

Transforming  
Lives

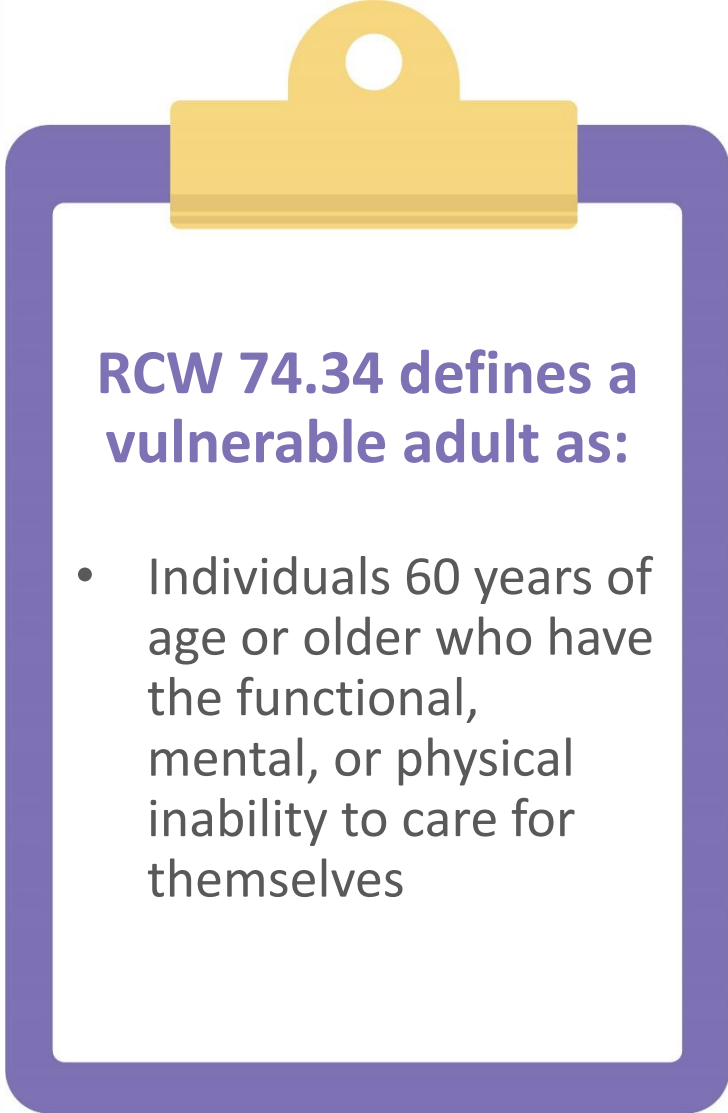
# Adult Protective Services

# What is APS?

- APS is a division within DSHS that has the authority to investigate allegations of abandonment, abuse, neglect and financial exploitation.
- APS offers protective services for vulnerable adults.



# Who is considered a vulnerable adult?



**RCW 74.34 defines a vulnerable adult as:**

- Individuals 60 years of age or older who have the functional, mental, or physical inability to care for themselves

## Adults 18 years and older who:

- Have a court-appointed legal guardian
- Have a developmental disability
- Live in a facility licensed by DSHS
- Receive services from Individual Provider
- Receive service through licensed health, hospice or home care agency
- Self-Directs own care

# APS does NOT have the authority to...

Remove a client against his or her will

Investigate an allegation unless the person is a vulnerable adult.

