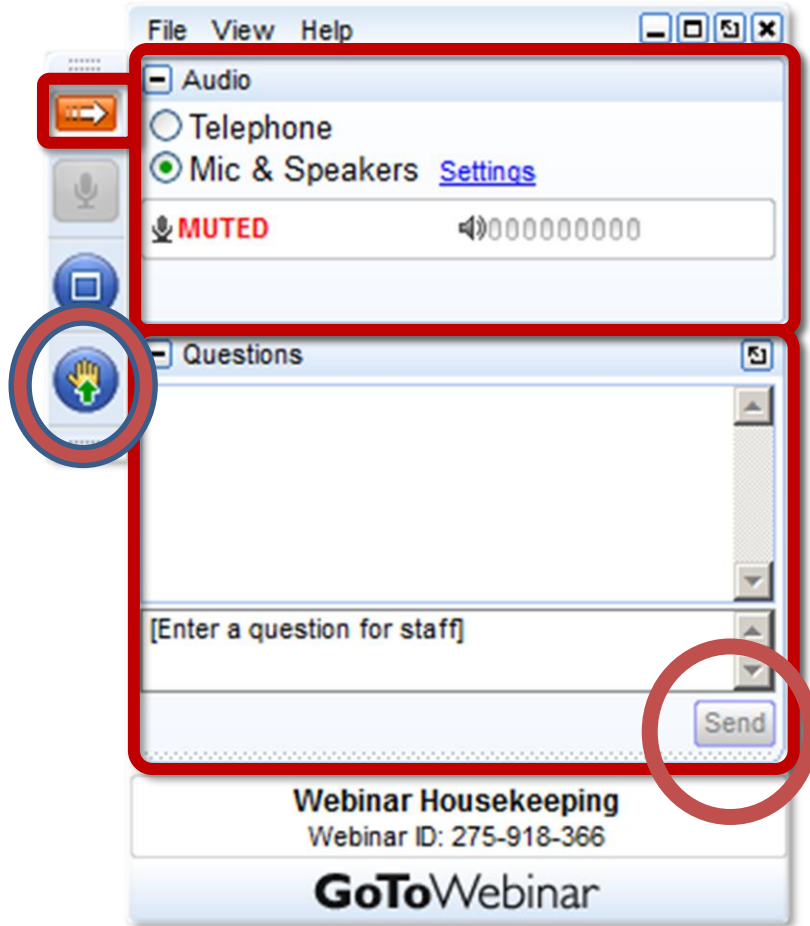




pennsylvania
DEPARTMENT OF HUMAN SERVICES

Adult Protective Services

GoToWebinar Housekeeping: attendee participation



Your Participation

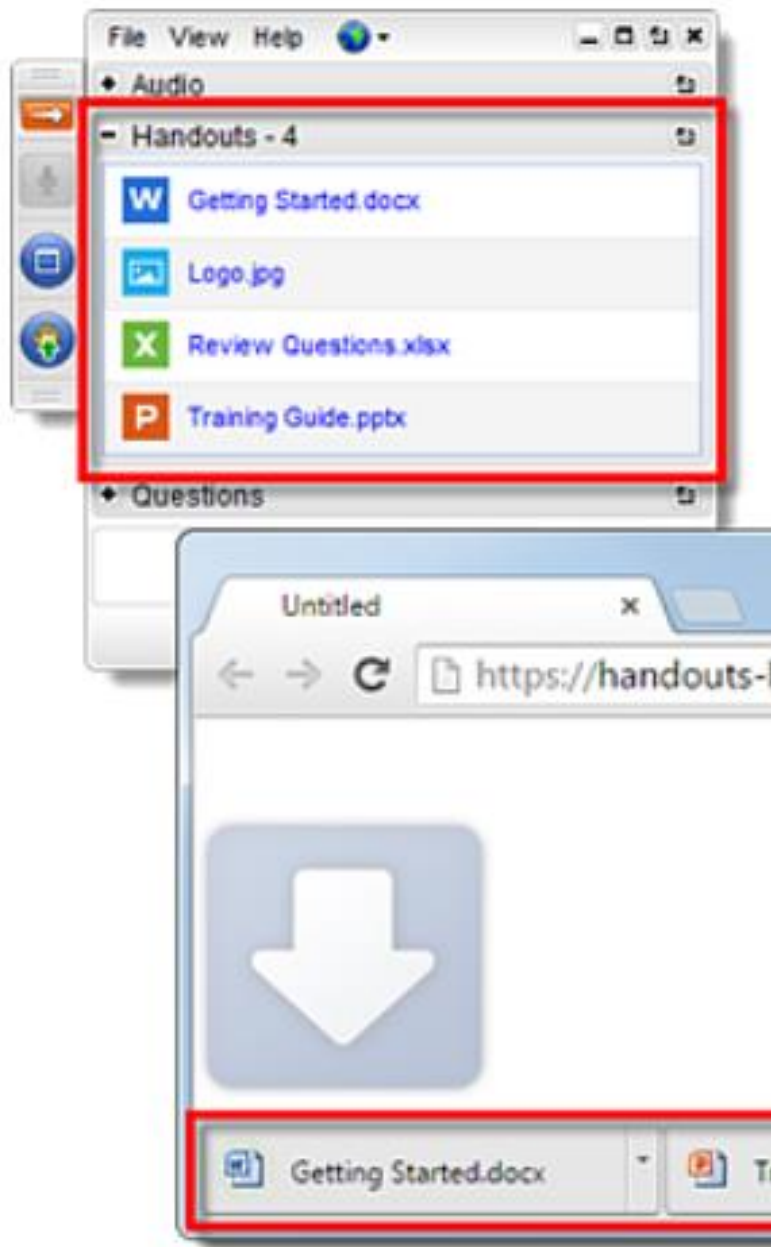
Control Panel: Open and close your control panel by clicking the arrow.

