

Department  
for Aging and  
Rehabilitative  
Services

State  
Fiscal  
Year  
2023

Adult Protective Services  
Division

Annual Report



**COMMONWEALTH OF VIRGINIA**  
**DEPARTMENT FOR AGING AND REHABILITATIVE SERVICES**

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February 23, 2024

Dear Colleagues:

I am pleased to present the State Fiscal Year 2023 Adult Protective Services Division Annual Report. I would like to first thank the local staff at Departments of Social Services for their tireless efforts throughout the year, making a profound impact on the lives of vulnerable adults. Despite immense challenges, local staff managed more than 43,000 APS reports; over 16,000 annual guardian reports; and 4,300 home care clients.

Moreover, the accomplishments of the APS Division staff are truly commendable. From the launch of a public facing quality assurance website to the recruitment of additional support staff and significant improvement to APS' public awareness materials, their hard work and innovation have not gone unnoticed.

We look ahead to the anticipated release of first-ever federal regulations by the Administration for Community Living for how state APS programs operate and the conclusion of critical American Rescue Plan Act funds, which present new hurdles for us to overcome.

I have full confidence in our state and local teams to navigate these challenges with resilience and determination, continuing to provide the best possible service to Virginia's vulnerable adults.

With sincere appreciation,

*Kathryn A. Hayfield*  
Kathryn A. Hayfield

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# The APS Division at the Department for Aging and Rehabilitative Services

*"DARS' mission is to improve the employment, quality of life, security, and independence of older Virginians, Virginians with disabilities, and their families."*

The Department for Aging and Rehabilitative Services (DARS) is home to several divisions and programs that provide essential services to older adults and individuals with disabilities. Programs include the Office of the State Long-term Care Ombudsman, the Virginia Public Guardianship Program, Brain Injury Services Coordination Unit, and the Personal Assistance Services Program. DARS is also the lead agency in Virginia in addressing the employment needs of individuals with disabilities. Vocational Rehabilitation services and the Wilson Workforce Rehabilitation Center help individuals with physical, cognitive, and developmental disabilities become successfully employed.

The Adult Protective Services (APS) Division oversees two program areas, Adult Services (AS) and APS, which are delivered by 120 local departments of social services (LDSS).<sup>1</sup> The DARS Commissioner, who the Governor appoints, oversees the Division at the state level. The Commissioner and Division Director serve as liaisons to federal agencies as well as state legislative entities and executive branch agencies. Other Division staff develops regulations and guidance documents, conducts training, and monitors LDSS performance in the three program areas.

The SFY 2023 APS Division Report reflects AS and APS statistical data from the PeerPlace case management system for the period of July 1, 2022, through June 30, 2023.

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<sup>1</sup> The Auxiliary Grant (AG) Program was formerly part of the APS Division. An agency reorganization relocated the AG Program to the Division for Community Living effective July 1, 2023.

# Adult Services Program

The following sections provide an overview of Adult Services (AS) Program activities. The AS Program serves adults with an impairment and their families when appropriate.<sup>2</sup> Services help adults remain in the least restrictive environment of their choosing--preferably their own home-- for as long as possible. Home-based services and other supports also decrease or delay the need for more expensive institutional placement. The types of services and activities explained below may occur in AS cases.

## Home-Based Services

Each LDSS is mandated to offer at least one home-based service to eligible adults to the extent that federal and state matching funds are available. LDSS may recruit and approve home-based providers using uniform provider standards or contract with licensed home health and other service delivery agencies.

Home-based care consists of three primary services:

- **Companion** services include activities of daily living such as eating, dressing, bathing, toileting, light housekeeping, meal preparation, and shopping.
- **Homemaker** services include instruction in or the provision of activities to maintain a household and may include personal care, home management, household maintenance, nutrition, and consumer and health care education.
- **Chore** services are non-routine, heavy home maintenance tasks that may include window washing, floor maintenance, yard maintenance, painting, chopping wood, snow removal, and minor repair work in the home.

In Virginia, funding for home-based care services is through the Social Service Block Grant (SSBG), which is distributed among many other state programs. Funding for home-based care programs has not increased in several years. Localities struggle with the need to increase providers' wages, the inability to locate willing providers, and a growing number of individuals who request home-based care. Frequently, localities must reduce service hours for their clients or seek other types of long-term services for them. PeerPlace service plan data indicates that **4,340** adults received home-based services, including **3,762** companion, **71** chore and **507** homemaker cases.

## Long-term Services and Supports (LTSS) Screenings

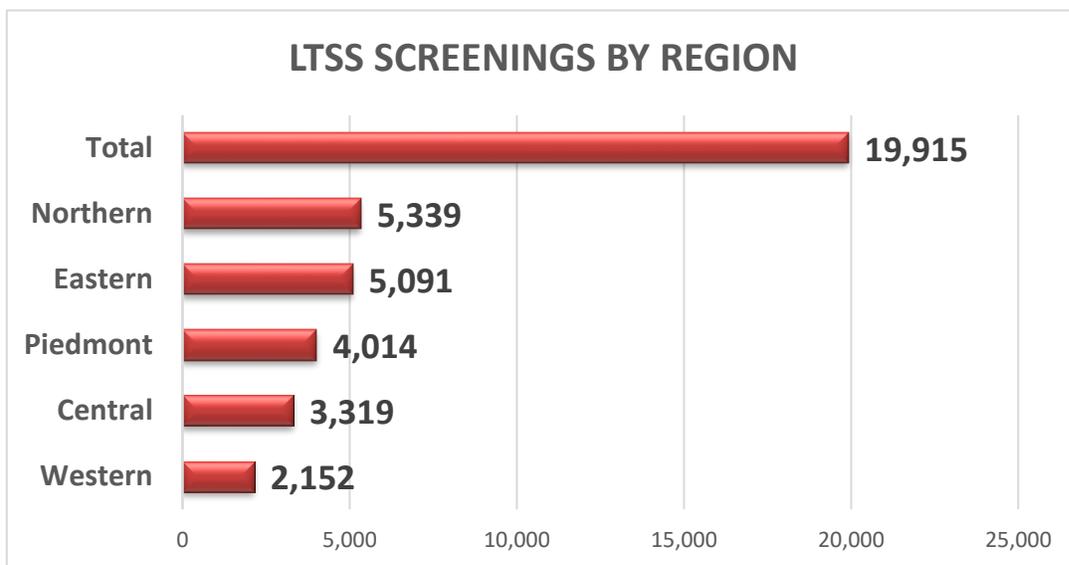
The Code of Virginia (§ 32.1-330) requires that all individuals who apply for or request community or institutional long-term services and supports (LTSS) be screened to determine their functional eligibility for these services. The LDSS worker, in cooperation with local health department nurses, are responsible for performing screenings for LTSS for individuals residing in the community. Medicaid

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<sup>2</sup> Adult with an impairment means an adult whose physical or mental capacity is diminished to the extent that he needs counseling or supervisory assistance or assistance with activities of daily living or instrumental activities of daily living (§51.5-144 of the Code of Virginia).

services that an individual may request include the CCC Plus waiver, nursing facility placement or Program for the All-Inclusive Care for the Elderly (PACE). In SFY 2023, LDSS participated in screening **19,915** adults for LTSS, an 12% increase from the previous SFY. **Table 1** shows the largest percentage of LTSS screenings (**27%**) occurred in the Northern Region and the smallest percentage (**11%**) occurred in the Western Region.