Detain or arrest an individual

Act as guardianship service

Act as emergency response



# Research Study



**Seniors who were described as “extremely friendly” lose four times as much money to financial exploitation**



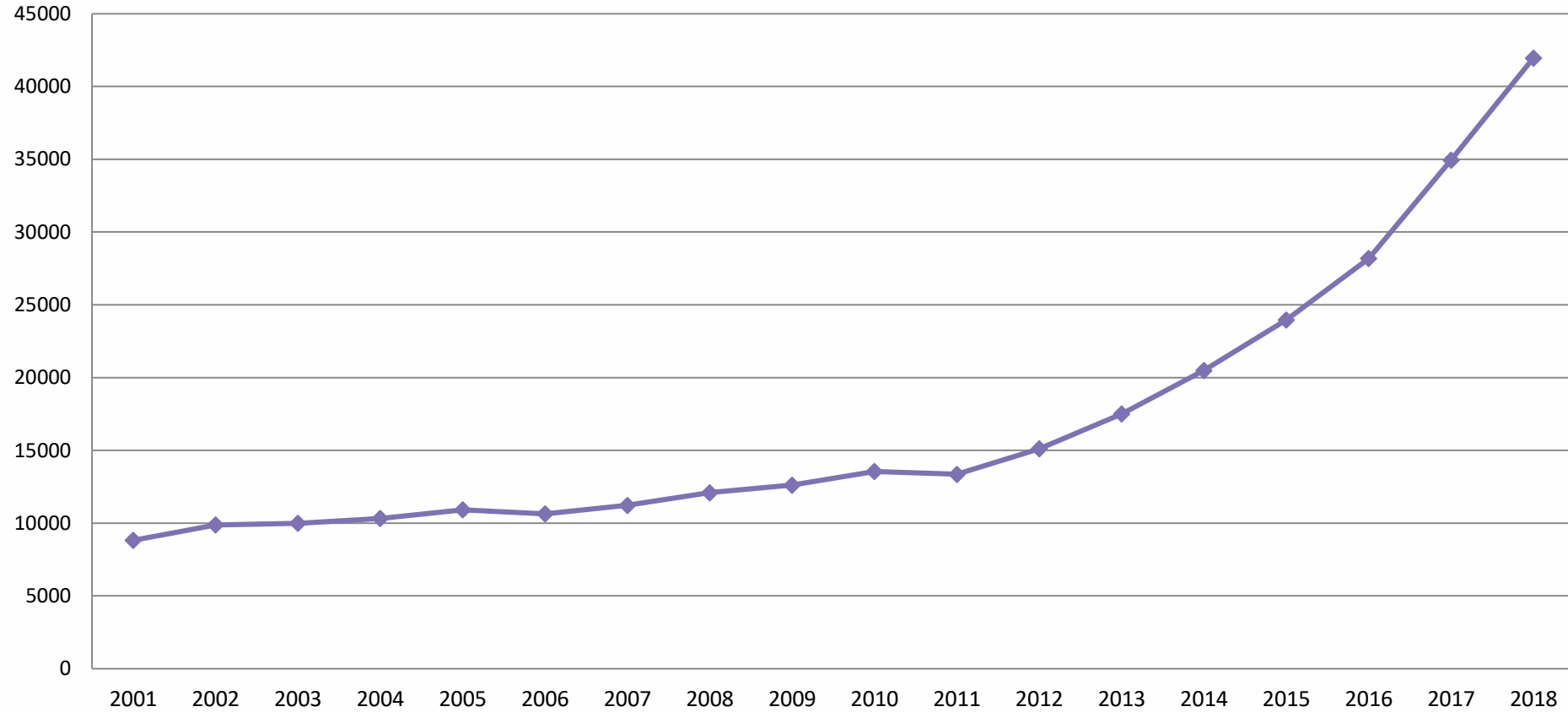
**Financial exploitation of seniors equals more than 36 billion dollars each year**



**Approximately 37% of all seniors are affected by financial exploitation**

# APS Statistics

## Statewide-Investigations



# Mandatory Reporting

**When there is reasonable cause to believe that a vulnerable adult has experienced abandonment, abuse, exploitation or neglect, a mandatory reporter must immediately file a report with DSHS.**



# Who is a Mandatory Reporter?



- Employees of the department
- Law Enforcement officers
- Social Workers
- Professional School Personnel
- Individual Providers
- Licensed facility personnel
- Employees of a social service, welfare, mental health, adult day health, adult day care, home health, home care, or hospice agency
- County coroners or medical examiners
- Christian Science practitioners
- Health Care Providers, subject to RCW 18.130



# Confidentiality



The reporter's identity may be released by the department if:

