

Report to
The Vermont Legislature

**Annual Report on
Adult Protective Services for State Fiscal Year 2014**

In Accordance with Act 79 (2006), Sec. 12, as amended by Act 46, (2013), Sec. 3,
An act relating to criminal abuse, neglect, and exploitation of vulnerable adults.

Submitted to:	Senate Committee on Judiciary Senate Committee on Health and Welfare House Committee on Judiciary House Committee on Human Services
Submitted by:	Hal Cohen Secretary Agency of Human Services Susan Wehry, MD Commissioner Department of Disabilities, Aging, and Independent Living
Prepared by:	Clayton Clark Director Division of Licensing and Protection
Report Date:	January 30, 2015

Reporting Requirement

The Division of Licensing and Protection (DLP) in the Department of Disabilities, Aging and Independent Living (DAIL), Agency of Human Services, is pleased to present the State Fiscal Year 2014 (SFY14) Legislative Report on the Adult Protective Services (APS) program, in accordance with Act 79 (2005), Sec. 12, as amended by Act 46, (2013), Sec. 3, located at Appendix A, with data required by Act 46 at Appendix B.

Success Story

This story illustrates how one vulnerable adult is better off as a result of the work of APS in SFY14. The name of the alleged victim has been changed to protect her identity.

Louise has a cognitive impairment and requires personal assistance to meet her daily needs. Unfortunately, her previous caregiver stopped providing care without making other arrangements or notifying anyone. Louise struggled to live on her own, and within several months her home was filled with trash. She had no working lights, hot water, or usable appliances, despite the fact that she had sizable financial assets. Her home was in a private, rural area, so no members of her community knew of her living conditions.

APS was contacted because Louise was seen in her local community confused and disoriented. Within 72 hours of receiving the report, an APS Investigator was onsite and acted immediately to coordinate community support and to arrange for long overdue medical care. Louise now lives in a clean home with new appliances in good working order. She has a guardian, a case manager to help her with life skills and other services, and ongoing support including shopping and participation in community events.

In addition to the support provided Louise, APS recommended the previous caregiver be placed on the Adult Abuse Registry so they would not be able to work with vulnerable adults in the future. This recommendation was upheld by the DAIL Commissioner. At the time of this report, the caregiver's placement on the registry is pending a possible appeal to the Human Services Board.

APS Mission and Organizational Structure

Vermont's APS program is the primary unit of state government responsible for investigating allegations of abuse, neglect and exploitation of vulnerable adults under Title 33 of Vermont Statutes. APS is a program within DLP, with the APS Program Chief reporting to the DLP Director. DLP also houses Survey and Certification (S&C). S&C monitors licensed health care facilities for compliance with state and federal regulations, and they conduct their own investigations as a result of complaints and self-reports from the facilities.

During SFY14, APS was staffed with 15 FTE positions, as follows:

- 1 Program Chief
- 2 Field Supervisors (with each .5 FTE Supervision/.5 FTE Investigator)
- 10 Field Investigators
- 2 Program Specialists (Intake, Screening)

Services Delivered by APS

APS delivers the following services in response to reports of alleged abuse, neglect, or exploitation of vulnerable adults.

Community Outreach and Education

APS provides training to the staff of community-based providers and other community groups in an effort to prevent and reduce the abuse, neglect and exploitation of vulnerable adults. They review applicable laws and policies, such as reporting requirements for mandated reporters, and show how to make a report when someone suspects a vulnerable adult is at risk.

APS continued to lead the Financial Abuse Specialist Team (FAST), which brought together private and public organizations collectively working to prevent financial exploitation.

In SFY14, APS staff conducted 28 community outreach and training meetings with 523 people in attendance.

Intake and Screening

APS performs intake for the division, including intakes where the reporter intended the report to be delivered to S&C.

Within 48 hours of receiving an intake, APS staff determine if the alleged victim is a vulnerable adult and if the allegations meet the statutory definitions for abuse, neglect, or exploitation. If both criteria are met, an investigator is assigned and an investigation conducted. If these criteria are not clear, an APS Investigator may be sent to perform a field screen to make a determination. APS staff make appropriate referrals to other organizations that could assist the reporter and/or alleged victim, even if an intake is not referred to investigation.

In SFY14, APS received 4,037 intakes for DLP. A perfect comparison can not be made to the previous year, as intakes referred to S&C were not entered into the APS case management system consistently in SFY13. However, removing intakes that were referred to S&C without an APS investigation results in 2,714 APS intakes for SFY14 and 1,897 for SFY13, an increase of 43%.

Investigation

When an investigation is warranted, APS Investigators will interview the reporter, the alleged victim, and any other relevant witnesses, along with reviewing any available documentation. They will also provide the alleged perpetrator with an opportunity to present information. At the conclusion of the investigation, they will make a recommendation for substantiation to the DAIL Commissioner if the evidence indicates there was abuse, neglect, or exploitation.

In SFY14, APS assigned 1,515 investigations for investigation. The number of investigations assigned is 488 more than the previous year, which is an increase in 48%

In SFY14, APS completed 1,366 investigations. The number of investigations completed is 427 more than the previous year, which is an increase of 45%.

In SFY14, APS recommended 165 substantiations. The number of substantiations is 24 more than the previous year, which is a 17% increase. Two of the substantiations were made automatically without investigation as a result of a criminal conviction.

In SFY14, APS recommended substantiations in 12% of the cases they completed investigations. This is a 20% decrease from the SFY13 recommended substantiation rate of 15%.

In SFY14, the average daily caseload for APS Investigators was 30. This is a 25% increase from the SFY13 average daily caseload of 24.

In SFY14, the average daily open cases for APS was 335. This is a 42% increase in the SFY13 average daily open cases of 236.

Protective Services

The investigator will discuss with the alleged victim and/or their legal representative appropriate protective services. Except where protective services are court ordered, the investigator works to implement protective services agreed to by the victim. Victims with decisional capacity can choose to decline all services. Some services that can be offered are:

- Referrals to service providers, including case management, guardianship services, mental health and developmental services, law enforcement, and health care.
- Securing change of representative payee.
- Petitioning for removal of a court-appointed guardian.
- Notifying and filing a misuse of funds report with the Social Security Administration.
- Alerting financial institutions of misappropriation of funds.

- Assisting the client to close/change banking or other accounts.
- Intervening in cases of identity theft.
- Petitioning for guardianship.
- Filing for temporary restraining orders and relief from abuse orders.

In SFY14, APS implemented 629 of the protective services listed above.

In SFY14, 555 adults with decision capacity refused protective services from an APS Investigator.

In SFY14, APS Investigators completed 392 Written Coordinated Treatment Plans, which are completed during the investigation by the investigator, when necessary, for both substantiated and unsubstantiated cases.

Appeals

There are two types of appeals:

- When an intake is screened out indicating that APS staff feel that an investigation is not warranted, the reporter may appeal this decision to the DAIL Commissioner.
- When an investigator recommends substantiation after an investigation, the alleged perpetrator has the opportunity to appeal that decision to the DAIL Commissioner and/or the Human Services Board (HSB).

For the 165 recommended substantiations made in SFY14, 10% were overturned by the DAIL Commissioner or her delegate and 11% are still in the appeal process. A single case was overturned by the HSB to date.

Adult Abuse Registry

APS is responsible for maintaining and managing the Vermont Adult Abuse Registry, which provides a confidential listing of individuals who have been substantiated for abuse, neglect and/or exploitation of a vulnerable adult. The registry may be accessed by current or prospective employers whose employees or volunteers serve vulnerable adults and/or children.

In SFY14, APS placed 95 individuals on the registry, which was the same number as in SFY13.

In SFY14, APS conducted 54,307 registry checks. This was 3,781 more checks than in SFY13, a 7.5% increase.

The number of individuals placed on the registry will not match the number of investigations recommended for substantiation for two reasons:

- Appeals will delay the addition to the registry if upheld and will prevent individuals from placement if overturned.

- When an alleged perpetrator has allegedly harmed multiple vulnerable adults, there will be a separate investigation for each vulnerable adult. As a result, there can be multiple investigations that recommend substantiation against a single individual.

Expungement

After an individual has been placed on the Adult Abuse Registry, they can make a request to the DAIL Commissioner to have their name expunged.

In SFY14, one individual was expunged from the registry.

In SFY13, three individuals were expunged from the registry.

SFY14 Program Highlights

Changes in Leadership

Clayton Clark became DLP Director in December 2014. He has 20 years of federal and state government experience, previously serving as Vermont's Director of Veteran Services and as a captain in the U.S. Air Force. He has a Master's Degree in government from Harvard University, with a focus on the measurement of government systems.

John Bouthillette became APS Program Chief in May 2014. He is the retired Chief of Police from the South River New Jersey Police Department with a 26-year career in law enforcement. He holds a Master's Degree in human resources training and development from Seton Hall University and a Master Certificate in public administration from Rutgers University. He is also a graduate of the 236th Session of the FBI National Academy. His background includes training in law enforcement accreditation management and assessment and is recognized as a subject matter expert who has lectured both nationally and internationally on the topic of officer safety and survival. He has lectured on behalf of the United States Marshal's Service, Federal Bureau of Investigation, the FBI National Academy Association, and the United States Department of Justice / Bureau of Justice Assistance.

Standardized Monthly and Quarterly Reporting

Monthly and quarterly reporting was improved beginning in January 2014. Reports were expanded and followed a consistent format to assist both in APS management and in operating transparently to the public. Appendix C is the monthly report for June 2014 that provides data for the final six months of SFY14. Appendix D is the quarterly report for the fourth quarter of SFY14, which provides data on all of SFY14. As with this annual report, the minimum reporting requirements for quarterly reports APS was established by Act 79 (2005), Sec. 12, as amended by Act 46, (2013), Sec. 3, located at Appendix A.

APS Settlement and File Reviews

DAIL settled a lawsuit with private organizations over the APS program on August 26, 2013. The settlement made changes to the APS policy manual and established a File Review Panel to review APS files on a quarterly basis and report their findings to the APS Sub-committee of the DAIL Advisory Board. The settlement laid out eight benchmarks revolving largely around timeliness and allowed for the reviewers to comment on APS practices. The reviews began with files from the first quarter of SFY14.

Appendix E shows the results of the reviews on eight benchmarks for the four quarters of SFY14. Although there are still areas that need improvement, the APS staff has done a tremendous job in adopting and meeting these standards. For the first quarterly review APS met one benchmark, and for the last two quarters APS has met all but one. All benchmarks have been met at least once.

As part of their narrative review, the File Review Panel has consistently raised concerns over three topics:

- Whether intakes referred to S&C for investigation should also have an APS investigation.
- Whether S&C reports back to APS when S&C finds evidence of abuse, neglect, and/or exploitation as part of their work.
- Whether APS is doing enough regarding referrals made in the written coordinated treatment plan.

DLP and APS leadership is committed to addressing these three areas in SFY15.

Ongoing SFY14 Investigations

There were 1,515 intakes assigned to investigation in SFY14. As of January 1, 2015, all but 13 of those investigations have been completed (99.1% completed). Appendix F lists the SFY14 investigations that are ongoing and the reasons why. There are no ongoing investigations from SFY13 or prior. All investigations over 90 days old are highlighted in each investigator's weekly activity report to ensure they are resolved as quickly as possible.

Appendix A: Act 46 (2013), An act relating to adult protective services reporting requirements, Section 3

Sec. 3. 2005 Acts and Resolves No. 79, Sec. 12 is amended to read:

Sec. 12. REPORT

(a) On or before January 15, 2006 and on or before January 15 of each year thereafter until January 15, 2018, the ~~secretary of the agency of human services~~ Secretary of Human Services shall submit a report to the following committees: the ~~house and senate committees on judiciary, the house committee on human services, and the senate committee on health and welfare~~ House and Senate Committees on Judiciary, the House Committee on Human Services, and the Senate Committee on Health and Welfare. The report shall include:

- (1)(A) ~~The~~ For the preceding year, the number of reports of abuse, exploitation, and neglect:
 - (i) received by ~~adult protective services~~ Adult Protective Services (APS) within the ~~department of aging and independent living during the preceding year~~ Department of Disabilities, Aging, and Independent Living, and the total number of persons who filed reports.
 - (ii) investigated by APS ~~during the preceding year~~.
 - (iii) substantiated by APS ~~during the preceding year~~.
 - (iv) referred to other agencies for investigation by APS ~~during the preceding year~~ regardless of whether reports were opened, substantiated, or

unsubstantiated, including identification of each agency and the number of referrals it received.

(v) referred for protective services by APS ~~during the preceding year~~, including a summary of the services provided.

(vi) resulting in a written coordinated treatment plan pursuant to 33 V.S.A. § 6907(a) or a plan of care as defined in 33 V.S.A. § 6902(8).

(vii) for which an individual was placed on the abuse and neglect registry as the result of a substantiation.

(viii) referred to law enforcement agencies.

(ix) for which a penalty was imposed pursuant to 33 V.S.A. § 6913.

(x) for which actions for intermediate sanctions were brought pursuant to 33 V.S.A. § 7111.

(B) For each type of report required from APS by subdivision (1)(A) of this section, a statistical breakdown of the number of reports according to the type of abuse and to the victim's:

- (i) relationship to the reporter;
- (ii) relationship to the alleged perpetrator;
- (iii) age;
- (iv) disability or impairment; and
- (v) place of residency.

Appendix B: Act 46 Required Data for SFY14

Data Element Label	Data
Number of Reports Received by Intake	4,037
Number of Reporters	3,744
Number of Intakes Referred to Investigation	1,515
Number of Investigations Substantiated	165
Referrals to Other Agencies*	2,333
Survey and Certification (DLP)	1,356
Area Agency on Aging (AAA)	372
Law Enforcement	276
Other Referral	206
Vermont Legal Aid	48
Vermont Attorney General - Medicaid Fraud Unit	29
Disability Rights Vermont	18
Office of Professional Regulation	16
Other DAIL Division	7
Department of Health	5
Referred to Protective Services*	629
Arranged for Counseling	153
Arranged for Increased Supervision	129
Other Protective Service	96
Conducted Joint Investigation with Law Enforcement	83
Assisted with Securing Safe Living Conditions	47
Obtained a Temporary Relief from A/N/E Order	32
Assisted with the Implementation of a Rep Payee	28
Petitioned for Guardianship	26
Asked Bank to Freeze Accounts	19
Assisted with the Execution of a POA	7
Dissolved a POA	5
Petitioned to Appoint a Successor Guardian	4
Protective Services Declined by an Adult with Decisional Capacity	555
Written Coordinated Treatment Plans	392
Individuals Placed on the Adult Abuse Registry	95
Penalties Imposed Pursuant to 33 V.S.A. § 6913	0
Intermediate Sanctions Brought Pursuant to 33 V.S.A. § 7111	0
Victims' Relationship to Reporter	
Not Documented*	767
Other	536
Facility Staff	383
Social Worker	328
Health/Medical Professional	310
Mental Health Staff	274

Data Element Label	Data
Relative	207
Home Health/VNA	169
AAA	80
Friend/Acquaintance	64
Police	63
Developmental Services Division	47
Bank	22
Attorney	16
Doctor	14
Non-Family Caregiver	14
Anonymous	12
Spouse	11
Home Provider	10
Legal Guardian	9
Neighbor	9
Ombudsman	9
School	9
Probation/Parole Officer	4
Fellow Resident/Patient	3
Victims' Relationship to Alleged Perpetrator	
Relative	682
Not Documented*	644
Fellow Resident/Patient	409
Other	272
Friend/Acquaintance	237
Spouse	167
Facility Staff	138
Non-Family Caregiver	117
Home Provider	49
Neighbor	45
Legal Guardian	41
Home Health/VNA	40
Mental Health Staff	39
Health/Medical Professional	28
Developmental Services Division	15
Doctor	8
Self	5
Police	3
Anonymous	2
Attorney	2
Social Worker	2
AAA	1
School	1

Data Element Label	Data
Age Range	
18-59 Years Old	1,358
60-79 Years Old	952
Over 80 Years Old	871
Unknown	183
Vulnerable Condition	
Unknown	1,533
Mental Disability	1,307
Elderly/Frail	936
Physically Disabled	793
County of Residence	
Addison	132
Bennington	307
Caledonia	116
Chittenden	527
Essex	14
Franklin	253
Grand Isle	25
Lamoille	123
Orange	137
Orleans	142
Rutland	263
Washington	414
Windham	364
Windsor	276
Victims' Type of Residence	
Licensed LTC Facility	765
Not Documented*	717
Own Home	651
With Relative	250
Alone	227
Other	195
With Caregiver	139
With Spouse	114
Relative's Home	97
Psychiatric Facility	88
Homeless	43
Unknown	36
Hospital	19
Developmental Home	16
Unlicensed Facility	8

*** Notes on Appendix B Data**


Referrals, protective services, and some demographic data were not consistently entered into the APS case management system by intake staff and investigators until November 2013, five months into SFY14 (42% of reporting period). The numbers reported for referrals and protective services in this report are what were documented by APS staff during the reporting period. For demographic data, the term “Not Documented” is used above when data was not collected by APS staff.

Appendix C: APS Monthly Report for June 2014

APS MONTHLY REPORT TO THE DAIL COMMISSIONER

June 2014

To: Susan Wehry
Commissioner, Department of Disabilities, Aging and Independent Living

Prepared by: Clayton Clark 
Director, Division of Licensing and Protection

Date: July 13, 2014

The Adult Protective Services (APS) program provides monthly reports at the request of the DAIL Commissioner. This is the monthly report for June 2014. The data table below and the attached charts derived from it provide information on the APS program from January 2014 to June 2014. Appendix A provides definitions for the data elements used in this report.

