, and exploitation; and
- (5) disseminate information to the general public regarding adult abuse, neglect, and exploitation, prevention methods, and treatment options for victims.

The legislation also allows Commonwealth's Attorneys to create MDTs separately or in conjunction with existing MDTs.

HB 1987 and SB 1490 enabled financial institution staff as defined in § 63.2-1606, to: (1) refuse to execute a transaction, (2) delay a transaction, or (3) refuse to disburse funds if staff believes the financial transaction is the result of financial exploitation of the adult. The financial institution staff may continue these actions for no longer than 30 business days after the date of staffs' initial action. When requested, financial institution staff may share information or records relevant to the suspected financial exploitation with APS workers to the extent allowed by state and federal law. The legislation incorporated a definition of financial exploitation to which financial institution staff may refer.

HB 2225 allowed financial institution staff, who suspects that an adult has been financially exploited, to provide supporting information and records to the LDSS or the adult protective services hotline.

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 5 lists some of the most frequent reporters of adult abuse, neglect, or exploitation in SFY 2019. Occupations or professionals in pink represent mandated reporters. The category “unspecified” refers to anonymous reporters, who do not identify their occupation or their relationship to the subject of the report. Relatives and family members continue to be the most frequent reporters to APS. Financial institutions have increased their reporting to APS steadily over the past several years and now rank as the second most common reporter category.

Table 5-Source of APS Reports⁶

SFY 2019 Reporter Type	# of Reports
Relative (includes ex-wife/ex-husband)	3,696
Financial Institution	3,141
Other	3,010
Social Worker	2,858
Unspecified ⁷	2,526
Nurse	2,483
Self	1,925
Nursing Facility Staff	1,789
Law Enforcement Officer	1,701
Hospital Staff	1,176
Friend/Neighbor	998
EMS Personnel/Fire Department	960
CSB Staff	898
ALF Staff	695
Mental Health Support Workers/Psychologist/Counselor/Psychiatrist	539
Doctor/Physician Assistant	523
DBHDS Staff	477
LDSS Staff	303
Home Based Care/Personal Care Provider	266
Group Home Staff	265
Hospice Staff	255
Area Agency on Aging Staff	212
Other Healthcare Professionals(PT/OT/SLP)	154
Caregiver (not specified)	179
Landlord	141

APS Reports and Investigations

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

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

⁶ Source: ASAPS and PeerPlace

⁷ Unspecified refers to anonymous reporters.

If a report does not meeting APS validity criteria, the LDSS may refer the reporter to other LDSS programs, an appropriate human service agency, or other service provider. A list of indicators of adult abuse, neglect, or exploitation is located at: <https://www.vadars.org/aps/AdultProtServ.htm>. The Code of Virginia definitions of adult abuse, neglect, and exploitation follow.

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

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

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

Adult Exploitation is defined by the Code of Virginia, (§ 63.2-100), as the illegal, unauthorized, improper, or fraudulent use of an adult as defined in § 63.2-1603 or his funds, property, benefits, resources, or other assets for another's profit, benefit, or advantage, including a caregiver or person serving in a fiduciary capacity, or that deprives the adult of his rightful use of or access to such funds, property, benefits, resources, or other assets. "Adult exploitation" includes (i) an intentional breach of a fiduciary obligation to an adult to his detriment or an intentional failure to use the financial resources of an adult in a manner that results in neglect of such adult; (ii) the acquisition, possession, or control of an adult's financial resources or property through the use of undue influence, coercion, or duress; and (iii) forcing or coercing an adult to pay for goods or services or perform services against his will for another's profit, benefit,

or advantage if the adult did not agree, or was tricked, misled, or defrauded into agreeing, to pay for such goods or services or to perform such services.

Table 6 identifies three-year trends for APS reports. Total APS reports increased **8.5%** from SFY 2018 to 2019. Substantiated reports decreased **7.4%**

Table 6-Three-Year Comparison of APS Reports

THREE YEAR COMPARISON OF APS REPORTS⁸			
	2017	2018	2019
Total Reports Received	27,105	31,436	34,116
Total Investigated ⁹	19,913	21,461	21,785
Total Substantiated ¹⁰	10,920	11,924	11,040
Unfounded	8,993	9,537	9,745
Invalid disposition ¹¹			1,000
Pending ¹²	63	73	1,452
Invalid ¹³	7,129	9,902	10,879
<i>Percent of Reports Substantiated¹⁴</i>	<i>55%</i>	<i>56%</i>	<i>51%</i>
DISPOSITIONS OF SUBSTANTIATED REPORTS¹⁵			
Needs and Accepts Services	4,685	5,090	
Needs and Refuses Services	2,096	2,297	
Need No Longer Exists	4,139	4,537	

Dispositions

APS Investigations result in one of the following dispositions:

⁸ Source: PeerPlace and ASAPS.