Join audio:

- Choose **Mic & Speakers** to use VoIP
- Choose **Telephone** and dial using the information provided

Submit questions and comments via the Questions panel.

GoToWebinar Housekeeping: Handouts



Handouts

- Expand handouts pane on the Control Panel
- Click the name of a handout to access it.
- Your default web browser will automatically launch and open a blank page, and the handout file will automatically start downloading.
- Click the downloaded file to open or save it.

Adult Protective Services History



The Adult Protective Services (APS) Law (Act 70 of 2010):

- Was enacted in 2010 but funding was not provided until the 2012-2013 fiscal year
- Fills in the gap between
 - Child Protective Services, ages 0 to 17, and
 - Older Adult Protective Services, ages 60 and over
- Provides protective services to adults ages 18 to 59 years of age who have a physical or mental impairment that substantially limits one or more major life activities

The Department of Human Services (DHS) and the Pennsylvania Department of Aging (PDA) provided interim APS coverage during completion of the competitive bidding process, prior to April 2015.

Effective April 1, 2015, Liberty Healthcare Corporation (Liberty) became the statewide contracted provider of protective services.



What is the APS Agency (Liberty Healthcare Corporation) required to do?

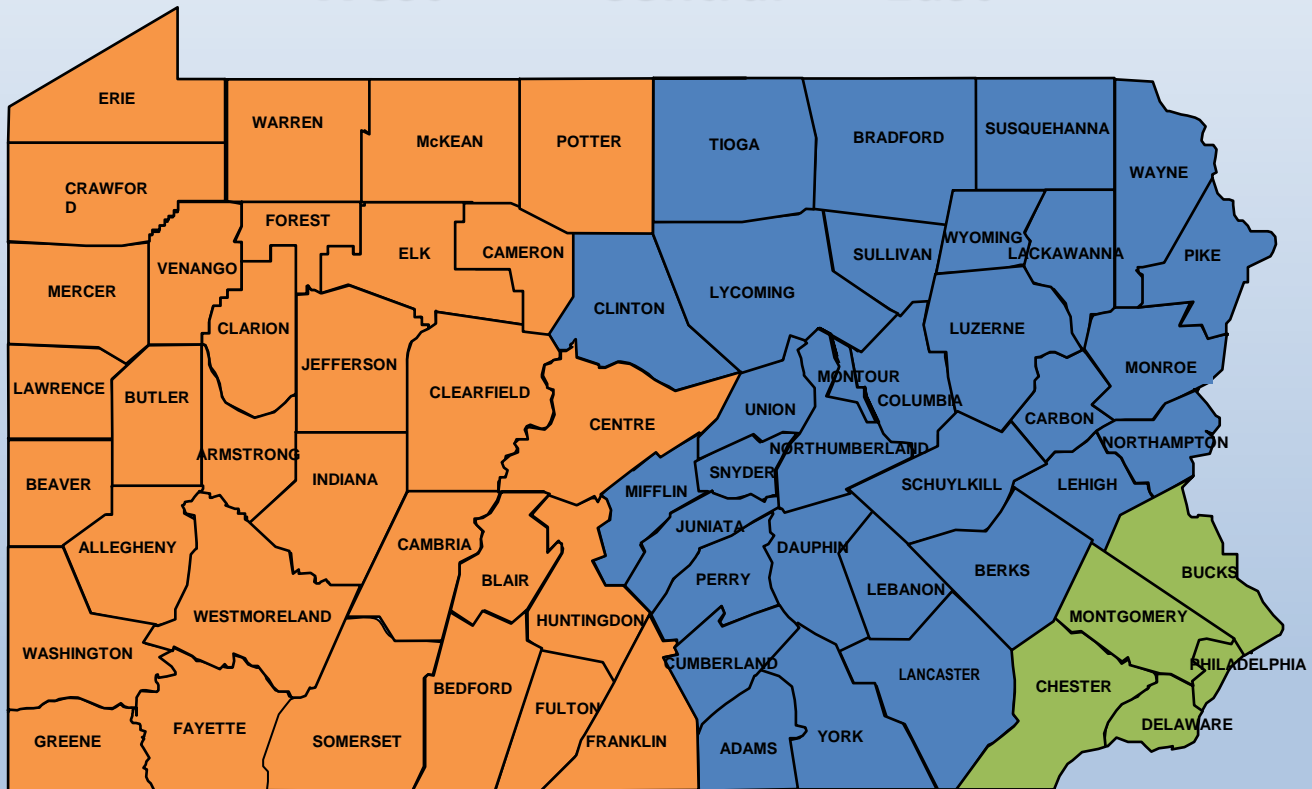
- Investigate allegations
- Determine if an individual is at imminent risk and if protective services are necessary
- Cooperatively develop a service plan
- Provide protective services to adults who voluntarily consent or if necessary, by court order
- Provide services in the least restrictive environment and in the most integrated setting
- Provide guardianship as needed