**Table 1-LTSS Screenings by Region<sup>3</sup>**



**Assisted Living Facility (ALF) Assessment and Reassessments**

Individuals applying for or receiving auxiliary grant (AG) must be assessed annually or whenever they experience a significant change using the UAI to ensure the appropriate level of care is being provided. Employees of the following agencies are authorized to complete initial assessments for individuals apply for or receiving AG:

- Local departments of social services
- Area agencies on aging
- Centers for independent living
- Community services boards/Behavioral health authorities
- Local departments of health
- Department of Corrections, Community Release Units
- Acute care hospitals

<sup>3</sup> Source: Department of Medical Assistance Services (DMAS)

Except for staff at acute care hospitals and the Department of Corrections, qualified assessors with the above-named agencies may also conduct reassessments. When qualified assessors from these agencies are unavailable, LDSS workers are the assessors of last resort.

**Adult Foster Care (AFC) Services**

AG recipients may also have the option to reside in an AFC home. AFC provides room and board, supervision and special services to an adult who has a physical, intellectual, or mental health disability. The AFC is an optional program and not all LDSS offer it. The following local departments offered AFC in 2023: Chesapeake, Fairfax, Fauquier, Montgomery, Norfolk, Prince William, and Virginia Beach. The local board of social services must authorize an AFC Program before the LDSS can offer the program. AFC homes must be approved by the LDSS, and approved providers may accept no more than three AFC residents. All placements must be authorized by the LDSS worker. In SFY 2023, **50** individuals received AFC services.

**AS Funding**

Most of the AS funding allocated to LDSS is used to provide in-home services and supports such as companion, chore, or homemaker. AS funds may also be used for guardianship support services and for preventative services to stabilize an adult’s situation before the adult may need more intrusive protective services. **Table 2** identifies AS expenditures for SFY 2023, and **Table 3** shows a five-year comparison of AS expenditures.

**Table 2-AS Expenditures**

<b>SFY 2023 Adult Services Expenditures<sup>4</sup></b>					
<b>Services</b>	<b>Federal &amp; State</b>	<b>Local</b>	<b>Non-reimbursed local</b>	<b>Total Expenditures</b>	<b>% of Total Expenditures</b>
<b>Companion</b>	\$3,691,007	\$922,752	\$3,092,921	\$7,706,680	91%
<b>Chore</b>	\$50,553	\$12,638	\$0	\$63,192	1%
<b>Homemaker</b>	\$5,014	\$1,253	\$7,258	\$13,526	<1%
<b>Adult Day</b>	\$1,177	\$294	\$0	\$1,471	<1%
<b>Prevention</b>	\$284,302	\$71,076	\$197,356	\$552,733	7%
<b>Guardianship</b>	\$54,391	\$13,598	\$15	\$68,003	1%
<b>Total</b>	<b>\$4,086,444</b>	<b>\$1,021,611</b>	<b>\$3,297,550</b>	<b>\$8,405,606</b>	<b>100%</b>

<sup>4</sup> Source: LASER

**Table 3-Five-Year Comparison of AS Expenditures**

<b>5-Year Expenditures</b>				
<b>SFY</b>	<b>Federal &amp; State</b>	<b>Local</b>	<b>Non-reimbursed Local</b>	<b>Total Expenditures</b>
<b>2023</b>	<b>\$4,086,444</b>	<b>\$1,021,611</b>	<b>\$3,297,550</b>	<b>\$8,405,606</b>
<b>2022</b>	\$3,958,441	\$989,610	\$2,653,257	\$7,601,309
<b>2021</b>	\$4,033,459	\$1,008,364	\$3,261,669	\$8,303,493
<b>2020</b>	\$4,301,554	\$1,075,388	\$4,158,633	\$9,535,576
<b>2019</b>	\$4,238,545	\$1,059,636	\$4,135,443	\$9,433,624

### **Home-based Services and AFC Appeals**

The DARS Commissioner is responsible for hearing home-based and adult foster care services appeals, pursuant to § 51.5-147 of the Code of Virginia. DARS only received one appeal related to the denial of home-based services in SFY 2023.

### **Guardianship Program**

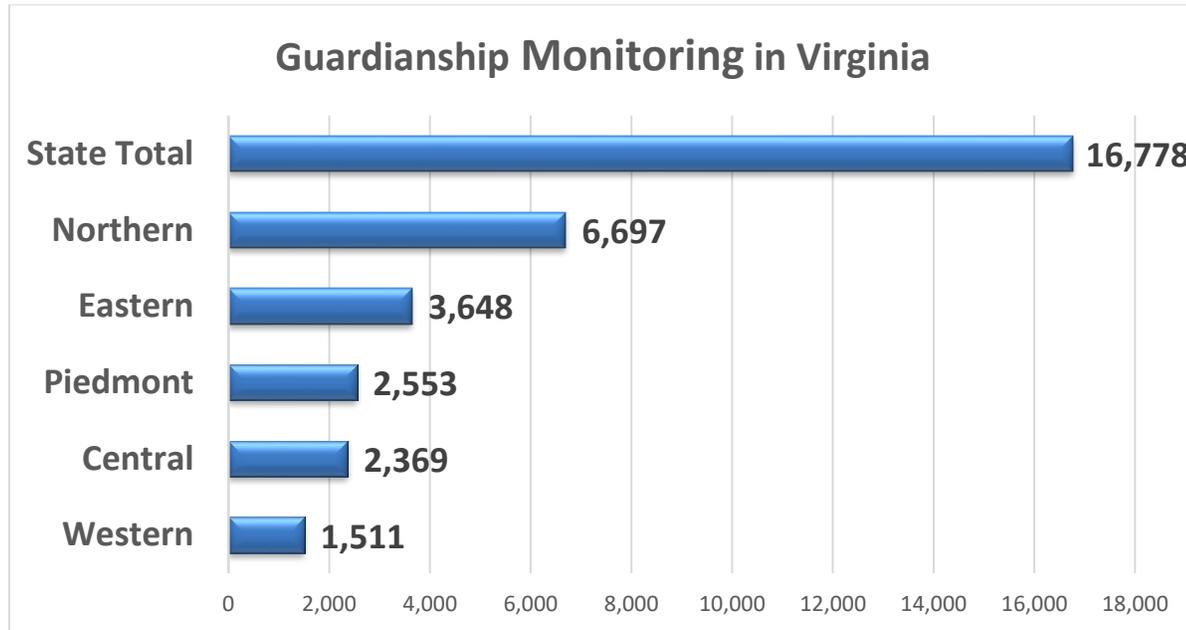
All individuals who have been appointed as guardians by Virginia courts are required to submit the “Annual Report of Guardian for an Incapacitated Person,” along with a \$5.00 filing fee, to the LDSS in the jurisdiction in which the incapacitated adult resides. Section 64.2-2020 of the Code of Virginia requires the guardian report fee to be used by the LDSS to provide protective services to adults.

