



Adult Protective Services

28th Annual Convention

Innovate, Integrate, Motivate

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

Adult Protective Services History



- 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

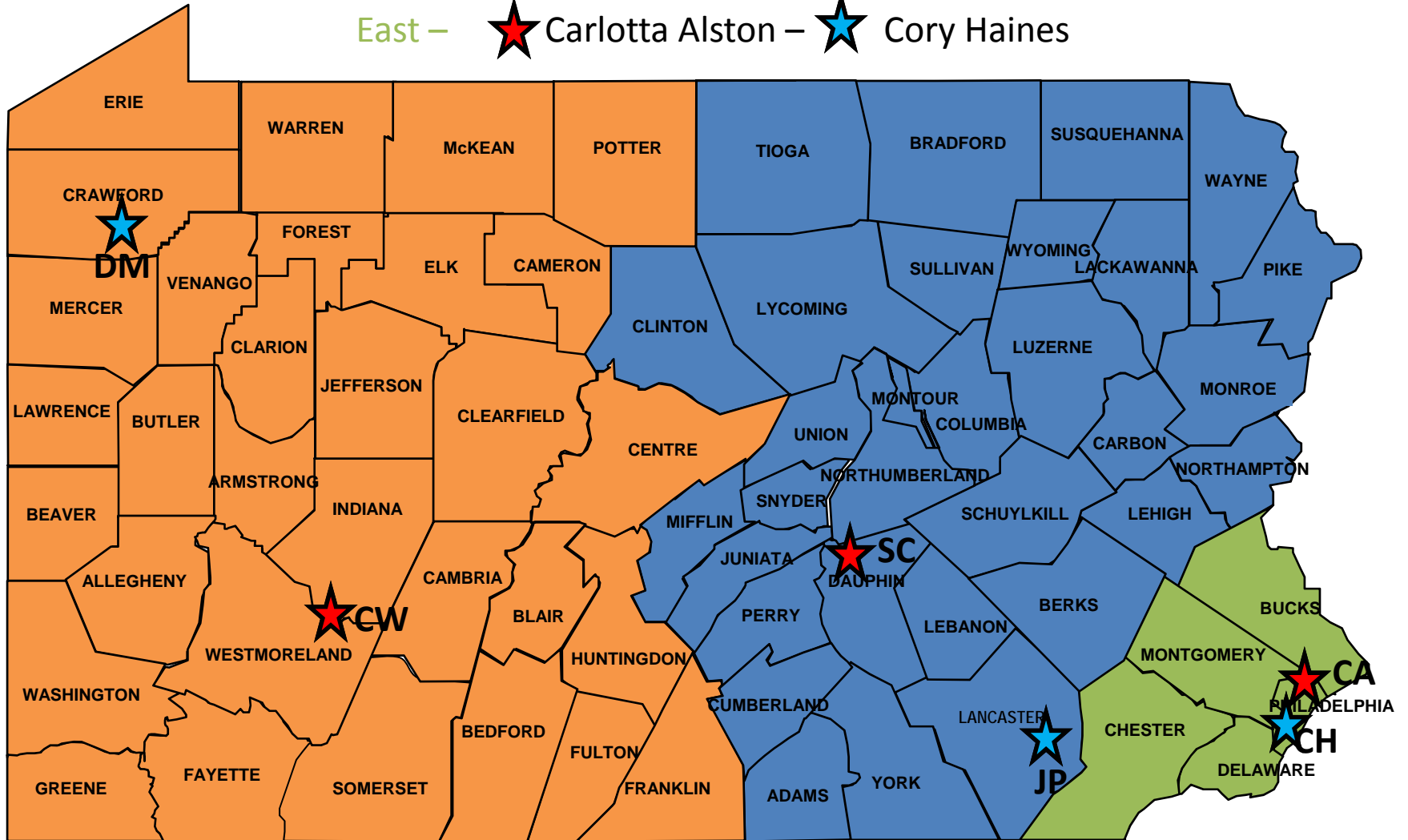


What is the APS Agency (Liberty Healthcare Corporation) required to do?