⁹ In SFY 2017 & 2018, investigated reports include substantiated and unfounded reports. In SY 2019, total investigations included investigations with substantiated, unfounded, and invalid dispositions.

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

¹¹ “Invalid disposition” means upon the initiation of the investigation, it was determined that the situation did not meet all validity criteria even though the report was validated.

¹² Pending reports include reports undergoing investigation. PeerPlace does not have a pending category. For SFY 2019, pending was estimated by adding total investigated (N=21,785) to reports invalidated upon receipt (N=10,879) and subtracting the total (N=32,664) from the total number of reports (N=34,116).

¹³ In SFY 2017 & 2018, “invalid” includes reports invalidated upon receipt and investigations that receive a disposition of “invalid.” In SFY 2019, “invalid” represents only invalid reports invalidated upon receipt.

¹⁴ Beginning in SFY 2019, percent substantiated is calculated by dividing the number of substantiated investigations by the number of investigations.

¹⁵ PeerPlace does not currently differentiate substantiated dispositions. The system will track these categories for SFY 2020.

- **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 7 reflects demographics of the APS report subjects by state and region. Statewide seventy-two percent of the adults were age 60 or older. Nearly **4,800** individuals were age 85 or older.

Table 7-State and Regional APS Reports Statistics

SFY 2019 Regional Demographics of Report Subjects¹⁶						
	CENTRAL	EASTERN	NORTHERN	PIEDMONT	WESTERN	STATE TOTAL
Reports Received	5,272	8,241	8,363	8,802	3,428	34,116
Reports Substantiated	1,039	2,769	2,684	3,335	1,348	11,040
Demographics of Report Subject						
60+	71%	73%	73%	70%	72%	72%
18-59	23%	22%	22%	25%	24%	23%
Unknown	6%	5%	6%	5%	3%	5%
Female	56%	58%	57%	56%	59%	57%
Male	39%	37%	38%	40%	39%	39%
Unspecified/Unk	5%	4%	5%	3%	3%	4%
Transgender	<1%	0%	<1%	<1%	0%	<1%
White not Hispanic	42%	44%	52%	64%	83%	55%
Black	30%	30%	12%	17%	3%	19%
White Hispanic	1%	1%	3%	1%	<1%	2%
Unknown/RTA ¹⁷	27%	23%	28%	18%	13%	23%
Asian	<1%	1%	4%	<1%	<1%	1%
Other ¹⁸	<1%	<1%	1%	<1%	<1%	<1%

