

Adult Protective Services

Pennsylvania Link to Aging and Disability Resources



Adult Protective Services History



- The Adult Protective Services (APS) Law (Act 70 of 2010) was enacted to provide protective services to adults between 18 and 59 years of age who have a physical or mental impairment that substantially limits one or more major life activities
- Funding first provided during state fiscal year 2012-13
- Act 70 is the bridge between CPSL and OAPSA and mirrors OAPSA in many ways

Adult Protective Services History



- Prior to April 1, 2015, there was a Memorandum of Understanding (MOU) between the Department of Human Services (DHS) and the Pennsylvania Department of Aging (PDA) to provide interim APS coverage prior to completion of the competitive bidding process
- Effective April 1, 2015, Liberty Healthcare Corporation is the statewide contracted provider of protective services



What is the APS Agency (Liberty Healthcare Corporation) required to do?

- Investigate allegations
- Determine if abuse, neglect, exploitation or abandonment has occurred
- Provide services to adults who voluntarily consent
- Cooperatively develop a service plan with agency staff, the adult, the adult's guardian and other family and advocates when appropriate
- Provide services in the least restrictive environment and the most integrated setting
- Provide Guardianship as needed

Liberty Healthcare APS Regions

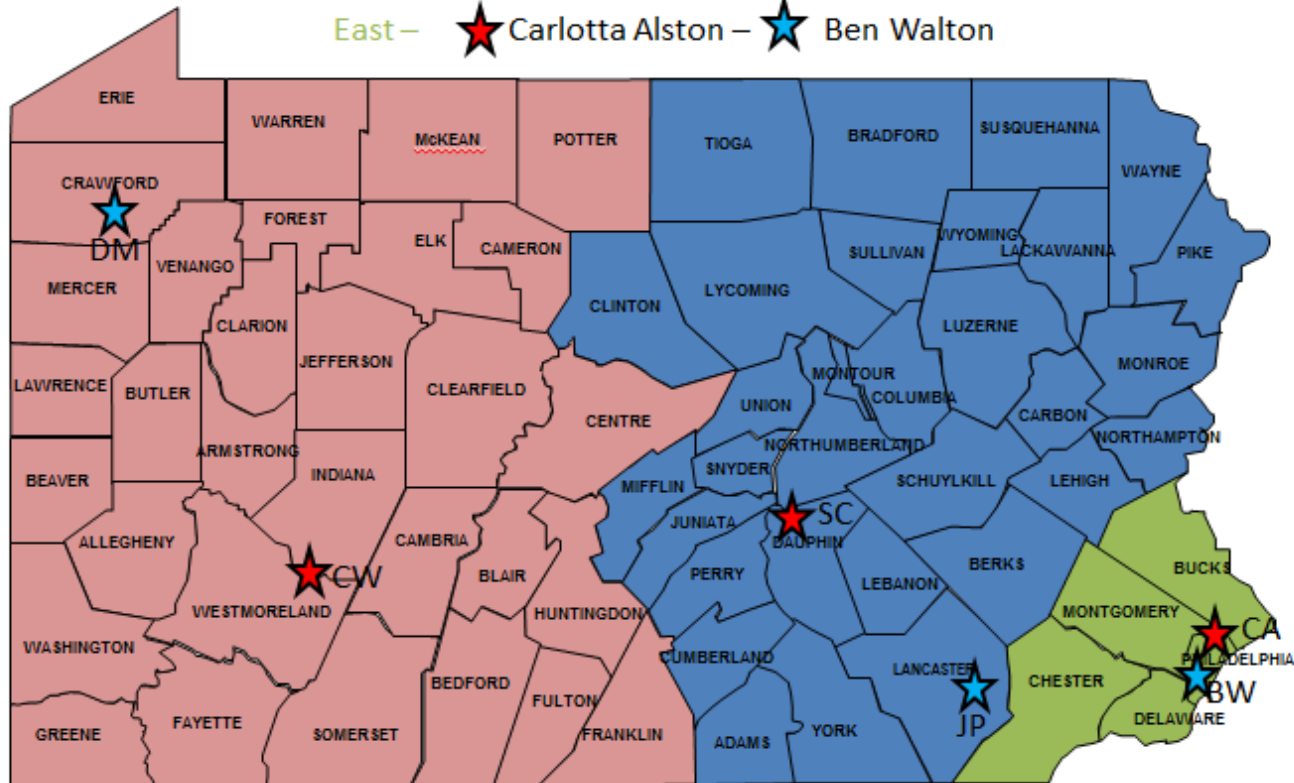


APS Regions

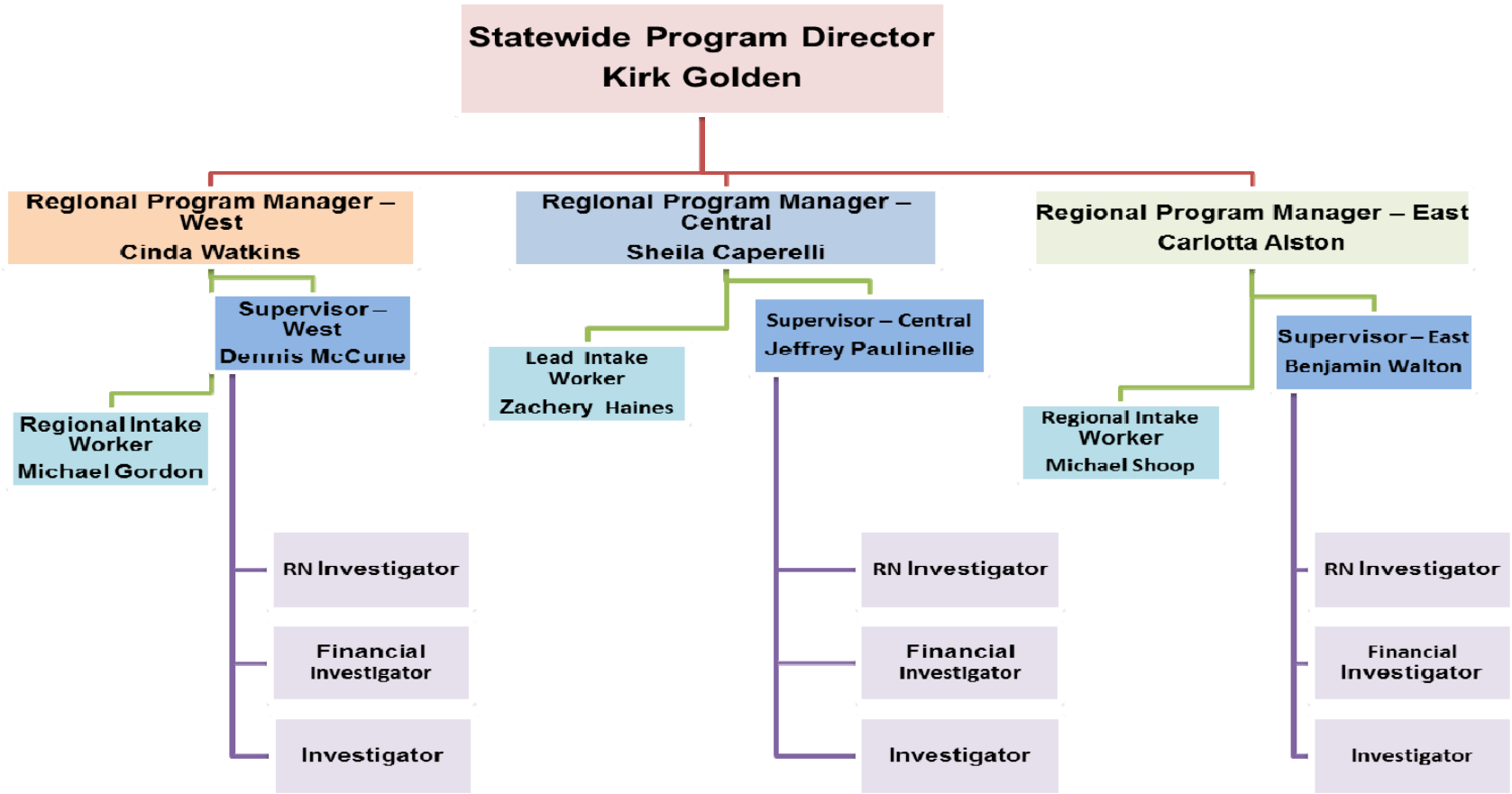
West – ★ Cinda Watkins – ★ Dennis McCune

Central – ★ Sheila Caperelli – ★ Jeff Paulinellie

East – ★ Carlotta Alston – ★ Ben Walton



Liberty Healthcare Organizational Structure



Liberty Healthcare APS Statewide Contacts



Statewide Program Director

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Protective Services Supervisor – Central

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Who is eligible to receive protective services?