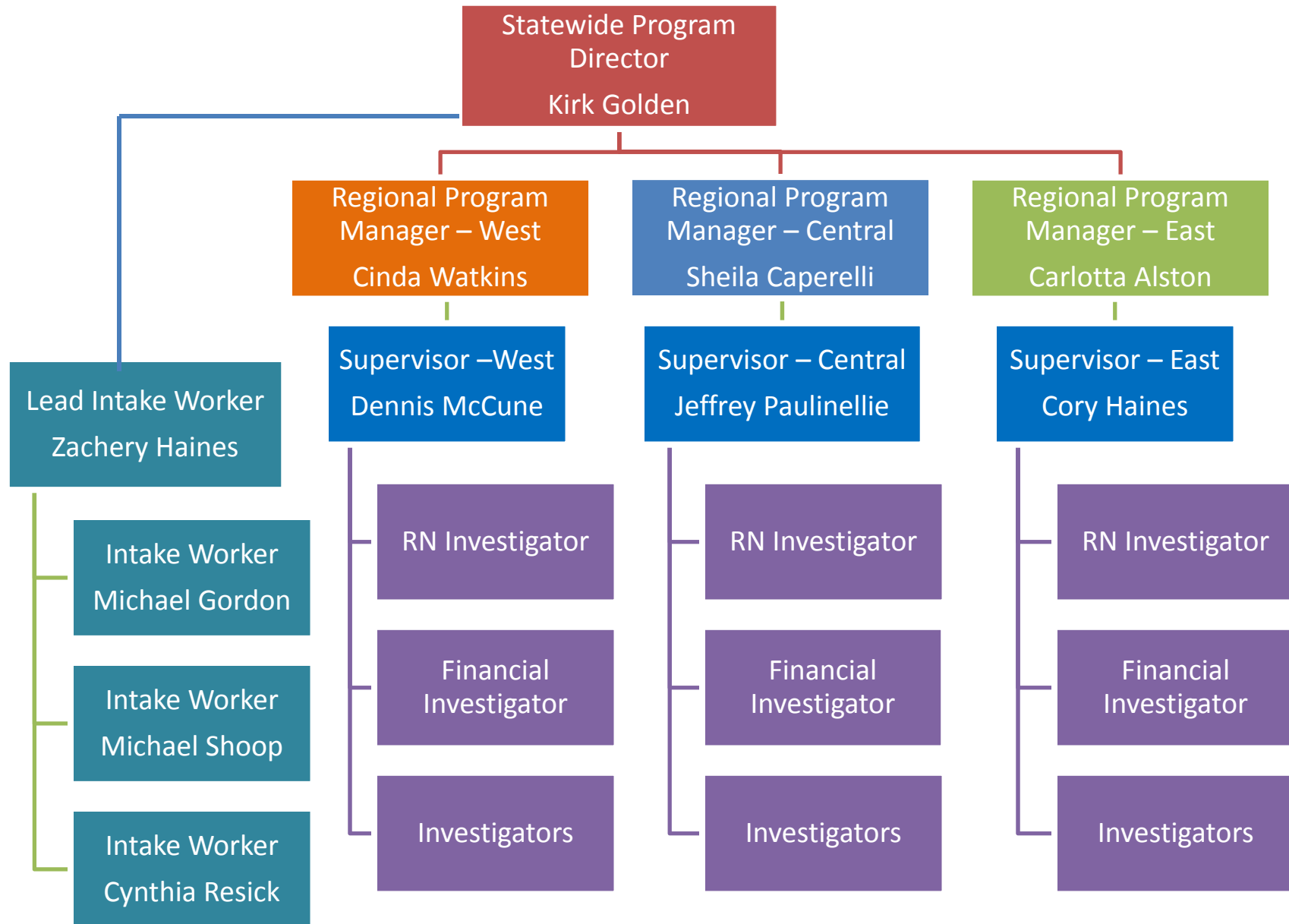
- Investigate allegations
- Determine if abuse, neglect, exploitation or abandonment has occurred
- Provide services to adults who voluntarily consent
- Cooperatively develop a service plan with agency staff, the adult, the adult's guardian and other family and advocates when appropriate
- Provide services in the least restrictive environment and the most integrated setting
- Provide Guardianship as needed

APS Regions

West – ★ Cinda Watkins – ★ Dennis McCune
Central – ★ Sheila Caperelli – ★ Jeff Paulinellie
East – ★ Carlotta Alston – ★ Cory Haines



Liberty APS Organizational Chart



Liberty Healthcare APS Statewide Contacts



Statewide Program Director

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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



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



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, investigates allegation(s), determines if allegation is substantiated or unsubstantiated, and mitigates risk if necessary.



APS Process



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

RON 12-23-2013

1. REPORTER'S DETAILS

1.A. CONSUMER'S INFORMATION

1. Date RON Received

____/____/____

2. Time RON Received

3. Date(s) of the incident(s)

4. LAST Name

5. FIRST Name

6. MIDDLE Initial

7. Name SUFFIX (if applicable)

1.B. CONSUMER'S DEMOGRAPHIC DATA

1. What type of communication assistance will be needed to communicate with consumer?

- ☐ Language
☐ Language and Mechanical
☐ Mechanical
☐ American Sign Language (ASL)
☐ None/Not Reported

2. Primary Language

- ☐ American Sign Language
☐ English
☐ Russian
☐ Spanish
☐ Other

- ☐ Separated
☐ Widowed
☐ Other-Document Details in Notes
☐ Unavailable/Unknown

5. Gender

- ☐ Female
☐ Male

6. Social Security Number (SSN) (Optional)

____-____-____

7. Ethnicity

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino
☐ Unknown

8. Race(s)

- ☐ American Indian/Native Alaskan
☐ Asian
☐ Black/African American
☐ Native Hawaiian/Other Pacific Islander
☐ Non-Minority (White, Non-Hispanic)
☐ White-Hispanic
☐ Other-Document in Notes
☐ Unavailable

9. Current Living Arrangement (Include in the "Lives Alone" category, Consumers who live in AL, Dom Care, and PCH, pay rent, or have no roommate.)