- The reporter provides consent for disclosure
- There is a judicial proceeding
- APS refers an intake report to Department of Health
- APS shares intake or case information with law enforcement or the Medicaid Fraud Control Unit

# Signs of Abuse and Neglect

## NEGLECT & SELF-NEGLECT

- Lack of food & water
- Dirty clothing & changes in personal hygiene
- Unusually messy home
- Lack of medication

## FINANCIAL EXPLOITATION

- Basic needs not met
- Bills not paid
- Unexplained financial changes
- Unusual purchases

## PHYSICAL ABUSE

- Bruises, black eyes & welts
- Broken bones, cuts & sprains
- Sudden changes in behavior
- Caregiver refusal to leave adult alone

## MENTAL ABUSE

- Threatening significant harm
- Derogatory names, insults, profanity & ridicule
- Harassment & humiliation

## SEXUAL ABUSE

- Unusual bruising on thighs & chest
- Unexplained STDs
- Withdrawn from social interactions & panic attacks
- Unexplained behavior changes

# APS Process

- 1. Intake**
- 2. Assignment**
- 3. Investigation**
- 4. Outcome**
- 5. Due Process**



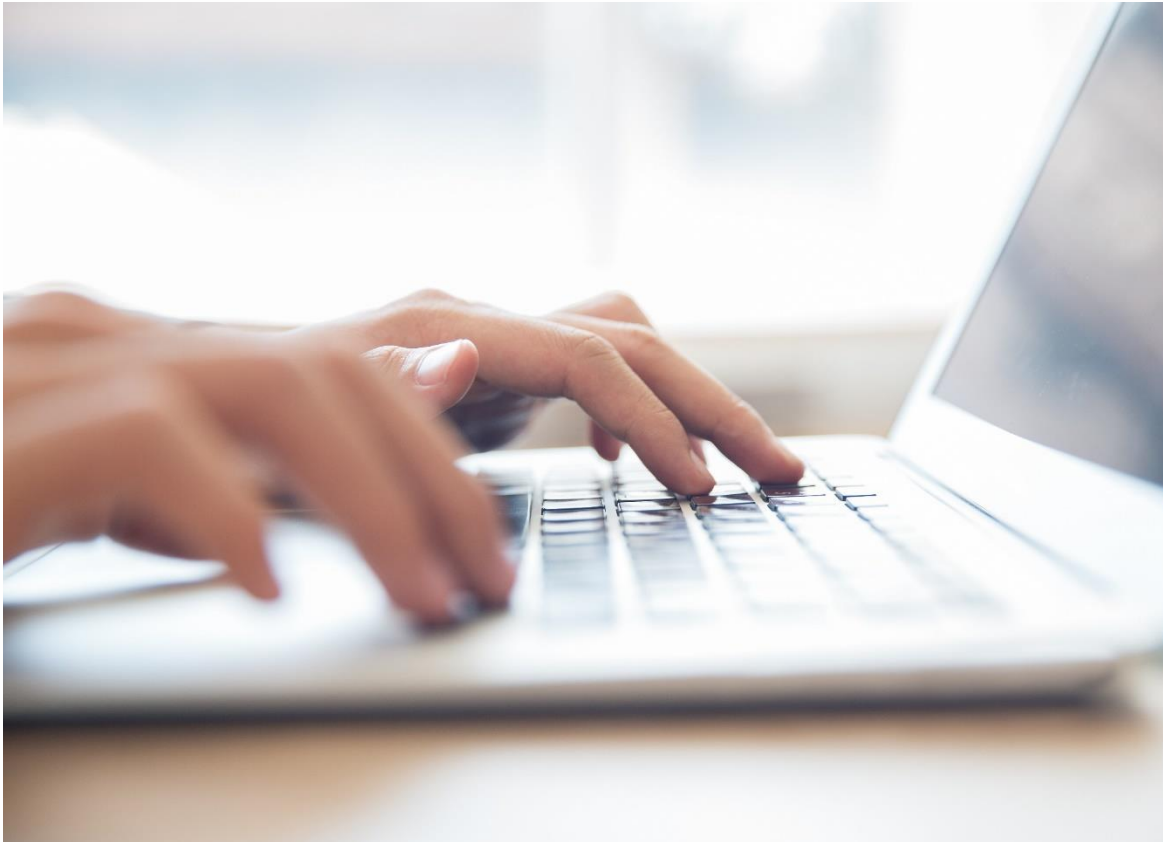
# Intake

Initial gathering of report information. Intakes come from:

