

Adult Protective Services

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What We Investigate?

We can investigate the following when it pertains to a **vulnerable adult**:

- Physical Abuse
- Neglect by Others
- Neglect by Self
- Financial Exploitation
- Sexual Abuse



What is a vulnerable adult? Someone who lacks the physical or mental capacity to provide for their daily needs.

What We Do Not Investigate?

We cannot investigate the following issues:

- Verbal or mental abuse
- Financial exploitation by persons not known to the victim, i.e. scammers
- Abuse, neglect, exploitation of a non-vulnerable adult
- Domestic violence
- Drug abuse (no matter age)
- People that are a fall risk with no other vulnerabilities
- People who are returning frequently to the hospital or “frequent flyers”



What We Do

- Within five business days we will meet with the client to do an assessment to begin the process of determining if the client is being abused, neglected or exploited. If the client is in immediate danger and there is a report of sexual or physical abuse the worker may go out within 24 business hours
- Assist the client in changing their situation if they are at risk and willing to change their situation
- Report any confirmed abuse, neglect or exploitation to the States Attorney's Office and the proper authorities



What We Cannot Do

- Force someone to go to a nursing home or an assisted living facility
- Force someone to take their medications
- Make clients be medically compliant
- Manage medications for the client
- Determine legal competency/capacity of a client
- Emergency placement
- Take a client into “custody”
- Force client’s to accept services
- Housekeeping/Hoarding interventions
- Find someone housing
- Apply for long term care Medicaid or assisted living facilities for clients



What We Cannot Do Cont.

- Make people take legal action when they are being exploited, abused, or neglected and are competent
- File for guardianship for unknown people
- Make people leave an unsafe situation
- Condemn homes
- Investigate abuse of a patient in a mental health facility, hospital, nursing home or community homes for developmentally disabled individuals.
- Plan a discharge for the client from the hospital

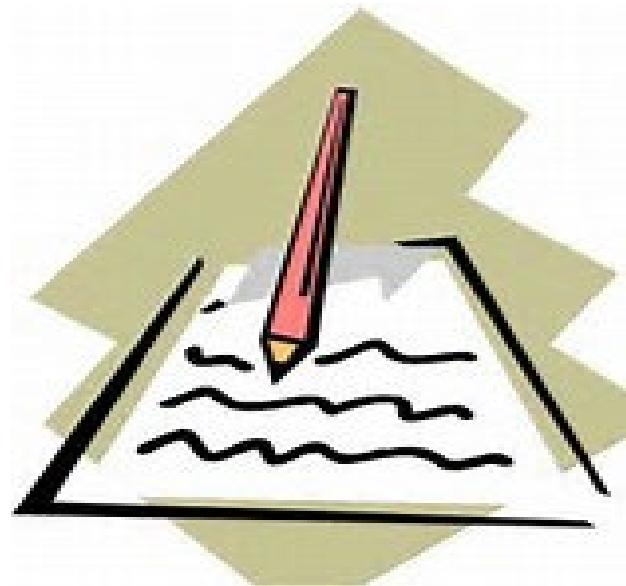
Information Needed When Making a Referral

- Client's name, date of birth, telephone number, sex, race and marital status
- Names and contact information of family, supports, and possible abuser/exploiter
- Client's medical history and current functioning ability (copies of medical records are always helpful)
- Current services received
- Income and asset information
- Conditions of the home and client
- Status of bills
- Possible discharge date
- Power of Attorney or legal guardian and copies of the paperwork
- Safety issues that home may have



How To Make a Referral

- Monday- Friday, from 8:00am- 4:30pm call 410-836-4717
- After Hours (202) 828-0723, and ask for the social services after hours worker.



Limited Resources

- Assisted living facilities cost between \$2k- \$6k per month. There is no immediate financial assistance for this (the wait list for waiver services is 4-5 years). If the client does not have this income or significant assets to supplement, assisted living is not an option for them.
- **Adult Protective Service has a working budget of \$1,342.00 to spend per year.** To compare, child welfare has a budget of over \$500,000 per year.
- In Home Aide Service (IHAS) is currently full and the waiting list is several years long.

Guardianships

- They require two physicians or one LCSW-C and one physician to deem the client incompetent to file a guardianship.
- APS cannot deem a person incompetent.
- Once the two Physician's Certificates of Disability are obtained guardianship has to be filed in court, and the court will decide if the person lacks competency and requires a guardian. The court will also assign an advocate attorney for the client.
- Public agencies are named as guardians only as a last resort, when there is no one else suitable.

Underlying Principles of APS

- Competent individuals have the right to self determination, including the refusal of services. This includes making poor decisions, hoarding, not taking medications, not following up with medical care, refusing to pay bills, etc...
- DSS is the agency of last resort. If there is family , friends or other agencies able to assist the client these resources should be exhausted first.
- APS is an **investigative** service. If home health or case management services are already involved they need to continue to assist the client as before to prevent duplication of services.



Who is a Mandated Reporter

Maryland law defines a mandated reporter as one of the following

- Health Practitioner
- Educator
- Human Service Worker
- Law Enforcement Officer
- Youth Serving Professionals
- Financial Institutions

Reporting does NOT require PROOF that abuse or neglect has occurred. Incidents are to be reported as soon as they are suspected. Waiting for proof may involve grave risk to the client and impede services to the family.

Other Resources & Assistance

Organization	Contact Information
Office on Aging	410-638-3025
Adult Evaluation & Review Services	410-942-7999
Animal Control	410-638-3505
Mobile Crisis	410-638-5248
Core Services	410-803-8726
Health Dept. Addiction Services	410-877-2340
WATCH	443-643-3875 Healthyharford.com
Comprehensive Care Center (UCH)	(443) 643-2273

Websites

- Office of Healthcare Quality

Complaints:

<https://fs30.formsite.com/OHCQ/OnlineComplaintForm/index.html>

Licensee Directory:

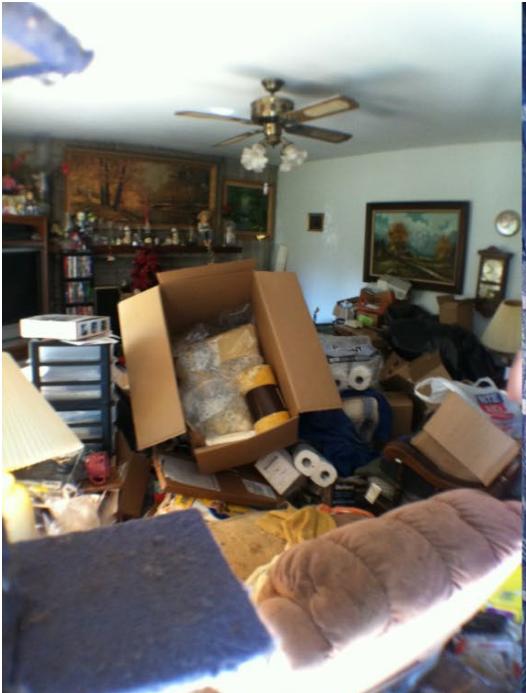
<https://health.maryland.gov/ohcq/Pages/Licensee-Directory.aspx>















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