- A resident of the Commonwealth
- An adult between 18 and 59 years of age with a physical or mental impairment that **substantially limits one or more major life activities**
- An adult who needs the assistance of another person to obtain protective services in order to prevent imminent risk to person or property

APS Process



Call the Statewide Protective Services Hotline (1-800-490-8505) to report an allegation of suspected abuse, neglect, exploitation or abandonment of an individual between 18 and 59 years of age with a physical or mental impairment



Mandated Reporters must also contact law enforcement and DHS for cases of suspicious death, serious injury, serious bodily injury or sexual abuse.



Protective Services Hotline is answered by local Area Agency on Aging (AAA) who completes a Report of Need (RON) and documents the report in the Social Assistance Management System (SAMS)

APS Process



The AAA notifies Liberty Healthcare that the RON is in SAMS.



Liberty Healthcare Intake Staff evaluate information in the RON to determine if individual meets eligibility criteria and classifies the case as either "Priority, Non-priority, or No Need"

Liberty Intake staff also notify all appropriate licensing agencies of the Report of Need



Cases determined to be "No Need" will be reviewed by an APS Supervisor and may be referred for other services as needed



APS Process



All cases classified as “Priority” or “Non-priority” are assigned to an APS caseworker for investigation. Investigations must be initiated within 24 hours for “Priority” cases and within 72 hours for “Non-priority” cases.



APS Caseworker initiates investigation within required timeframes, assesses risk, investigates allegation(s), determines if allegation is substantiated or unsubstantiated, and mitigates risk if necessary.



APS Process



APS may provide or arrange for services intended to ensure the adult's immediate safety and well-being.



Protective services provided must be the least restrictive and in the most integrated setting.

An adult shall only receive protective services voluntarily. In no event may protective services be provided to an adult who refuses consent to the services or who, having consented, withdraws the consent, unless the services are ordered by a court.

Report of Need Categorization



- Priority: Priority reports require immediate attention because specific details in the report indicate the possibility that the adult reported to need protective services **is at imminent risk of death or serious injury or serious bodily injury**. The investigation shall be initiated immediately for a priority report.
- Non-priority: A non-priority report does not appropriately fall within the priority category and, therefore, does not require immediate attention by the agency. These investigations must be initiated within 72 hours.

Report of Need Categorization



- No need for protective services: A report shall be placed in this category when the person reported to be in need of protective services meets either of the following criteria:
 - (a) **has the capacity to perform or obtain, without help, services necessary to maintain physical or mental health**
 - (b) **is not at imminent risk or danger to his person or property**

Report of Need



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1. REPORTER'S DETAILS

1.A. CONSUMER'S INFORMATION

1. Date RON Received _____

2. Time RON Received _____

3. Date(s) of the incident(s) _____

4. LAST Name _____

5. FIRST Name _____

6. MIDDLE Initial _____

7. Name SUFFIX (if applicable) _____

1.B. CONSUMER'S DEMOGRAPHIC DATA

1. What type of communication assistance will be needed to communicate with consumer?

Language
 Language and Mechanical
 Mechanical
 American Sign Language (ASL)
 None/Not Reported

2. Primary Language

American Sign Language
 English
 Russian
 Spanish
 Other-Document in Notes

3. Date of Birth (DOB) (If unknown, document an estimated age in Notes) _____

4. Marital Status

Divorced
 Married
 Single
 Separated
 Widowed
 Other-Document Details in Notes
 Unavailable/Unknown

5. Gender

Female
 Male

6. Social Security Number (SSN) (Optional) _____

7. Ethnicity

Hispanic or Latino
 Not Hispanic or Latino
 Unknown

8. Race(s)

American Indian/Native Alaskan
 Asian
 Black/African American
 Native Hawaiian/Other Pacific Islander
 Non-Minority (White, Non-Hispanic)
 White-Hispanic
 Other-Document in Notes
 Unavailable

9. Current Living Arrangement (Include in the "Lives Alone" category, Consumers who live in AL, Dom Care, and PCN, play rent, or have no roommate.)