- Phone
- Fax
- Walk-in
- Written Report



# Assignment



**Each intake report is reviewed to determine:**

- If APS has jurisdiction
- Time frame assigned for each investigation



# Investigation



Investigations include interviews, observations and record reviews. APS conducts timely and thorough investigations to:

- Determine validity of allegations
- Provide protective services when needed and wanted

# Outcome



- **Substantiated:** Enough facts exist to show that the allegation occurred
- **Unsubstantiated:** Enough facts exist to show that the allegation did not occur
- **Inconclusive:** Facts are unreliable or not available to determine if the allegation occurred

# Due Process



## When an allegation is substantiated:

- Case is submitted to APS review panel
- Notification letter sent to alleged perpetrator
- Alleged perpetrator has the right to a fair hearing request through Office of Administrative Hearing
- Department's Legal Benefit's Advisor defends APS finding in hearing
- Finding becomes final once due process is complete
- Alleged perpetrator's name is sent to the Background Check Centralized Unit

# APS and RCS Differences

## APS

- APS investigates the individual alleged perpetrator.
- APS responds in 24 hours, five days or ten days.
- APS notifies owner/manager of APS presence, but does not provide details.
- APS notifies the facility of only the initial substantiated finding.

## RCS

- RCS investigates facility provider practice.
- RCS responds in two, ten, 20, 45, 90 days or at the next facility survey.
- RCS provides a report of their findings.



# Crossover in Investigations



- RCS and APS may crossover at times during their investigations.
- In addition to APS and RCS, other entities, such as Department of Health (individual licensure), Medicaid Fraud (Fraud) and Law Enforcement (crime) may be involved.
- They may do joint investigations if purposeful e.g. alleged abuse or neglect and a crime is suspected.
- They may work separately.



# When Would Crossover Occur?

**Example:** An allegation of physical abuse has occurred on an alleged victim that resides in a facility. The alleged perpetrator (AP) is a licensed staff member.

- **APS** would investigate the abuse by the AP. **Did this AP physically abuse this alleged victim?**
- **RCS** would investigate the facility practice. **What was the facility's response and was it aligned with their licensing requirements?**
- DOH may investigate the licensing of the AP. **Was there a failure or violation of this AP's license?**
- LE would investigate the PA. **Did the PA rise to the level of a crime such as assault or other?**
- All of these entities may be investigating concurrently.

**Report immediately to DSHS if you have reasonable cause to believe that a vulnerable adult is being **abused, neglected, abandoned, or exploited.****

**APS Reporting Phone Numbers**

**1-877-734-6277**

**(TTY) 1-800-977-5456**

**Report Online**

**[www.dshs.wa.gov/altsa/reportadultabuse](http://www.dshs.wa.gov/altsa/reportadultabuse)**

**Suspected abuse of a person in an adult family home or nursing home (RCS):**

**1-800-562-6078**

**1-360-725-2644 (fax)**

**<https://www.dshs.wa.gov/altsa/residential-care-services/residential-care-services-online-incident-reporting>**

**Suspected abuse by a licensed professional (Department of Health)**

**1-800-525-0127**

**1-360-236-2626 (fax)**

# Important Links

- **DSHS:** <https://www.dshs.wa.gov/>
- **APS:** <http://www.adsa.dshs.wa.gov/APS/>
- **APS Training:** <http://www.adsa.dshs.wa.gov/APS/training/>
- **Caregiving Resources:** <http://www.adsa.dshs.wa.gov/caregiving/>
- **NAPSA:** <http://www.apsnetwork.org>
- **Department of Health:** <http://www.doh.wa.gov/>

# Questions?



*Washington State*  
Department of Social  
& Health Services

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*Transforming lives*

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