

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ADULT PROTECTIVE SERVICES/ELDER ABUSE

MAY 13, 2018

12:00 P.M. ET

CART CAPTIONING PROVIDED BY:

ALTERNATIVE COMMUNICATION SERVICES, LLC

WWW.CAPTIONFAMILY.COM

800-335-0911

INFO@ACSCAPTIONS.COM

(Writer standing by.)

>> TRACY: Hello, everyone. My name is Tracy Pakornsawat, and I am the professional development coordinator with Money Follows the Person, and I want to thank all of you for joining us today. Our topic is going to be around adult protective services. Before we get started, I just wanted to kind of give a few housekeeping notes. First, everyone is on a global mute, so if you have questions, please enter them in the chat box. We will be reviewing the questions as we go along, but we will answer all of the questions at the end of today, and then, also, everyone will receive a copy of the PowerPoint presentation, after we conclude the session. So, at this time, I would like to go ahead and introduce our presenters for today. We have two individuals with us.

Kathryn Lanier and Sarah Smith. Kathryn is the section chief for Elder Rights and Special initiatives at the North Carolina Division of Aging and Adult Services, and she oversees the long-term care ombudsman program, legal services for the elderly, senior community service employment program, and consumer fraud protection efforts. Before she came into this position, she had, experience as, in the ombudsman program, sorry, little tongue-tied, as an ombudsman program specialist for ten years with the division, and she has over 25 years in the

field of aging services, and one of the things she's done is to develop and present training to professionals and the public on a wide range of topics, ranging from Alzheimer's to elder abuse prevention, and the second person is Sarah, and she is currently serving as the Adult Services Program Administrator for the Adult Protective Services and Guardianship for the Division of Aging and Adult Services. Prior to joining the division, she served as supervisor for adult services with the Montgomery County Department of Social Services and temporary program manager for the Montgomery County Council on Aging. She has participated in various work groups and communities around adult protective services, guardianship, and issues related to aging, that affect older and vulnerable adults. So, at this time, I would like to go ahead and turn it over to Kathryn and Sarah, and I'll let you go ahead and take over. Thanks so much.

>> SARAH: Good afternoon. As Tracy said, my name is Sarah Smith, and I'll go ahead and start our presentation. Kathryn and I are going to give an overview of adult protective services, reporting, those definitions statutorily and what that process looks like in general in the DSS. So, if you have any questions, as Tracy said, if you just want to add those to the chat box, and we'll be glad to answer those at the conclusion. So, adult protective services, there's no standard definition for adult protective services or for the elderly, and disabled adult mistreatment, it varies from area to area and state to state based on the laws that pertain to each. We definitely know that it exists, and it is not recognized, as much as it needs to be. This particular definition is the closest to what represents the work that DSS does on adult protective services in North Carolina. This is general statute 108-A that gives DSS the authority and the requirements to provide

all parts in the adult protective services process, from the initial, through mobilizing services, and putting those needed services, into place for the disabled adults that are in need of protection. You'll notice that there is no other mention of any other MCOs in DSS. It is the only entity statutorily authorized to provide protective services. One thing that we want to note is that protection of our disabled and vulnerable adult population is a shared community responsibility.

While DSS is the only entity authorized to provide protective services, it's also written in that statute that it is a protection that is shared community responsibility. It's important that the cooperation and that shared community responsibility happened in order to put services in place whenever they're needed for that disabled adult. It's important also that DSS and what they try to do is in-service trainings or outreach to make sure that their community partners are made aware of that community responsibility. In North Carolina, you'll notice that there is a duty to report any person having reasonable cause to believe a disabled adult is in need of protective services shall report such information. Everyone is considered a mandatory reporter, and Kathryn will actually talk a little bit more about that in the next slide and about the ombudsman duty to report. What we've noticed is that, oftentimes, the people that do call in won't know how to, won't know what to call or how to label their concerns. They just want to get that person help, and that the legal definition for duty to report doesn't say cause to believe a disabled adult is being abused or neglected. Reporters just need to have a belief that that person is in need of protective services. Determination of the alleged types of mistreatment are the responsibility of DSS to determine based on information that is provided by that reporter and the legal definition, which we

will talk about in the next few slides.