Lives Alone
 Lives with Spouse Only
 Lives with Child(ren) but not Spouse
 Lives with Other Family Member(s)
 Other-Document Details in Notes
 Don't Know

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10. CONSUMER'S type of residence at time of reported event.

- Apartment
- Assisted Living (AL)
- CHS (Mental Health)
- Condos/Conjugal's Home
- Community Homes for Individuals with ID
- Domiciliary Care Home (DC)
- Family Living/Shared Living
- Intermediate Care Facility (ICF)
- Homeless
- Inpatient Psychiatric Facility
- Long Term Structured Residence (LTSR/MS) Mental Health
- Nursing Facility
- Own Home
- Personal Care Home (PCH)
- Other-Document Details In Notes
- Unknown

11. Identify where the incident occurred. If County is different than residence, document details in notes.

1.C. CONSUMER'S RESIDENTIAL ADDRESS INFORMATION

1. Name of facility, if residing in a facility. (If not residing in a facility, document as N/A.)

2. RESIDENTIAL Street Address (Include number of house, apartment, or room.)

3. RESIDENTIAL Street Address Second Line (if needed)

4. RESIDENTIAL City or Town (Optional and must be located within the required residential municipality.)

5. RESIDENTIAL Municipality - REQUIRED (Usually a Township or Borough where Consumer Votes, Pays Taxes.)

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6. RESIDENTIAL County - REQUIRED

<input type="checkbox"/> Adams	<input type="checkbox"/> Northampton
<input type="checkbox"/> Allegheny	<input type="checkbox"/> Northumberland
<input type="checkbox"/> Armstrong	<input type="checkbox"/> Perry
<input type="checkbox"/> Beaver	<input type="checkbox"/> Philadelphia
<input type="checkbox"/> Bedford	<input type="checkbox"/> Pike
<input type="checkbox"/> Berks	<input type="checkbox"/> Potter
<input type="checkbox"/> Blair	<input type="checkbox"/> Schuylkill
<input type="checkbox"/> Bradford	<input type="checkbox"/> Snyder
<input type="checkbox"/> Bucks	<input type="checkbox"/> Somerset
<input type="checkbox"/> Butler	<input type="checkbox"/> Sullivan
<input type="checkbox"/> Cambria	<input type="checkbox"/> Susquehanna
<input type="checkbox"/> Cameron	<input type="checkbox"/> Tioga
<input type="checkbox"/> Carbon	<input type="checkbox"/> Union
<input type="checkbox"/> Centre	<input type="checkbox"/> Venango
<input type="checkbox"/> Chester	<input type="checkbox"/> Warren
<input type="checkbox"/> Clark	<input type="checkbox"/> Washington
<input type="checkbox"/> Clearfield	<input type="checkbox"/> Wayne
<input type="checkbox"/> Clinton	<input type="checkbox"/> Westmoreland
<input type="checkbox"/> Columbia	<input type="checkbox"/> Wyoming
<input type="checkbox"/> Crawford	<input type="checkbox"/> York
<input type="checkbox"/> Cumberland	<input type="checkbox"/> Out Of State
<input type="checkbox"/> Dauphin	
<input type="checkbox"/> Delaware	
<input type="checkbox"/> Elk	
<input type="checkbox"/> Erie	
<input type="checkbox"/> Fayette	
<input type="checkbox"/> Forest	
<input type="checkbox"/> Franklin	
<input type="checkbox"/> Fulton	
<input type="checkbox"/> Greene	
<input type="checkbox"/> Huntingdon	
<input type="checkbox"/> Indiana	
<input type="checkbox"/> Jefferson	
<input type="checkbox"/> Juniata	
<input type="checkbox"/> Lackawanna	
<input type="checkbox"/> Lancaster	
<input type="checkbox"/> Lawrence	
<input type="checkbox"/> Lebanon	
<input type="checkbox"/> Lehigh	
<input type="checkbox"/> Luzerne	
<input type="checkbox"/> Lycoming	
<input type="checkbox"/> McKean	
<input type="checkbox"/> Mercer	
<input type="checkbox"/> Mifflin	
<input type="checkbox"/> Monroe	
<input type="checkbox"/> Montgomery	
<input type="checkbox"/> Montour	