- ☐ Lives Alone
☐ Lives with Spouse Only
☐ Lives with Child(ren) but not Spouse
☐ Lives with Other Family Member(s)
☐ Other-Document Details in Notes
☐ Don't Know

10. CONSUMER'S type of residence at time of reported event.

- ☐ Apartment
- ☐ Assisted Living (AL)
- ☐ CRR (Mental Health)
- ☐ Caretaker/Caregiver's Home
- ☐ Community Homes for Individuals with ID
- ☐ Domiciliary Care Home (DC)
- ☐ Family Living/Shared Living
- ☐ Homeless
- ☐ Long Term Structured Residence (LTSR/MH) Mental Health
- ☐ Inpatient Psychiatric Facility
- ☐ Intermediate Care Facility (ICF)
- ☐ Nursing Facility
- ☐ Own Home
- ☐ Personal Care Home (PCH)
- ☐ Other-Document Details in Notes
- ☐ Unknown

11. Identify where the incident occurred. If County is different than residence, document details in notes.

1.C. CONSUMER'S RESIDENTIAL ADDRESS INFORMATION

1. Name of facility, if residing in a facility. (If not residing in a facility, document as N/A.)

2. RESIDENTIAL Street Address (Include number of house, apartment, or room.)

3. RESIDENTIAL Street Address Second Line (if needed)

4. RESIDENTIAL City or Town (Optional and must be located within the required residential municipality.)

6. RESIDENTIAL County – REQUIRED

- ☐ Adams
- ☐ Allegheny
- ☐ Armstrong
- ☐ Beaver
- ☐ Bedford
- ☐ Berks
- ☐ Blair
- ☐ Bradford
- ☐ Bucks
- ☐ Butler
- ☐ Cambria
- ☐ Cameron
- ☐ Carbon
- ☐ Centre
- ☐ Chester
- ☐ Clarion
- ☐ Clearfield
- ☐ Clinton
- ☐ Columbia
- ☐ Crawford
- ☐ Cumberland
- ☐ Dauphin
- ☐ Delaware
- ☐ Elk
- ☐ Erie
- ☐ Fayette
- ☐ Forest
- ☐ Franklin
- ☐ Fulton
- ☐ Greene
- ☐ Huntingdon
- ☐ Indiana
- ☐ Jefferson
- ☐ Juniata
- ☐ Lackawanna
- ☐ Lancaster
- ☐ Lawrence
- ☐ Lebanon
- ☐ Lehigh

- ☐ Northampton
- ☐ Northumberland
- ☐ Perry
- ☐ Philadelphia
- ☐ Pike
- ☐ Potter
- ☐ Schuylkill
- ☐ Snyder
- ☐ Somerset
- ☐ Sullivan
- ☐ Susquehanna
- ☐ Tioga
- ☐ Union
- ☐ Venango
- ☐ Warren
- ☐ Washington
- ☐ Wayne
- ☐ Westmoreland
- ☐ Wyoming
- ☐ York
- ☐ Out Of State

7. CONSUMER'S Primary Telephone Number

8. DIRECTIONS to Consumer's Location (Optional)

9. NAME of Emergency Contact

10. PHONE Number of Emergency Contact

11. NAME of Primary Care Physician

2. REPORTER'S OBSERVATIONS

2.A. CONSUMER'S CURRENT SITUATION

1. Identify ALL ALLEGATIONS made by the reporter. Document ALL Details provided regarding EACH ALLEGATION in the Notes section.

- ☐ Physical abuse
- ☐ Emotional abuse
- ☐ Self neglect
- ☐ Caretaker/Caregiver neglect
- ☐ Exploitation
- ☐ Abandonment
- ☐ Sexual abuse

2. Is the consumer in a life threatening situation?

- ☐ Yes
- ☐ No
- ☐ Unknown

3. Reported physical and health conditions of consumer - Document ALL Details in Notes.

- ☐ None/Not reported
- ☐ Amputation
- ☐ Arthritis
- ☐ Functional limitations
- ☐ Medication mismanagement (ie. undermedicated, substance abuse)
- ☐ Physical trauma (ie. bruises, cuts, burns, signs of sexual abuse)
- ☐ Poor personal hygiene (ie. dirty, odorous, poor dental health)
- ☐ Poor nutritional status (ie. malnourished, dehydrated, weight loss)
- ☐ Recent hospitalizations (ie. hospitalized in last 30 days)
- ☐ Unmet personal needs (ie. lack of false teeth, eyeglasses, hearing aid)
- ☐ Untreated medical condition (ie. ulcerations, bedsores)
- ☐ Other-Document Details in Notes
- ☐ Unknown

4. Type of disability(ies) reported:

- ☐ None/Not Reported
- ☐ ALS (Lou Gehrig's)
- ☐ Alzheimer's/Dementia
- ☐ Autism Spectrum Disorder

- ☐ Medical Diagnoses Leading to Physical Disability
- ☐ Physical Disability
- ☐ Speech Impairment
- ☐ Other-Document Details in Notes
- ☐ Unknown

5. Indicate the types of substance abuse:

- ☐ None/Not reported
- ☐ Alcohol
- ☐ Illegal drugs
- ☐ Misusing prescribed medications
- ☐ Other-Document Details in Notes

6. Reported emotional and mental conditions of Consumer - Document all Details in Notes.

- ☐ None/Not Reported
- ☐ Confusion (ie. memory loss, wandering)
- ☐ Disoriented (ie. to person, place, or time)
- ☐ Feels threatened or intimidated
- ☐ Hallucinations (ie. hearing voices, seeing non-existent objects or people)
- ☐ Recent suicidal talk/actions/thoughts
- ☐ Unable to communicate and/or comprehend
- ☐ Other-Document Details in Notes
- ☐ Unknown