>> KATHRYN: Good afternoon, everyone. This is Kathryn Lanier with the Elder Rights section, and just as you know in any theme that comes along, there's always exceptions to the rule, and the long-term care ombudsman program is one of those particular exceptions. We are there to protect the rights of the individual, particularly in the long-term care setting, and the burden of proof is somewhat different for our program. Our goal is to be able to be the voice of the long-term care resident, so everything that we do is guided and directed based off of the direction from the resident, and if the resident is not capable of providing that information, then we are looking to the legal authority in order to do that. Even though North Carolina is a mandatory reporting state, the one caveat is the long-term care ombudsman program. We are not able to make that report unless we have the informed consent of the individual, and typically, we will want and need that in written form; However, that does not mean that we leave anyone in a precarious situation, it just means if that individual has not given us their informed consent, we may not divulge their identity. So, we have to try to work around the edges, so to speak. If we ourselves are witness of an abusive act, we can then go ahead and engage in a complaint that we actually saw something. We're also able to interview other individuals who may be willing to make that report themselves, if they too were a party to the act that they witnessed or observed. There are ways that that information can be conveyed to adult protective services, so we just have to be a little bit more creative in doing so. You'll see there before you a little bit more information that speaks a little bit more to kind of the differences in philosophy.

Our primary object is to conduct and resolve a complaint to the satisfaction of the resident or complainant as opposed to seeking an instantiation, which is the language you will hear in the world of APS. So, the difference means that the long-term care ombudsman does not have the same standard of evidence for complaint investigation that other parties that have a protective role, such as APS, a state survey agency, or law enforcement, in terms of bringing attention or closure to a particular situation. So, that is the one exception in our state's mandatory reporting laws.

>> SARAH: Thank you, Kathryn. So, this is a list of the community partners that DSS may work with in the APS community or facility evaluation, along with the ombudsman. They may also work with their mental health, health departments, hospitals, adult daycare, any home health agencies, obviously, law enforcement, churches, and any multidisciplinary teams. There are several ways that an adult protective services report can be made. Most of the adult protective services reports are made to DSS via a phone call. They're also office visits, it may be made online or faxed, it could be through the mail or e-mail. They can also be made after hours. DSS is required to be able to accept an adult protective services report regardless of the time or day of the week, so it is possible for them to receive an adult protective services report before 8:00 o'clock and after 5:00 o'clock, on the weekends and other times that the DSS agency isn't typically open. This slide talks a little bit about what the process looks like in receiving a DSS call whenever the DSS receives an APS report.

For example, whenever DSS receives information about a disabled adult and there are concerns that there may be some form of maltreatment, either

abuse, neglect, or exploitation, the way that process looks from the DSS perspective is once that information is received, it's typically recorded on a form called an APS intake tool. That information is then screened, usually with someone on the supervisory level, either the adult protective services supervisor or the program manager, that information is compared to the assess definition, and we'll talk a little bit more about that, so if that information is determined that, based on the information that is received, if it's determined that that individual is disabled, they're having some form of maltreatment, that vulnerable adult may be in need of protective services, then that report is screened in and what that means is... hello?

>> TRACY: I'm here. Can you hear me okay?

>> SARAH: I can. So, what that means is once the adult protective services report has been screened in, the next step is that a timeframe, excuse me, a timeframe is assigned to that adult protective services report. So, it could be a social worker goes and meets with that disabled adult immediately, within 24 hours or 72 hours of receiving that information. What that process looks like can vary, depending on DSS. Generally, the social worker will not only meet with that disabled adult, they'll speak, they could speak to their medical provider, in-home aid, a neighbor, other family members, church members, anybody else that is going to have good information or have knowledge about the situation and that disabled adult. At the completion of that adult protective services evaluation, the next step is that a case decision is made, which means that the information, the maltreatment is either, there's a confirmation that, if there's a confirmation that maltreatment has occurred, then the social worker is going to look at that adult's capacity. Capacity is different than incompetency, which kind of goes into the

realm of guardianship. With capacity, what that social worker is looking at is whether or not that disabled adult has a full understanding of the choices that they make and how those choices impact their life.