Notes on Report Data

There are no significant positive or negative trends in the data that require action at this time. The table and charts below show workload that is variable month by month.

The maximum APS Investigator Caseload has decreased as a result of the return of an APS investigator from Family Medical Leave and Shawna Agel's return to casework after serving as the interim APS Program Chief. We anticipate the average caseload to decrease further in August when a newly hired investigator begins taking cases.

Several charts have been reconfigured from the previous monthly reports to provide a better breakout of how intakes are referred to investigation both for APS and S&C. These charts highlight that for the past six months 70% of intakes have been investigated by the Division of Licensing and Protection.

Month	January	February	March	April	May	June
Intakes Entered	366	258	308	351	402	340
APS Closed Contacts	222	153	183	211	255	219
APS Closed Contacts Referred to S&C for Investigation	100	77	104	107	133	110
Intakes Referred to APS Investigation	144	102	120	125	144	120
Completed APS Investigations	128	121	89	92	129	134
Substantiated APS Investigations	12	22	6	16	15	16
Unsubstantiated APS Investigations	116	99	83	76	114	117
Perpetrators Placed on Adult Abuse Registry	11	4	8	16	11	7
Total Open APS Cases (Average)	343	331	317	351	344	333
APS Investigator Caseload (Average)	31	31	29	32	31	30
Minimum APS Investigator Caseload	13	13	5	3	3	11
Maximum APS Investigator Caseload	56	39	45	43	52	44

Chart 1: Minimum, Maximum and Average APS Investigator Caseload Past Six Months

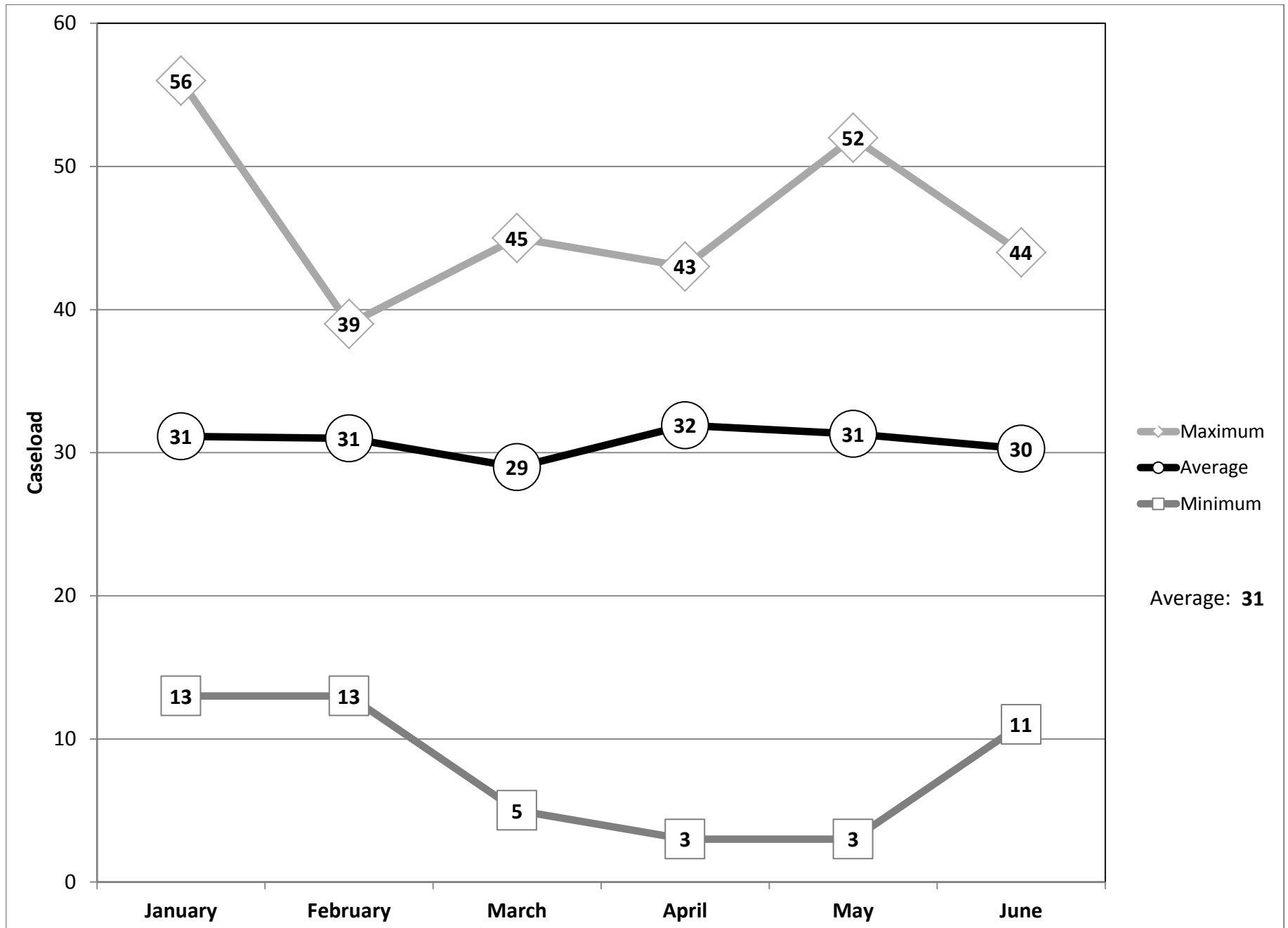


Chart 2: Division Intakes, APS Closures and Average Open APS Cases Past Six Months

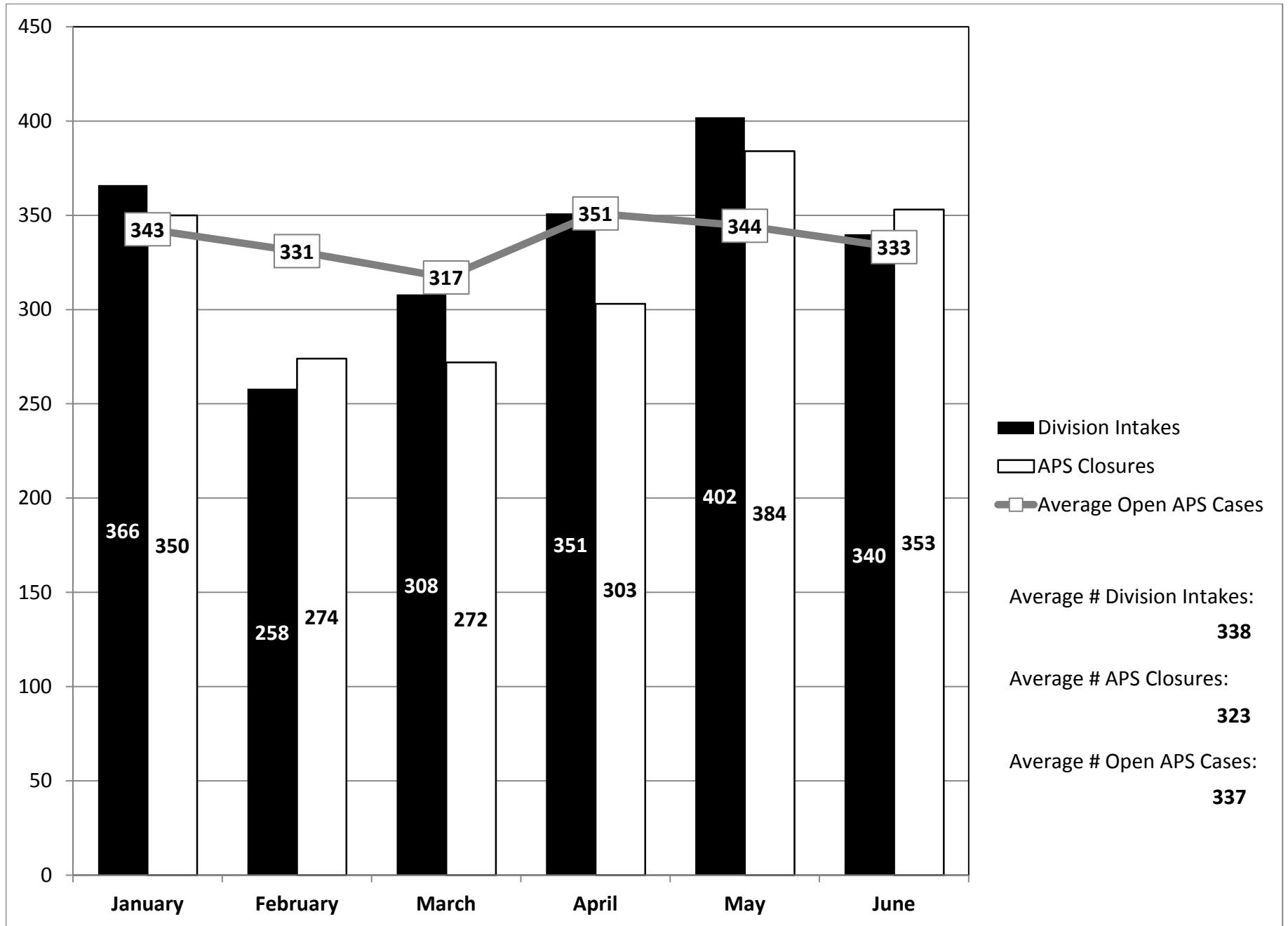


Chart 3: Intakes Referred to Investigation Past Six Months

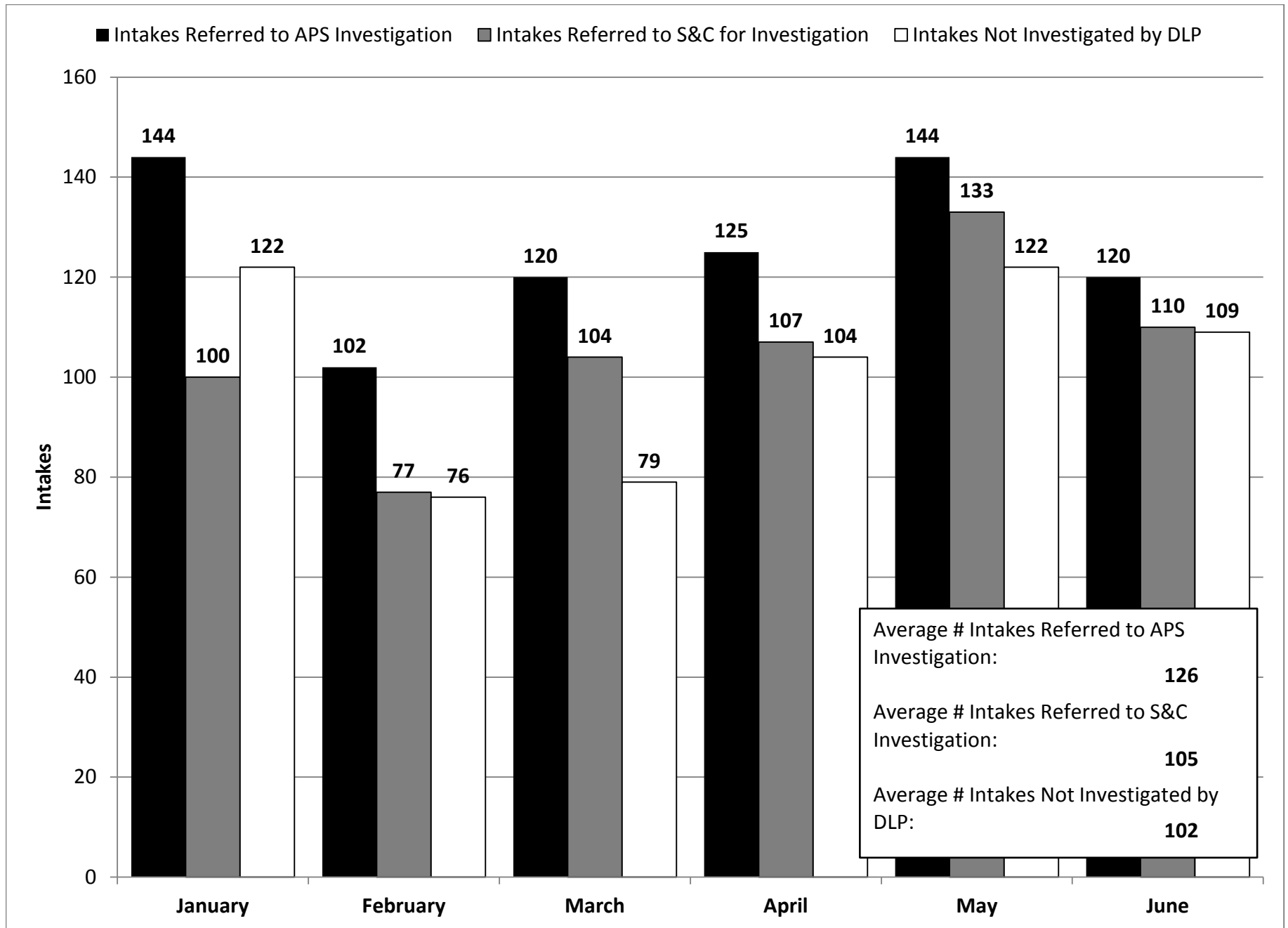


Chart 4: Percent Intakes Referred to Investigation Past Six Months

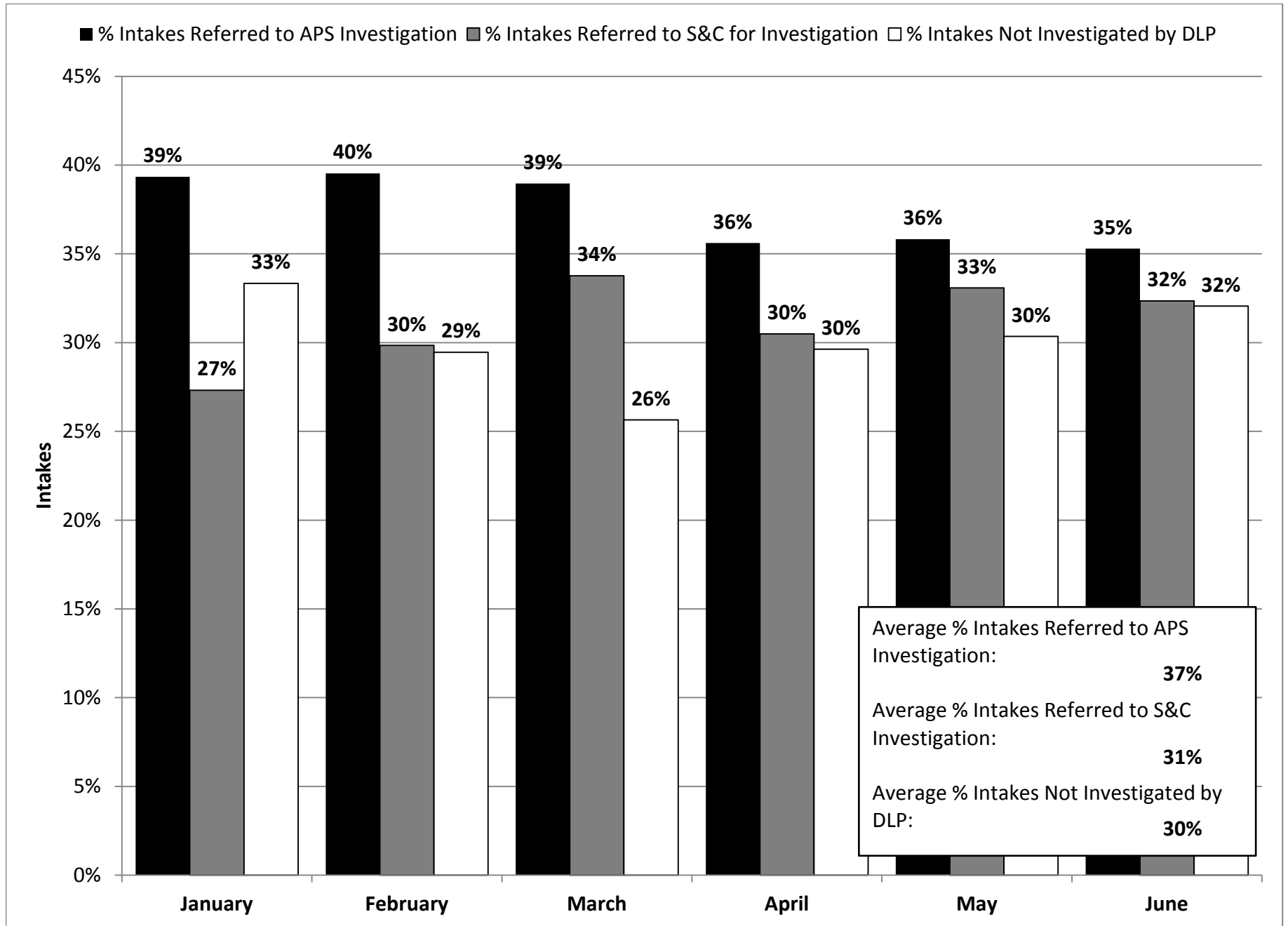


Chart 5: Number of APS Investigations Substantiated and Not Substantiated Past Six Months

