

Adult Protective Services

- The Adult Protective Services (APS) Law (Act 70 of 2010) was enacted to provide protective services to adults between 18 and 59 years of age who have a physical or mental impairment that substantially limits one or more major life activities
- Funding first provided during state fiscal year 2012-13
- Act 70 is the bridge between CPSL and OAPSA and mirrors OAPSA in many ways

To Report Abuse



Child Protective Services

- For individuals under 18 years of age
- Contact ChildLine at 1-800-932-0313

Adult Protective Services (APS)

- For individuals 18 years of age or older but under 60 years of age
- Contact Protective Services Hotline at 1-800-490-8505

Older Adult Protective Services (OAPSA)

- For individuals 60 years of age and older
- Contact Protective Services Hotline at 1-800-490-8505

- Prior to April 1, 2015, there was a Memorandum of Understanding (MOU) between the Department of Human Services (DHS) and the Pennsylvania Department of Aging (PDA) to provide interim APS coverage prior to completion of the competitive bidding process
- Effective April 1, 2015, Liberty Healthcare Corporation (Liberty) is the statewide contracted provider of protective services

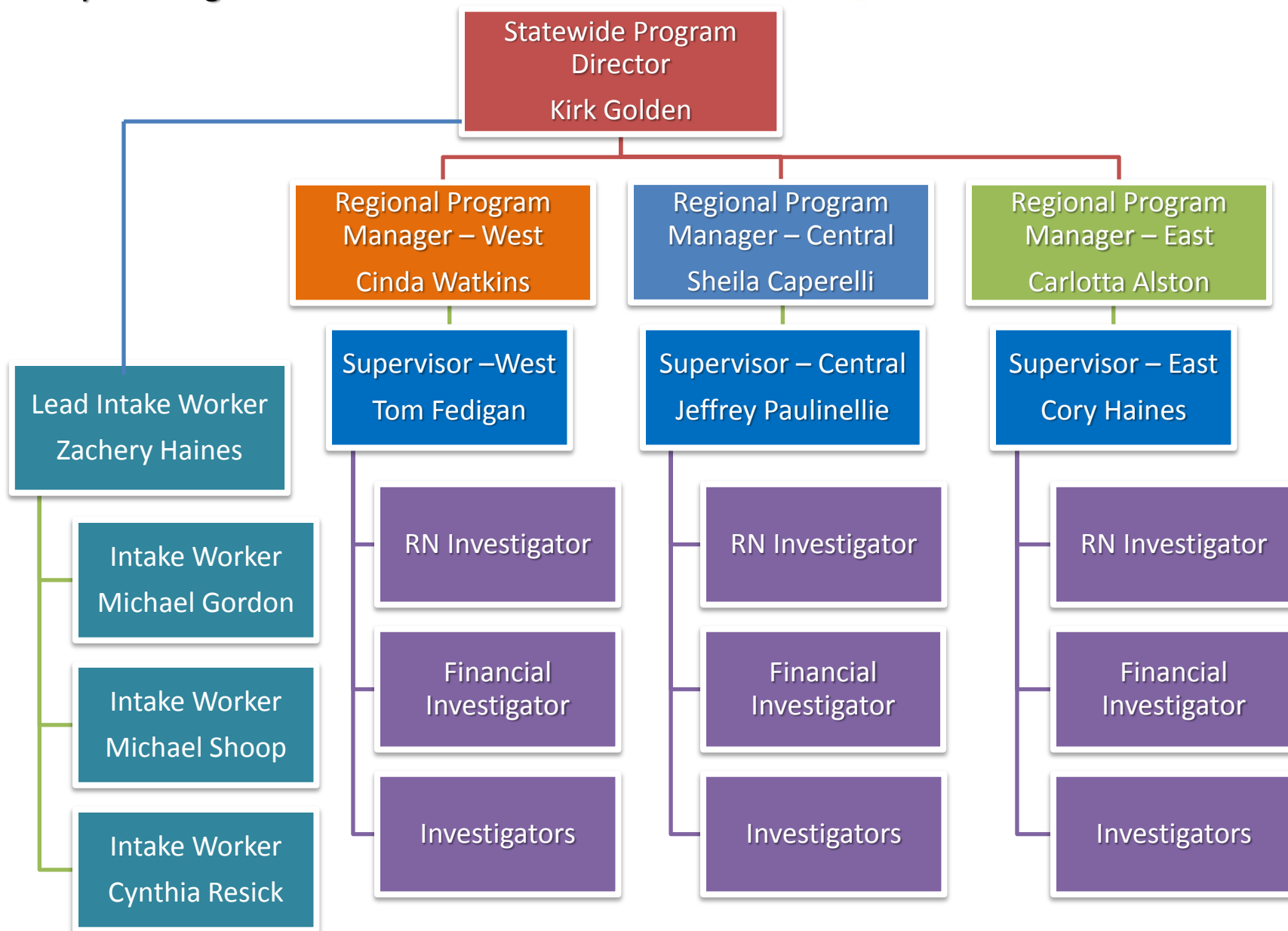


- Adults have the right to make choices, subject to the laws and regulations of the Commonwealth, regarding their lifestyles, relationships, bodies and health, even when those choices present risks to themselves or their property.
- Adults have the right to refuse an assessment.
- Adults have the right 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.

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

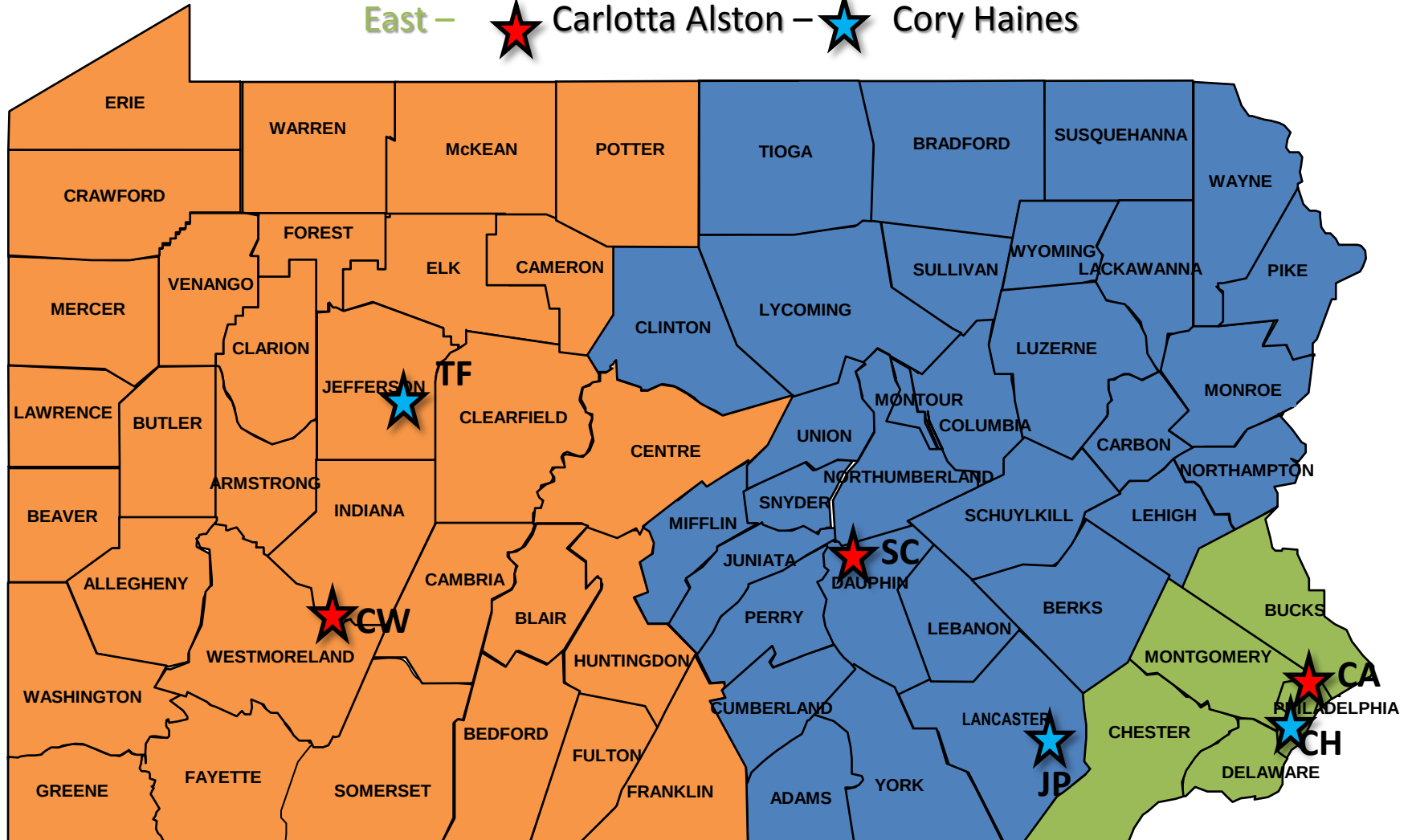
- Investigate allegations
- Determine if individual is at imminent risk and if protective services are necessary
- Cooperatively develop a service plan
- Provide protective services to adults who voluntarily consent
- Provide services in the least restrictive environment and the most integrated setting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