APS REGIONS

West

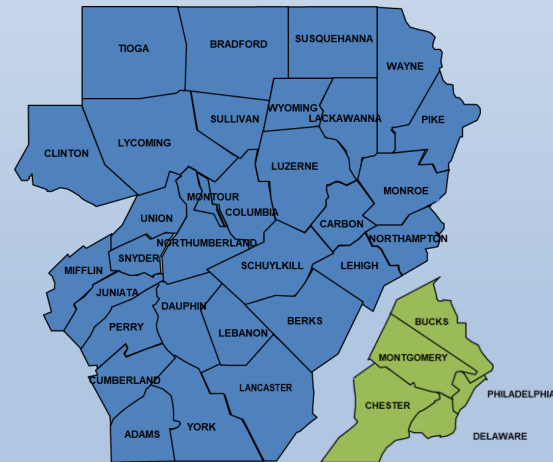
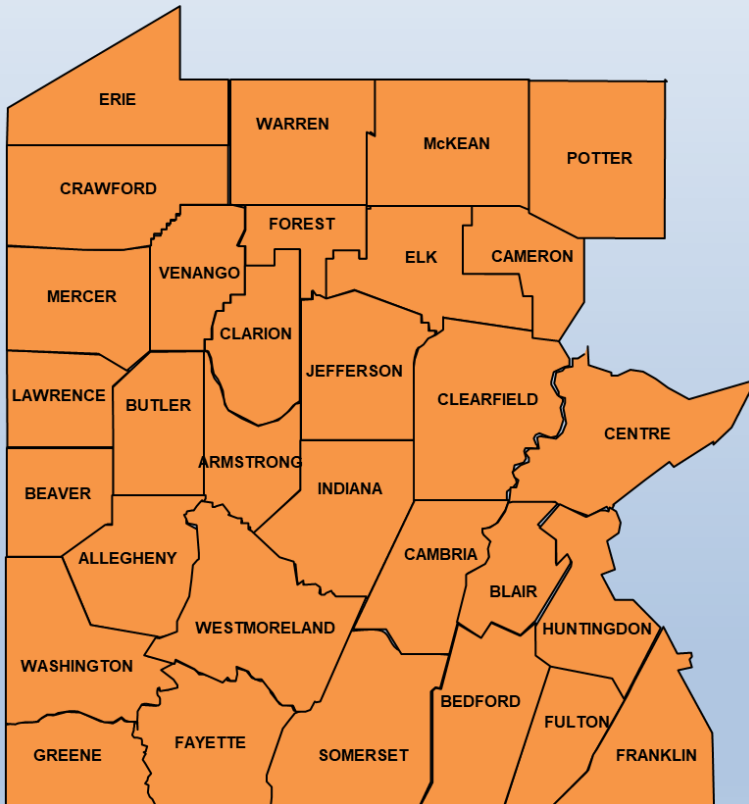
Central

East



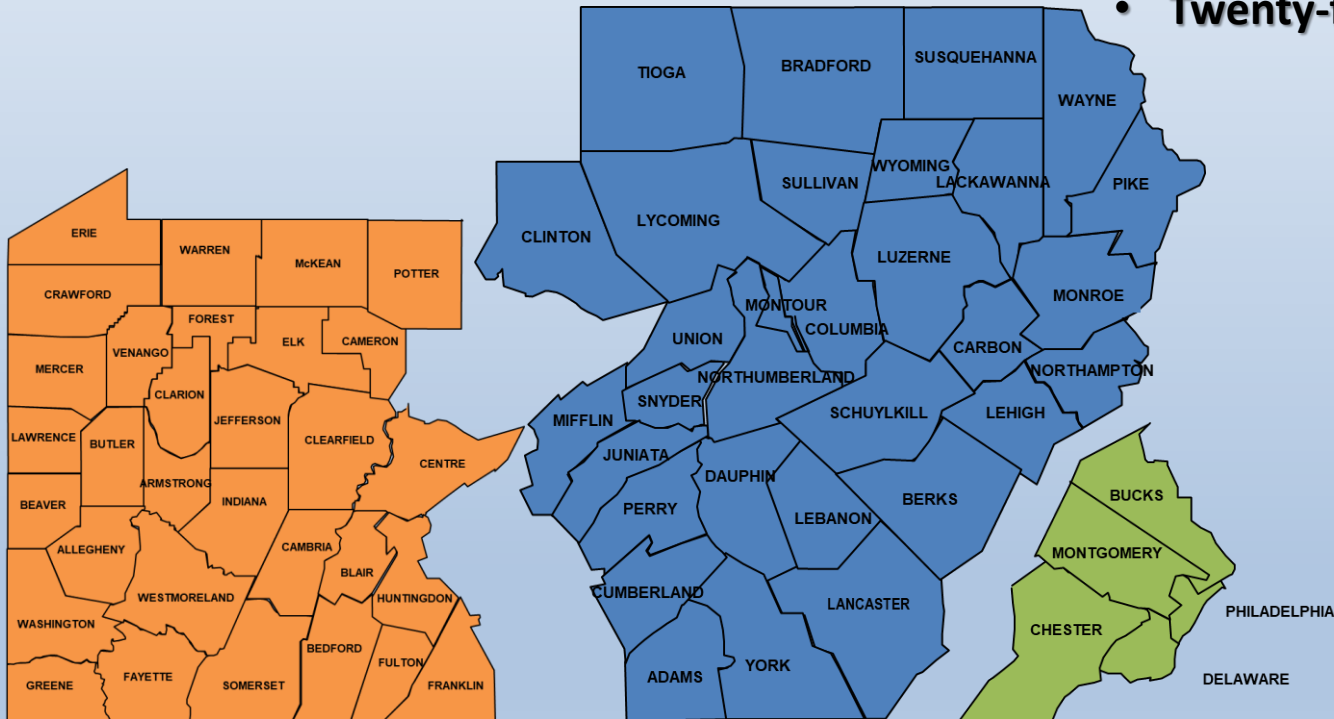
WEST REGION

- **Thirty-one Counties**
- **One Regional Program Manager**
- **Four APS Supervisors**
- **Twenty-four APS Investigators**