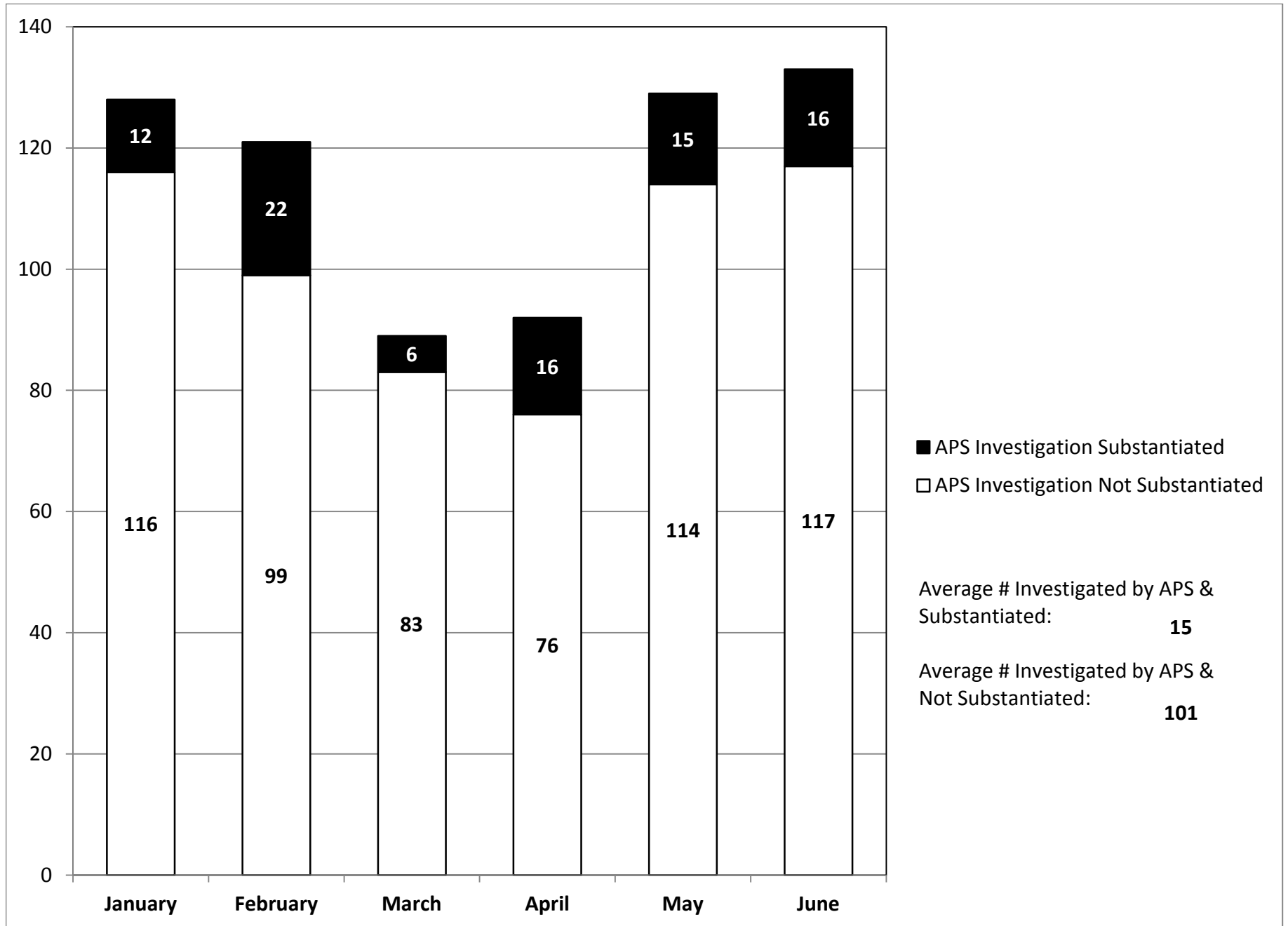


Chart 6: Percent of APS Investigations Substantiated and Not Substantiated Past Six Months

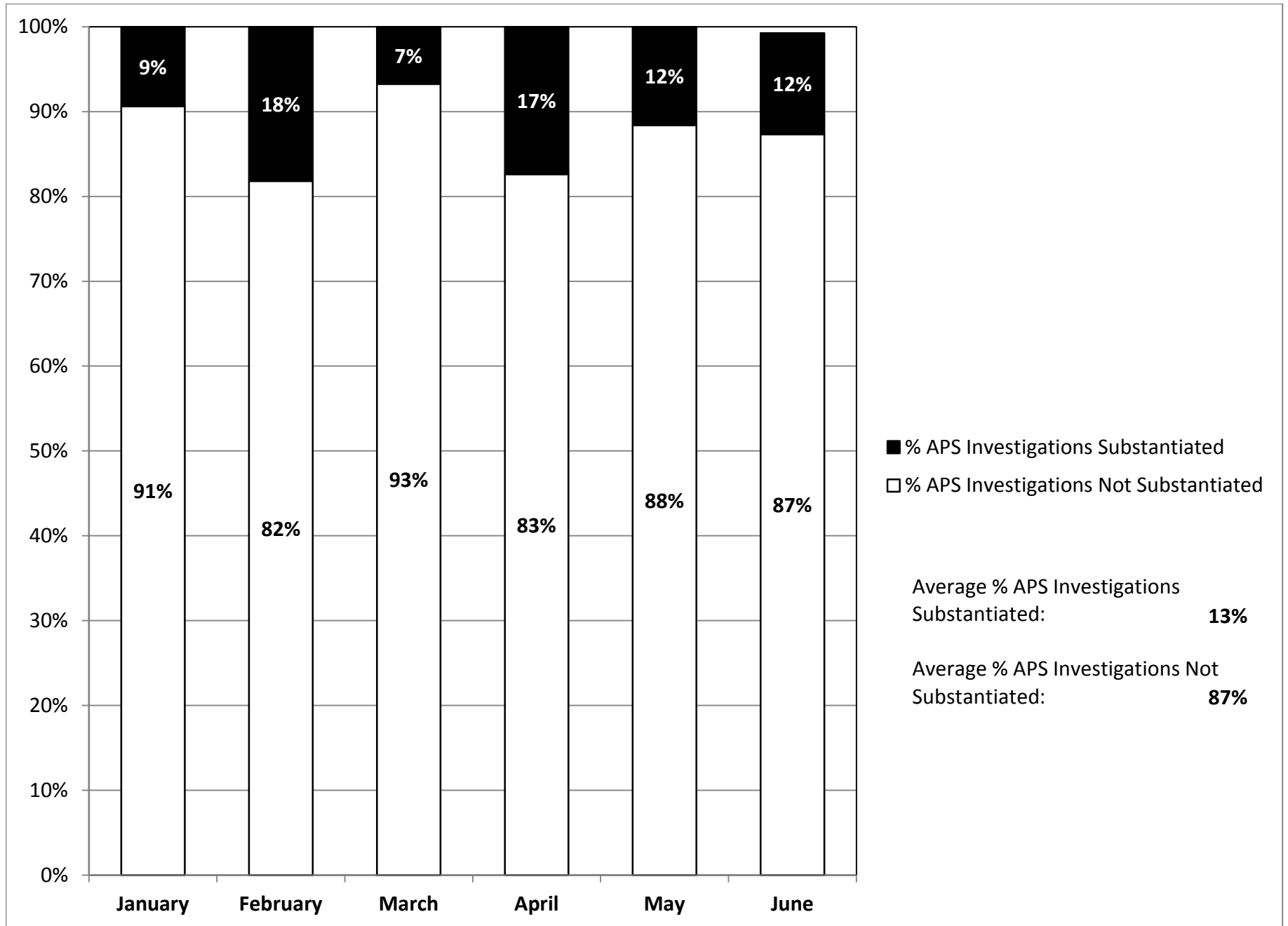
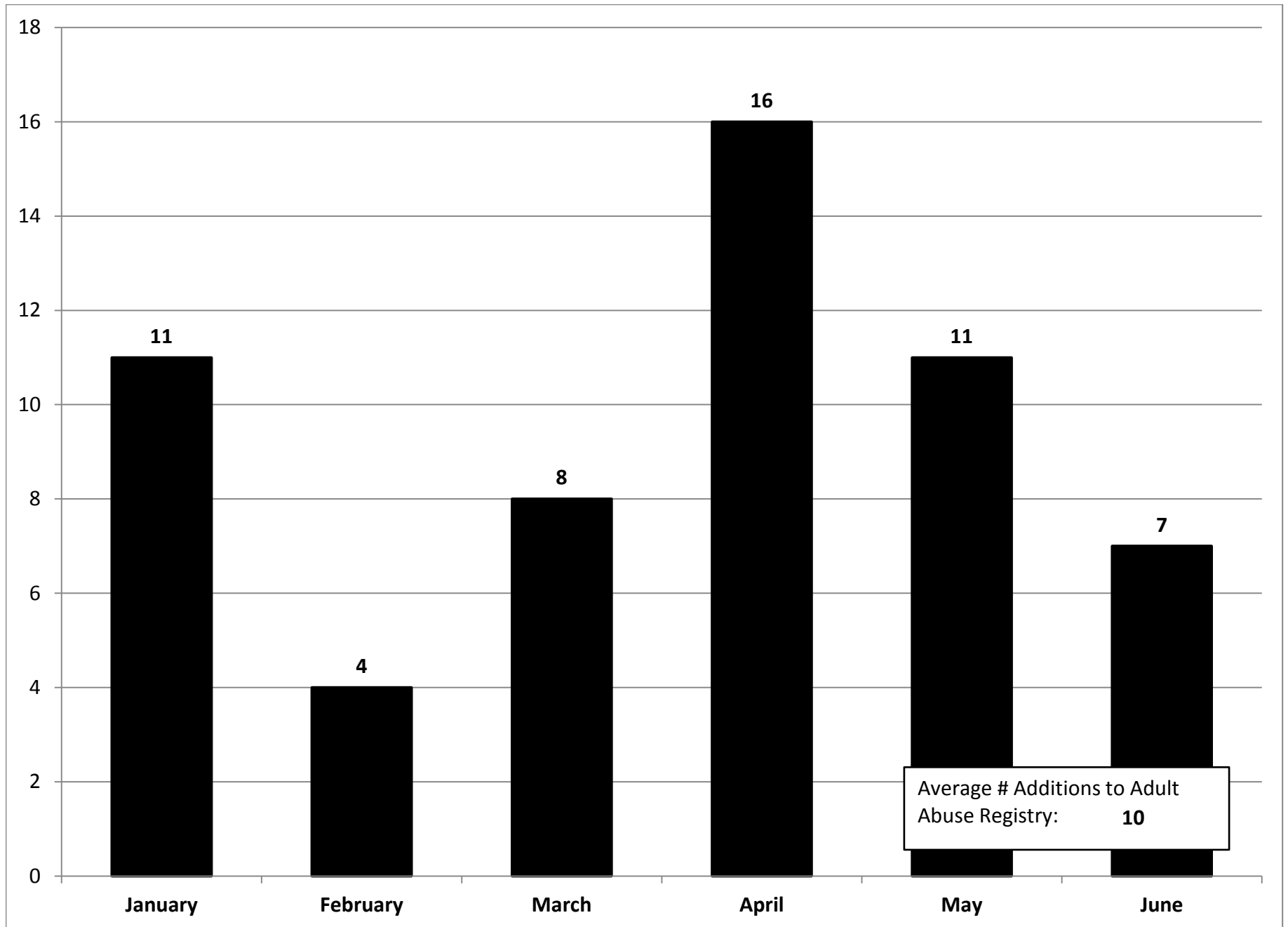


Chart 7: Adult Abuse Registry Additions Past Six Months



Appendix D: APS Quarterly Report to the Legislature for 1st Quarter, SFY15

APS QUARTERLY REPORT TO THE LEGISLATURE

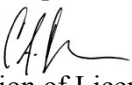
1st Quarter, SFY2015

To: Health Care Oversight Committee

From: Susan Wehry
Commissioner, Department of Disabilities, Aging and Independent Living

**Susan
Wehry**

Digitally signed
by Susan Wehry
Date: 2014.10.14
09:42:59 -04'00'

Prepared by: Clayton Clark 
Director, Division of Licensing and Protection

Date: October 5, 2014

The Adult Protective Services (APS) program provides quarterly reports to the Legislature in accordance with Act 46 (2013). This is the quarterly report for the first quarter of State Fiscal Year 2015. The attached data table and charts derived from it provide information on the APS program for SFY2014. Appendix A provides definitions for the common data elements used in this report. Appendix B provides information on the DLP intake process and intakes referred to Survey and Certification (S&C) for investigation.

Notes on Report Data

A review of the data shows that APS workload and outcomes for this fiscal year has been steady across most measurements. There are no significant positive or negative trends in the data that require action at this time. The program is presently stable and meeting our statutory obligations.

There was a significant increase in the number of cases referred to investigation this past quarter. DLP Intake referred over one hundred more cases for investigation over the previous quarter, which has led to a significant increase in the number of cases open and the investigator caseload. Although there was a small increase in the number of intakes overall, the primary cause for the increase is additional training and support provided to the DLP intake staff that has ensured greater consistency and compliance with statute and policy.

DLP operates a single intake line for both APS and S&C, which is documented in the flow chart at Appendix B. All intakes are processed by DLP Intake Specialists and recorded in the Harmony for APS Case Management System. Over the past year, approximately one third of intakes to DLP have been for S&C. An unfortunate consequence of having a single point of

entry is the perception held by some that APS is not meeting its obligations when intakes are passed on to S&C and not investigated by APS.

In response to the questions from the advocacy community and the APS Subcommittee of the DAIL Advisory Board regarding, Appendix B provides information on S&C's investigative work. The Centers for Medicare and Medicaid Services (CMS) provides oversight for the majority of S&C's investigative work. This includes tracking investigation timeliness, reviewing deficiency statements, and reviewing a random sampling of investigative case files.

There have been no additional results from the APS File Review Panel since the last quarterly report.

Quarter	1st Qtr, 14	2nd Qtr, 14	3rd Qtr, 14	4th Qtr, 14	1st Qtr, 15
Intakes and Closures					
Intakes to DLP	1,030	978	934	1,095	1,173
Closed without Investigation	302	277	277	346	331
Referred to APS for Investigation	352	379	369	400	503
% Intakes Referred to APS Investigation	34%	39%	40%	37%	43%
Referred to S&C for Investigation	375	322	283	348	335
Total Closures	1,014	937	896	1,048	1,008
APS Investigations Outcomes					
Investigations Closed Substantiated	37	42	40	46	39
Investigations Closed Unsubstantiated	300	296	296	307	303
% APS Investigations Substantiated	11%	12%	12%	13%	11%
Adult Abuse Registry Additions	21	17	23	33	33
Caseloads					
Total Open Cases Daily Average	344	356	324	342	383
Investigator Caseload Daily	31	32	29	31	35
Closure Percentages					
% Total Closures Substantiated by APS	4%	4%	4%	4%	4%
% Total Closures Not Substantiated by APS	30%	32%	33%	29%	30%
% Total Closures Referred to S&C for Investigation	37%	34%	32%	33%	33%
% Total Closures Not Investigated	30%	30%	31%	33%	33%
Cases Not Investigated:					
Allegations Not A/N/E					367
Resident on Resident Abuse					151
Other					57
Report Self Neglect over 60					45
AV Not Vulnerable Adult					37
AV Deceased with No Apparent A/N/E					9
Referral Types for Intakes Not Investigated:					
Survey & Certification (DLP/DAIL)					335
Area Agency on Aging					64
Law Enforcement					40
DS or ASD (DAIL)					3

Quarter	1st Qtr, 14	2nd Qtr, 14	3rd Qtr, 14	4th Qtr, 14	1st Qtr, 15
Medicaid Fraud Unit					6
Legal Aid					2
Disability Rights Vermont					2
Reason for Unsubstantiated Investigations:					
Insufficient Evidence to Prove A/N/E Occurred					106
Available Evidence Indicated A/N/E Did Not Occur					99
AV Refused Investigation					58
Allegations Not A/N/E					39
Investigation Not Conducted Because Not a Vulnerable Adult, Relationship of Reporter					
Other					14
Health/Medical Professional					8
Social Worker					7
Relative					7
AAA					1
Investigation Not Conducted Because Not a Vulnerable Adult, Relationship of AP					
Other					17
Relative					11
Friend					3
Spouse					2