Liberty APS Organizational Chart



APS Regions

West – ★ Cinda Watkins – ★ Tom Fedigan
Central – ★ Sheila Caperelli – ★ Jeff Paulinellie
East – ★ Carlotta Alston – ★ Cory Haines



APS Investigators



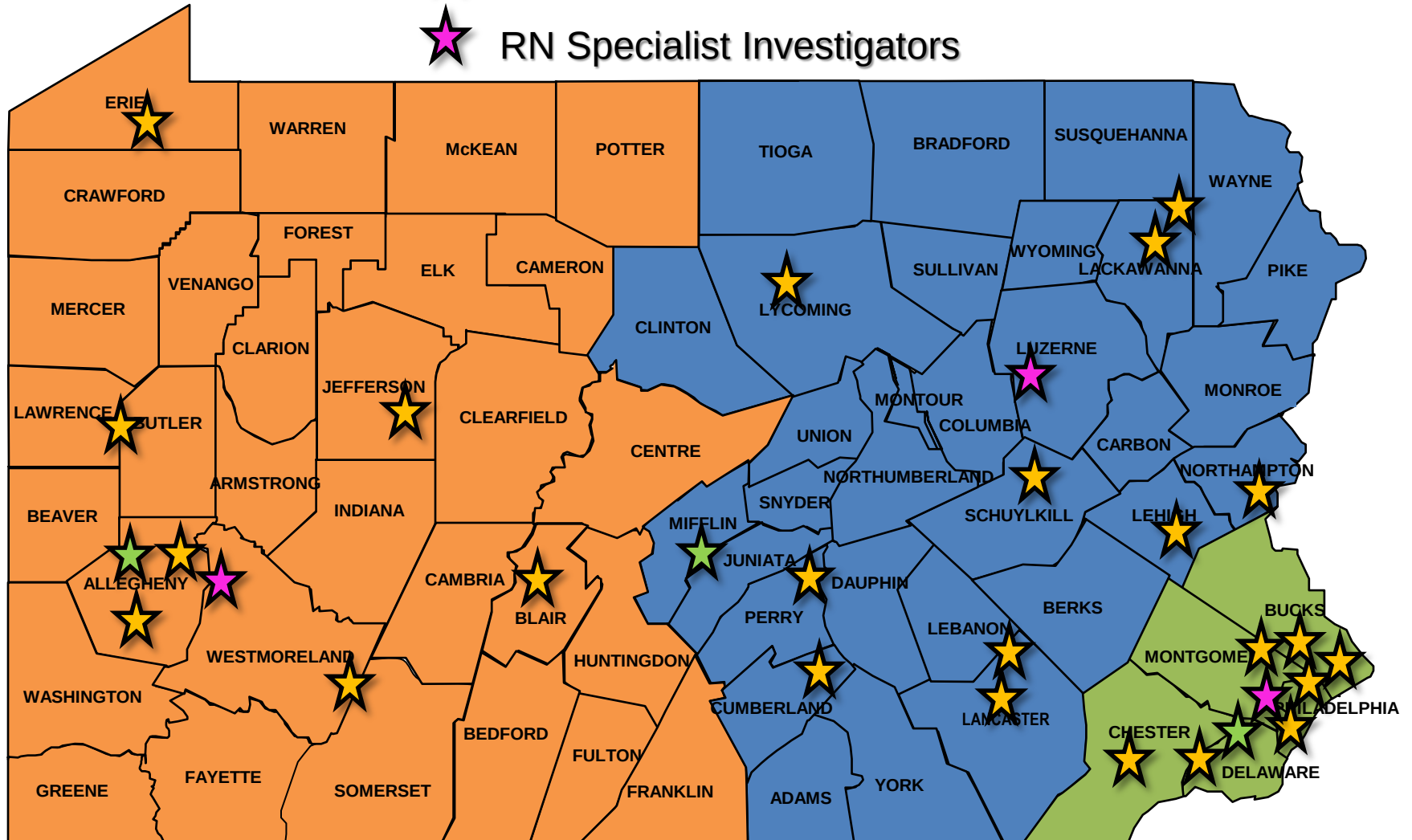
Investigators



Financial Specialist Investigators



RN Specialist Investigators





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

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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

APS Process



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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



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



Protective Services Hotline is answered by local Area Agency on Aging (AAA) who completes a Report of Need (RON) and documents the report in the Social Assistance Management System (SAMS)

APS Process



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

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



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

Cases determined to be "No Need" will be reviewed by an APS Supervisor and DHS and may be referred for other services. Program Offices are also notified of all No Needs.

APS Process



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All cases classified as “Priority” or “Non-priority” are assigned to an APS caseworker for investigation. Investigations must be initiated within 24 hours 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.



APS Process



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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.

Report of Need Categorization



- 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 and, therefore, does not require immediate attention by the agency. These investigations must be initiated within 72 hours.

Report of Need Categorization



- 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

Summary of information requested:

- Consumer's Demographic Information
- Social Security Number critical link to SAMS
- 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?