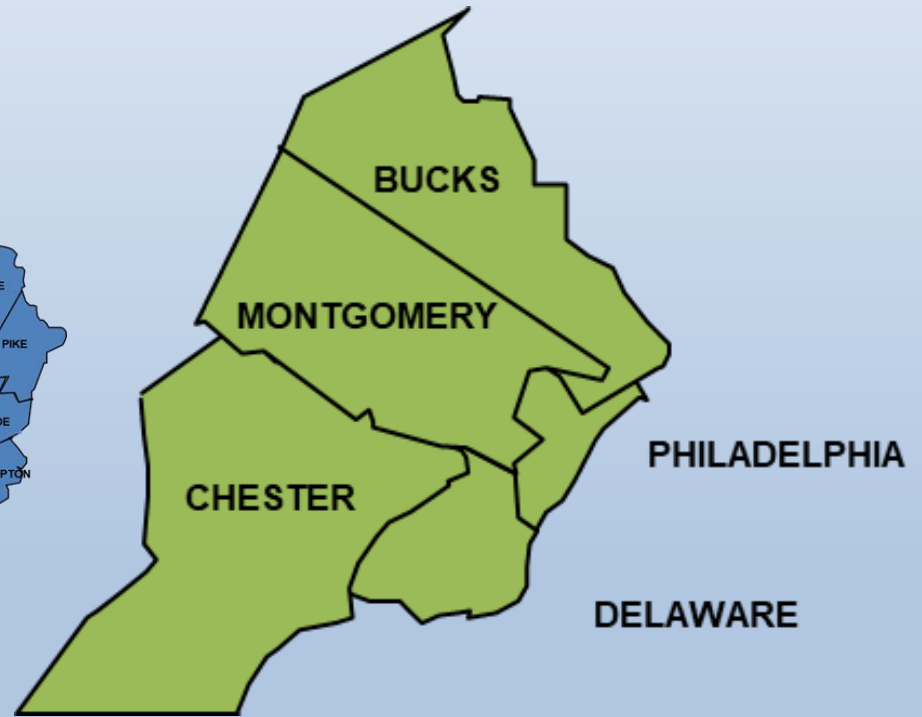
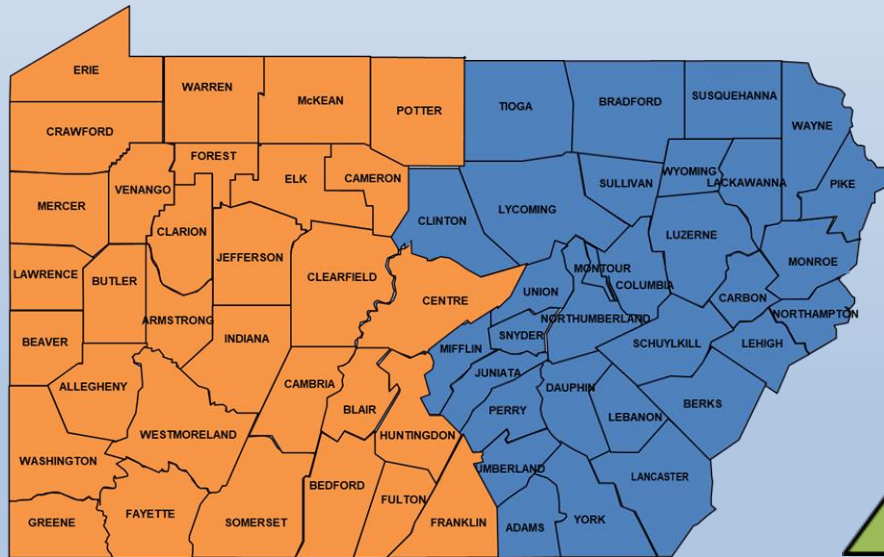
CENTRAL REGION

- **Thirty-one Counties**
- **One Regional Program Manager**
- **Four APS Supervisors**
- **Twenty-five APS Investigators**