Chart 1: Average Investigator Caseload

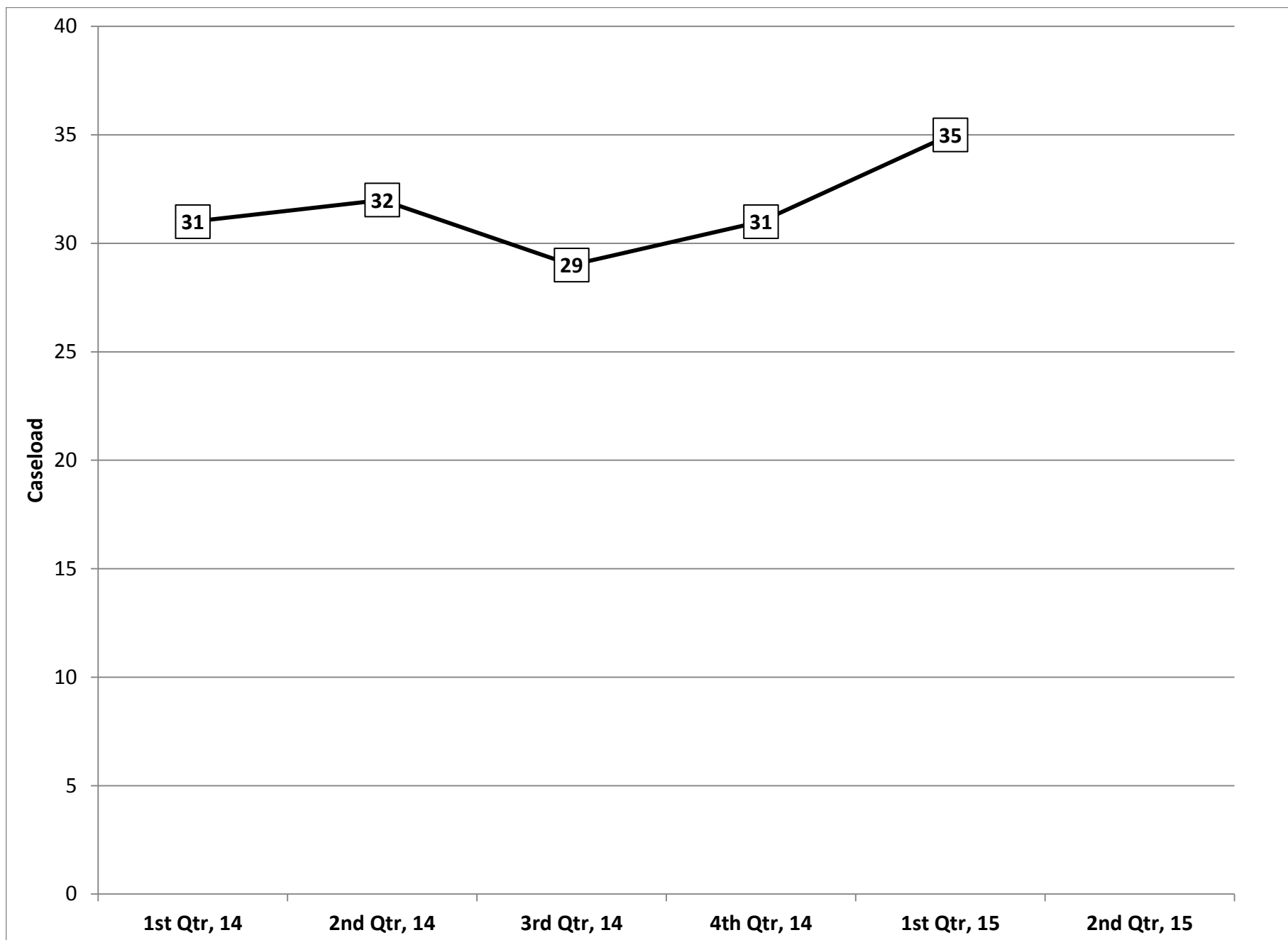


Chart 2: Intakes, Closures and Average Open Cases

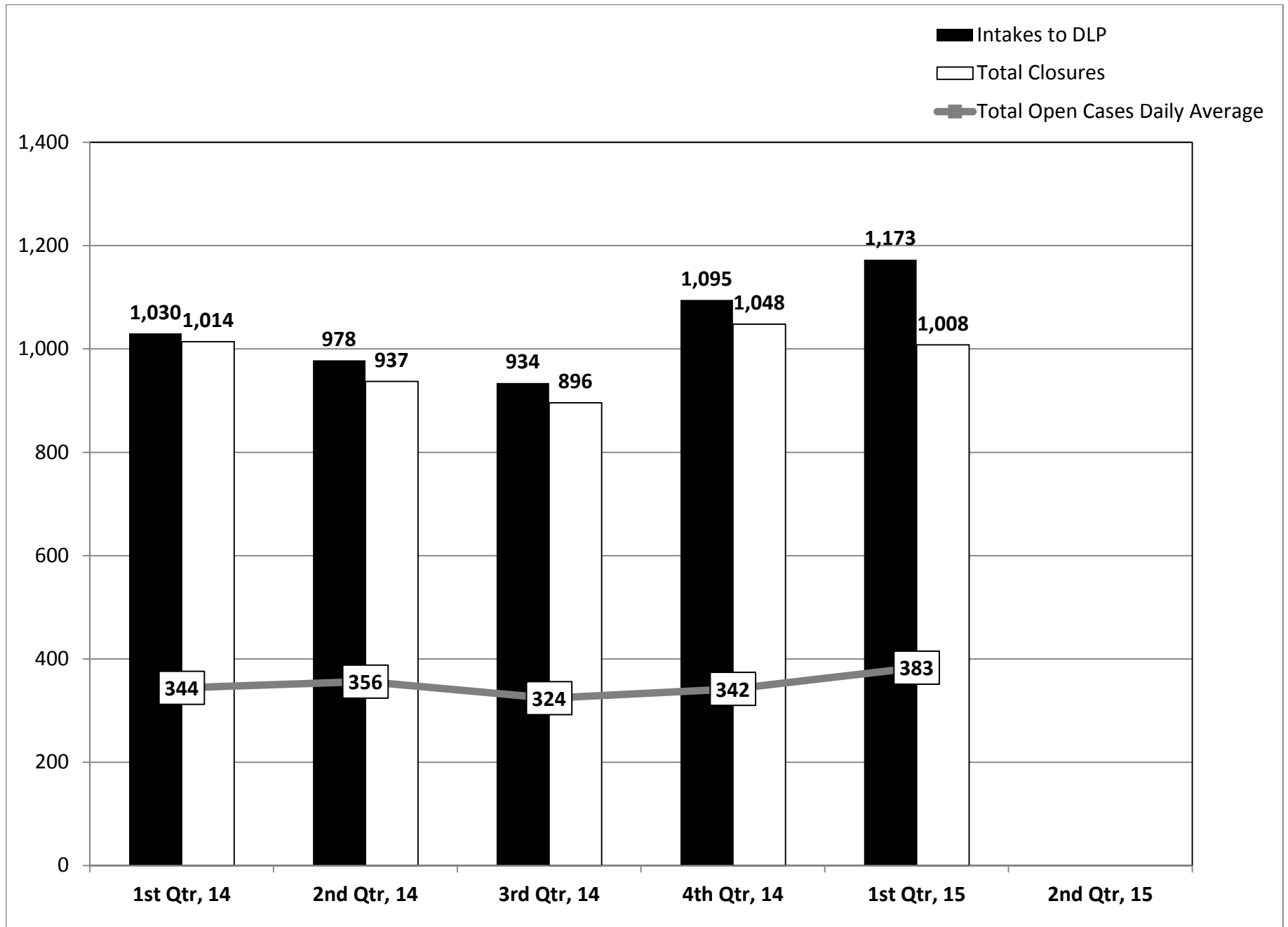


Chart 3: Intakes Referred to APS Investigation

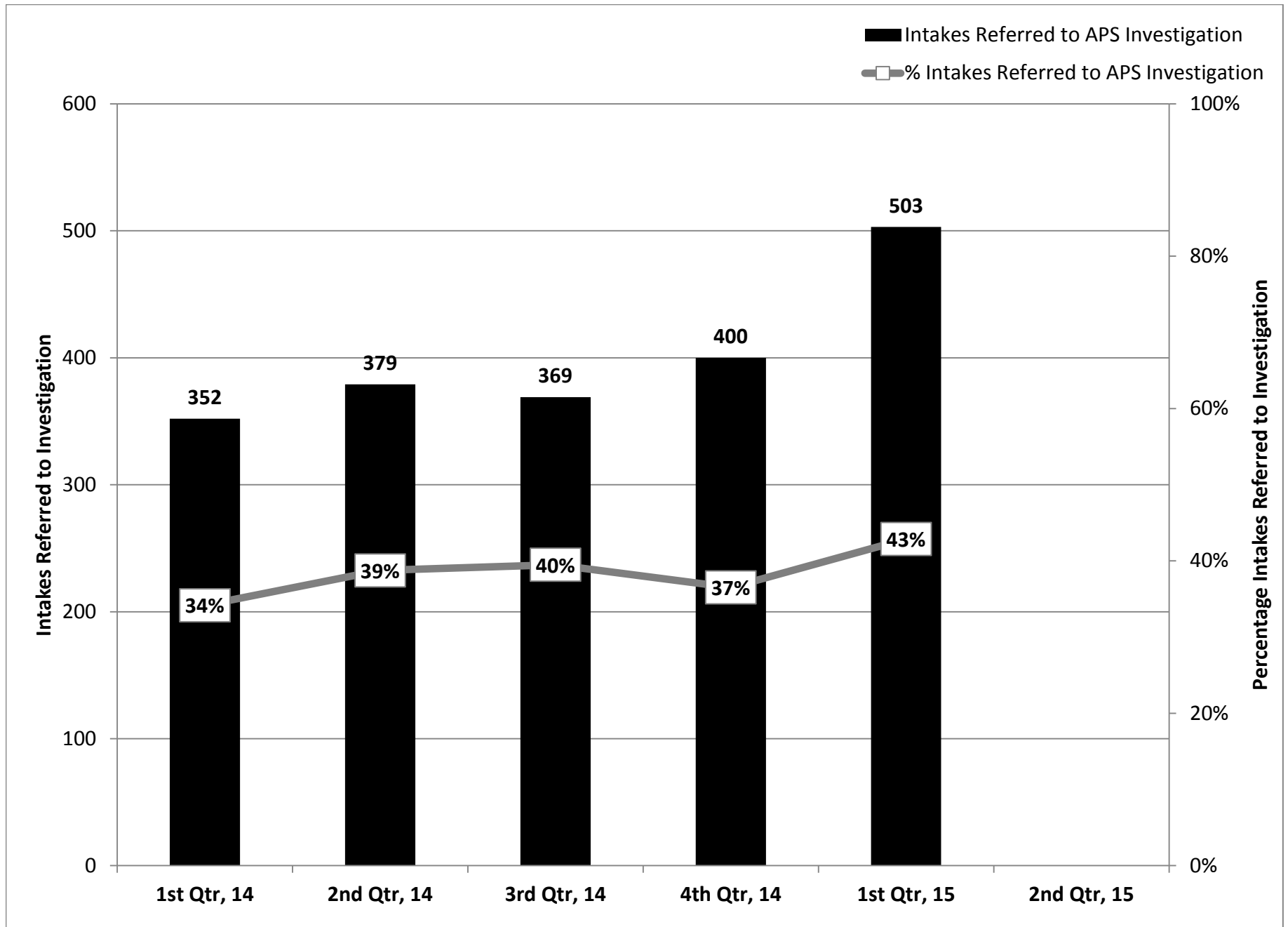


Chart 4: Substantiations, Percent Investigations Substantiated and Adult Abuse Registry