So, if it's determined that that disabled adult has capacity and is in needs of protective services, then that social worker and that DSS is going to work with that disabled adult, and probably other members of that disabled adult's family or their neighbors or other folks that that disabled adult considers family and folks that they want to be involved in whatever activities need to take place to prevent that maltreatment from reoccurring. This is a little bit about this slide contains information that is required on an APS report. It's important to note that while we do ask, while DSS does need the name and the address of that adult and name and address of the caretaker and their approximate age. If they, if their reporter has only an idea of where that adult can be located that could be that could be sufficient. So, address can loosely refer to the location. Just enough information to be able to identify and find the adult is what that DSS is going to be looking for. We need to know the nature and extent of that disabled adult's injury or condition, as well as knowing their approximate age and any other pertinent information, such as why they're in need for protective services. What the DSS is looking for when they ask about the adult's condition, what they're really trying to find out is they're trying to get information about what that adult can and can't do for themselves. It's also important that anybody else, any other names or contact information for individuals that can also talk about what that adult can and can't do for themselves, because that information is going to help that social worker determine whether or not that adult is, in fact, disabled. DSS does have

the legal obligation to accept whatever information the reporter has, so the more information that you're able to provide to that DSS, to that social worker, the better.

This process is kind of roughly what it looks like when the DSS receives information from an outside source, from that reporter. They apply the screening criteria again, they look at the statutory definitions of a disabled adult, of abuse, of neglect, and exploitation and determine whether or not that those statutory definitions are met. If they aren't met then that social worker is going to provide whatever appropriate referrals may be necessary. It could be that that adult is referred to Medicaid or FNS program. It could be that they are referred to their local senior center or their local area agency on aging to see what services may be available in their area, whether it be a congregant meal site or whatever the case may be. If that report is accepted, if it does meet the criteria, obviously, it is accepted as an APS report, and once it's been accepted as an APS report, that's whenever that social worker is going to go out and meet with that disabled adult and their family. So, this slide talks a little bit about whenever an adult protective service report is appropriate. Those are the three screening criteria that are looked at at the beginning of the APS process and at the conclusion of the APS process. If there are allegations that the person is a disabled adult who's been abused, neglected or exploited and is in need of protective services, all of those are statutory definitions.

If they have also been met, then that report is appropriate to be screened in, and again, we'll just talk a little bit about capacity, if you'll notice that whether or not a person has capacity is irrelevant at this point. We don't look at, or

capacity isn't considered until after an evaluation has been completed and a case decision has been made. So now, we're going to talk a little bit about statutory definitions. So, these are some of the highlights of the statutory definition of abuse. Abuse is the willful infliction of pain, injury, mental anguish, or willful deprivation of needed services or unreasonable confinement. If you'll notice, whenever in reference to adult protective services, in order for it to be considered abuse, it has to be all of these or any of those points have to be committed by a caretaker. DSS looks at two different types of neglect, there's self-neglect and caretaker neglect. Neglect occurs when a disabled adult is not able to provide for him or herself the services necessary to maintain mental or physical health or is not receiving those services from their caretaker, and again, these are the two types. It either be self or it could be through the caretaker. Neglect doesn't automatically occur if an adult fails to take medication or skips a medical appointment. What DSS looks at specifically is if that the lack of medication compliance is causing an adverse reaction or decline in health, or the caretaker's continued failure to provide medication or failure to ensure that medical appointments are made.

So, when we're looking at exploitation, we're looking at exploitation, or financial exploitation or exploitation of the person or personal exploitation. What that means, basically, is that it's the legal or improper use of a disabled adult or their resources for another's profit or advantage. That is financial exploitation. Some other examples or other types of exploitation are sexual exploitation or forcing a disabled adult to work without pay. Exploitation doesn't have to be by a caretaker to file under the APS statute. Exploitation is often, we're starting to see an uptake in exploitation based on some of the numbers we've seen state-wide,

seems to be on the rise. Kathryn, did you have anything to add to the exploitation?