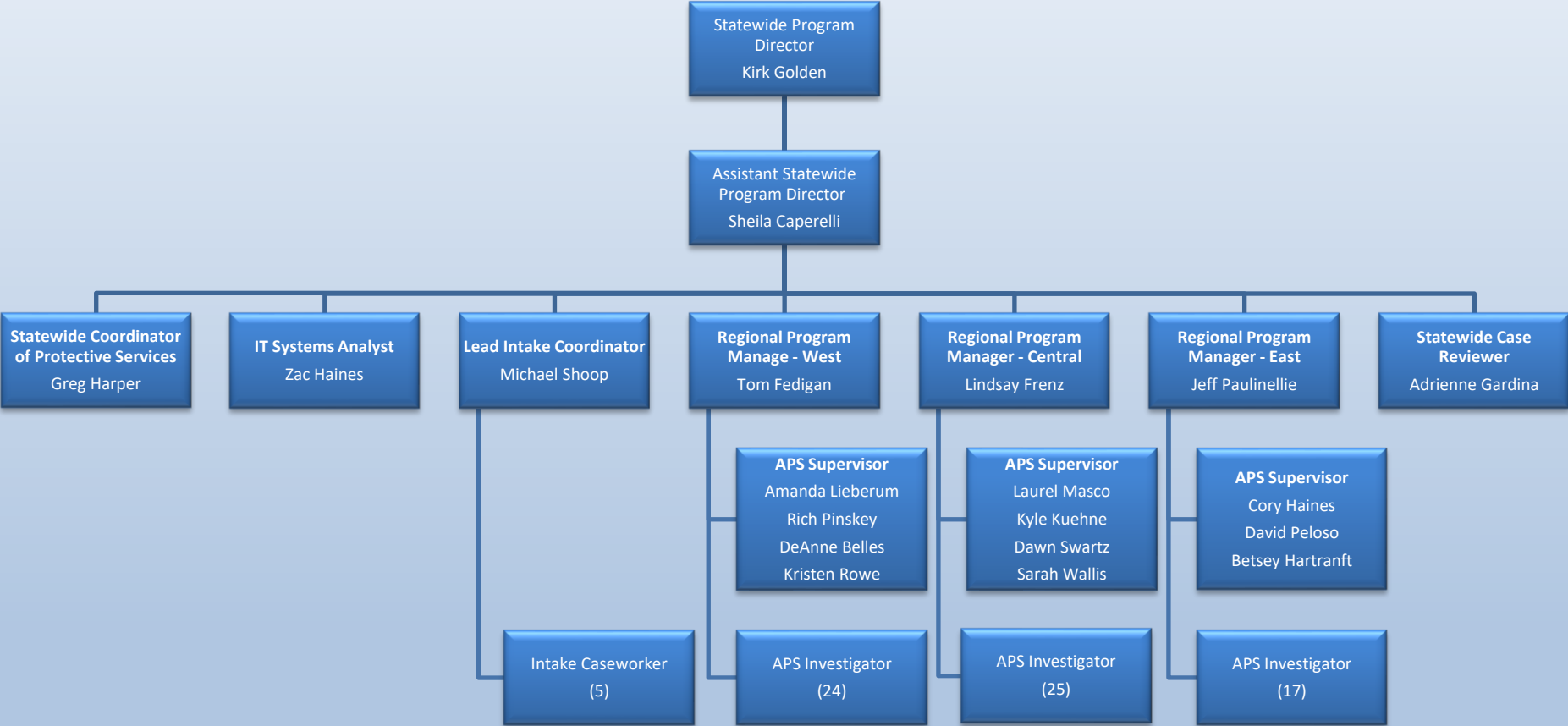


- **Five Counties**
- **One Regional Program Manager**
- **Three APS Supervisors**
- **Seventeen APS Investigators**

EAST REGION



Liberty Healthcare APS Organizational Chart

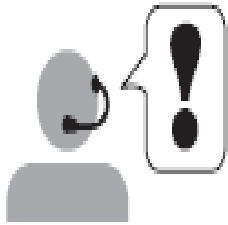




Who is eligible to receive protective services?

- A resident of the commonwealth
- An adult between 18 and 59 years of age with a physical or mental impairment that **substantially limits one or more major life activities**
- An adult who needs the assistance of another person to obtain protective services in order to prevent imminent risk to person or property

- Adults have the right to make choices, subject to the laws and regulations of the commonwealth, regarding their lifestyles, relationships, bodies, and health, even when those choices present risks to themselves or their property.
- Adults have the right to refuse an assessment.
- Adults have the right to refuse some or all protective services.
- Where there is clear and convincing evidence that, if protective services are not provided, the adult is at imminent risk of death, serious injury or serious bodily injury, the agency may petition the court for an emergency order to provide the necessary services.



Call the Statewide Protective Services Hotline (1-800-490-8505) to report an allegation of suspected abuse, neglect, exploitation or abandonment of an individual between 18 and 59 years of age with a physical or mental impairment.

The Protective Services Hotline is **now** answered by staff with the Department of Aging. These staff will determine the county of residence, obtain minimal information from the caller, and transfer the call to the local Area Agency on Aging (AAA) who completes a Report of Need (RON) and documents the report in the Social Assistance Management System (SAMS).




Mandated Reporters must also contact **law enforcement and DHS** for cases of suspicious death, serious injury, serious bodily injury or sexual abuse.

APS Process



The AAA notifies Liberty Intake staff via email that a RON is in SAMS.



Liberty Intake staff evaluate information in the RON to determine if the individual meets eligibility criteria and classify the case as either “Priority, Non-priority, or No Need.”

Liberty Intake staff notify all appropriate licensing agencies of the Report of Need.



Cases determined to be “No Need” for investigation, will be reviewed by an APS Supervisor. Program Offices are also notified of all No Needs.



All cases classified as “Priority” or “Non-priority” are assigned to an APS investigator for investigation.

Investigations must be initiated immediately for “Priority” cases and within 72 hours for “Non-priority” cases.



APS Caseworker initiates investigation within required timeframes, assesses risk, determines if individual is at imminent risk, and mitigates risk if necessary, by providing protective services.

- Priority: Priority reports require immediate attention because specific details in the report indicate the possibility that the adult reported to need protective services **is at imminent risk of death or serious injury or serious bodily injury**. The investigation shall be initiated immediately for a priority report.
- Non-priority: A non-priority report does not appropriately fall within the priority category; therefore, it does not require immediate attention by the agency. These investigations must be initiated within 72 hours.

- No need for protective services: A report shall be placed in this category when the person reported to be in need of protective services meets either of the following criteria:
 - (a) has the capacity to perform or obtain, without help, services necessary to maintain physical or mental health**
 - (b) is not at imminent risk or danger to his person or property**



If case is substantiated, APS may provide or arrange for protective services intended to ensure the adult's immediate safety and well-being.

Protective services provided must be in the least restrictive and in the most integrated setting.