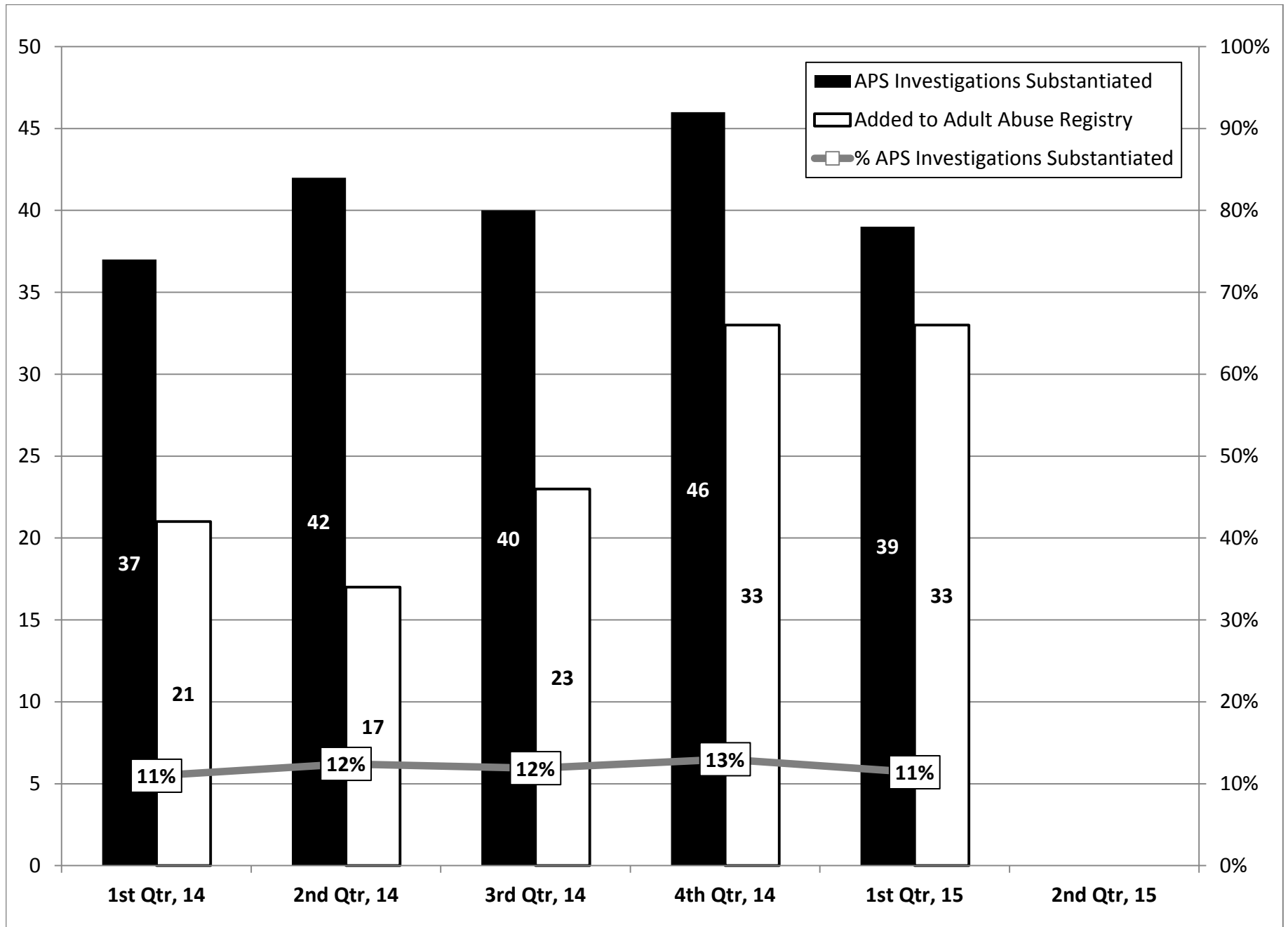


Chart 5: Count of Closure Types

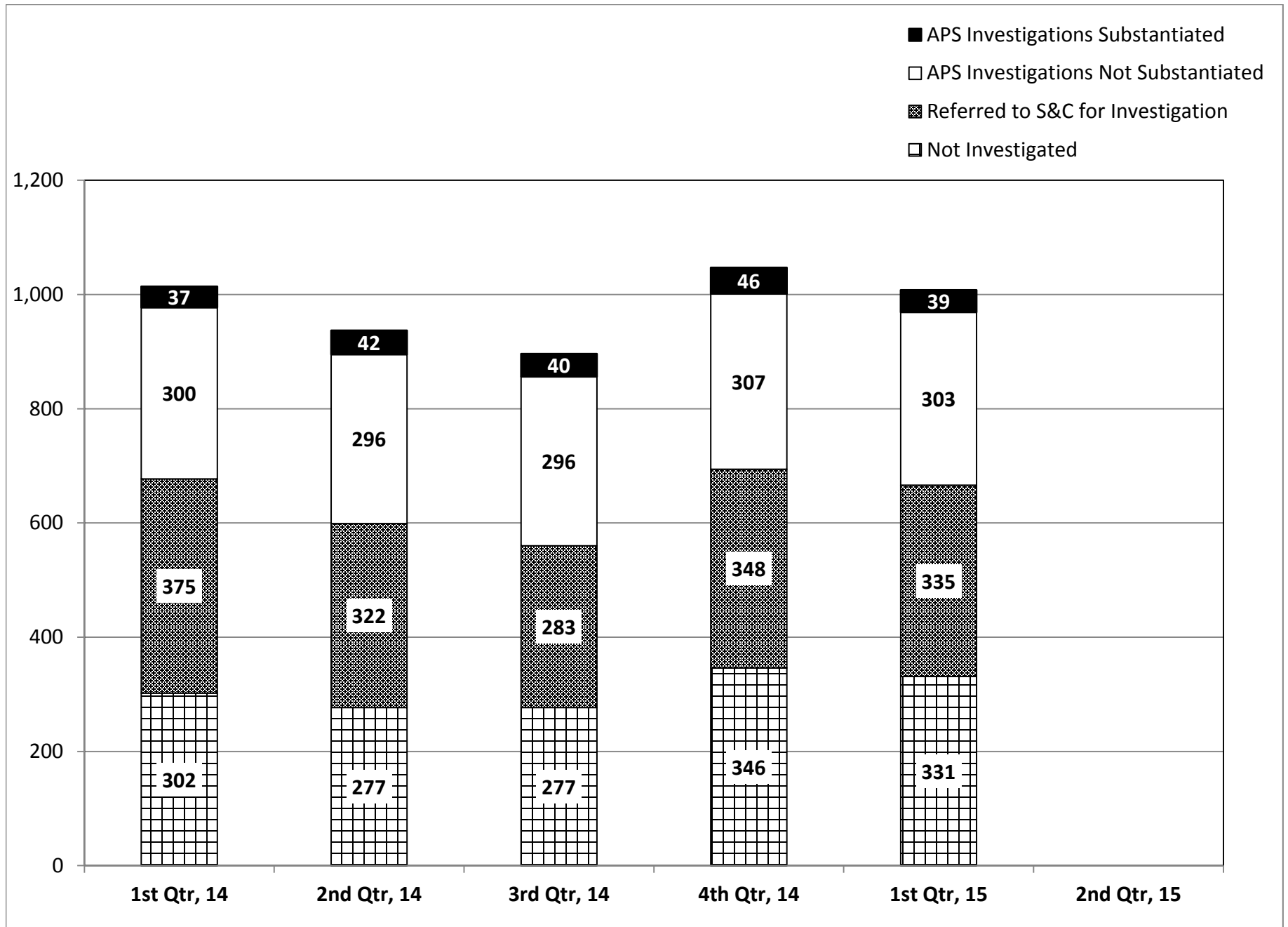


Chart 6: Percent of Closure Types

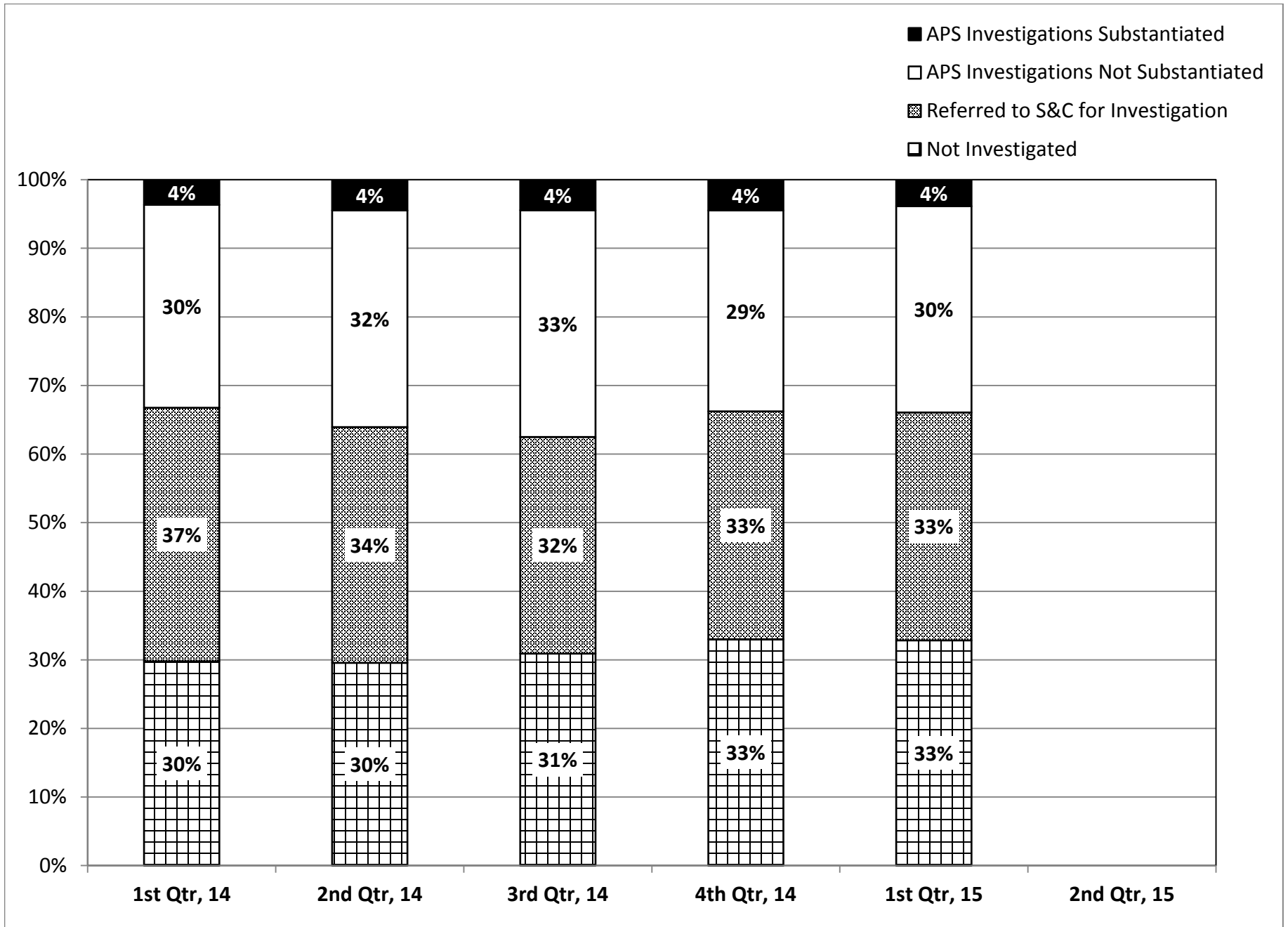


Chart 7: Reasons Intakes Not Referred to Investigation

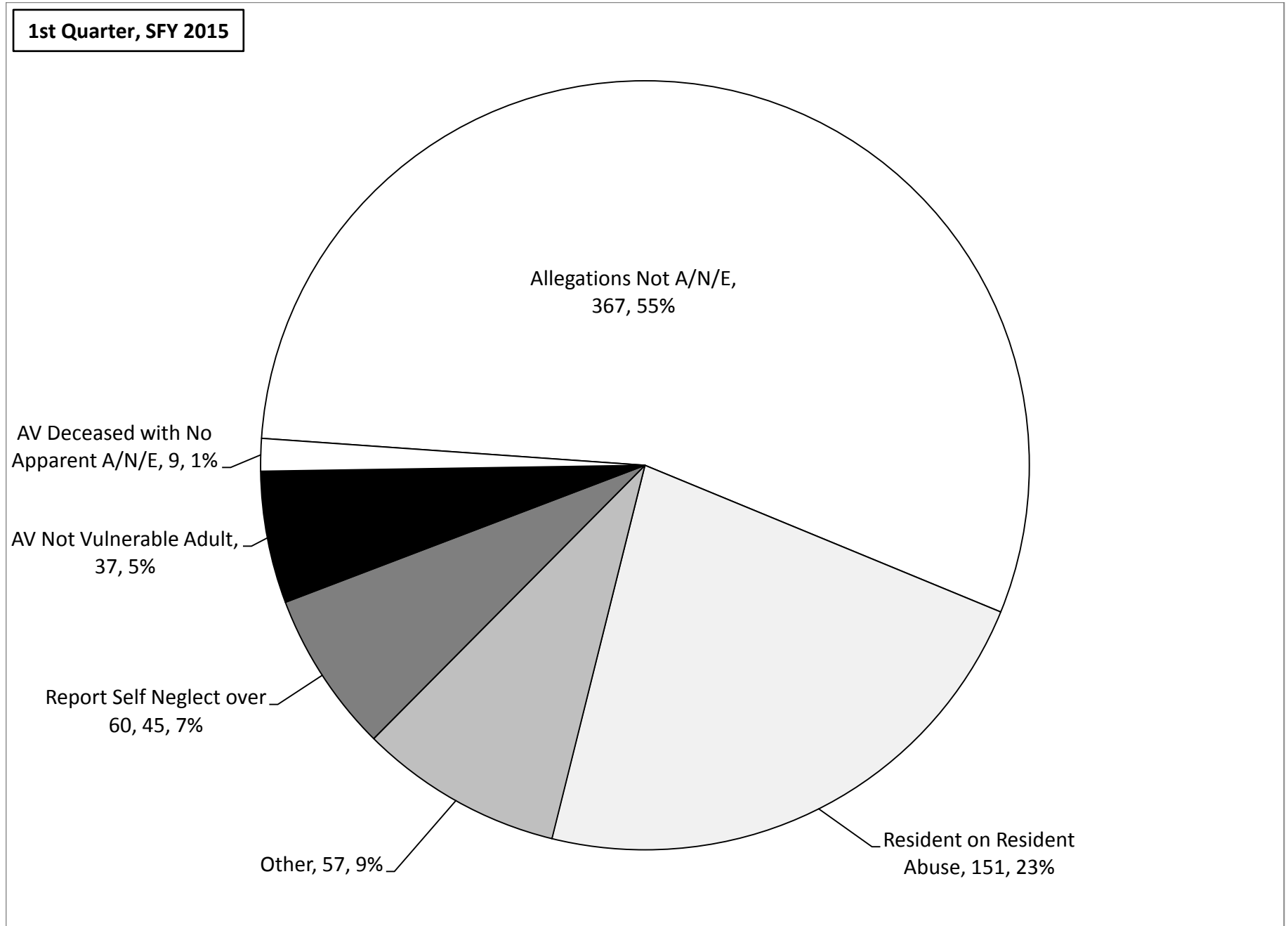


Chart 8: Referral Source for Intakes Not Referred for Investigation

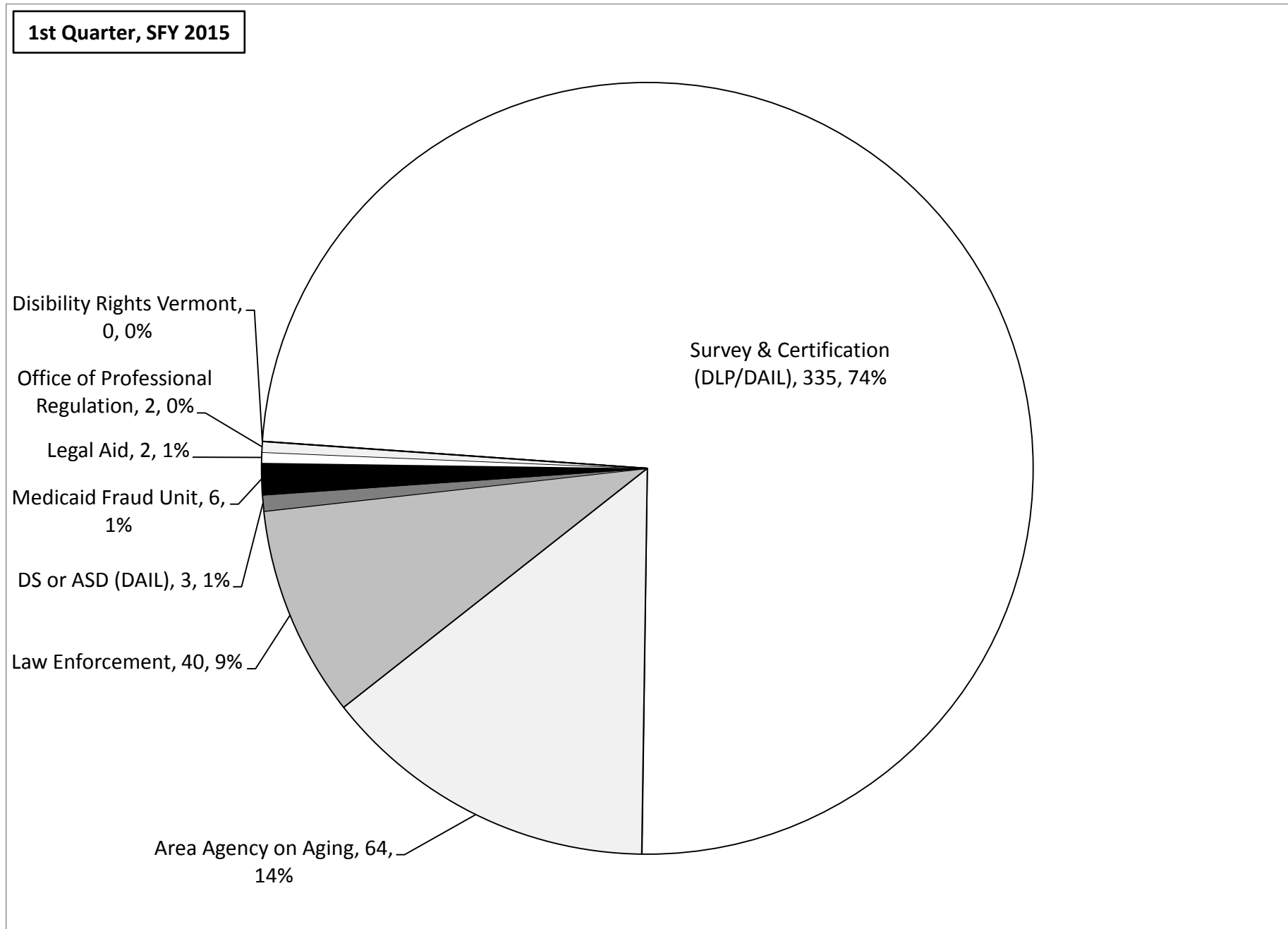


Chart 9: Reason for Unsubstantiation for Unsubstantiated Investigations

1st Quarter, SFY 2015

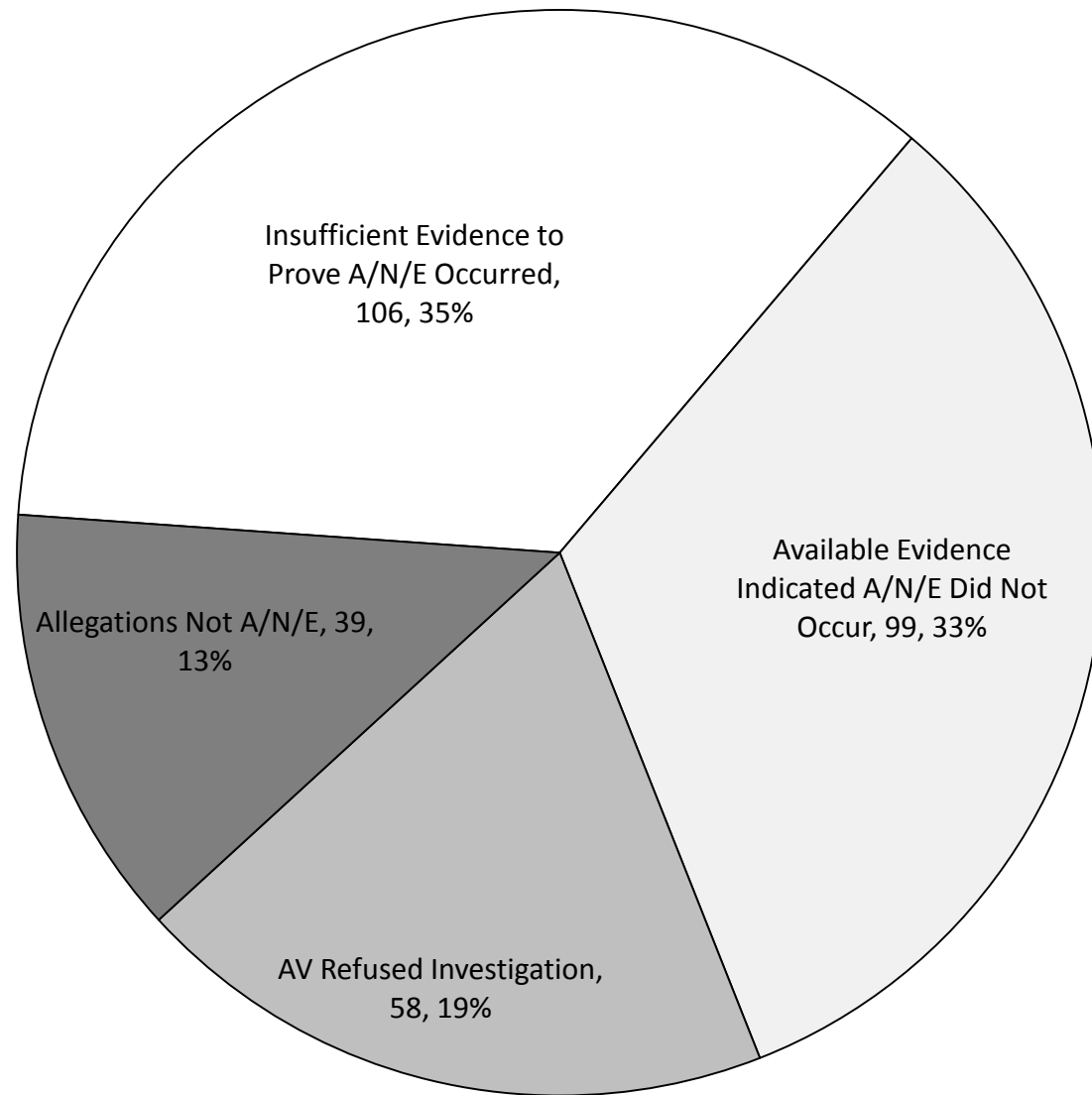


Chart 10: Count of Reporter Types for Cases Not Investigated Because Alleged Victim is Not a Vulnerable Adult