>> KATHRYN: Just a lot of times exploitation is accompanied by what would be considered undue influence, and that is as the statute says using another person's influence, and, so, many times, that's under threats, fear, that the individual is fearful, if they do not comply with the person's requests or demands, that a negative outcome or consequence will be the end result, and therefore they don't want to draw any undue notice or pressure, and so they go along with whatever the perpetrator is getting them to do. So, it puts folks in a very awkward position, and particularly with the populations that you all serve and that we all serve on a regular basis. We see this all too frequently, unfortunately, and a lot of times, people don't know what to call it or don't want to call it undue influence, but, indeed, that is the crux of the matter.

>> SARAH: Okay, and that concludes kind of the really short version of adult protective services for North Carolina. Tracy, do we have any questions?

>> TRACY: We actually have a lot of questions coming in.

>> SARAH: Oh, wow.

>> TRACY: So, I'm just going to start at the top, and we'll work our way down. So, some of them may kind of bounce back and forth with some different topics. The first one is can a landlord harass a tenant, including threats of eviction and causing the tenant to be afraid to leave the apartment?

>> SARAH: I mean, no. Kathryn and I are just kind of looking at each other, we're just kind of brainstorming ideas right now. It's not as adult protective services and how that would relate to adult protective services. I'm

not sure that would necessarily fit in. That would definitely be, it sounds like it could be a legal issue, that may be a conversation that tenant may want to have with legal aide or some, you know, some other attorney that they may be familiar with.

>> KATHRYN: And did you say, was there a threat being put forward?

I'm sorry, could you repeat that one more time?

>> TRACY: Yeah, the question includes threats of eviction.

>> KATHRYN: Okay.

>> TRACY: So, it sounds like that may be more of a legal issue than an adult protective services issue.

>> SARAH: Yeah, just based on, you know, just the snippet of information in that question, that sounds like it might be more of a legal question.

>> KATHRYN: I would think so, because when you're talking about a landlord-tenant, you're talking about a contractual obligation, so unless something in that contract has been violated, you know, that would be something that would have to be reviewed. If the person has not violated any of the clauses laid out in that document, the landlord, more than likely, does not have grounds to evict someone, if they are not in violation of their contract or their lease.

>> TRACY: Okay. All right, so we'll move on to the next question. This question is basically a statement, that they've been told in the past that if an individual is in a skilled nursing facility, that adult protective services has nothing to do with them. Is that correct, or what kind of services are available for those in a skilled nursing facility?

>> SARAH: Okay, so, in regards to adult protective services that, you

know, that could be an adult protective services report, if that is a disabled adult, and if there are allegations of mistreatment, that can potentially ban a protective services report, and they should still make that report to their local DSS. That can also be an issue that the Division of Health Service regulation may need to be involved, because they are the division that monitors nursing home skill level facilities. Kathryn, did you have anything?

>> KATHRYN: Definitely. The bottom line is if an individual calls in and wants to make an APS report, the intake worker should be able to take that information down. The individual should not be shut down cold once they find out it's in a long-term care facility. That's the most important thing. That's kind of one of those myths that's out there that we most definitely want to dispel very quickly, that adult protective service acts do occur in long-term care settings, where the intervention of the local APS is necessary and will be effective.

>> SARAH: Yeah, and just to add to what Kathryn said, and I don't think that I was probably as clear as I should have been, but adult protect services evaluations can occur both in a community setting, that individual's home, or they can occur in any type level skill facility. It can be a family care home, assisted living, skill level, a group home, whatever the case may be. Adult protective services can, you know, the environment in which that disabled adult lives does not impede the ability to complete an adult protective services evaluation.

>> TRACY: Okay, great. So, the next question is kind of a little bit broader. What is the future of the ombudsman with the upcoming Medicaid transformation?