An adult can only receive protective services voluntarily. Protective services may not be provided to an adult who refuses consent or who, having previously consented, withdraws the consent, unless the services are ordered by a court.



Helpful information at the time of the call

- Consumer's demographic information
- Social Security Number
- All details/specifics regarding the allegations
- Consumer's physical and health conditions
- Consumer's disabilities and mental conditions
- Consumer's physical environment, incl. dangers
- Consumer's financial or legal problems
- Identity of alleged perpetrator (s)
- Reporter's identity, affiliation, contact information



Who is a mandated reporter?

An organization or group of people that uses public funds and is paid, in part, to provide care and support to adults in a licensed or unlicensed setting

- Assisted Living Facility
- Domiciliary Care Home
- Home Health Care Agency
- Intermediate Care Facility for Individuals with Intellectual Disabilities or with Other Related Conditions
- Nursing Facility
- Older Adult Daily Living Center
- Personal Care Home
- Residential Treatment Facility

General Reporting Requirements



1. Immediately make an oral report to the statewide **Protective Services Hotline** by **calling 1-800-490-8505**.
2. Within 48 hours of making the oral report, the administrator or employee will email or fax a written report to Liberty Healthcare at the following email address or fax number:
 - mandatoryron@libertyhealth.com
 - 484-434-1590
3. The written report can be submitted in any of the following formats:
 - Mandatory Reporting Form located on DHS website
 - PB-22 form
 - HCSIS incident report
 - EIM report
4. An administrator or employee of a facility will continue to follow all required incident management regulations, policies and procedures.

MANDATORY ABUSE REPORT

DATE OF REPORT:

TIME:

NAME OF VICTIM / RECIPIENT/ CONSUMER (Last, First, M.I.):		FACILITY NAME:	
ADDRESS:		ADDRESS:	
CITY:	STATE:	ZIP CODE:	CITY: STATE: ZIP CODE:
PHONE:		PHONE:	COUNTY:
DATE OF BIRTH:	SEX:	FACILITY TYPE: (NH, PCH, DC, CLA, etc.)	
DATE AND TIME OF INCIDENT: DATE: / / TIME: : A.M. P.M.		FACILITY LICENSING AGENCY:	FACILITY LICENSE NUMBER:
DATE AND TIME OF REPORT TO LICENSING AGENCY: DATE: / / TIME: : A.M. P.M.		LICENSING AGENCY CONTACT AND TELEPHONE NUMBER: NAME: TELEPHONE #:	
OAPSA (over 60) ABUSE TYPE: (Check one) <input type="checkbox"/> ABUSE <u>not</u> involving sexual abuse, serious bodily injury, serious physical injury or suspicious death <input type="checkbox"/> SEXUAL ABUSE (rape, involuntary deviate sexual intercourse, sexual assault, statutory sexual assault, aggravated indecent assault, indecent assault or incest) <input type="checkbox"/> SERIOUS BODILY INJURY <input type="checkbox"/> SERIOUS PHYSICAL INJURY <input type="checkbox"/> SUSPICIOUS DEATH		APS (under 60) ABUSE/NEGLECT TYPE: (Check one) <input type="checkbox"/> ABUSE, NEGLECT, EXPLOITATION or ABANDONMENT <u>not</u> involving sexual abuse, serious injury, serious bodily injury or suspicious death <input type="checkbox"/> SEXUAL ABUSE (rape, involuntary deviate sexual intercourse, sexual assault, statutory sexual assault, aggravated indecent assault, or incest) <input type="checkbox"/> SERIOUS INJURY <input type="checkbox"/> SERIOUS BODILY INJURY <input type="checkbox"/> SUSPICIOUS DEATH	
DATE/TIME ORAL REPORT TO AAA:	NAME OF AAA CONTACTED:	AAA/APS AGENCY USE ONLY: DATE/TIME ORAL REPORT TO COUNTY CORONER: (if applicable)	AAA/APS AGENCY USE ONLY: NAME OF CORONER: (if applicable)
DATE/TIME ORAL REPORT TO LOCAL LAW ENFORCEMENT: (if applicable)	NAME OF LAW ENFORCEMENT AGENCY: (if applicable)	DATE/TIME ORAL REPORT TO PDA/DHS: (if applicable)	
CONTACT INFORMATION: (PLEASE CHECK APPROPRIATE BLOCK) <input type="checkbox"/> GUARDIAN <input type="checkbox"/> ATTORNEY-IN-FACT <input type="checkbox"/> NEXT OF KIN		ALLEGED PERPETRATOR NAME:	RELATIONSHIP TO VICTIM:
NAME:		ADDRESS:	
ADDRESS:		CITY:	STATE: ZIP CODE:
CITY:	STATE:	ZIP CODE:	PHONE NUMBER: AGE: SEX:
PHONE NUMBER:	RELATIONSHIP:	TYPE OF POSITION: (RN, LPN, CNA, etc.)	WORK SHIFT: DATE OF HIRE:

DETAILS AND DESCRIPTION OF ABUSE: (ATTACH ADDITIONAL SHEETS IF NECESSARY)

ACTIONS TAKEN BY FACILITY, INCLUDING TAKING OF PHOTOGRAPHS AND X-RAYS, REMOVAL OF VICTIM AND NOTIFICATION OF APPROPRIATE AUTHORITIES. (ATTACH ADDITIONAL SHEETS IF NECESSARY)

OTHER PERTINENT INFORMATION, COMMENTS OR OBSERVATIONS DIRECTLY RELATED TO ALLEGED ABUSE INCIDENT AND VICTIM:

NAME AND TITLE OF REPORTER:
(PLEASE TYPE OR PRINT)