LDSS workers review the reports for completeness and determine if report contents reveal any safety or welfare concerns about the adult. If there is no reason to indicate the adult is being abused, neglected, or exploited or is at risk of abuse, neglect or exploitation, the worker submits the report to the clerk of the court that appointed the guardian. If the LDSS worker suspects that, the adult is being abused or at risk of abuse, the worker initiates an APS investigation.

Twice a year LDSS workers are required to submit a list of guardians who are more than 90 days overdue in submitting their annual report. In SFY 2023, LDSS workers were responsible for reviewing annual guardian reports for **16,778** incapacitated adults.

**Table 4** shows the volume of annual unduplicated guardian reports by region. Guardians filed the largest percentage **40%** of reports with LDSS in the Northern Region and the smallest percentage **9%** in the Western portion of Virginia.

**Table 4-Annual Guardian Reports by Region**



# Adult Protective Services Program

APS includes the receipt and investigation of reports of abuse, neglect, or exploitation and the provision of services to stop or prevent further abuse. Protective services also include assessing service needs, determining whether the adult needs protective services, documenting the need for protective services, specifying what services the adult needs, and providing or arranging for service delivery.

Because there is no federal statute directly related to the delivery of APS, each state has developed its own system for service delivery. State APS programs differ by the populations served, locations in which investigations are conducted, report response times, and post-investigation service delivery responsibilities. APS workers are typically the first responders to reports of adult abuse, neglect, and exploitation, though response mandates differ. In all states, APS programs conduct investigations in community settings, such as the adult's own home. However, only about half of the state APS programs investigate in facilities such as nursing homes, or residential programs for individuals with mental illness or developmental disabilities. In some states, local ombudsmen or state licensing program staff conduct APS investigations in facility settings.

Even though there is no federal oversight of state APS programs, it is certainly an area of interest at the federal level. States can apply for Administration for Community Living (ACL) grants to improve APS delivery systems. ACL also operates the National Adult Maltreatment Reporting System (NAMRS), a database system to collect and organize APS data submitted by each state. Though submission is voluntary, 56 states and territories and the District of Columbia submit NAMRS data. Data for federal fiscal years (FFY) 2016-2021 is available at: <https://namrs.acl.gov/data>. ACL also coordinates with the APS Technical Assistance Resource Center (TARC), which provides education and technical assistance to state APS programs through webinars, blog posts and helps programs with their FFY NAMRS submissions.

## 2023 Legislative Changes in Virginia

One bill passed the 2023 Session of the Virginia General Assembly that addressed APS investigations in Virginia.

**House Bill (HB) 2344 and Senate Bill (SB) 1421** struck language requiring the APS hotline staff to notify local law enforcement when the report alleges sexual abuse as defined in §18.2-67.10, death that is believed to be the result of abuse or neglect, serious bodily injury or disease as defined in §18.2-369 that is believed to be the result of abuse or neglect; and suspected financial exploitation of an adult; or any other criminal activity involving abuse or neglect that places the adult in imminent danger of death or serious bodily harm. Now, when an LDSS receives a report from the APS hotline, local staff are responsible for reviewing the report and notifying local law enforcement as appropriate.

## Mandated Reporting in Virginia

An APS report is an allegation that an adult age 60 or older or an incapacitated person aged 18 to 59 is being abused, neglected, or exploited. Reports are made to the appropriate LDSS or to the 24-hour toll-free APS Hotline (**1-888-832-3858**)

Virginia's mandatory reporting law (§ 63.2-1606 of the Code of Virginia) identifies professionals or individuals performing certain job functions, who are required to report suspected adult abuse, neglect, or exploitation to LDSS or to the 24-hour toll-free APS hotline immediately. These individuals, also known as mandated reporters, may face a civil penalty of up to \$1,000 for failure to report. Anyone who makes an APS report in good faith are protected from civil or criminal liability.

A free e-learning module for mandated reporters, titled "Mandated Reporters: Recognizing Adult Abuse, Neglect, and Exploitation in Virginia," is available on the DARS APS Division public site at <https://www.vadars.org/aps/AdultProtServ.htm>.

Mandated reporters include the following persons acting in their professional capacity:

- Any person licensed, certified, or registered by health regulatory boards listed in § 54.1-2503 with the exception of veterinarians;
- Any mental health services provider as defined in §54.1-2400.1;
- Any emergency medical services provider certified by the Board of Health pursuant to § 32.1-111.5, unless such provider immediately reports the suspected abuse, neglect or exploitation directly to the attending physician at the hospital to which the adult is transported, who shall make such report forthwith;
- Any guardian or conservator of an adult;
- Any person employed by or contracted with a public or private agency or facility and working with adults in an administrative, supportive or direct care capacity;
- Any person providing full, intermittent, or occasional care to an adult for compensation, including but not limited to companion, chore, homemaker, and personal care workers;
- Any law-enforcement officer; and
- Any person who engages in the practice of behavior analysis, as defined in §54.1-2900

**Table 5** lists some of most common types of APS reporters. Occupations or professionals highlighted in blue represent mandated reporters. The category "unspecified" refers to reporters, who do not identify their occupation or their relationship to the subject of the report. More than 3,100 individuals wished to

remain anonymous when making a report. In SFY 23 financial institution staff were the most frequent reporters to APS. Relatives or family members rank as the second highest reporter category.