>> SARAH: Oh, that one's a really difficult one, because as we all know,

it's kind of being pieced together day by day. At this particular point in time, the long-term care ombudsman program is just that, long-term care. Here in the state of North Carolina, we have not expanded out into the community setting as of yet, which would probably be another very useful community partner for many of you out there who are on our webinar today, but at this point in time, a community-based ombudsman program does not exist, but it is certainly something that is definitely on our radar and that we are working with other fellow programs and colleagues in the field of advocacy as a potential consideration. But at this point in time, it does not yet exist.

>> TRACY: Okay, great. Thank you. The next two questions are just sort of clarification on acronyms. One is LTCO, and the other is SNF, and it may be that they misheard, but if you could elaborate a little more on those.

>> SARAH: Yeah, LTCO is long-term care ombudsman program, and SNS is skilled nursing facility. Sorry, we kind of get lost in our acronyms and alphabet soup sometimes, but that's what those two stand for.

>> TRACY: Great. Thank you. You were talking about how people can make a report, and is someone on-call for after hours and weekend calls?

>> SARAH: Yes. So, just to reiterate, yes, absolutely, all 100 county departments of social services throughout the state have after hours and on-call workers. Different agencies kind of handle that different ways, but, absolutely, there's always a social worker on-call to handle an adult protective services report, regardless of what time of day or what day of the week or what holiday it may come in. That's actually a statutory requirement.

>> TRACY: Great. The next question is at what point is capacity

evaluated or considered? Is that at the initial screening?

>> SARAH: So, when we talk about capacity in terms of DSS, capacity isn't considered until the end, till after, until the evaluation is completed. So, after that social worker has completed that thorough adult protective services evaluation, they're looking at the six functional areas of that adult. They're looking at their social, they're looking at their mental health, they're looking at physical, they're looking at environment, they're looking at pretty much all parts of that adult's life. So, at the conclusion of that evaluation, when they're looking at case decision, what they're doing is they're determining whether or not there's a need for protective services. So, after that need is determined, that's whenever they're looking at capacity. So, in short, yeah, capacity isn't considered until the conclusion.

>> TRACY: Okay, great. So, the next question is where can we find the statutory definitions of exploitation, abuse, and neglect?

>> SARAH: So, if you go to general statute 108-A, that statute has all of the definitions and... hold on a second, I think I actually have a note. I didn't make a note. So, if you go to general statute 108-A, it's going to have all of those definitions. It's going to have the definition of disabled adult. It's going to have the definition of exploitation, of a caretaker, who is considered a caretaker. It's going to have the definition of abuse, neglect and protective services. All of those definitions that the DSS uses during an APS evaluation are going to be in there near the beginning of the general statute 108-A.

>> TRACY: All right. Since we're on the topic of definitions, a couple of them came in regarding the definition of a caretaker, and does this have to be a

parent or guardian, or can it also be a staff person say at a day treatment or a group home since they're the ones caring for the individual. So, if you could clarify a little bit more on the definition of a caretaker.

>> SARAH: So, a caretaker is the individual that has the day-to-day responsibilities of that disabled adult. It doesn't necessarily have to be a parent, but that caretaker is going to be the one that, for example, that caretaker is going to ensure that that individual, you know, goes to all their medical appointments or that individual has food to eat and is eating, that that individual takes their medication. So, in a sense, yes, a facility can be considered the caretaker, because they're responsible for all of those things.

>> TRACY: Okay.

>> KATHRYN: Just to chime in, it's even more so, because once again, if an individual is in a long-term care setting, that is a contractual obligation, so they are duty-bound and legally-bound to provide that care and service for that individual.

>> TRACY: Great. Thank you for that clarification. So, the next question is are details given in an APS report presumed to be true or accurate, or is there a duty for kind of further investigation regarding that truth or accuracy of the complaint?