7. Reported problems with the physical environment of Consumer - Document all Details in Notes.

- ☐ None/Not reported
- ☐ Architectural barriers (ie. inaccessible, bathroom, stairway)
- ☐ Garbage/trash accumulation
- ☐ Inadequate utilities (ie. heat, plumbing)
- ☐ In need of repair
- ☐ Insect/pest problem(s)
- ☐ Pet/animal problem(s) (ie. overpopulation, inadequate care)
- ☐ Safety hazard(s) (ie. fire danger, leaky roof)
- ☐ Other-Document Details in Notes
- ☐ Unknown

8. Note any dangers - Document Details in Notes.

- ☐ None/Not reported
- ☐ History of Violent Behavior in Home
- ☐ Gang Activity

9. Reported financial problems of Consumer - Document Details in Notes.

- ☐ None/Not reported
- ☐ Depleted bank account with no reason
- ☐ Mismanagement of funds (ie. unpaid bills, utility shut-offs)
- ☐ Missing assets (ie. checks, cash, personal property)
- ☐ Unexpected change of name on accounts
- ☐ Other unusual financial arrangements or relationships
- ☐ Unknown

10. Does the Consumer have assistance with legal/financial concerns?

- ☐ Yes
- ☐ No
- ☐ Unknown

11. If response to 2.A.10 is "Yes," check all appropriate options from list below.

- ☐ Guardian
- ☐ Informal Representative
- ☐ Lawyer
- ☐ Power of Attorney (Healthcare)
- ☐ Power of Attorney (Durable)
- ☐ Representative Payee

12. What is the name of the Alleged Perpetrator (AP)?
(Document if N/A or Unknown)

13. Does the Alleged Perpetrator currently have access to the Consumer/Consumer assets?

- ☐ Yes
- ☐ No
- ☐ Unknown

14. Where is the Consumer currently located?

3. REPORTER'S DATA

3.A. REPORTER'S INFORMATION

1. REPORTER'S First and Last Name

2. REPORTER'S Phone Number

3. Is this a MANDATED Report?

- ☐ Yes-Skip to 3.B
☐ No

4. Type of VOLUNTARY Reporter

- ☐ Alleged Perpetrator (AP)
☐ Area Agency on Aging (AAA)
☐ Anonymous
☐ Assisted Living Facility (AL)
☐ Consumer
☐ Domiciliary Care Home (DC)
☐ Family Member
☐ General Public
☐ Home Health Care Agency
☐ Hospital
☐ Law Enforcement Agency
☐ LTC Ombudsman
☐ Nursing Facility
☐ Personal Care Home (PC)
☐ Social Service
☐ Other-Document Details in Notes

3.B. MANDATORY REPORTERS (If report is voluntary, skip to 4.A)

1. NAME of the Organization/Facility- Mandatory Facilities CANNOT be Anonymous.

2. Type of MANDATORY Reporter

- ☐ Adult Training Facility/Vocational Program
☐ Birth Center (BC)-DOH
☐ Assisted Living Facility (AL)
☐ Community Homes for Individuals with ID - DPW

- ☐ In-Home Direct Service Worker
☐ Licensed Home Health Care (HH)-DOH
☐ Long Term Structured Residence (LTSR)-DPW
☐ Nursing Home-DOH
☐ Older Adult Daily Living Center (OADLC)
☐ Other Public Funded Entity (Licensed or Unlicensed) - Document Details in Notes
☐ Personal Care Home (PCH)-DPW
☐ Residential Treatment Facility
☐ State Mental Hospital-DPW

3. Type of abuse reported

- ☐ Sexual abuse
☐ Serious bodily injury (risk of death, permanent disfigurement, loss/impairment)
☐ Serious physical injury (causes severe pain, impairs physical functioning)
☐ Suspicious death
☐ Abuse not listed above-Document Details in Notes

3.C. MANDATORY REPORTS (Sexual Abuse, Serious Physical Injury, Serious Bodily Injury or Suspicious Death)

1. Was the mandatory reporter advised of additional reporting requirements to the appropriate State Agency and Law Enforcement?

- ☐ Yes
☐ No (Not one of the four serious, skip to 3.C.4)

2. Date the PS Agency reminded the organization/facility of the additional reporting requirements to the appropriate State Agency and Law Enforcement:

____/____/____

3. Time the PS Agency reminded the organization/facility of the additional reporting requirements to the Appropriate State Agency and Law Enforcement

4. When was the mandatory written report from the facility received by the appropriate PS Agency/Entity?

- ☐ Within 48 hours
☐ More than 48 hours
☐ Not received

5. Did the PS Agency forward the facility's mandatory written report to the appropriate State Agency?

- ☐ Yes
☐ No

4. REPORT OF NEED SUMMARY

4.A. REPORT OF NEED SUMMARY

1. What is the Category assigned to the Report of Need at intake?

- ☐ Emergency-Immediately refer to PS
- ☐ Priority-Immediately refer to PS
- ☐ Non-priority-Normal Business
- ☐ No need for PS (complete 4.A.2)
- ☐ Referred to another entity-include date/time and person receiving RON in Notes.