**Table 5-Source of APS Reports**

<b>SFY 2023 REPORTER TYPE</b>	<b>#</b>
Financial Institution Staff	5,238
Relative (includes ex-wife/ex-husband)	4,817
Unspecified	3,810
Nursing Facility Staff	3,170
Nurse/Nurse Manager/NP/Visiting Nurse/Public Health Nurse	3,154
Anonymous	3,118
Social Worker	3,063
Other	2,925
Self	2,865
Law Enforcement	2,331
EMS/Fire Department	1,482
Friend/Neighbor	1,443
Hospital Staff	1,440
Community Services Board Staff	913
Assisted Living Facility Staff	838
Mental Health Support Worker/Counselor/Psychiatrist/Psychologist	778
Doctor/Physician Assistant	625
LDSS Staff	555
Agency	428
Group Home Staff	328
Other Healthcare Professional (Physical/Occupational Therapist, Speech Language Pathologist)	303
Social Service Agency	301
Hospice Staff	270
Landlord	241
Department of Behavioral Health and Developmental Services Staff	231
Caregiver (not specified)	198
Area Agency on Aging Staff	193
Home Based Care/Personal Care Provider	156
Guardian	152
Medicaid	108
Shelter Staff	88
POA	87
Educational Institution Staff	87
Attorney	64
Transportation Provider <sup>5</sup>	59

<sup>5</sup> Mandated reporter if employed by services organization or receiving Medicaid reimbursement.

## APS Reports and Investigations

Every APS report must meet certain criteria for it to be a “valid” report. The term “valid” does not refer to accuracy of the report but to specific elements that must be present to establish APS authority and jurisdiction:

- The adult must be at least 60 years or older or age 18 to 59 and incapacitated;
- The adult must be living and identifiable;
- Circumstances must allege abuse, neglect, or exploitation; and
- The local department must be the agency of jurisdiction.

If a report does not meet APS validity criteria, the LDSS may refer the reporter to other LDSS programs, an appropriate human service agency, or other service provider. A list of indicators of adult abuse, neglect, or exploitation is located at: <https://www.vadars.org/aps/AdultProtServ.htm>. The Code of Virginia definitions of adult abuse, neglect, and exploitation follow.

**Adult Abuse** is defined by the Code of Virginia, (§ 63.2-100), as “the willful infliction of physical pain, injury or mental anguish or unreasonable confinement of an adult as defined in § 63.2-1603.” Abuse includes battery and other forms of physical violence including, hitting, kicking, burning, choking, scratching, rough handling, cutting, and biting, etc. It includes sexual assault, inflicting pornography, voyeurism, exhibitionism, and other forms of forced sexual activity on older adult or an incapacitated person. It includes any sexual activity with an adult who is unable to understand or give consent, the control of an adult through the use of threats or intimidation, and the abuse of a relationship of trust.

**Adult Neglect** is defined by the Code of Virginia, (§ 63.2-100), as “an adult as defined in § 63.2-1603 is living under such circumstances that he is not able to provide for himself or is not being provided services necessary to maintain his physical and mental health and that the failure to receive such necessary services impairs or threatens to impair his well-being. However, no adult shall be considered neglected solely on the basis that such adult is receiving religious nonmedical treatment or religious nonmedical nursing care in lieu of medical care, provided that such treatment or care is performed in good faith and in accordance with the religious practices of the adult and there is a written or oral expression of consent by that adult.” This definition includes both adults who are self-neglecting, living under such circumstances that the adult is unable to provide for himself/herself as well as adults whose needs for physical or mental health services are not being met by a caregiver or responsible party.

Indicators of neglect include malnourishment, dehydration, the presence of pressure sores, inadequate personal hygiene, inadequate or inappropriate clothing, inadequate or inappropriate supervision, extreme filth of person or home, severe pest/rodent infestation, offensive odors, inadequate heat, lack of electricity or refrigeration, and untreated physical or mental health problems.

**Adult Exploitation** is defined by the Code of Virginia, (§ 63.2-100), as the illegal, unauthorized, improper, or fraudulent use of an adult as defined in § 63.2-1603 or his funds, property, benefits, resources, or other assets for another's profit, benefit, or advantage, including a caregiver or person serving in a fiduciary capacity, or that deprives the adult of his rightful use of or access to such funds, property, benefits, resources, or other assets. "Adult exploitation" includes (i) an intentional breach of a

fiduciary obligation to an adult to his detriment or an intentional failure to use the financial resources of an adult in a manner that results in neglect of such adult; (ii) the acquisition, possession, or control of an adult's financial resources or property through the use of undue influence, coercion, or duress; and (iii) forcing or coercing an adult to pay for goods or services or perform services against his will for another's profit, benefit, or advantage if the adult did not agree, or was tricked, misled, or defrauded into agreeing, to pay for such goods or services or to perform such services.

**Table 6** identifies three-year trends for APS reports. Total APS reports increased **8%** from SFY 2022 to 2023. Substantiated reports decreased **2%** during the same time.

**Table 6-Three-Year Comparison of APS Reports**

<b>THREE YEAR COMPARISON OF APS REPORTS</b>			
	<b>2021</b>	<b>2022</b>	<b>2023</b>
<b>Total Reports Received</b>	<b>39,185</b>	<b>40,371</b>	<b>43,443</b>
<b>Total Investigated</b>	<b>24,221</b>	<b>26,747</b>	<b>27,511</b>
<b>Total Substantiated</b>	<b>12,359</b>	<b>12,824</b>	<b>12,514</b>
<b>Unfounded</b>	<b>10,591</b>	<b>12,355</b>	<b>12,842</b>
<b>Invalid Disposition<sup>6</sup></b>	<b>1,269</b>	<b>1,567</b>	<b>1,630</b>
<b>Pending<sup>7</sup></b>	<b>1,874</b>	<b>48</b>	<b>525</b>
<b>Invalid<sup>8</sup></b>	<b>13,090</b>	<b>13,672</b>	<b>15,690</b>
<b><i>Percent of Reports Substantiated<sup>9</sup></i></b>	<b>51%</b>	<b>48%</b>	<b>46%</b>
<b>DISPOSITIONS OF SUBSTANTIATED REPORTS</b>			
<b>Needs and Accepts Services</b>	<b>4,230</b>	<b>4,200</b>	<b>4,072</b>
<b>Needs and Refuses Services</b>	<b>2,441</b>	<b>2,679</b>	<b>2,526</b>
<b>Need No Longer Exists</b>	<b>5,688</b>	<b>5,945</b>	<b>5,916</b>

**Dispositions**

APS Investigations result in one of the following dispositions:

- **NEEDS PROTECTIVE SERVICES AND ACCEPTS**

An adult is found to need protective services when a preponderance of evidence shows that adult abuse, neglect, or exploitation has occurred or is occurring, or there is reason to

<sup>6</sup> “Invalid disposition” means upon the initiation of the investigation, the worker determined that the situation did not meet all validity criteria even though the report was validated.

<sup>7</sup> Pending reports are reports under investigation that do not have a disposition.

<sup>8</sup> “Invalid” represented only reports invalidated upon receipt.