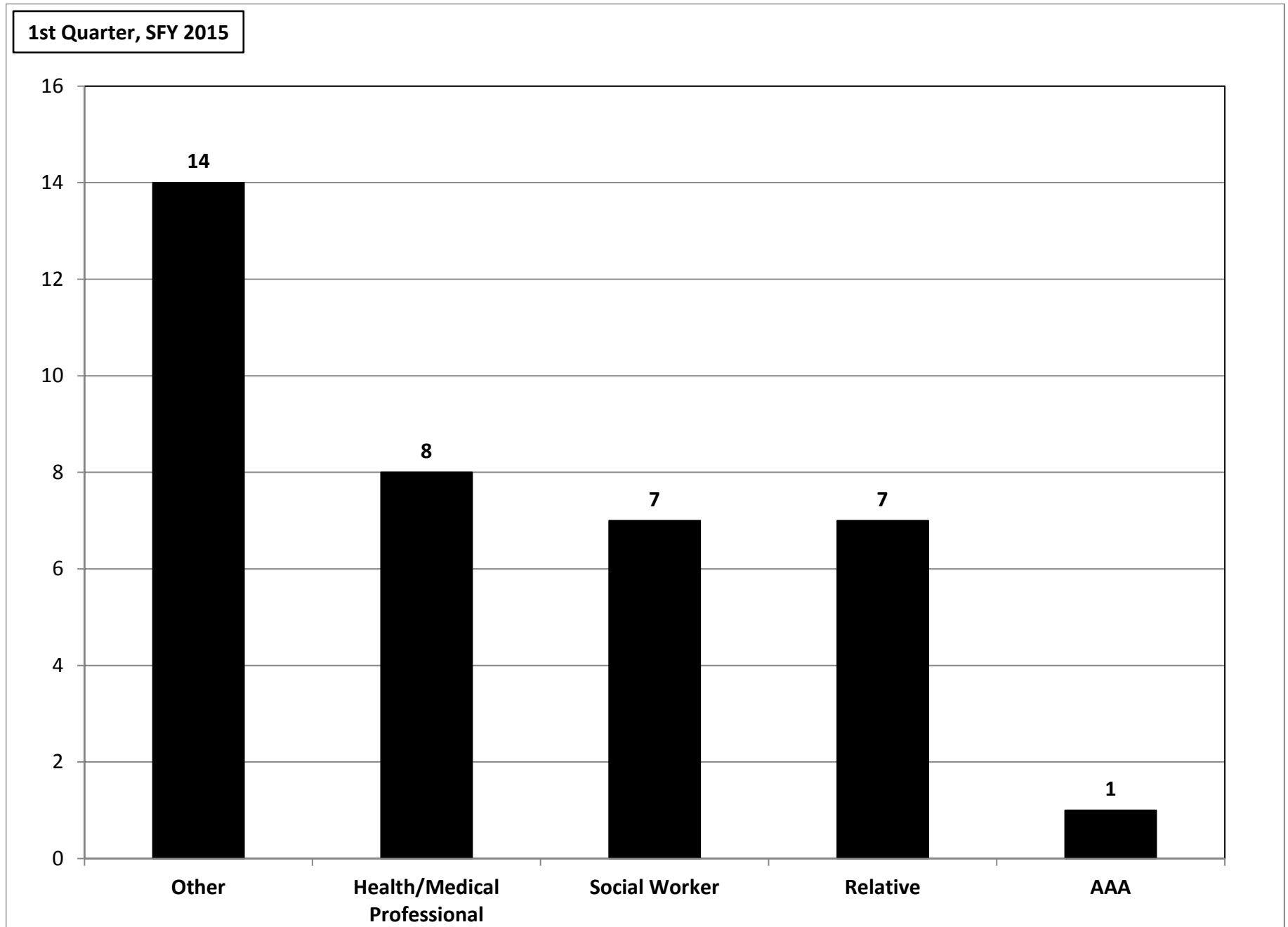
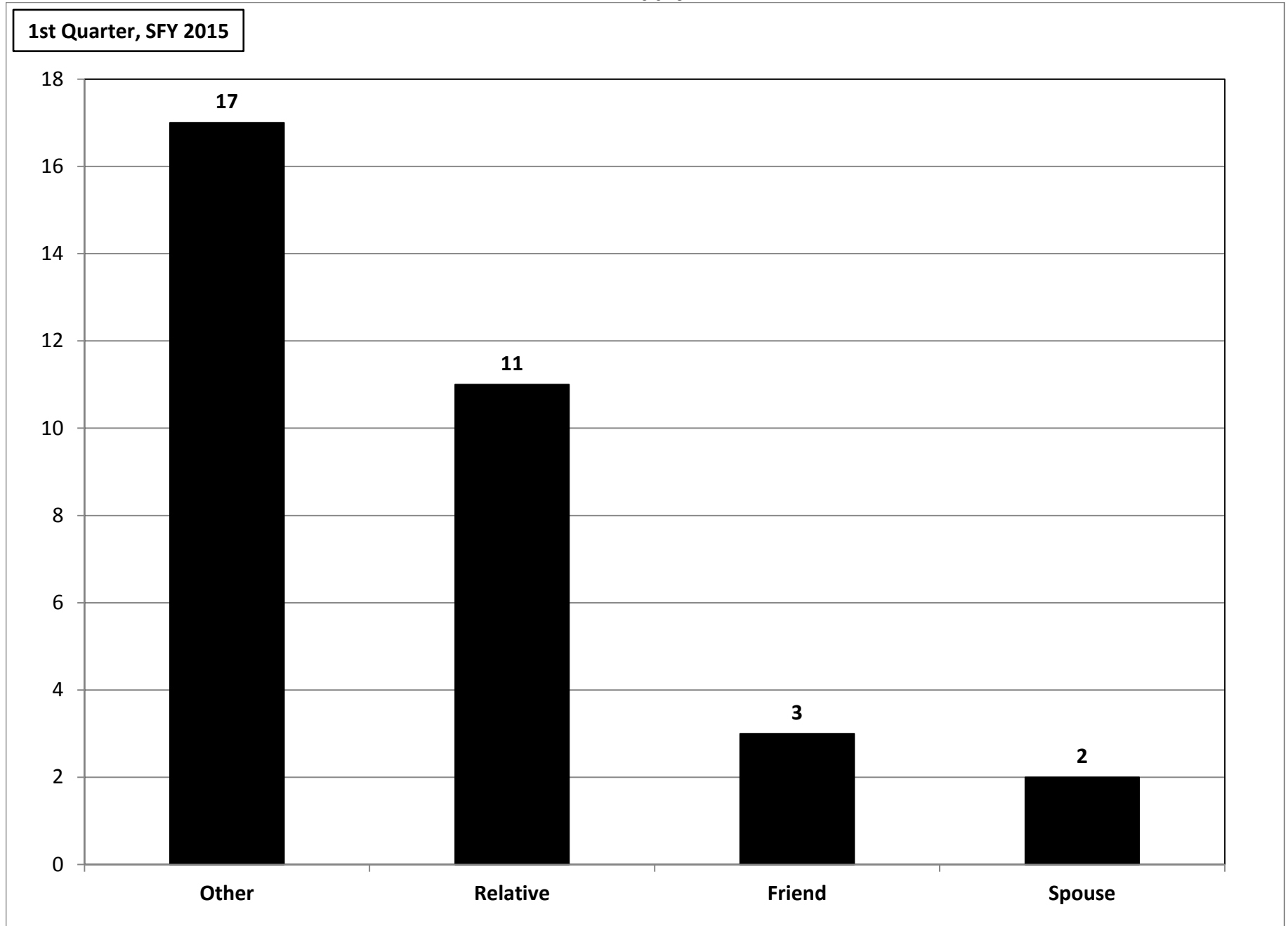


Chart 11: Count of Alleged Perpetrator Types for Cases Not Investigated Because Alleged Victim is Not a Vulnerable Adult



Appendix A

Definitions for Common Data Elements

All Closed Contacts: The number of intakes closed without investigation because the alleged victim is not a vulnerable adult and/or the situation described does not involve abuse, neglect, or exploitation.

A/N/E: Abuse, neglect, and/or exploitation.

APS: Adult Protective Services, a section of the Division of Licensing and Protection (DLP), that investigates allegations of abuse, neglect, and/or exploitation of vulnerable adults.

AP: Alleged Perpetrator

AV: Alleged Victim.

Closed Contacts Referred to S&C: The number of intakes not investigated by APS but referred to Survey and Certification (S&C) because they pertain to a licensed facility.

Completed Investigations: The total number of investigations completed.

DLP: Division of Licensing and Protection, which contains Adult Protective Services (APS) and Survey and Certification (S&C).

Intakes Entered: The total number of intakes received by the Division of Licensing and Protection during the month through web intake, fax, phone, and mail.

Intakes Referred for Investigation: The number of intakes referred to an APS Investigator for investigation.

Perpetrators Placed on Registry: The number of individuals placed on the registry after they have been substantiated and no appeal has been filed, or after they have been substantiated and their appeals have been heard and denied.

Reporter: The person contacting the Division of Licensing and Protection to provide information to APS or S&C.

S&C: Survey and Certification, a section of the Division of Licensing and Protection (DLP), that surveys hospitals and long term care facilities to ensure compliance with state and federal regulations.

Substantiated Investigations: The number of investigations that have been completed and are substantiated because the APS Investigator determined a vulnerable adult has been abused, neglected, and/or exploited by a perpetrator.

Total Open Cases (Average): The average number of cases open during the reporting period.

Unsubstantiated Investigations: The number of investigations that have been completed and were not substantiated by the APS Investigator.

Appendix B

Survey and Certification Background and Data

The Division of Licensing and Protection houses Survey and Certification (S&C). S&C licenses and surveys health care organizations to ensure compliance with applicable state and/or federal regulations. S&C has a contract with the Centers for Medicare and Medicaid Services (CMS) to survey federally regulated facilities.

S&C uses the Aspen Complaint Tracking System (ACTS), which is provided and maintained by CMS, to track all of its investigative work. CMS has full access to ACTS data and provides ongoing oversight of S&C's activities at federally regulated facilities that includes:

- Monitoring the timely completion of investigations.
- Reviewing deficiencies.
- Reviewing investigative work.

As part of the contract with CMS, S&C surveys the following facilities to ensure compliance with applicable federal regulations:

- Acute Care Hospitals (Federal)
- Ambulatory Surgical Centers
- Clinical Laboratories
- Critical Access Hospitals
- End Stage Renal Disease Units
- Federally Qualified Health Centers
- Home Health Agencies
- Hospice
- Intermediate Care Facilities for the Intellectually Disabled
- Nursing Homes
- Outpatient Physical Therapy
- Portable X-Ray Units
- Rural Health Clinics
- Transplant Programs

S&C surveys the following facilities to ensure compliance with applicable state regulations:

- Assisted Living Residences
- Home Health Agencies
- Homes for the Terminally Ill

- Nursing Homes
- Residential Care Homes
- Therapeutic Community Residences

S&C investigates complaints and self-reported incidents at state regulated facilities using the same timelines as federally certified nursing homes.

S&C does not investigate the alleged abuse, neglect, or exploitation (A/N/E) of vulnerable adults by alleged perpetrators. S&C surveyors are mandated reporters that report evidence of A/N/E to Adult Protective Services through DLP Intake when discovered. In addition, when S&C encounters practices that deviate significantly from professional norms, they notify the Office of Professional Regulation.

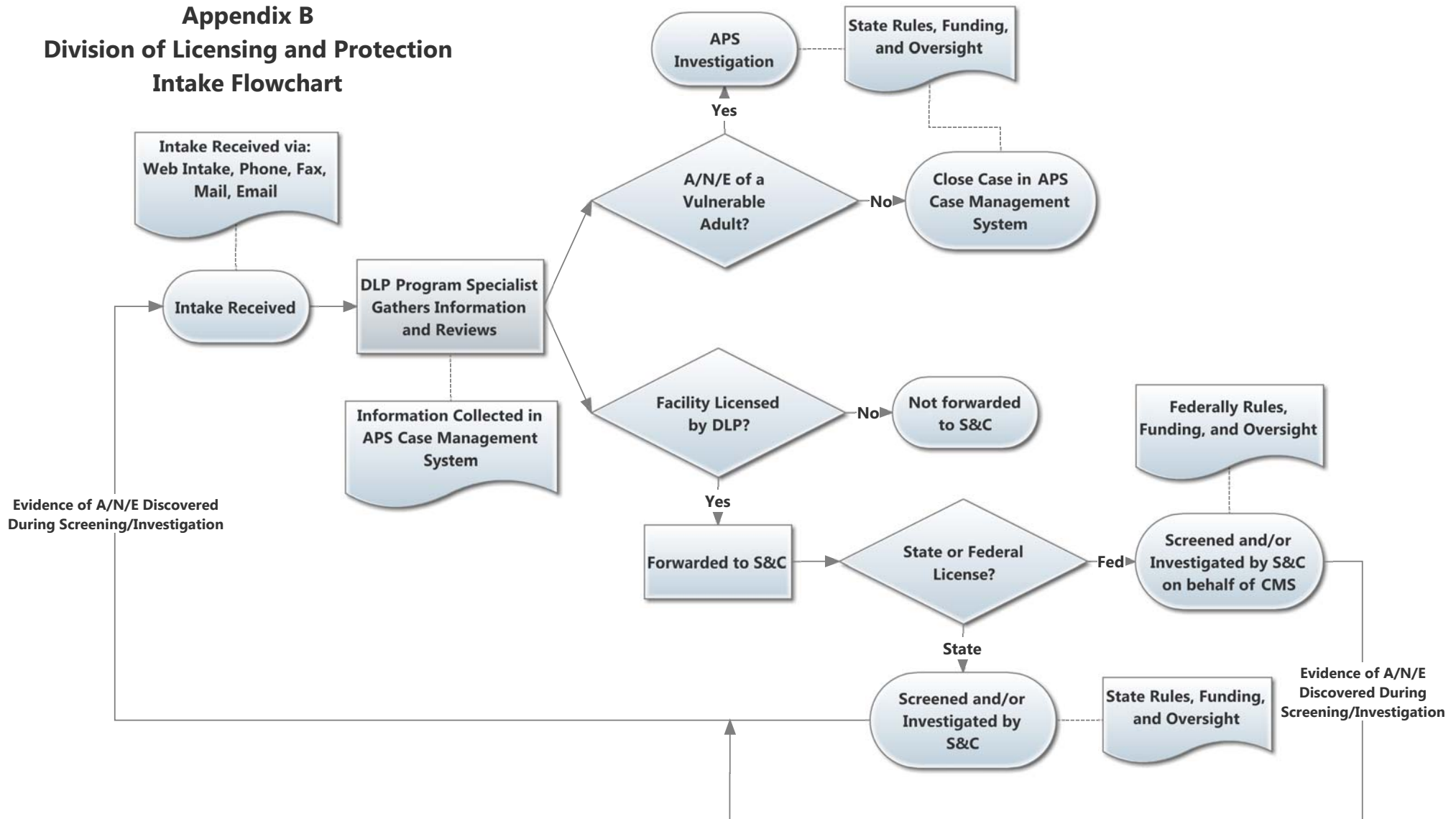
The chart on the next page shows:

- The number of referrals made to S&C by DLP Intake.
- The number of referrals S&C opened for an onsite investigation.
- The number of onsite investigations resulting in at least one deficiency.

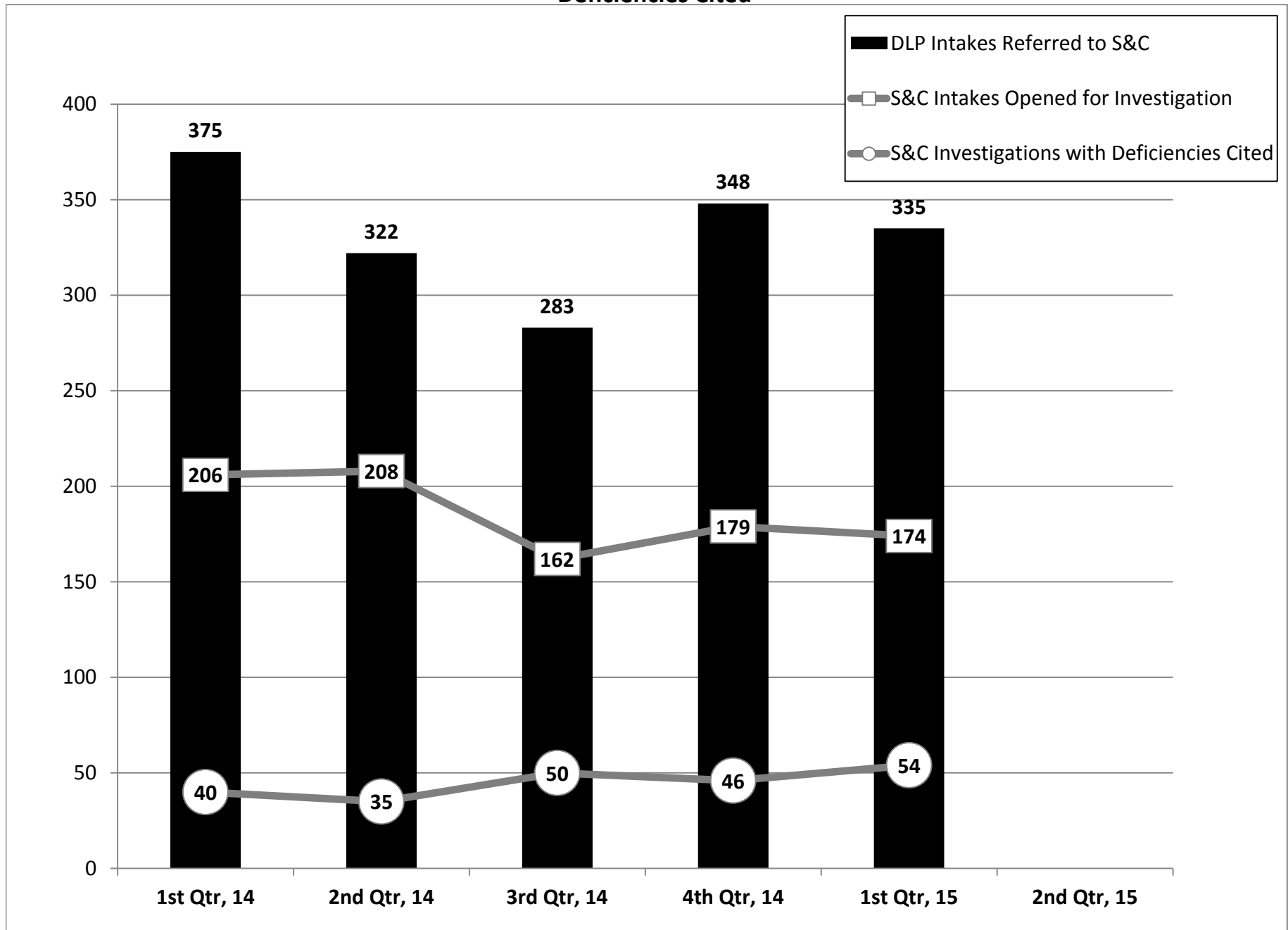
Please note that the data does cross quarters. A referral to S&C may result in an onsite visit in a future quarter.

100% of referrals to S&C are reviewed and screened by qualified Nurse Surveyors with extensive nursing and survey experience.