>> SARAH: So, in general, when information is received by the DSS about this maltreatment that has occurred to this disabled adult who may be in need of protective services, that information, there is an assumption that that information is accurate and correct. We're always encouraged to err on the side of caution when receiving information about maltreatment. Throughout that evaluation,

the sole purpose of an adult protective services evaluation is to determine whether or not that disabled adult is in need of protective services. So, throughout the evaluation, there's not really an investigation in the same sense that there is an investigation with, maybe, a CPS report, but that information that is received initially about that disabled adult, throughout that evaluation, information is gathered to determine, okay, these are the things that occurred, you know, this is what needs to happen to put things in place to protect this disabled adult. So, in a sense, yes, that information is kind of verified, but it's not the same thing as an investigation that would happen for, let's say a child.

>> TRACY: Okay. So, kind of on this same line of questioning regarding sort of the truth and accuracy, how do you report someone who may have falsified a report?

>> SARAH: So, if, like, let's just say if an individual is concerned that someone fraudulently and intentionally made an adult protective services report, I would encourage that individual to contact that same DSS that the report was made and make them aware of the concerns that they have.

>> TRACY: Okay, great. Okay, so, the next question is do you have numbers on exploitation in the community versus non-community settings, and where can we get information on that?

>> SARAH: We do have numbers, I don't have them at my fingertips, but we do collect that data, so that's some information, Tracy, that I can provide to you, and if you can make those available with the power points, I'd be glad to do that.

>> TRACY: That'll be great. I can send that out with everything else.

This one kind of shifts a little bit. It's related to guardianship, and the question is how is a decision made on who will be a guardian of the person and/or estate when a guardianship is recommended?

>> SARAH: So, in general, statutorily, the clerk of superior court is the one that actually determines who is going to be the guardian of an individual. They determine, they're actually either through the clerk of superior court or, on occasion, it can be through a jury, but most often, it's through the clerk of superior court. They're actually the individual that determines whether or not someone does, in fact, need a guardian and is incompetent, and they're actually the ones that, you know, appoint who that individual's guardian could be and it can really be, it's supposed to, it's always supposed to be the person who could best serve that adult. So, if a guardianship petition, just, again, this is all really in general, if a guardianship petition was filed in Wake County then that clerk or that assistant clerk of superior court is going to hear that petition, and there will be folks listed on that petition as potential guardians, or the clerk, you know, at the time of the hearing, if there's others present that could better serve as guardian, could very well appoint them, but it all comes down to what the clerk sees is in the best interest of that adult.

>> TRACY: Okay, great. Okay, so, the next question is can a county DSS refuse to take an APS referral? And if you feel that they are refusing to take the referral, what other steps do you have?

>> SARAH: Statutorily, no. DSS is the only institute, or for lack of better words, the only group that can take an adult protective services report, and, so, they're not allowed to not take one. If someone is concerned that DSS isn't taking

the report, I would always suggest to ask, maybe, to speak to whoever the adult protective services supervisor is or the program manager. Always kind of start at the DSS level, if you have concerns about that, and kind of move up the chain that way before you actually contact the Division of Aging and Adult Services.

>> TRACY: Okay. So, the next question is kind of on who has responsibility here between the DSS and a community alternatives program case manager. So, the question, kind of a statement and question, as a cap entity, they have been informed that they should not be making referrals because they should be addressing the issues themselves. What would a situation look like where an APS would step in to help the CAP case manager?

>> SARAH: So, it could look, honestly, very different, depending on the county. It's important that, again, with North Carolina being the, being a mandatory reporting state, the caveat being the ombudsman program, if there are concerns that a disabled adult has been abused, neglected or exploited, and it could be that, you know, maybe, the CAP caseworker has attempted to prevent what's happening or whatever, you know, prevent it or rectify it, I think it would be important for that worker to make that APS report, if it's not, if it's a situation that's outside of their controls to help, I think it would be important to contact DSS and make that APS report.

>> TRACY: Okay, great. So, the next question is how does APS determine capacity for the individual?