<sup>9</sup> Percent substantiated is calculated by dividing the number of substantiated investigations by total investigations.

suspect that the adult is at risk of abuse, neglect, or exploitation and needs protective services in order to reduce that risk. This disposition is assigned when the adult needing protective services accepts the needed services, or the adult needing protective services is not capable of making a decision to accept needed services. In cases where the adult is not capable of making a decision, the APS social worker petitions the court for the provision of involuntary protective services.

- **NEEDS PROTECTIVE SERVICES AND REFUSES**

An adult is found to need protective services when a preponderance of evidence shows that adult abuse, neglect, or exploitation has occurred or is occurring or there is reason to suspect that the adult is at risk of abuse, neglect, and/or exploitation and needs protective services in order to reduce that risk. This disposition is determined when the adult is capable of making a decision about needed services and his/her decision is to refuse services.

- **NEED FOR PROTECTIVE SERVICES NO LONGER EXISTS**

This disposition is determined when there is a preponderance of evidence that adult abuse, neglect, or exploitation has occurred, but the adult is no longer at risk. This disposition is also used if the adult, who is the subject of the report, dies during the course of the investigation. If this finding is made in an institutional setting, a referral is made to the appropriate regulatory or legal authority for follow-up as necessary.

- **UNFOUNDED**

This disposition is determined when a review of the facts does not show a preponderance of evidence that abuse, neglect, or exploitation has occurred or that the adult is at risk of abuse, neglect, or exploitation.

- **INVALID**

This disposition is determined when, after an investigation has been initiated, the report is found not to meet the criteria of a valid report.

LDSS may use APS funding to provide critical services such as extermination of insect or rodent infestations in the home; home repairs including broken plumbing or a leaking roof; purchase food, medicine, or clothing; and emergency placement in a hotel, nursing facility, or ALF. **Table 7** shows a five-year comparison of APS expenditures.

**Table 7-Five-Year Comparison of APS Expenditures**

<b>5-Year Expenditures</b>				
<b>SFY</b>	<b>Federal &amp; State</b>	<b>Local</b>	<b>Non-reimbursed Local</b>	<b>Total Expenditures</b>
<b>2023</b>	<b>\$757,867</b>	<b>\$139,015</b>	<b>\$475,831</b>	<b>\$1,372,713</b>
<b>2022</b>	\$720,171	\$132,100	\$252,460	\$1,104,732
<b>2021</b>	\$585,684	\$107,431	\$340,875	\$1,033,991
<b>2020</b>	\$527,194	\$96,703	\$166,604	\$790,501
<b>2019</b>	\$562,190	\$103,122	\$162,417	\$827,729

Victims may experience different types of abuse, neglect, or exploitation. Some victims may only experience self-neglect. Others may be the victims of poly-victimization, when one or more types of maltreatment co-occur. **Table 8** identifies the types of maltreatment that were substantiated in SFY 2023. Self-Neglect is the most common type of maltreatment experienced in Virginia at **63%**. Financial exploitation and neglect, when combined, occur in **26%** of the cases.

**Table 8-Statewide Substantiated Maltreatment**

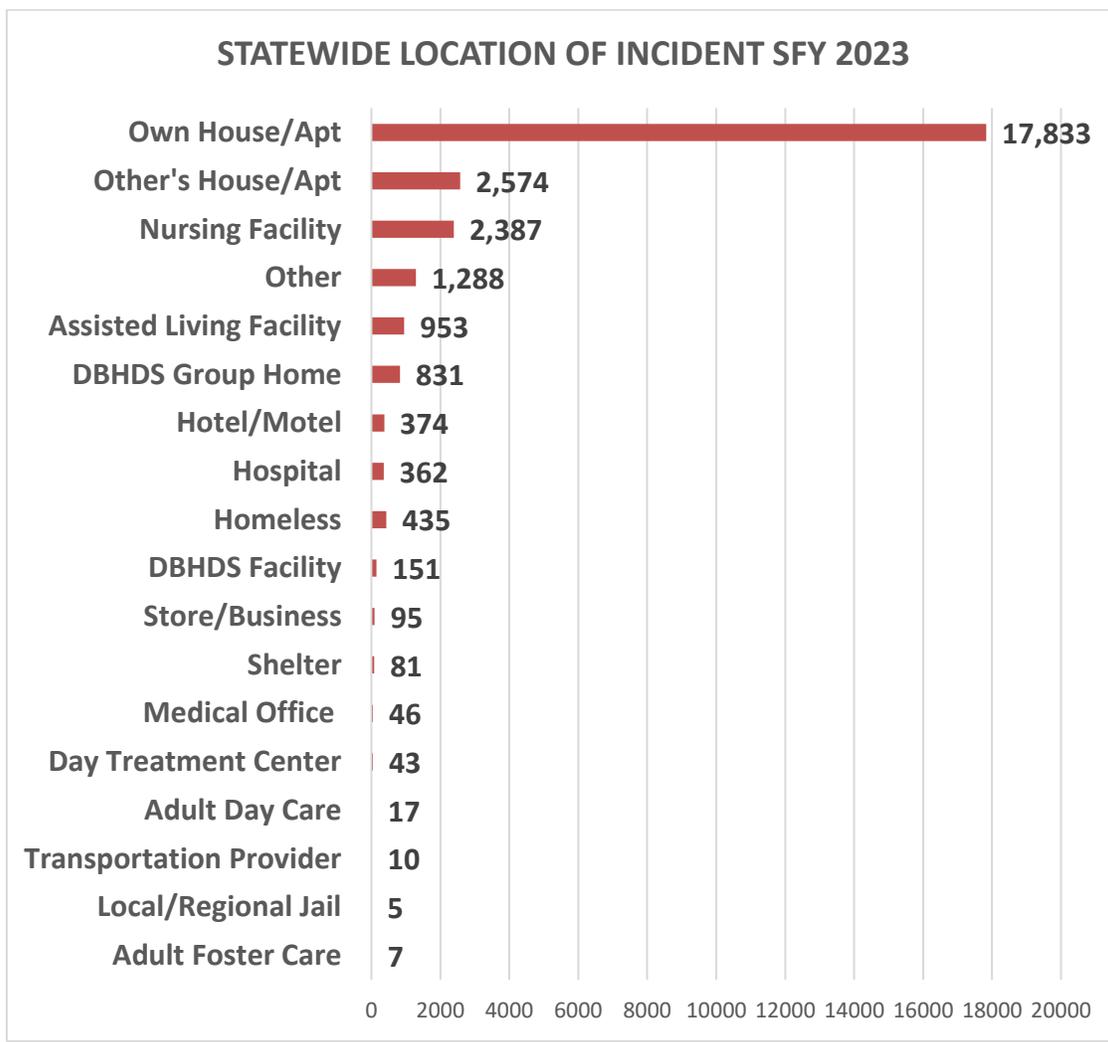
SFY 2023 Substantiated Types of Maltreatment	#	%
Self-Neglect	8,289	63%
Financial Exploitation	1,811	14%
Neglect	1,588	12%
Physical Abuse	621	5%
Mental Abuse	566	4%
Other Exploitation	207	2%
Sexual Abuse	53	<1%
<b>TOTAL</b>	<b>13,135<sup>10</sup></b>	<b>100%</b>

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<sup>10</sup> More than one type of substantiated maltreatment may be selected.