- 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
- **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**

General Reporting Requirements



1. An administrator or employee who has reasonable cause to suspect that a recipient is a victim of abuse, neglect, exploitation or abandonment will 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 a written report to Liberty Healthcare at the following address: mandatoryon@libertyhealth.com or fax the report to **484-434-1590**. The following written report forms may be used:
 - ☐ The mandatory reporting form found on the Department's website;
 - ☐ An administrator or employee of a nursing facility, licensed by Department of Health, may submit a PB-22 form;
 - ☐ An administrator or employee may submit a Home and Community Services Information System (HCSIS) incident report (Printable Summary) or an Enterprise Incident Management (EIM) report.
3. 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 #:	
<u>OAPSA (over 60)</u> ABUSE TYPE: (Check one) ☐ ABUSE <u>not</u> involving sexual abuse, serious bodily injury, serious physical injury or suspicious death ☐ SEXUAL ABUSE (rape, involuntary deviate sexual intercourse, sexual assault, statutory sexual assault, aggravated indecent assault, indecent assault or incest) ☐ SERIOUS BODILY INJURY ☐ SERIOUS PHYSICAL INJURY ☐ SUSPICIOUS DEATH		<u>APS (under 60)</u> ABUSE/NEGLECT TYPE: (Check one) ☐ ABUSE, NEGLECT, EXPLOITATION or ABANDONMENT <u>not</u> involving sexual abuse, serious injury, serious bodily injury or suspicious death ☐ SEXUAL ABUSE (rape, involuntary deviate sexual intercourse, sexual assault, statutory sexual assault, aggravated indecent assault, or incest) ☐ SERIOUS INJURY ☐ SERIOUS BODILY INJURY ☐ 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) ☐ GUARDIAN ☐ ATTORNEY-IN-FACT ☐ 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



If the case involves sexual abuse, serious injury, serious bodily injury or suspicious death, in addition to the previous steps, 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, a HCSIS incident report, or the EIM report form.