>> SARAH: So, APS is going to look at a lot of different areas. There's no, you know, one test that they give to determine capacity. That evaluation process could take, statutorily, it could take, depending on the maltreatment, 30 to 45

days. So, that worker is making multiple visits to that disabled adult, is making different times of the day, different days of the week, they're looking at medical records, they're talking to family and friends, they're talking to care providers, whoever else may have interactions with that adult. So, they're gathering a lot of good, rich information about that adult and that adult's ability to take care of themselves or lack of ability to take care of themselves. They're looking at if there's any sort of diagnosis that would impact that adult's ability to take care of themselves, like a dementia or something like that, they're looking at all areas of that adult's life. So, what they're doing is throughout that evaluation, they're gathering all of that good, rich detail, and that's what they're using to determine capacity. And again, just to reiterate, capacity is different and apart from incompetency. Capacity is what the, is what DSS, it's what the APS worker is looking at, and it's just looking at that adult's understanding of the decisions that they make and how they affect their own well-being.

>> TRACY: Okay. So, can reports be made anonymously? And, how can you be assured of the, yourself being, remain as confidential and your name not being provided out as part of the report?

>> SARAH: So, yes, to answer the first part of the question. Yes, reports can be made anonymously. DSS always likes to try and get the reporter's contact information and name, because it could be important that they reach back out to that reporter to get additional details about the situation. In regards to confidentiality, statutorily, APS doesn't release that reporter's name. Either it's never released to that disabled adult or anybody else that that worker, social worker is speaking with during the evaluation. It could possibly be released if

there are, you know, criminal charges brought through the DA, if a judge, orders it, it could be. I personally don't think that's something that happens every day, but there is a statutory obligation for that reporter's information to remain confidential.

>> TRACY: Okay. What is the turn-around time for investigating a complaint once it is received?

>> SARAH: Again, that's going to vary, depending upon the DSS and if, you know, if it's a large DSS with lots of APS social workers or if it's a smaller agency that doesn't have as many. If it's a larger county or a medium size or small county, it really depends. Statutorily, a case decision has to be made 30 days after receiving a report of abuse or neglect and 45 days after receiving an APS report with allegations of exploitation. So, statutorily, it could be 30 days or 45 days, depending on what those maltreatments are, and that's not to say that a case decision couldn't be made before then. I mean, it could be made in 20 days, it just really depends on how much information that social worker is able to get, potential collaterals and medical records and things like that, and it really could depend on what the allegations are and how many folks are willing to provide information about that disabled adult without any sort of court order.

>> TRACY: Okay. So, the next questions relate, I'm going to kind of summarize them together, but they relate to sort of a screen-in or screen-out process and does the DSS have a process to either screen-in or screen-out at the time of the call or would it be done at a point of investigation?

>> SARAH: So, whenever an APS report is received by that DSS, if it meets the statutory definitions, if it meets that, those three criteria we talked about.

Number one, is that a disabled adult? Number two, are there maltreatments of abuse, neglect and/or exploitation? And number three, is that adult alleged to be in need of protective services? So, if meets those three criteria, it's going to be screened in. Once a report is screened in, it can't be screened out, basically. So, if that social worker goes out, and maybe a week into the evaluation, determines, you know what, this is really not, I would like to go back and screen it out, it doesn't happen that way. So, once it, if it's determined at the initial that those three criteria are met, then it's screened in.

>> TRACY: Okay. The next one is that if someone makes a report and the DSS determines that it does not meet the level of needing protection, what can be done for the individual who is reporting it to alleviate their concerns? Are there some directions or options that this individual could be provided?

>> SARAH: So, that's going to vary dependent upon the county. A larger county may have, with a larger population, it may have resources that that social worker is able to provide that reporter or information that that social worker can provide that reporter. Most DSS, I think actually all of them will, if a report is received, most DSSs are going to give a screening letter. If it's a reporter that leaves their name or their name and their contact information, then they can be provided with a notice to let them know if the report was screened in or screened out, and a lot of agencies may provide information about available resources in the community that way. If it's an anonymous report, then that reporter wouldn't receive any information.