**Table 9** shows the location of the incident of maltreatment in the APS report. In SFY 2023, **65%** of incidents of maltreatment occurred in the adult’s own home or apartment. The second most common location was another person’s home or apartment. Incidents occurring in a nursing home or ALF constituted **12%** of the reports.

**Table 9-Location of Incident**



**Table 10** reflects demographics of the APS report subjects, statewide and regionally. Statewide **77%** of subjects were age 60 or older. More than **3,400** individuals were age 85 or older.

**Table 10-State and Regional APS Reports Statistics**

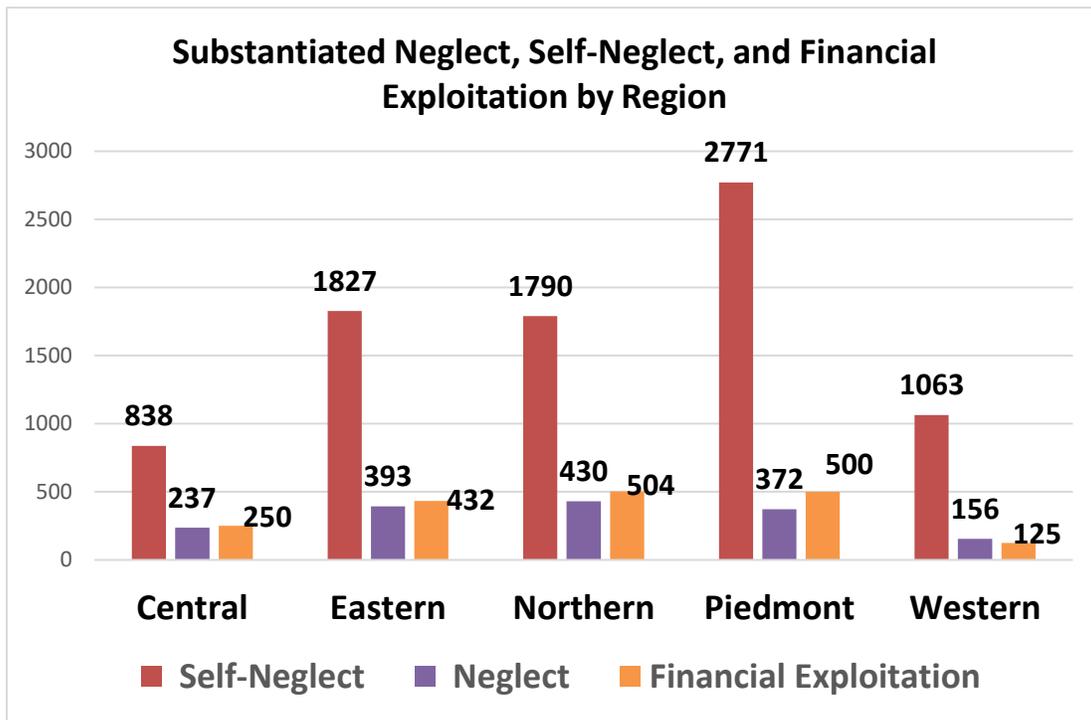
<b>SFY 2023 REGIONAL DEMOGRAPHICS OF REPORT SUBJECTS</b>						
	CENTRAL	EASTERN	NORTHERN	PIEDMONT	WESTERN	STATE TOTAL
Reports Received	7,636	9,358	11,879	10,219	4,351	<b>43,443</b>
Reports Substantiated	1,476	2,867	2,857	3,881	1,433	<b>12,514</b>
<b>DEMOGRAPHICS OF REPORT SUBJECT</b>						
60+	76%	79%	81%	78%	79%	<b>79%</b>
18-59	19%	17%	16%	18%	17%	<b>17%</b>
Unknown	5%	4%	3%	4%	4%	<b>4%</b>
Female	57%	59%	60%	59%	60%	<b>59%</b>
Male	41%	40%	40%	41%	40%	<b>40%</b>
Unspecified/ Unknown	2%	1%	<1%	<1%	<1%	<b>&lt;1%</b>
Transgender	<1%	<1%	<1%	<1%	<1%	<b>&lt;1%</b>
White <sup>11</sup>	51%	50%	64%	68%	87%	<b>62%</b>
Black	30%	32%	14%	16%	3%	<b>20%</b>
Asian	1%	2%	4%	<1%	<1%	<b>2%</b>
American Indian or Alaska Native	<1%	<1%	<1%	<1%	<1%	<b>&lt;1%</b>
Native Hawaiian or Other Pacific Islander	<1%	<1%	<1%	<1%	<1%	<b>&lt;1%</b>
Unk/RTA <sup>12</sup>	18%	15%	19%	15%	10%	<b>16%</b>
Married	14%	17%	20%	16%	19%	<b>17%</b>
Divorced	8%	8%	9%	12%	11%	<b>10%</b>
Separated	1%	2%	2%	3%	2%	<b>2%</b>
Single	22%	21%	21%	20%	17%	<b>21%</b>
Widowed	12%	16%	17%	17%	23%	<b>17%</b>
Unknown	43%	36%	31%	32%	28%	<b>34%</b>