NAME:

TITLE:

SIGNATURE OF REPORTER:

REPORTER CONTACT INFORMATION:

TELEPHONE NUMBER:

EMAIL ADDRESS:

DATE:

NAME AND TITLE OF PERSON PREPARING REPORT:
(PLEASE TYPE OR PRINT)

NAME:

TITLE:

SIGNATURE OF PERSON PREPARING REPORT:

PERSON PREPARING REPORT CONTACT INFORMATION:

TELEPHONE NUMBER:

EMAIL ADDRESS:

DATE:

Additional Reporting Requirements



In addition to the general reporting requirements, if the case involves sexual abuse, serious injury, serious bodily injury or suspicious death, an employee/administrator must **also**:

1. Make an immediate oral report to law enforcement.
2. Make an immediate oral report to the DHS staff responsible for the Adult Protective Services Program at **717-265-7887, select option #3.**
3. Within 48 hours of making the oral report, submit a written report to law enforcement. This written report can be the mandatory reporting form found on the Department's website, the PB-22 form, the HCSIS incident report, or the EIM report.

Please see the written guidance provided to employees and administrators of facilities for specific details and definitions.

Abuse:

- Infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish
- Willful deprivation by a caregiver of goods or services which are necessary to maintain physical or mental health
- Sexual harassment, rape or abuse as the term is defined in 23 Pa.C.S. § 6102

Neglect: The failure to provide for oneself or the failure of a caregiver to provide goods, care or services essential to avoid clear and serious threat to the physical or mental health of an adult

Possible Signs of Abuse



Physical Abuse

- Bruises, black eyes, welts, lacerations, and rope marks
- Broken bones
- Open wounds, cuts, punctures, untreated injuries in various stages of healing
- Any physical signs of being punished or restrained
- The individual reports being hit, slapped, kicked, or mistreated

Emotional abuse

- Being emotionally upset or agitated
- Being extremely withdrawn and non-communicative or non-responsive
- Unusual behavior usually attributed to dementia (e.g., sucking, biting, rocking)
- Nervousness around certain people
- The individual reports being verbally or mentally mistreated



- Dehydration, malnutrition, untreated or improperly attended medical conditions, poor personal hygiene
- Hazardous or unsafe living conditions (e.g., improper wiring, no heat or running water)
- Unsanitary living quarters
- Grossly inadequate housing
- The individual reports being mistreated or not being cared for properly

Exploitation: An act or course of conduct by a caregiver or other person against an adult or an adult's resources, without the informed consent of the adult or with consent obtained through misrepresentation, coercion or threats of force, that results in monetary, personal or other benefit, gain or profit for the perpetrators or monetary or personal loss to the adult

Abandonment: The desertion of an adult by a caregiver

Possible Signs of Exploitation



- Sudden changes in bank accounts or banking practice, including unexplained withdrawals
- Adding additional names on bank signature cards
- Abrupt changes in a will or other financial documents
- Unexplained disappearance of valuable possessions
- Forging a signature on financial transactions or for titles
- Sudden appearance of previously uninvolved relatives claiming rights to possessions
- Unexplained sudden transfer of assets to a family member or someone outside the family

Serious injury:

An injury that:

1. causes a person severe pain; or
2. significantly impairs a person's physical or mental functioning, either temporarily or permanently

Serious bodily injury:

An injury that:

1. creates a substantial risk of death; or
2. causes serious permanent disfigurement or protracted loss or impairment of the function of a body member or organ



Sexual abuse:

Intentionally, knowingly or recklessly causing or attempting to cause rape, involuntary deviate sexual intercourse, sexual assault, statutory sexual assault, aggravated indecent assault or incest, as defined by 18 Pa.C.S. (relating to crimes and offenses).

Institutional Sexual Assault : Under 18 Pa.C.S. § 3124.2(a), a person who is an employee or agent of the Department of Corrections or a county correctional authority, youth development center, youth forestry camp, State or county juvenile detention facility, other licensed residential facility serving children and youth, ***or mental health or mental retardation facility or institution*** can be charged with this offense if he or she engages in sexual intercourse, deviate sexual intercourse or indecent contact with an inmate, detainee, patient, or resident.



- Bruises around the breasts or genital area
- Unexplained venereal disease or genital infections
- Unexplained vaginal or anal bleeding
- Torn, stained, or bloody underclothing
- The individual reports being sexually assaulted or raped

Sexual Harassment:

- Sexual harassment is unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature.
- Sexual harassment is an abuse that requires reporting to the Protective Services Hotline; however, it is not sexual abuse which requires additional reporting responsibilities.

- Remember the standard for reporting. “An employee or administrator who has **reasonable cause to suspect** that a recipient is a victim of abuse or neglect shall immediately make an oral report”
- Evaluate all incidents in terms of the statutory definitions in the APS law, in order to determine whether or not a specific incident is reportable.
- When deciding whether or not to report abuse that occurred years ago, determine if there is continued contact between victim and alleged abuser, and the nature, frequency, and extent of continued contact.

- Call 911 **immediately** for any life-threatening emergencies, prior to calling APS
- Call the police for a welfare check when there is a question of a person's immediate health and safety
- Call crisis intervention for any mental health emergencies requiring immediate attention
- Follow up with your supervisor or administrator to ensure that APS has been contacted—reporting upward does not end your reporting responsibility
- Do **not** wait to call APS pending completion of an internal or certified investigation—call immediately if you have “reasonable cause” to suspect abuse, neglect, etc.