2. Why categorized as No Need for Protective Services? Document Details in Notes

- ☐ Is not in the jurisdiction of PA (OAPSA only)
- ☐ Is not a resident of PA (APS only)
- ☐ Under age 60 (OAPSA only)
- ☐ Under age 18 or over age 59 (APS only)
- ☐ Able to perform or obtain services on their own (OAPSA only)
- ☐ Able to obtain PS without the assistance of another person (APS)
- ☐ No imminent risk to person or property (OAPSA or APS)
- ☐ Has a responsible caretaker (OAPSA only)
- ☐ No physical/mental impairment limiting 1 or more major life activity (APS only)

4.B. RON CONFIRMATION (Completed by PS Worker or Supervisor)

1. Date Report of Need was received by Protective Service Worker

____/____/____

2. Time Report of Need was received by Protective Service Worker

3. Was the Intake Report of Need Category confirmed? Document who confirmed or changed the category in Notes.

- ☐ No
- ☐ Yes-Skip to 4.B.5

4. If the Category assigned at intake to this Report of Need was changed, enter the appropriate Category here.

- ☐ Emergency-Immediately refer to PS
- ☐ Priority-Immediately refer to PS
- ☐ Non-Priority-Normal Business

- ☐ Department of Health (DOH)
- ☐ Department of Public Welfare (DPW)
- ☐ Law Enforcement - At time of RON - (i.e. NN due to consumer death)
- ☐ MH/DD
- ☐ Ombudsman
- ☐ Other-Document Details in Notes
- ☐ None-Document Details in Notes

6. If referred to a different entity, document the entity, county name, and name of individual receiving report.

5. SIGNATURES

5.A. SIGNATURES, TITLES, & DATES FOR REPORT OF NEED

1. Signature & Title of Intake Worker

2. Date Intake Worker Completed RON

____/____/____

3. Signature & Title of Caseworker Reviewing and/or Investigating

4. Date Caseworker and/or Investigator Received the RON

____/____/____

5. Signature & Title of Supervisor

6. Date Supervisor Reviewed and Approved the Receipt of the RON

____/____/____

7. Signature and Title of Director

8. Date Director Reviewed and Approved the Receipt of the RON and Assignment

____/____/____

Title :

Date

Title :

Date

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 use 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: RA-PWAPSMandatoryRon@pa.gov 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 #:	
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



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

Statutory 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

Statutory Definitions



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

Statutory Definitions



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

Statutory Definitions



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.

Examples for Discussion



Physical Abuse?

Individual lives in a home with three other residents. The alleged perpetrator (AP) pinched the victim in order to get control of the TV remote. Staff separated the AP and the victim. There was no resulting physical harm, pain or mental anguish as evidenced by the fact that the victim was calm after the incident and made no further mention of being pinched.

Emotional Abuse?

Staff told an individual that they would play games at 7:00 pm. Due to staffing issues and another individual's needs, game time was cancelled. Consumer was upset when he could not play games with the staff, but seemed fine in the morning. All staffing ratios were met despite game time being cancelled.

Examples for Discussion (cont.)



Caregiver Neglect?

Staff was found asleep when the morning shift arrived at 7:00 am. The individual is required to have 1:1 supervision on a 24/7 basis. The individual was also still sleeping when the morning shift arrived and was not aware that the staff member had fallen asleep. There was no resulting serious threat to the physical or mental health of the individual.

Exploitation?

Individual lives in a home with two other residents. The individual's cash-on-hand was found to be missing \$25. Consumer's money is kept in a locked filing cabinet accessible only by staff. When it was realized that the money was missing, the provider refunded the individual the missing money and notified Police.