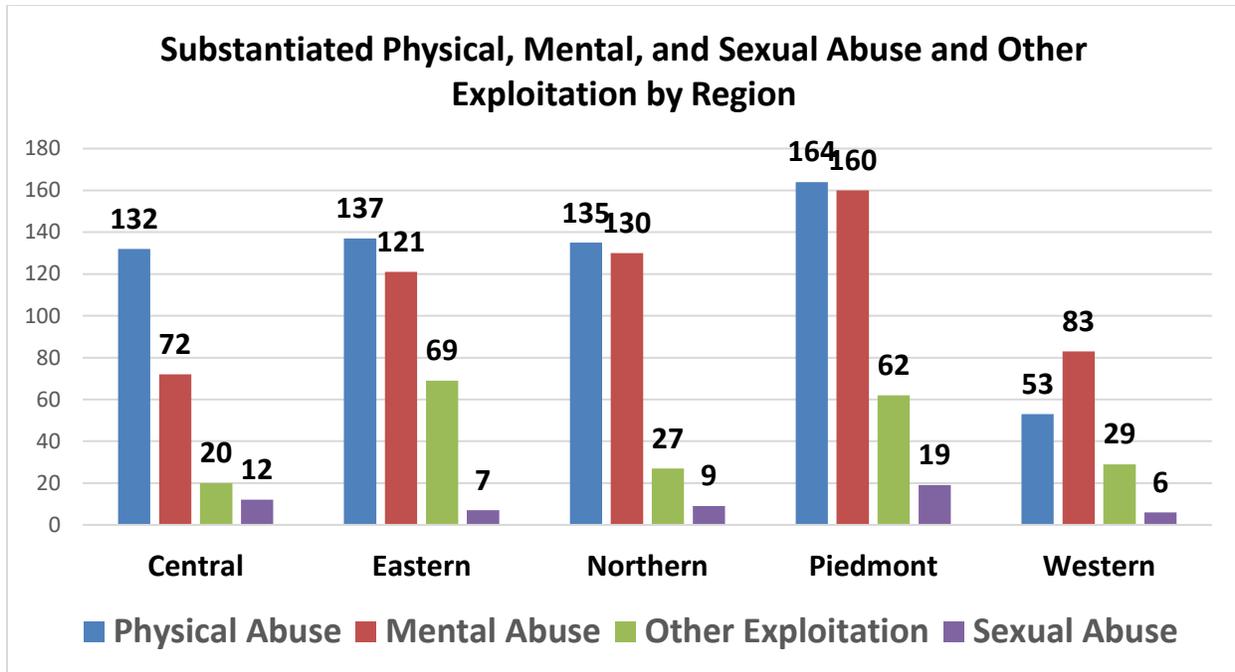
<sup>11</sup> In response to federal requirements, the race categories were changed October 1, 2021, and system users could select more than one race for a client. 89 cases had more than 1 race category selected.

<sup>12</sup> RTA=Refuse to Answer

**Table 11** compares self-neglect, neglect, and financial exploitation by region in one chart and physical abuse, mental abuse, other exploitation, and sexual abuse by region in the second chart. Across all five regions self-neglect is the most prevalent type of maltreatment.

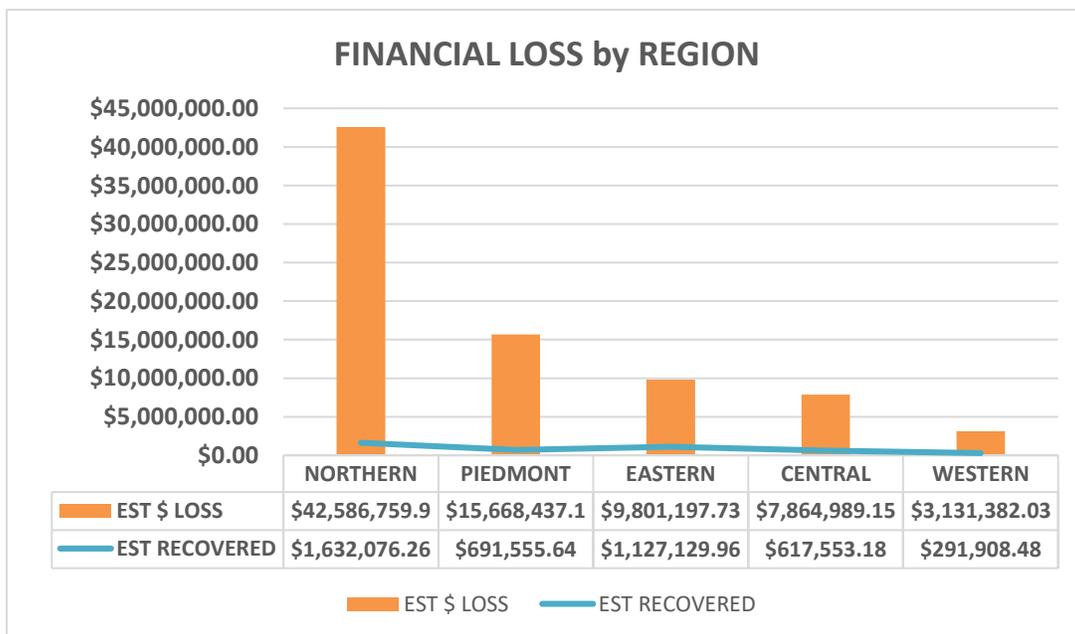
**Table 11-Substantiated Maltreatment by Type and Region**



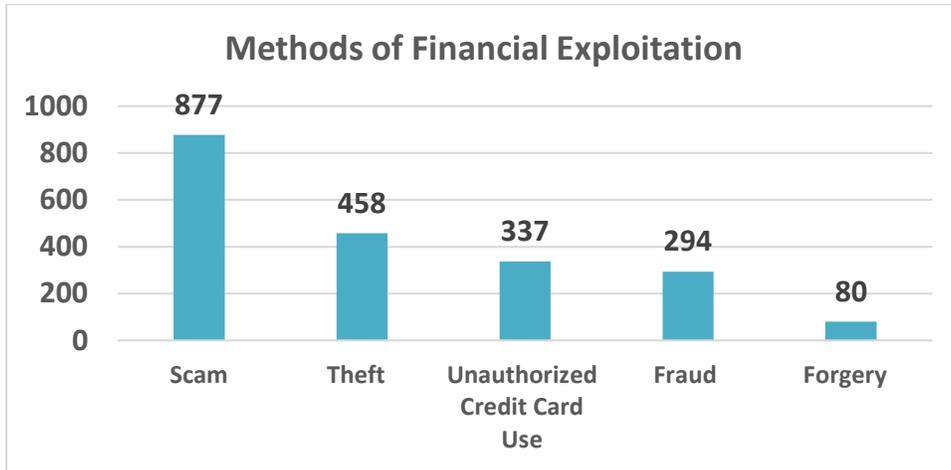


**Table 12** reflects the impact of financial exploitation on victims by region. Based on APS workers' estimates, In SFY 2023, Virginians who were exploited financially lost **\$79,052,766** and approximately **6%** of these assets and resources or **\$4,360,223** was recovered. **54%** of the total financial loss to Virginians in SFY 2023 occurred in the Eastern region whereas the Western region accounted for **4%**.

**Table 12-Financial Exploitation-Regional Impact**



**Table 13-Method Used to Financially Exploit**



**Table 14** represents some of the common types of perpetrators of adult maltreatment. Most perpetrators are relatives of victims. The worker would choose the value “other” if none of the available descriptions of the relationship between the perpetrator and the adult applies. The worker would select “unspecified” when the perpetrator is unidentifiable or unknown, for example, when the adult has been exploited through a telephone or computer scam.