¹⁶ Source ASAPS and PeerPlace

¹⁷ RTA=refused to answer

¹⁸ Includes American Indian, Pacific Islander, Bi/Multi Racial, & Alaskan Native

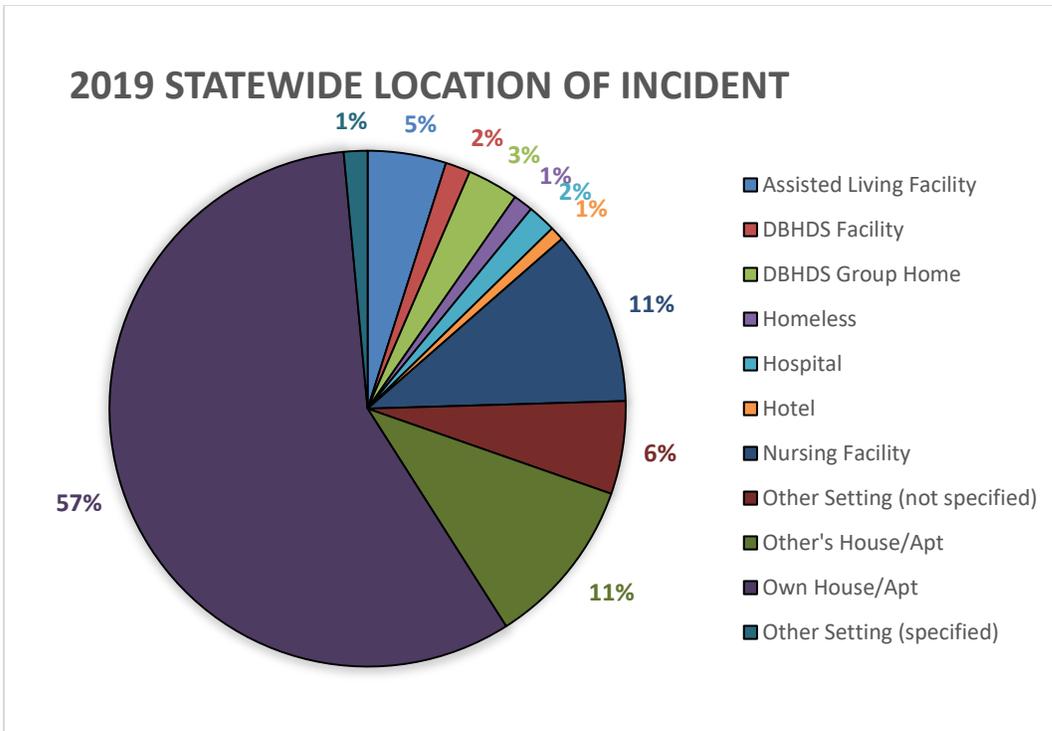


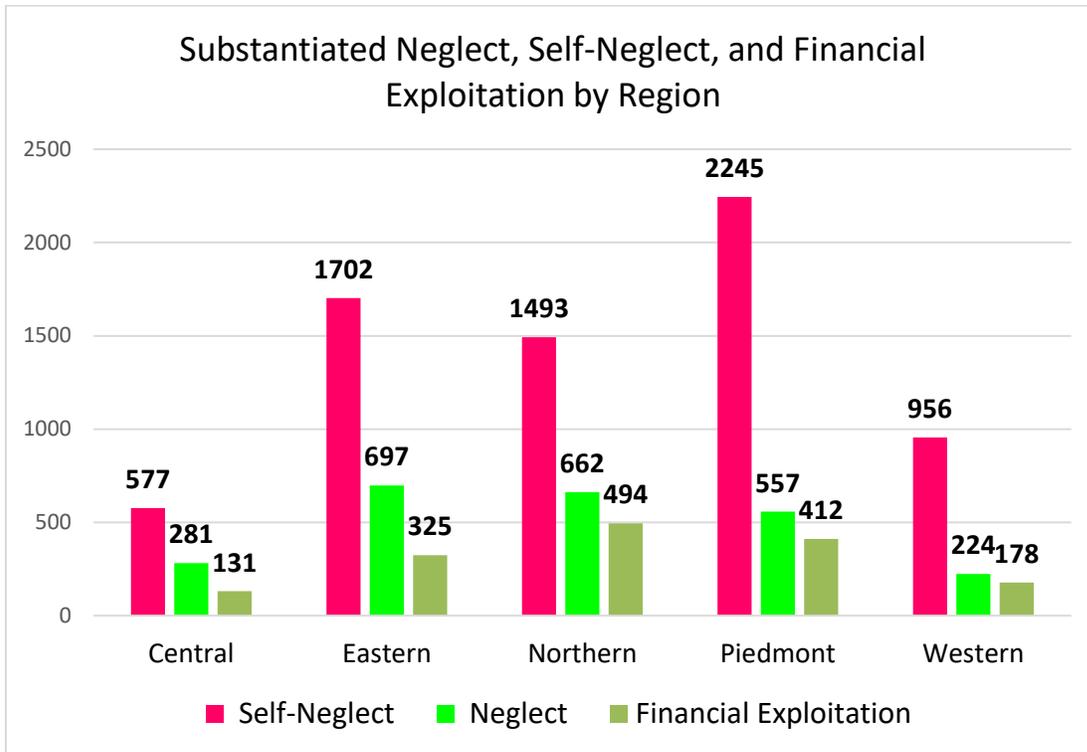
Table 8-Types of Abuse: Statewide Substantiated Reports

Abuse Type—SFY 2019 Substantiated Reports ¹⁹	#	%
Self-Neglect	6,972	54%
Neglect	2,421	19%
Financial Exploitation	1,620	13%
Physical Abuse	849	7%
Mental Abuse	632	5%
Other Exploitation	325	3%
Sexual Abuse	99	1%
Total	12,918 20	