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

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

Serious bodily injury:

- 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

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

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)

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.

Reporting Guidelines



- 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
- DHS' intention is not to discourage appropriate reporting, but rather to encourage providers to exercise judgement and discretion in deciding what is and is not reportable, by using these guidelines, and contacting APS for help/guidance, if needed

- 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

- 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

Possible Signs of Mental Anguish



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- 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

Possible Signs of Exploitation



- Sudden changes in bank account 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



**NEXT SLIDES CONTAIN
GRAPHIC
PICTURES**

Condemned Home



Hoarding



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Photos Prior to Double Amputation



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



Human Services Provider Directory
<http://www.dhs.state.pa.us/searchforprovider/humanservicesproviderdirectory/index.htm>

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Report Abuse

CHILD ABUSE:

To report child abuse call **1-800-932-0313**.

If you are a mandated reporter go to www.compass.state.pa.us/cwis. To learn more about protecting Pennsylvania's children from abuse and neglect go to www.KeepKidsSafe.pa.gov

ADULTS WITH DISABILITIES ABUSE:

To report abuse for adults with disabilities call the 24-hour, statewide Protective Services Hotline at **1-800-490-8505**.

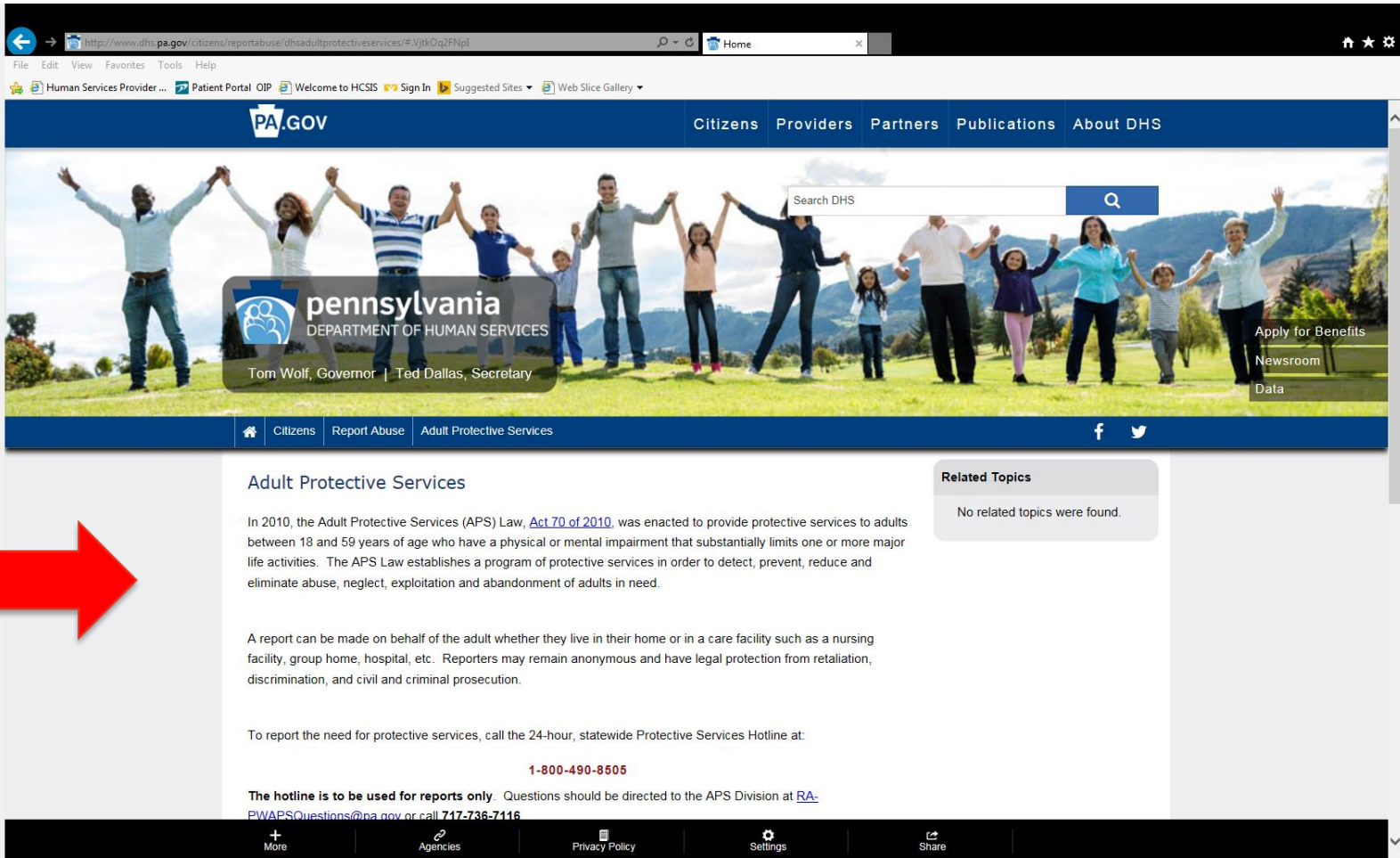
To learn more about reporting abuse, neglect, exploitation or abandonment, [click here](#).