>> TRACY: Okay. We still have a bunch of questions here in the queue, and I'm not sure that we're going to be able to get to all of them, so I'm just going

to kind of screen through a few of them to see which ones are probably the best to be able to answer, and then I can kind of work on some of the others after the call. So, are there records that are kept that might appear down the line and resurface under certain conditions? The situation described here is that the person had an APS in the community and then was institutionalized and is then being transitioned back out to the community, but it's been several years. Are there any instances where that APS report might resurface?

>> SARAH: Resurface in terms of other people finding out about it? Or used against them in some way? Is that kind of the --

>> TRACY: From the question, it looks like that they had an issue when they were living at home and were re-institutionalized, and they have somebody new working on the case that may not know about a prior APS, that may still be a situation, say, with a family member.

>> SARAH: Mm-hmm. So, information in an APS report is confidential, so that information is not going to be released back out into the community. Again, information could be, if it's ordered by a judge in the process of, maybe, a criminal hearing or something like that, it could be, pieces of information could be, you know, released during a court hearing, but that disabled adult, you know, if they want their new worker, if they want the person that's kind of their new social worker or whatever knowing that information, then they have the right to tell the information to that social worker, but it's not necessarily, it's not going, information like that can't be released from the agency to other agencies, except through a court order, assigned judge's order. Does that, do you think that kind of answered it a little?

>> TRACY: I believe so. If not, they'll put in another question down the line here, and we can take a look at that. The next one is at what point does a DSS do a visual evaluation in the investigation process?

>> SARAH: So, that happens at the beginning, and it actually happens throughout the evaluation process. So, when I mentioned timeframes earlier, I spoke about an immediate, a 24 or a 72 initiation timeframe, and what that means, it just, in a brief overview, is that dependent upon what those allegations are. If they are allegations of death or irreparable harm it could be an immediate or 24-hour initiation timeframe, which means that that social worker has to make contact with that disabled adult, has to have a conversation, has to meet with that disabled adult in-person within that immediate 24-hour initiation timeframe. For reports that don't have allegations of death or irreparable harm, that could potentially be a 72-hour timeframe, so that individual may, you know, it may be 72 hours. Usually, it's not quite that long, but, yeah, that social worker is meeting with that disabled adult, the alleged disabled adult, they're meeting with them right away.

>> TRACY: Okay, great. There's several questions kind of related to this, and I'll just kind of summarize them. Essentially, the gist of the question is if, as a person who is reporting to the DSS feels that the situation is being screened out or is not determined to be considered to be fraud or neglect, what options do people have who are reporting it to feel they are getting the cares of the individual taken care of?

>> SARAH: Again, I would encourage that reporter if they feel like, maybe, it should be screened in and it wasn't screened in, the report, I encourage

them to speak with that social worker that screened it. Maybe speak with that adult protective services supervisor, just to kind of get a little more clarification on the screening. They may be able to provide some information, and if they, again, if they feel like that they've gone through all areas at the agency and they're still not or they still don't agree with that screening decision then they're welcome to call the Division of Aging and Adult Services.

>> TRACY: All right. Well, thank you so much. I'm going to call it quits on the questions for right now, since we're coming right up on 1:00 o'clock, and I'll track some of these and then, maybe, I can forward it to you and we can all answer some of them offline, if that would be okay.

>> SARAH: Okay.

>> TRACY: And for everyone who's on the call, I will be sending out the PowerPoint, and we'll add some of the additional resources we've talked about and possibly some links to where these resources are. I also encourage everyone to complete the survey that'll go out immediately concluding this webinar, then there will be a reminder that comes out tomorrow, and in that survey if you still have questions, feel free to enter the questions there, and we also look for your suggestions for future webinars. So, we appreciate you, if you could fill those out for us and in the meantime, thank you so much, Kathryn and Sarah. I appreciate your time and all the questions that you've answered, and I really appreciate everyone being here. So, I will call it a day, and thank you all for joining. Have a great afternoon.

.....

This is being provided in a rough-draft format. Communication Access Realtime Translation(CART) is provided in order to facilitate communication accessibility and may not be a totally verbatim record of the proceedings.