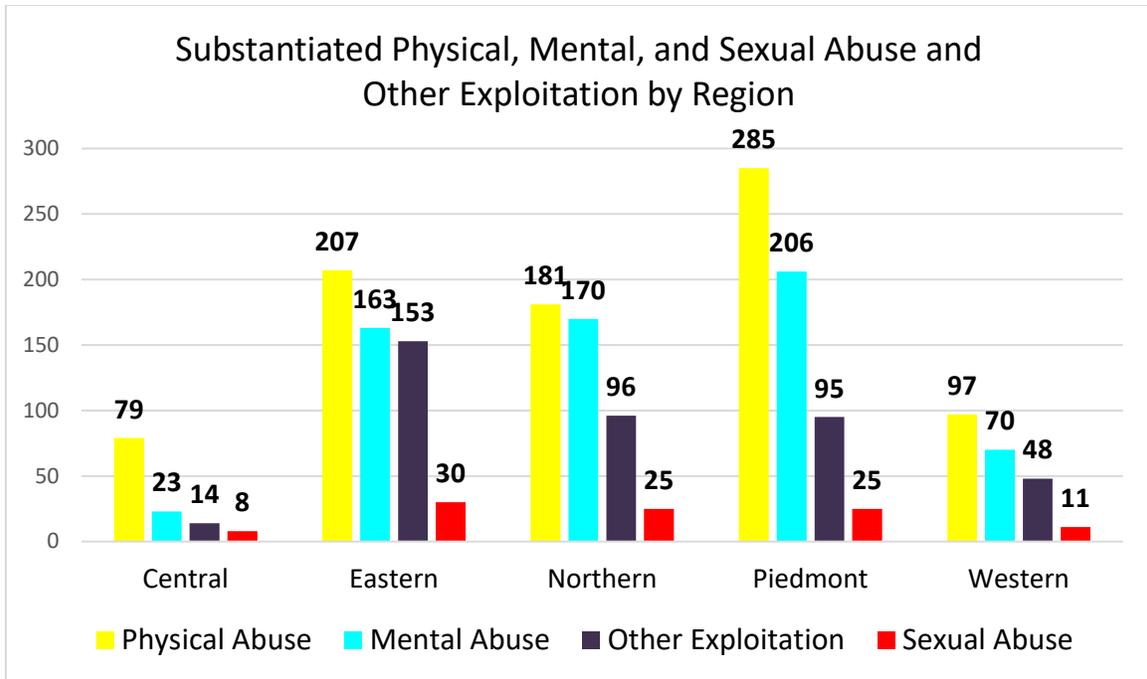
¹⁹ Source: ASAPS and PeerPlace

²⁰ 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 9-Types of Abuse: Substantiated Reports by Region²¹



²¹ Source: ASAPS and PeerPlace



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 2019 LDSS, often in collaboration with local law enforcement or the LDSS attorney, initiated the following actions:

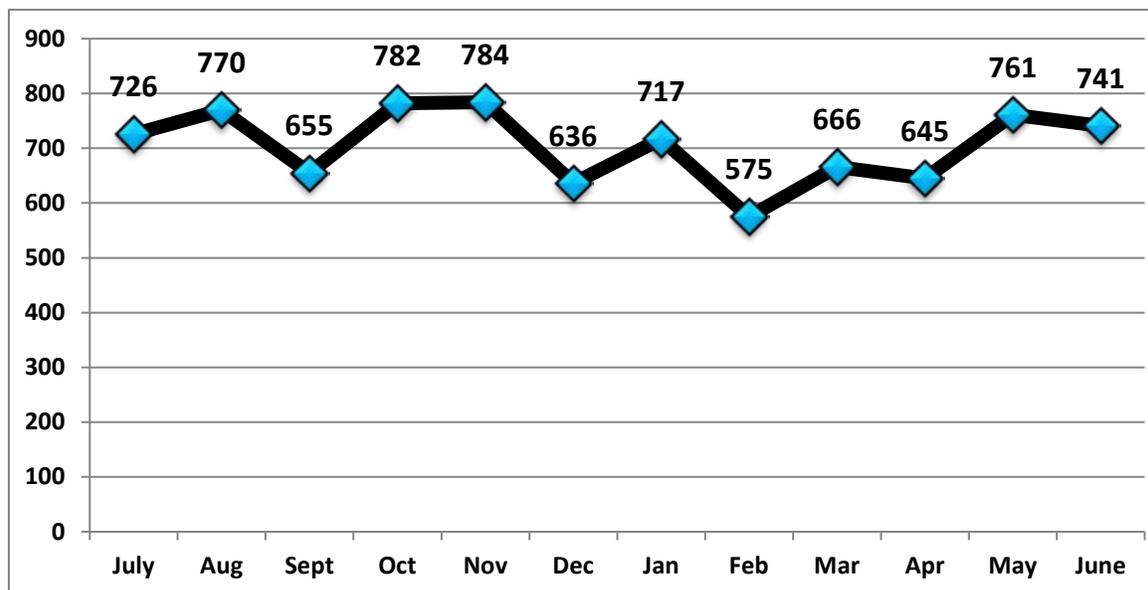
- **332** petitions for guardianship
- **34** petitions for conservatorship
- **51** protective orders
- **23** emergency orders for protective services
- **65** involuntary commitments to state or private hospitals
- **9** orders for medical treatment

Additionally, **109** cases were referred to legal authorities for possible criminal abuse or neglect charges.