**NEXT SLIDES CONTAIN
GRAPHIC
PICTURES**

Condemned Home



Hoarding



Photos Prior to Double Amputation



Decubitus Ulcer



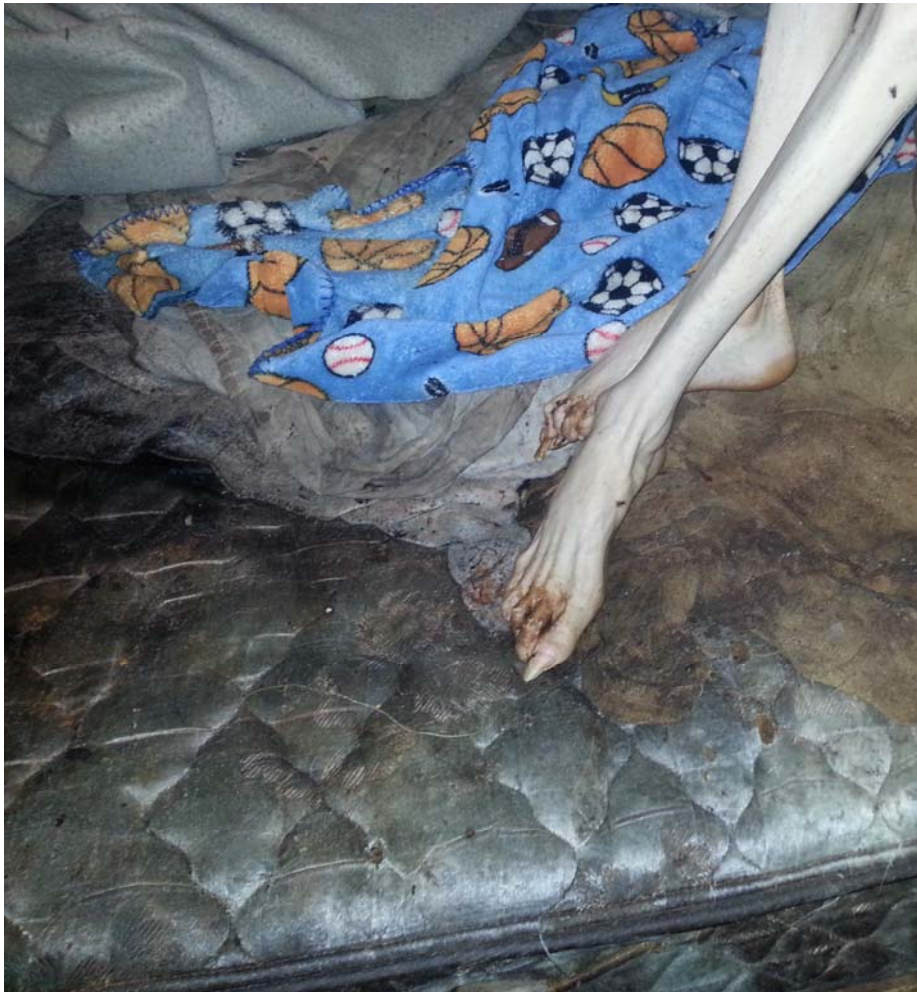
Decubitus Ulcer



Paid Caregiver Neglect



Neglect

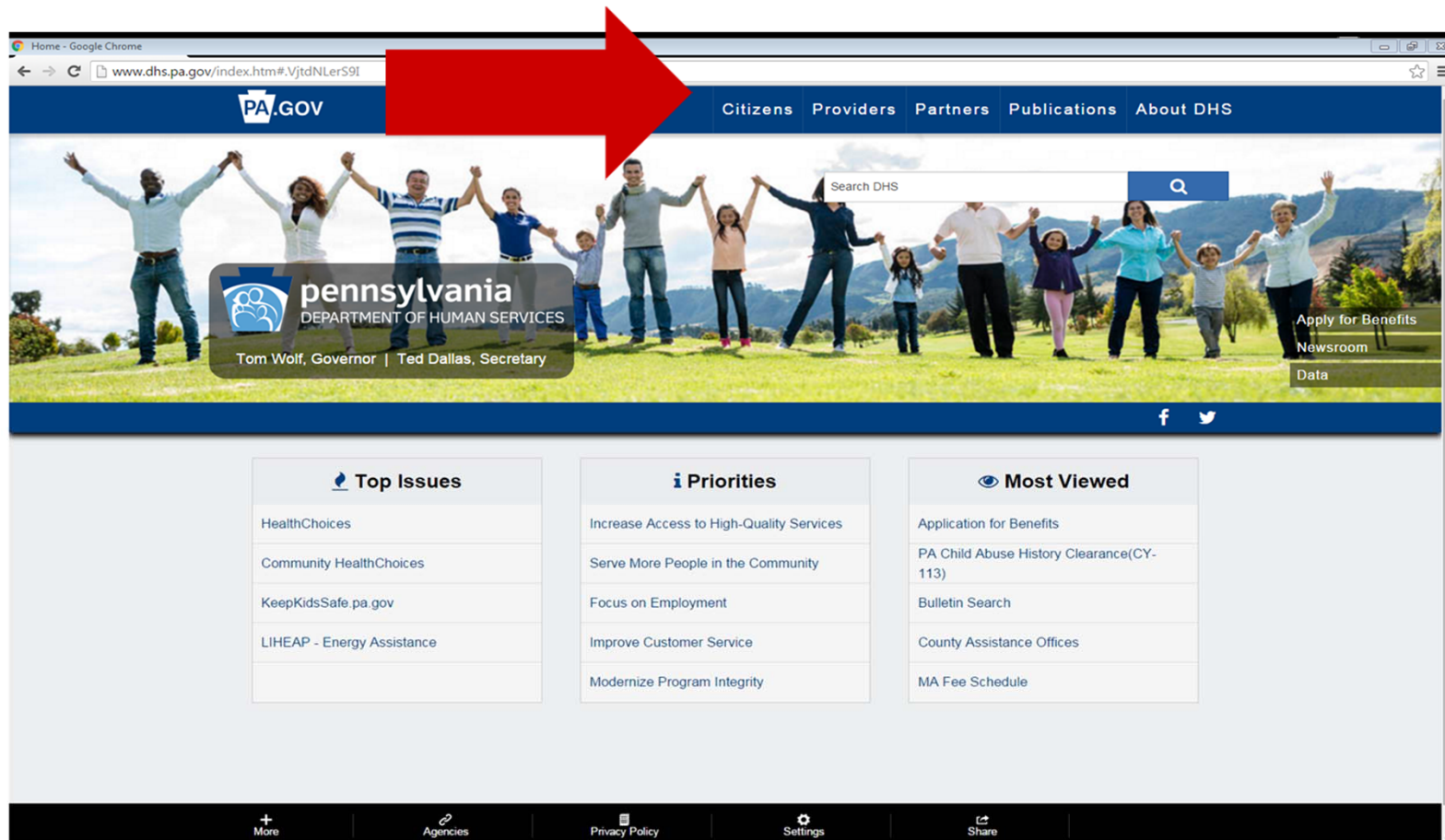




HOW TO REPORT

1-800-490-8505

www.dhs.pa.gov



www.dhs.pa.gov



A screenshot of the Pennsylvania Department of Human Services website. The browser address bar shows "www.dhs.pa.gov/index.htm#VjtdNLerS9I". The website has a blue header with the "PA.GOV" logo and navigation links: "Citizens", "Providers", "Partners", "Publications", and "About DHS". A large banner image shows a diverse group of people holding hands in a field. Overlaid on the banner is the "pennsylvania DEPARTMENT OF HUMAN SERVICES" logo and the text "Tom Wolf, Governor | Ted Dallas, Secretary". A red arrow points from the banner area to the "More..." link in the "Citizens" dropdown menu. The dropdown menu lists various services: "Autism Services", "Cash Assistance", "Child Care and Early Learning", "Family Planning", "Find Facilities and Locations", "Health Care/Medical Assistance", "Heating Assistance / LIHEAP", "Homeless Assistance Programs", and "Search for Provider / Inspection Results". To the right of the dropdown is a search bar with a magnifying glass icon and a list of links: "Apply for Benefits", "Newsroom", and "Data". Below the banner are three columns: "Top Issues" (HealthChoices, Community HealthChoices, KeepKidsSafe.pa.gov, LIHEAP - Energy Assistance), "Priorities" (Increase Access to High-Quality Services, Serve More People in the Community, Focus on Employment, Improve Customer Service, Modernize Program Integrity), and "Most Viewed" (Application for Benefits, PA Child Abuse History Clearance(CY-113), Bulletin Search, County Assistance Offices, MA Fee Schedule). The footer contains a Windows taskbar with various open applications and the system clock showing 8:52 AM.

www.dhs.pa.gov



http://www.dhs.pa.gov/citizens/more/index.htm#VjthOq2PNo

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Human Services Provider ... Patient Portal OIP Welcome to HC3IS Sign In Suggested Sites Web Slice Gallery

Citizens - More

A-Z Directory of Services

Alternatives to Abortion Services Program

Alternatives to Nursing Homes

[Aging Waiver](#)

[COMM CARE Waiver](#)

[Consumer Directed Services](#)

[Independence Waiver](#)

[LIFE \(Living Independence for the Elderly\)](#)

[NHT Program](#)

[OBRA Waiver](#)

[Specialized Services](#)

Art Contest

[Art Show Winners](#)

Assistive Technology

Attendant Care

[Attendant Care/Act 150](#)

[Attendant Care General Eligibility Requirements](#)

Autism Services

[Adult Autism Waiver](#)

[Adult Community Autism Program \(ACAP\)](#)

[BAS Adult Programs Overview](#)

[Contact the Bureau of Autism Services](#)

Burial and Cremation Services Payment

Cash Assistance