Appendix B Division of Licensing and Protection Intake Flowchart



Appendix B: DLP Intakes Referred to Survey and Certification, Intakes Referred to Investigation, Investigations with Deficiencies Cited



Appendix E: APS File Review Panel Results for SFY14

Below is a description of the eight settlement benchmarks. Results for the four quarters reviewed in SFY14 are displayed in the following charts.

BENCHMARK # 1: Completed Report Received Benchmark: 90%

Closed contacts based on reports containing sufficient information to contact the reporter must include at least two attempts to reach the reporter prior to closing, unless the allegations in the report fit within a policy exception identified in the APS Policy Manual or clearly do not meet the statutory requirement in 33 V.S.A 6902.

BENCHMARK # 2: Incomplete Report Received Benchmark: 90%

Closed contacts based on reports considered incomplete as received must include two follow-up calls to the reporter within 48 hours of receipt of the incomplete report.

BENCHMARK # 3: Reporter & Victim Notification Benchmark: 80%

Closed contacts based on incomplete-as-received reports must include a follow-up letter to the reporter and victim within five business days of receipt of the incomplete report explaining why the report was not accepted. The reporter letter must also include information regarding the report's appeal rights.

BENCHMARK # 4: Assignment & Initiation Benchmark: 80%

Complete reports alleging abuse, neglect and exploitation of a vulnerable adult are assigned to a field investigator within 48 hours of receipt (or 48 hours of completion of in-complete- as-received report).

BENCHMARK #5: **Triage #1** **Benchmark: 80%**

Cases categorized as Triage level 1 include direct contact with the alleged victim or reporter within two business days of assignment and in-person contact with the victim within five business days, unless such contact would jeopardize the health, welfare or safety of the alleged victim, or the alleged victim objects to an interview.

BENCHMARK #6: **Triage #2 or Triage #3** **Benchmark: 70%**

Cases categorized as Triage level 2 or 3 include direct contact with the alleged victim or reporter within five business days of assignment, unless such contact would jeopardize the health, welfare or safety of the alleged victim, or the alleged victim objects to an interview.

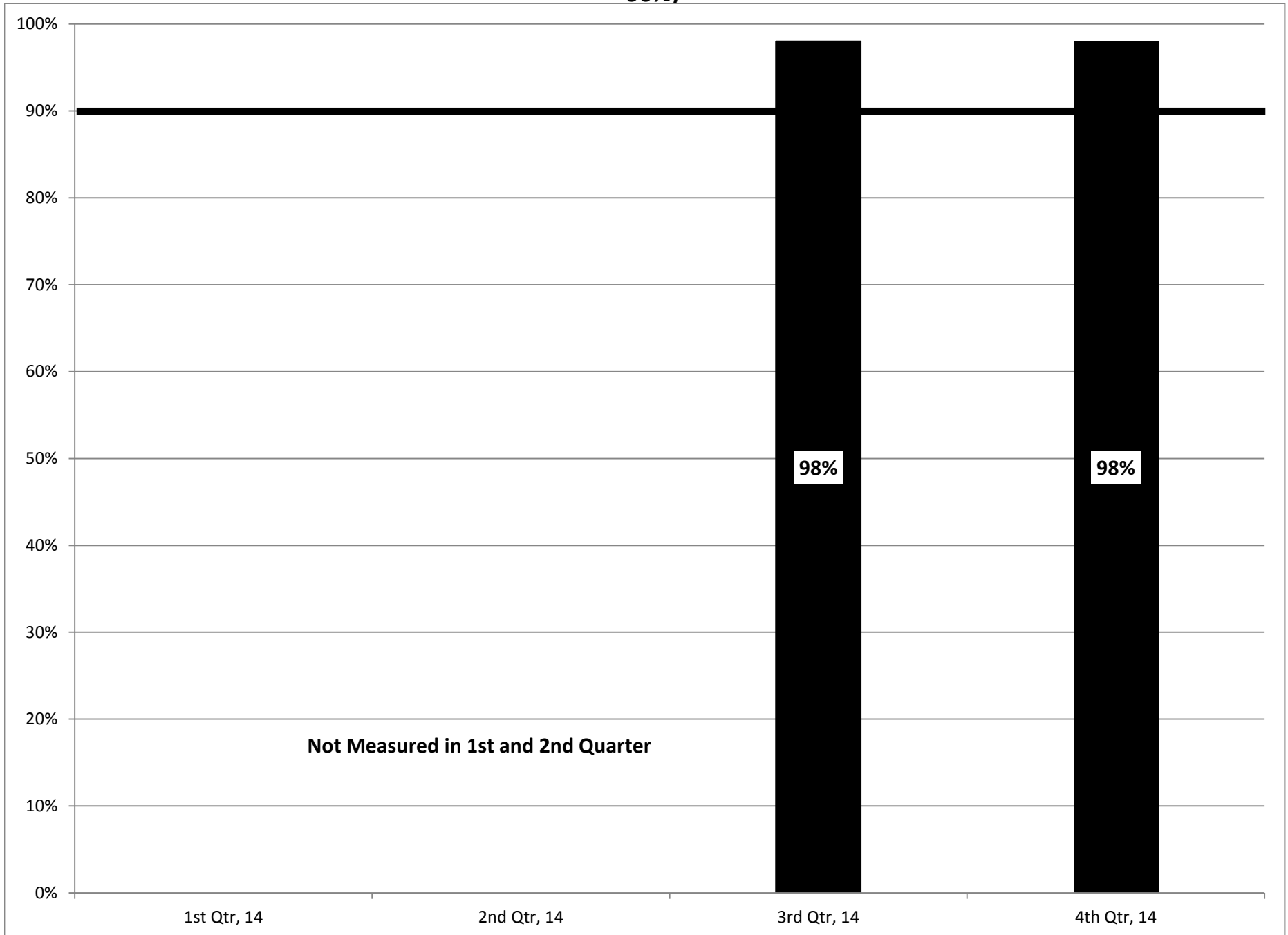
BENCHMARK #7: **Non-Financial Exploitation Closures** **Benchmark: 90%**

Investigations that are not allegations of financial exploitation are closed within 60 days of assignment or receive a supervisory extension pursuant to APS Policy and Procedure Manual § VII (C).

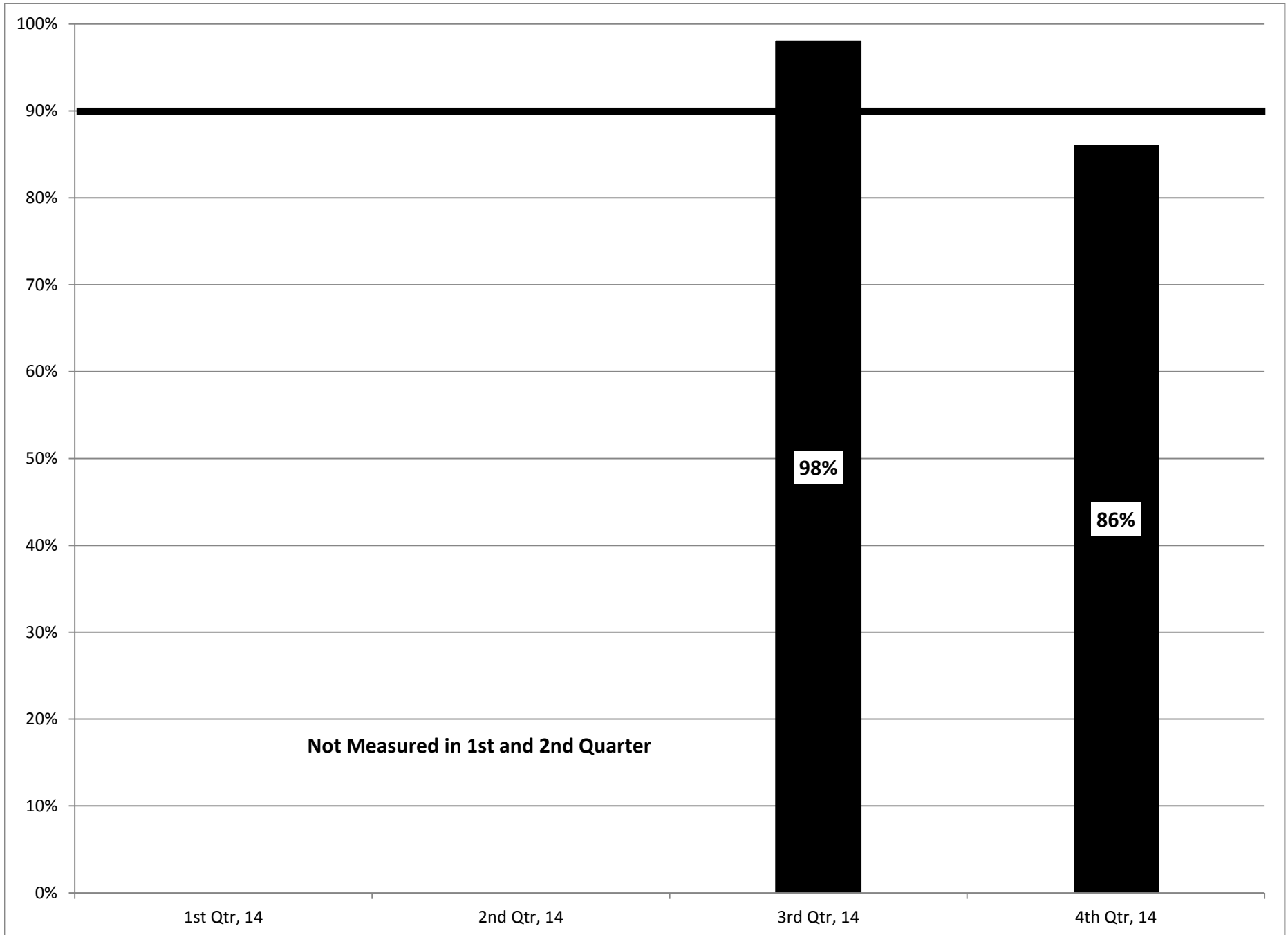
BENCHMARK #8: **Financial Exploitation Closures** **Benchmark: 90%**

Financial exploitation cases are closed within 90 days of assignment or receive a supervisory extension pursuant to APS Policy and Procedure Manual§ VII (C).

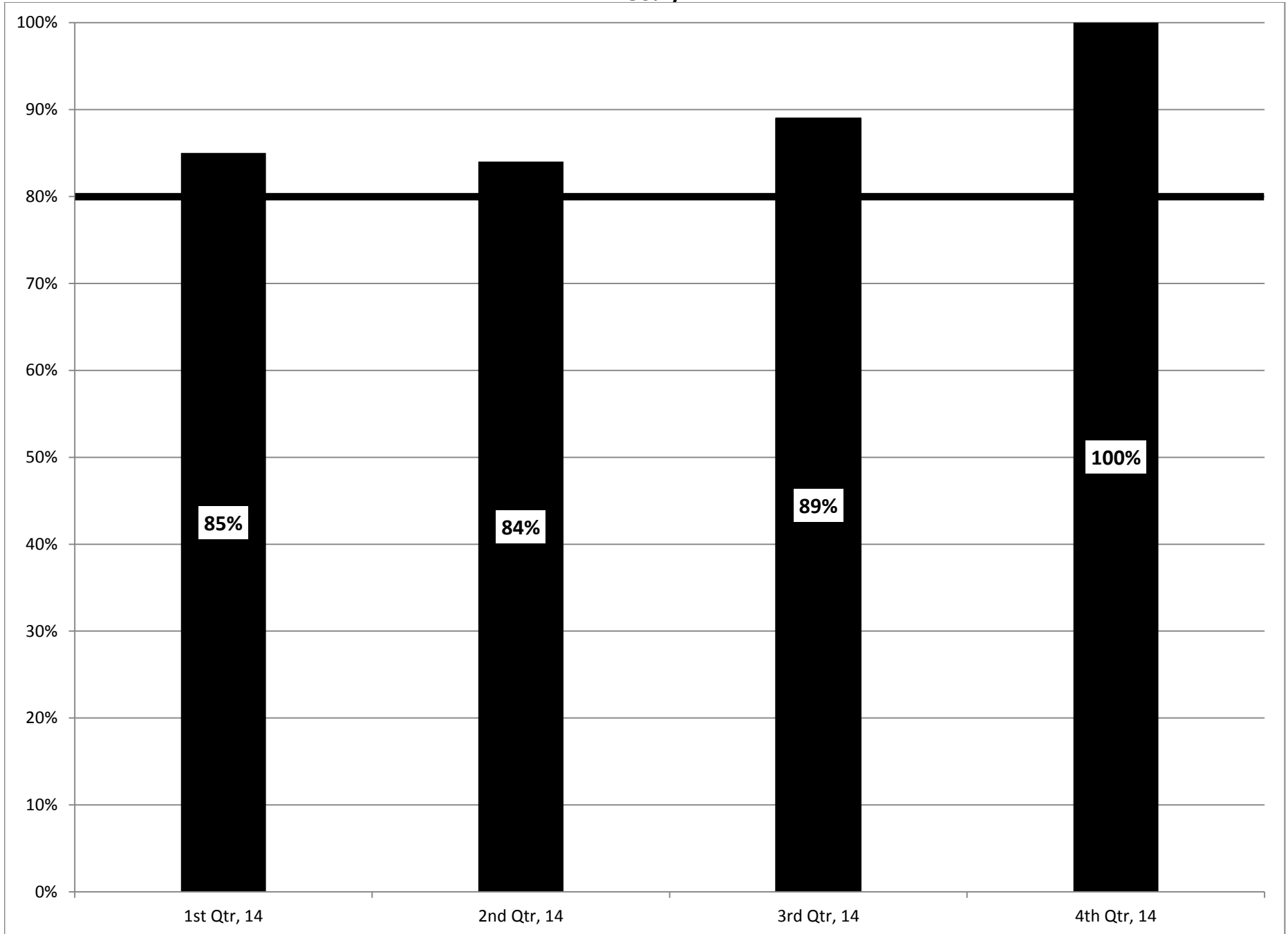
Benchmark 1, Contact to Reporter Before Closing when Intake Complete and Not Referred to Investigation (Benchmark 90%)



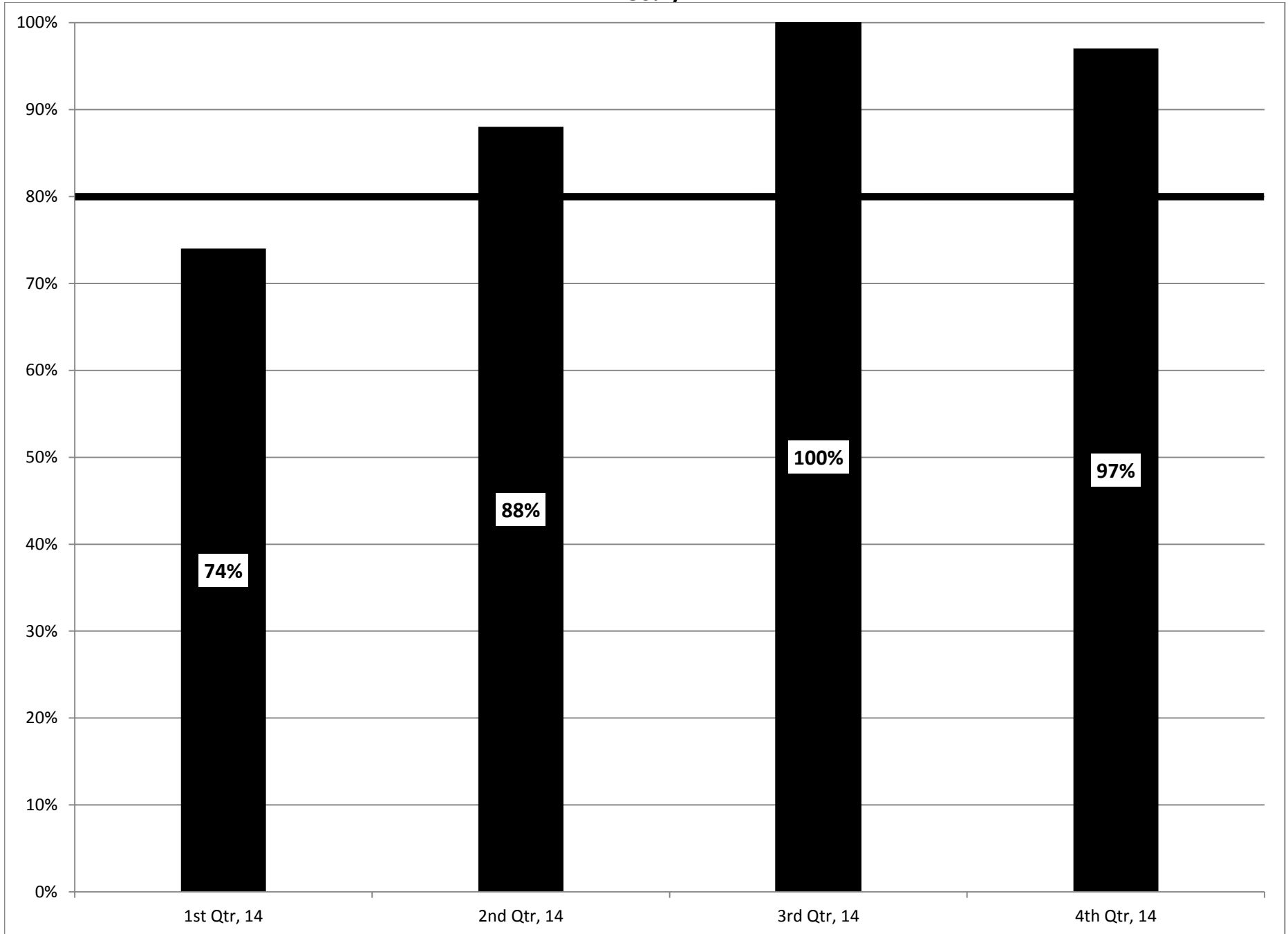
Benchmark 2, Reporter Contact within 48 Hours and Before Closure for Incomplete Reports (Benchmark 90%)