Table 10-APS Hotline Reports

The 24-hour, 7 days a week, APS hotline is located at DSS in Richmond. In April 2019 hotline staff began using PeerPlace to submit APS reports electronically to the appropriate LDSS. This new process replaced a manual submission process. **Table 10** illustrates APS hotline call volume for SFY 2019.

SFY 2019: Monthly APS Hotline Reports





Guardianship Program

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

LDSS workers review the reports for completeness and determine if report contents reveal any safety or welfare concerns about the adult. If there is no reason to indicate the adult is being abused, neglected, or exploited or is at risk of abuse, neglect or exploitation, the worker submits the report to the clerk of the court that appointed the guardian. If the LDSS worker suspects that, the adult is being abused or at risk of abuse, the worker initiates an APS investigation.

Twice a year LDSS workers are required to submit a list of guardians who are more than 90 days overdue in submitting their annual report. In SFY 2019, LDSS workers were responsible for reviewing annual guardian reports for **9,125** incapacitated adults.

PeerPlace collects several data on guardians and the incapacitated adults whom they serve. Though not all LDSS used PeerPlace for the entire state fiscal year, the chart below contains some preliminary information about annual guardian reports. Complete data will be available in SFY 2020.

<ul style="list-style-type: none"> • 58% of incapacitated adults were under age 60 • 37% of incapacitated adults were age 60 or older 	Annual report monitoring volume by region
	15% Central
	28% Eastern
	22% Piedmont

• 5% of the records without an age entered	23% Northern
	11% Western

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, 2019, Virginia had 572 licensed ALFs with a licensed bed capacity of 36,578. Approximately 270 of the 572 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 couple²² 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

²² 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 11-Auxiliary Grant Rates

Auxiliary Grant Rates 2013-2019									
	1/13	7/13	1/14	1/15	1/16	1/17	1/18	7/18	1/19
Standard Rate	\$1,161	\$1,196	\$1,207	\$1,219	\$1,219	\$1,221	\$1,236	1,271	\$1,292
Planning District 8 Rate*	\$1,328	\$1,375	\$1,388	\$1,402	\$1,402	\$1,404	\$1,421	\$1,462	\$1,486
Personal Needs Allowance (PNA)	\$82	\$82	\$82	\$82	\$82	\$82	\$82	\$82	\$82

*Planning District 8 includes Arlington, Alexandria, Fairfax City and County, Falls Church, Loudoun County, Prince William County, Manassas City and Manassas Park.
AG rates are the same regardless of setting.

The table below provides SFY 2019 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.

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 12-Auxiliary Grant Expenditures and Monthly Case Count

SFY 2019 Auxiliary Grant Expenditures and Monthly Case Counts				
	Adult Foster Care	Assisted Living Facility	Supportive Housing	Total
Average Monthly Caseload (Aged)	3	1,650	1	1,654
Average Monthly Caseload (Blind)	0	2	0	2
Average Monthly Caseload (Disabled)	34	2,192	19	2,245
Average Monthly Caseload (Total)	37	3,844	20	3,901
State	\$125,238	\$17,854,220	\$123,134	\$18,102,592
Local	\$31,309	\$4,463,556	\$30,784	\$4,525,648
Local-Non Reimbursable	\$0	\$1,963	\$0	\$1,963
Total Expenditures	\$156,547	\$22,319,739	\$153,918	\$22,630,204

In SFY 2019, **4,257** individuals (unduplicated) received an AG payment for at least one month during the fiscal year. **Table 13** depicts SFY 2019 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 13-Auxiliary Grant Recipients’ Demographics

SFY 2019: AG Recipient Demographics		
Number of Recipients		4,257
AID CATEGORY	Aged	40%
	Blind	<1%
	Disabled	60%
SEX	Female	47%
	Male	53%
RACE	White	64%
	African American	34%
	Unknown	<1%
	Other ²³	1%

²³ Other includes Asian, Native American, Spanish American or a combination of these races