**Table 14-Perpetrators in Substantiated APS Cases**



At any point during the APS investigation or as part of service provision, LDSS workers may find it necessary to initiate certain legal actions to stop the abuse, neglect or exploitation or prevent further maltreatment from occurring. In SFY 2023 LDSS, often in collaboration with local law enforcement or the LDSS attorney, initiated the following actions:

- **211** petitions for guardianship
- **203** petitions for conservatorship
- **25** protective orders
- **82** emergency orders for protective services
- **77** involuntary commitments to state or private hospitals
- **6** orders for medical treatment

Additionally, **124** cases were referred to legal authorities for possible criminal abuse, neglect, or financial exploitation charges.

Protective services provided at the conclusion of an investigation help stop abuse and prevent further maltreatment. The adult, or the adult's representative may accept one or more of the services offered by the worker, or in some instances services may be court ordered. The APS worker develops a service plan with the adult and others who may be involved in the adult's care.

**Table 15** lists several of the services provided in SFY 2023 to APS clients. The most common service provided was LDSS monitoring, which entails in-person or telephonic contacts between the APS worker and the client, or a designated party involved in the client's care. Multiple services may be provided in each case and figures also include services provided in ongoing cases from SFY 2023.

**Table 15-APS Post-Investigation Services**

<b>Post Investigation Services Provided to APS Clients</b>	<b>Number of Cases with Service</b>
Monitoring - LDSS	1,908
Other	1,055
Advocacy	1,053
Case Management Services	845
Emergency Assistance	790
Medical Services	732
CCC Plus	686
Screening (Medicaid)	615
Nursing Facility (NF) Placement	571
Housing Services	540
Legal Assistance	480
Financial Management/Counseling	458
Food Assistance	436
Assisted Living Facility (ALF) Placement	429
Home Maintenance	392
Companion Services	350
Transportation	349
Mental Health Services	322
Substitute Decision-Maker	303
Caregiver Support	280
Home Health	279
Home-Delivered Meals	234
Hoarding/Declutter	227
Emergency Shelter	164
Public Assistance	120

**Table 16** illustrates the number of APS reports received in each locality. Localities are organized according to region as well as agency level or size (in parentheses). Agency levels are as follows:

- Level I--A small office typically has less than twenty-one (21) approved permanent full-time equivalent (FTE) positions;
- Level II--A moderate office typically has twenty-one (21) to eighty (80) approved permanent FTE positions;
- Level III--A large office typically has more than eighty (81+) approved permanent FTE positions.

**Table 16-APS Reports by Locality**

CENTRAL REGION		EASTERN REGION		NORTHERN REGION	
Locality	# of Reports	Locality	# of Reports	Locality	# of Reports
Amelia (I)	61	Accomack (II)	209	Alexandria (III)	329
Buckingham (II)	119	Brunswick (II)	39	Arlington (III)	633
Caroline (II)	140	Chesapeake (III)	1,350	Clarke (I)	145
Charles City (I)	18	Dinwiddie (II)	80	Culpeper (II)	307
Chesterfield/ Colonial Heights (III)	1,653	Franklin City (II)	40	Fairfax/Fairfax City/Falls Church (III)	3,525
Cumberland (I)	62	Gloucester (II)	266	Fauquier (II)	453
Essex (I)	70	Greensville/Emporia (II)	91	Frederick (II)	557
Fluvanna (II)	147	Hampton (III)	414	Fredericksburg (II)	172
Goochland (I)	50	Isle of Wight (II)	166	Greene (I)	120
Hanover (II)	424	James City County (II)	531	Harrisonburg/ Rockingham (III)	679
Henrico (III)	2,402	Mathews (I)	62	King George (I)	59
Hopewell (II)	257	Newport News (III)	915	Loudoun (III)	961
King & Queen (I)	40	Norfolk (III)	1,152	Louisa (II)	236
King William (I)	37	Northampton (II)	55	Madison (I)	127
Lancaster (I)	58	Portsmouth (III)	349	Manassas City (II)	149
Lunenburg (I)	18	Prince George (II)	106	Manassas Park (I)	51
Middlesex (I)	91	Southampton (II)	59	Orange (II)	237
New Kent (I)	90	Suffolk (III)	508	Page (II)	56
Northumberland (I)	57	Surry (II)	47	Prince William (III)	1,195
Nottoway (I)	74	Sussex (II)	61	Rappahannock (I)	52
Petersburg (III)	277	Virginia Beach (III)	2,320	Shenandoah (II)	277
Powhatan (II)	80	Williamsburg (II)	113	Spotsylvania (III)	536
Prince Edward (II)	119	York/Poquoson (II)	425	Stafford (II)	423
Richmond City (III)	1,107			Warren (II)	303
Richmond County (I)	43			Winchester (II)	297
Westmoreland (II)	142				
<b>TOTAL:</b>	<b>7,636</b>	<b>TOTAL:</b>	<b>9,358</b>	<b>TOTAL:</b>	<b>11,879</b>

PIEDMONT REGION		WESTERN REGION	
Locality	# of Reports	Locality	# of Reports
Albemarle (III)	429	Bland (I)	12
Alleghany/Covington/Clifton Forge (II)	294	Bristol (II)	167
Amherst (II)	279	Buchanan (II)	42
Appomattox (I)	58	Carroll (II)	169
Bath (I)	67	Dickenson (II)	88
Bedford (III)	787	Floyd (I)	131
Botetourt (I)	155	Galax (I)	100
Campbell (II)	373	Giles (II)	99
Charlotte (II)	65	Grayson (II)	135
Charlottesville (III)	265	Lee (II)	264
Craig (I)	40	Montgomery (II)	443
Danville (III)	128	Norton (I)	32
Franklin County (II)	519	Patrick (II)	129
Halifax/South Boston (II)	95	Pulaski (II)	320
Henry/Martinsville (III)	545	Radford (I)	75
Highland (I)	23	Russell (II)	236
Lynchburg (III)	704	Scott (II)	230
Mecklenburg (II)	127	Smyth (II)	317
Nelson (I)	71	Tazewell (II)	587
Pittsylvania (II)	241	Washington (II)	272
Roanoke City (III)	1,635	Wise (III)	341
Roanoke County/Salem (III)	1,402	Wythe (II)	162
Rockbridge/Buena Vista/Lexington (II)	246		
Staunton/Augusta/Waynesboro (III)	1,671		
<b>TOTAL</b>	<b>10,219</b>	<b>TOTAL</b>	<b>4,351</b>

### Table 17-APS Hotline Reports

The Virginia Department of Social Services (VDSS) operates the 24-hour, 7 days a week, APS hotline in conjunction with the Child Protective Services (CPS) hotline. **Table 16** illustrates monthly APS hotline call volume for SFY 2023. There were **11,230** reports to the APS Hotline, a **12%** increase from SFY 2022. **Twenty-six percent** of SFY 2023 APS reports were made through the APS hotline.