Elder Abuse:

To report elder abuse, call the 24-hour statewide Protective Services Hotline at **1-800-490-8505**. [Learn more about reporting elder abuse](#).

Related Topics

[Adult Protective Services](#)



The screenshot shows the Pennsylvania Department of Human Services website. The header includes the PA.GOV logo and navigation links for Citizens, Providers, Partners, Publications, and About DHS. A large banner image shows a diverse group of people holding hands in a field. Below the banner, the 'Adult Protective Services' section is highlighted with a red arrow. The text in this section describes the APS Law, its purpose, and provides contact information for reporting abuse. A 'Related Topics' box on the right indicates no related topics were found. The footer contains links for More, Agencies, Privacy Policy, Settings, and Share.

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Adult Protective Services

In 2010, the Adult Protective Services (APS) Law, [Act 70 of 2010](#), was enacted to provide protective services to adults between 18 and 59 years of age who have a physical or mental impairment that substantially 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 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 may remain anonymous and have legal protection from retaliation, discrimination, and civil and criminal prosecution.

To report the need for protective services, call the 24-hour, statewide Protective Services Hotline at:

1-800-490-8505

The hotline is to be used for reports only. Questions should be directed to the APS Division at PWAPSQuestions@pa.gov or call **717-735-7116**.

Related Topics
No related topics were found.

More Agencies Privacy Policy Settings Share



1-800-490-8505

The hotline is to be used for reports only. Questions should be directed to the APS Division at RA-PWAPSQuestions@pa.gov or call **717-736-7116**.

Common Signs of Abuse May Include:

- Bruises or Broken Bones
- Weight Loss
- Memory Loss
- Personality Changes
- Social Isolation
- Changes in Banking Habits
- Giving Away Assets such as money, property, etc.

Webinar and Training Opportunities. Click below for registration information

- [Adult Protective Services Webinar Opportunities](#)

NEW

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 \(AAA\)](#)

Updated

If you have questions about the APS program, please see our [Frequently Asked Questions \(FAQ\)](#).

If you have questions about the APS Law, mandatory reporting or protective services, please contact the Adult Protective Services Division at the Department of Human Services via email:

RA-PWAPSQuestions@pa.gov or call **717-736-7116**.

Questions and Additional Information



- 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:

717-736-7116