If you suspect that someone who does not receive services through your agency (for example, a family member, neighbor, or friend) is or may be the victim of abuse or neglect, APS strongly encourages you to report the suspected abuse as a voluntary reporter.

In these cases, you are only required to make an oral report to the protective services hotline number:

1-800-490-8505



**NEXT SLIDES CONTAIN
GRAPHIC
PICTURES**

Condemned Home



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Hoarding



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Photos Prior to Double Amputation



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Decubitus Ulcer



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Decubitus Ulcer



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Paid Caregiver Neglect



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Neglect



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HOW TO REPORT

1-800-490-8505



Department of Human Services > About > Fraud and Abuse

Fraud and Abuse

Welfare Fraud

Call the Fraud Tipline at 1-844-DHS-TIPS or report provider and/or recipient fraud with the online form.

Medicaid Fraud

Unfortunately, a small number of Medical Assistance recipients and providers engage in practices that are fraudulent or abuse of the Medical Assistance program. To report suspected fraud or abuse of services provided under the MA Program, please call the Bureau of Program Integrity at 1-844-DHS-TIPS (1-844-347-8477), Send reports online with the Hotline Response Form, or write to us at:

*Department of Human Services, Office of Administration
Bureau of Program Integrity
P.O. Box 2675
Harrisburg, PA 17105-2675*

Child Abuse

Suspect it? Report it! Call ChildLine at 1-800-932-0313. Mandated reporters can report electronically.

Abuse of an Adult with a Disability

Suspect abuse of an adult with a disability? Report it by calling 1-800-490-8505. Get forms and more information from [Adult Protective Services](#).

- Additional Resources**
- [Corrective Action Plan \(CAP\) Guidelines](#)
 - [Credit Balance Self-Review](#)
 - [Health Care Compliance Plans for Medical Assistance Providers](#)
 - [MA Bulletins Relating to Program Integrity](#)
 - [MA Fraud and Abuse — General Information](#)
 - [MA Fraud and Abuse/Health Care Compliance Web Sites](#)
 - [MA Provider Compliance Hotline: 1-866-379-8477](#)
 - [MA Provider Compliance Hotline: Response Form](#)
 - [Medical Assistance Provider Self-Audit Protocol](#)
 - [Medicheck \(Precluded Providers\) List](#)
 - [Medicaid Recovery Audit Contractor \(RAC\) Provider Reviews](#)
 - [MIC Initiative](#)
 - [Program Integrity — Post and Prepayment Reviews](#)



Report Abuse



Apply for Benefits



Find Facilities



Review Data



DHS Sites



Contact Us

[Department of Human Services](#) > [About](#) > [Fraud and Abuse](#) > Adult Protective Services

Adult Protective Services

Do you suspect elder abuse or abuse of an adult with a disability?

Call 1-800-490-8505

In 2010, the Adult Protective Services (APS) Law ([Act 70 of 2010](#)) was enacted to protect adults between the ages of 18 and 59 with a physical or mental disability that limits one or more major life activities. The APS Law establishes a program of protective services in order to detect, prevent, reduce and eliminate abuse, neglect, exploitation, and abandonment of these adults in need.

A report can be made on behalf of the adult whether they live in their home or in a care facility such as a nursing facility, group home, hospital, etc. Reporters can remain anonymous and have legal protection from retaliation, discrimination, and civil and criminal prosecution. The statewide Protective Services Hotline is available 24 hours a day.

Common Signs of Abuse

- Bruises or broken bones
- Weight loss
- Memory loss
- Personality changes
- Social isolation
- Changes in banking habits
- Giving away assets such as money, property, etc.



Adult Protective Services Annual Report

View annual reports to explore data on reporting, regulations, victims, and perpetrators.

- [2016-1017 Adult Protective Services Annual Report](#)
- [2015-2016 Adult Protective Services Annual Report](#)



Information for Mandatory Reporters

- [Who is a mandatory reporter?](#)
- [Mandatory Reporter Informational Guidance](#)
- [Act 70 Mandatory Reporter Form](#)
- [Mandatory Reporter Form Instructions](#)
- [Webinar for Mandatory Reporters](#)
- [Mandatory Reporter Webinar PowerPoint](#)
- [Report of Need \(RON\) completed by the Area Agency on Aging \(AAA\)](#)

Mandatory Reporting Webinars

- Monday, Sept. 23, 2019 — 1:30 p.m.
- Monday, October 7, 2019 — 10 a.m.
- Monday, Nov. 4, 2019 — 10 a.m.
- Tuesday, Dec. 17, 2019 — 9 a.m.
- Tuesday, Jan. 14, 2020 — 9:00 a.m.
- Wednesday, Feb. 12, 2020 — 1:30 p.m.
- Tuesday, March 10, 2020 — 9 a.m.
- Wednesday, April 8, 2020 — 1:30 p.m.
- Thursday, May 7, 2020 — 1:30 p.m.
- Tuesday, June 2, 2020 — 9 a.m.

For webinar registration information, [click here](#).



Liberty Emergency After Hours Number : (888) 243-6561

Statewide Program Director

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kirk.golden@libertyhealth.com

(724) 774-6751

Assistant Statewide Program Director

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(267) 572-8815

West Regional Program Manager	Central Regional Program Manager	East Regional Program Manager
Tom Fedigan (267) 449-4808	Lindsay Frenz (267) 262-4363	Jeff Paulinellie (267) 418-6436

- Questions or requests for additional information regarding the Adult Protective Services program can be sent to the following email address:

RA-PWAPSQuestions@pa.gov

- If you do not have access to email, please call:

717-783-3670 and ask to be connected to a member of the APS division