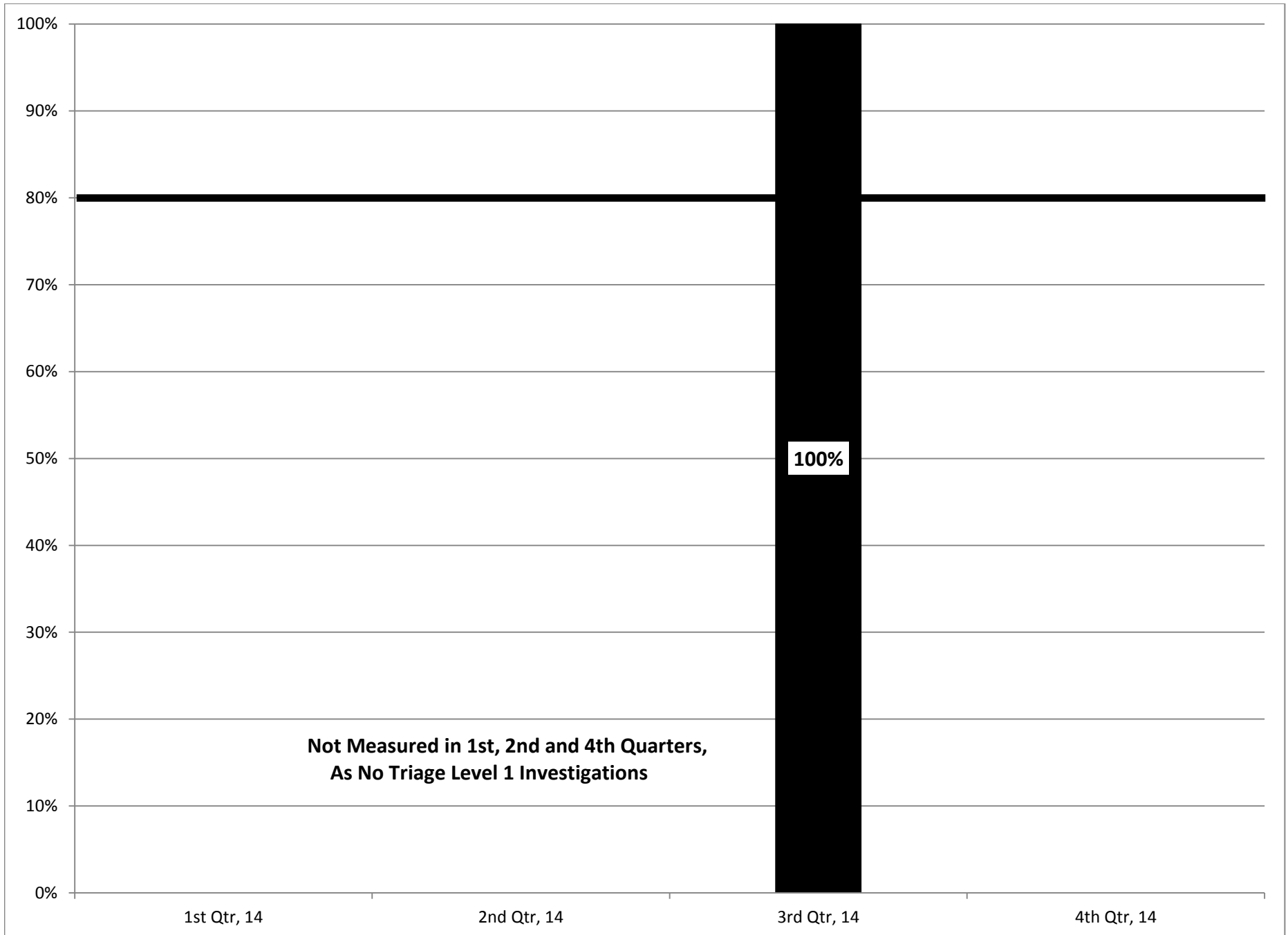
Benchmark 3, Reporter and Victim Notification of Closed Contact, Including Appeal Rights, within 5 Days (Benchmark 80%)



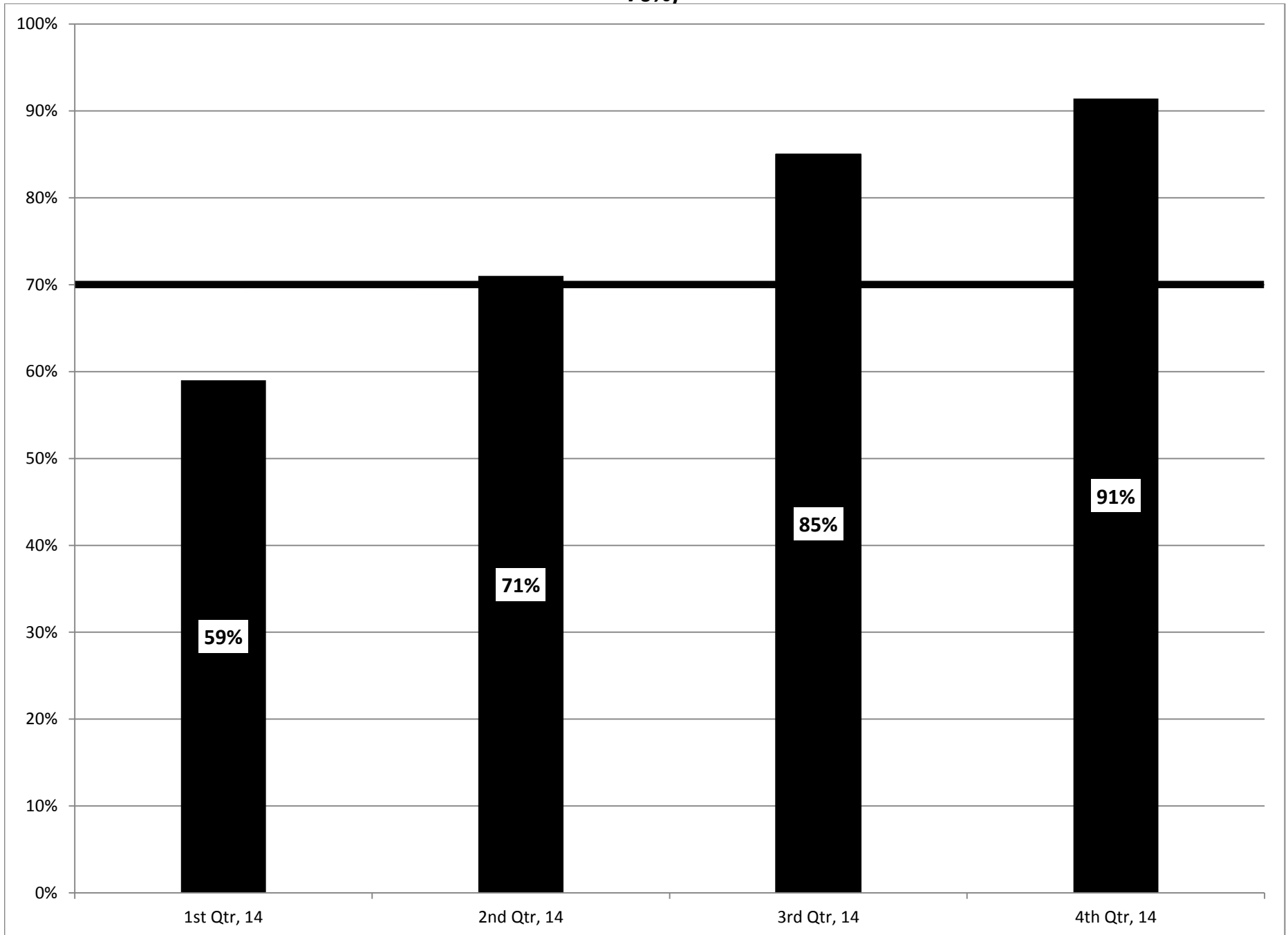
Benchmark 4, Complete Intakes Warranting Investigation are Assigned to Investigation within 48 Hours (Benchmark 80%)



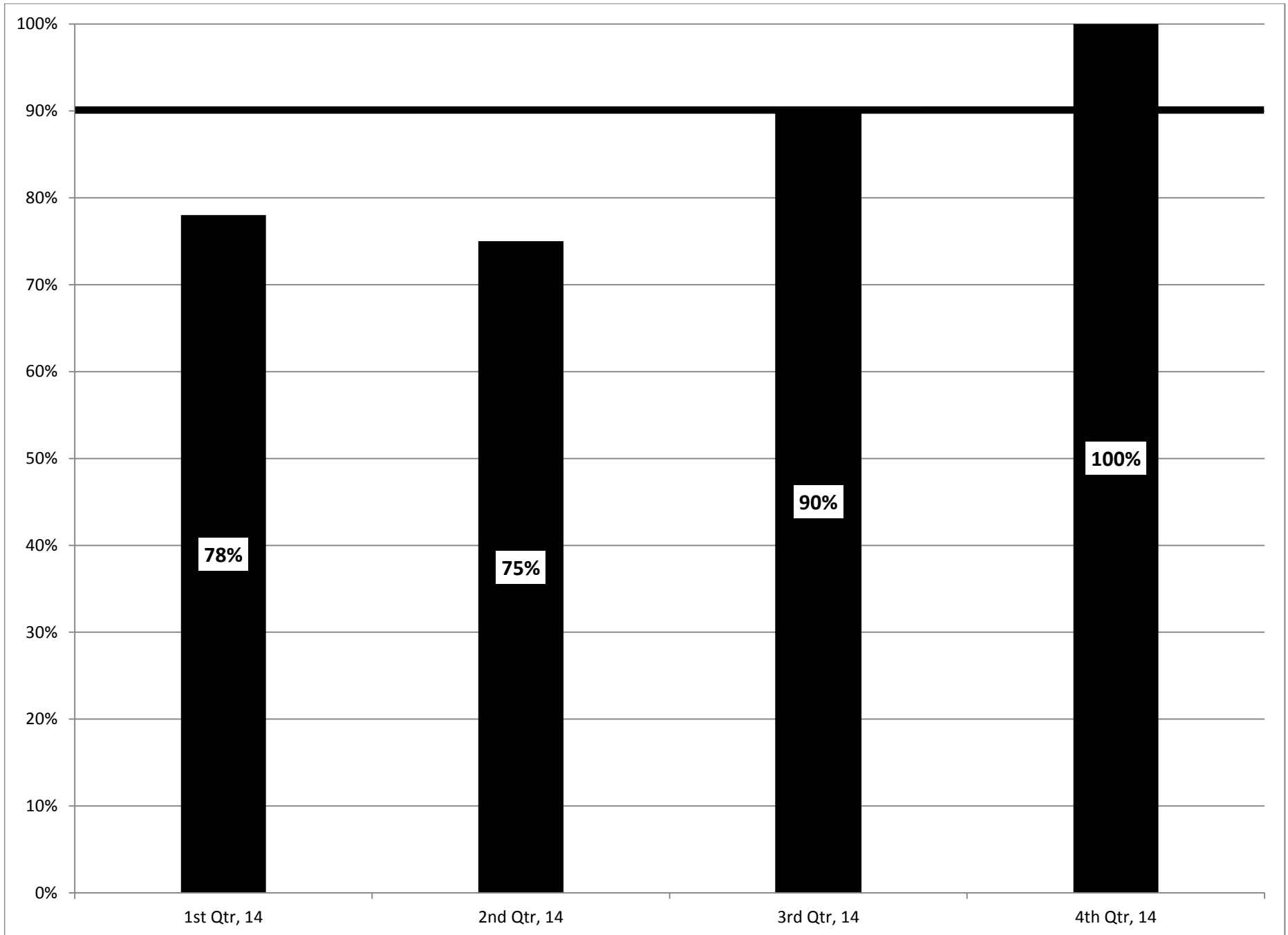
Benchmark 5, Contact with Reporter or Victim within 5 Business Days for Triage Level 1 Investigations (Benchmark 80%)



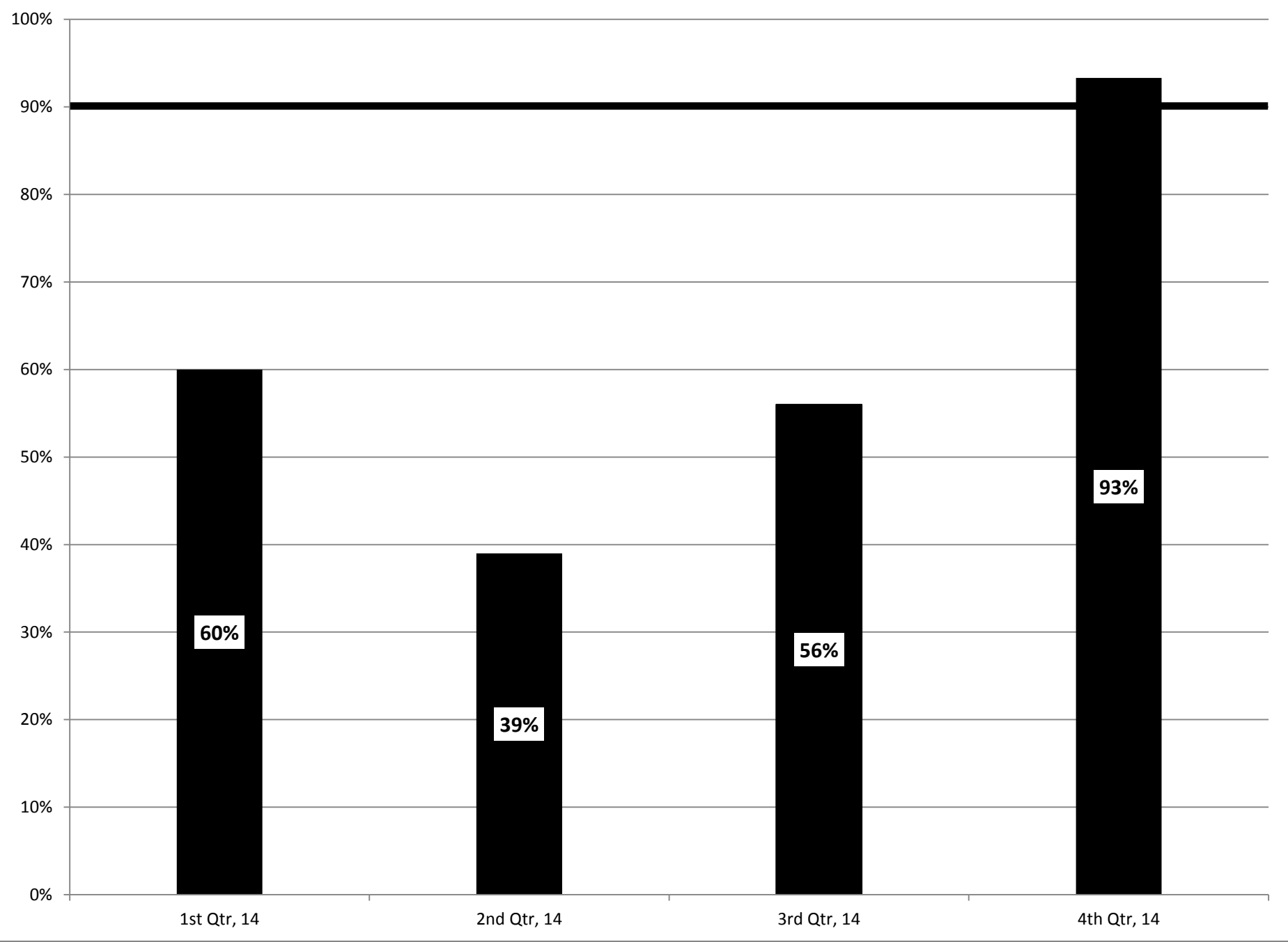
Benchmark 6, Contact with Reporter or Victim within 5 Business Days for Triage Level 2/3 Investigations (Benchmark 70%)



Benchmark 7, Non-Financial Exploitation Investigations Completed within 60 Days (Benchmark 90%)



Benchmark 8, Financial Exploitation Investigations Completed within 90 Days (Benchmark 90%)



Appendix F: Ongoing APS Investigations from SFY14

The following investigations from SFY14 are ongoing as of January 8, 2015.

Case Number	Assignment Date	Reason
3795	1/14/2014	Financial exploitation case with extensive financial documentation to review; original investigator departed.
3950	2/28/2014	Pending Law Enforcement investigation and Office of Professional Regulation investigation. Attached to 3975 and 3976.
3975	2/28/2014	Pending Law Enforcement investigation and Office of Professional Regulation investigation. Attached to 3950 and 3976.
3976	2/28/2014	Pending Law Enforcement investigation and Office of Professional Regulation investigation. Attached to 3950 and 3975.
4136	4/10/2014	Financial exploitation case with extensive financial documentation to review; original investigator departed. Attached to 4137.
4137	4/10/2014	Financial exploitation case with extensive financial documentation to review; original investigator departed. Attached to 4136.
4167	4/17/2014	Pending Law Enforcement investigation.
4193	4/29/2014	Pending probate court action.
4246	5/10/2014	Pending Attorney General's Office investigation.
4269	5/14/2014	Pending probate court action.
4306	5/23/2014	New allegations made after initial investigation requiring additional investigation.
4344	6/2/2014	Pending Attorney General's Office investigation.
4407	6/19/2014	Pending Law Enforcement investigation.