[Diversion and Moving to Independence](#)

Early Intervention Services

[Early Intervention Forms](#)

[Early Intervention Grants and Funding](#)

[Early Intervention Laws and Regulations](#)

[Early Intervention OSEP Reporting](#)

Estate Recovery Program

Family Planning

Find Facilities and Locations

[Child Care Information Services](#)

[County Assistance Office Contact Information](#)

[County Children and Youth Directory](#)

[HSDF County Contacts](#)

[Pennsylvania State Hospitals](#)

[Personal Care Home Field Offices](#)

[Preventive Services: Family Centers](#)

[Regional Children Youth and Families Offices](#)

HCBS Waiver

Health Care/Medical Assistance

[Apply for Medical Assistance](#)

[Breast and Cervical Cancer Prevention and Treatment](#)

[Copayment Information for Medical Assistance Recipients](#)

[Dental Information for Recipients and their Families](#)

[HealthChoices General Information](#)

[Healthy Beginnings](#)

[Healthy Beginnings Plus Consumer Information](#)

Mental Health Services

[South Mountain Restoration Center](#)

[Victim Notification Program](#)

PA Autism Insurance Act (Act 62)

Personal Care Home Information

[About Personal Care Homes - General Information](#)

[Personal Care Home Complaints](#)

[Personal Care Home Frequently Asked Questions](#)

Psychotropic Medication Use Among Medicaid-Eligible Foster Children

Rape Crisis and Prevention

Report Abuse

[Adult Protective Services](#)

Search For Provider

[Developmental Programs Provider Search](#)

[Human Services Provider Directory](#)

[Online Child Care Provider Search](#)

[Personal Care Homes Directory](#)

Services for Persons with Disabilities

[Attendant Care](#)

[Medical Assistance for Older People and People with Disabilities](#)

[Personal Care Home Information](#)

State Centers

[Ebensburg State Center](#)

+ More Agencies Privacy Policy Settings Share



www.dhs.pa.gov



The screenshot shows the Pennsylvania Department of Human Services website. The browser address bar displays the URL: <http://www.dhs.pa.gov/citizens/reportabuse/dnadultprotectiveservices/#.YjkOq2Fhpl>. The website header includes the PA.GOV logo and navigation links: Citizens, Providers, Partners, Publications, and About DHS. A large banner image shows a diverse group of people holding hands in a field. Overlaid on the banner is the Pennsylvania Department of Human Services logo and the text "Tom Wolf, Governor | Ted Dallas, Secretary". A search bar labeled "Search DHS" is positioned above the banner. Below the banner, a navigation bar includes links for Citizens, Report Abuse, and Adult Protective Services, along with social media icons for Facebook and Twitter. The main content area is titled "Adult Protective Services" and contains the following text:

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 RWAPQuestions@pa.gov or call **717-735-7116**.

On the right side of the page, there is a "Related Topics" section with the text "No related topics were found." and links for "Apply for Benefits", "Newsroom", and "Data". The footer includes links for "More", "Agencies", "Privacy Policy", "Settings", and "Share".

www.dhs.pa.gov



← → http://www.dhs.pa.gov/reportabuse/dhsadultprotectiveservices/index.htm#vJN_sa2FNpI Home - ProductionSite SAMS Case Management Home

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Human Services Provider ... Patient Portal OIP Welcome to HCSIS Sign In Suggested Sites Web Slice Gallery

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.

Information for Mandatory Reporters:

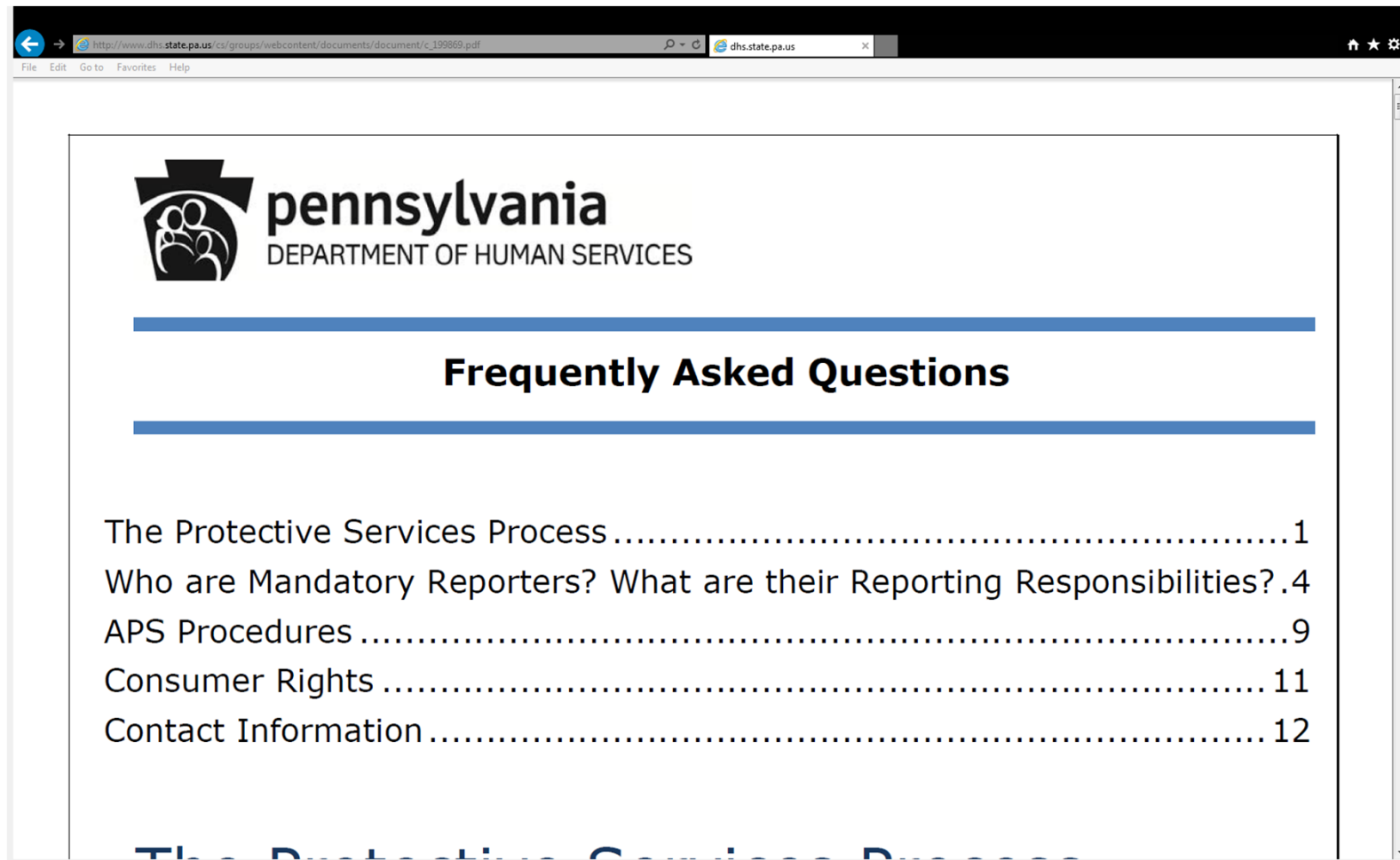
- [Who is a Mandatory Reporter?](#)
- [Mandatory Reporter Informational Guidance](#)
- [Act 70 Mandatory Reporter Form](#)
- [Mandatory Reporter Form Instructions](#)
- [Webinar for Mandatory Reporters](#)
- [Mandatory Reporter Webinar PowerPoint](#)

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**.

More Agencies Privacy Policy Settings Share Live Help

Frequently Asked Questions



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