7. CONSUMER'S Primary Telephone Number

8. DIRECTIONS to Consumer's Location (Optional)

9. NAME of Emergency Contact

10. PHONE Number of Emergency Contact

11. NAME of Primary Care Physician

12. Business PHONE Number for Primary Care Physician

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1.D. CONSUMER'S POSTAL/MAILING ADDRESS INFORMATION

1. POSTAL Street Address (Include number of PO Box, street, house, apartment, OR room.)

2. POSTAL Address Second Line (if needed)

3. POSTAL City or Town

4. POSTAL State

5. POSTAL Zip Code

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2. REPORTER'S OBSERVATIONS

2.A. CONSUMER'S CURRENT SITUATION

1. Identify ALL ALLEGATIONS made by the reporter.
Document ALL Details provided regarding EACH ALLEGATION in the Notes section.

- Physical abuse
- Emotional abuse
- Self neglect
- Caretaker/Caregiver neglect
- Exploitation
- Abandonment
- Sexual abuse

2. Is the consumer in a life threatening situation?

- Yes
- No
- Unknown

3. Reported physical and health conditions of consumer - Document ALL Details in Notes.

- None/Not reported
- Amputation
- Arthritis
- Functional limitations
- Medication mismanagement (ie. undermedicated, substance abuse)
- Physical trauma (ie. bruises, cuts, burns, signs of sexual abuse)
- Poor personal hygiene (ie. dirty, odorous, poor dental health)
- Poor nutritional status (ie. malnourished, dehydrated, weight loss)
- Recent hospitalizations (ie. hospitalized in last 30 days)
- Unmet personal needs (ie. lack of false teeth, eyeglasses, hearing aid)
- Untreated medical condition (ie. ulcers/sores, bedsores)
- Other-Document Details in Notes
- Unknown

4. Type of disability(ies) reported:

- None/Not Reported
- ALS (Lou Gehrig's)
- Alzheimer's/Dementia
- Autism Spectrum Disorder
- Blind/Visually Impaired
- Brain Injury (Traumatic/Acquired)
- Chemical Dependency, including Alcohol and Substance Abuse
- DD/ID
- Deaf/Hearing Impaired
- Epilepsy

- Mental Illness
- Medical Diagnosis Leading to Physical Disability
- Physical Disability
- Speech Impairment
- Other-Document Details in Notes
- Unknown

5. Indicate the types of substance abuse:

- None/Not reported
- Alcohol
- Illegal drugs
- Missing prescribed medications
- Other-Document Details in Notes

6. Reported emotional and mental conditions of Consumer - Document all Details in Notes.

- None/Not Reported
- Confusion (ie. memory loss, wandering)
- Disoriented (ie. to person, place, or time)
- Feels threatened or intimidated
- Hallucinations (ie. hearing voices, seeing non-existent objects or people)
- Recent suicidal talk/actions/thoughts
- Unable to communicate and/or comprehend
- Other-Document Details in Notes
- Unknown

7. Reported problems with the physical environment of Consumer - Document all Details in Notes.

- None/Not reported
- Architectural barriers (ie. inaccessible, bathroom, stairway)
- Garbage/trash accumulation
- Inadequate utilities (ie. heat, plumbing)
- In need of repair
- Insect/pest problem(s)
- Inappropriate problem(s) (ie. overpopulation, inadequate care)
- Safety hazard(s) (ie. fire danger, leaky roof)
- Other-Document Details in Notes
- Unknown

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8. Note any dangers - Document Details in Notes.

- None/Not reported
- History of Violent Behavior in Home
- Gang Activity
- Neighborhood Dangers
- Known Drug Activity
- Pets
- Weapons
- Other-Document Details in Notes
- Unknown

9. Reported financial problems of Consumer - Document Details in Notes.

- None/Not reported
- Depleted bank account with no reason
- Mismanagement of funds (i.e. unpaid bills, utility shut-offs)
- Missing assets (i.e. checks, cash, personal property)
- Unexpected change of name on accounts
- Other unusual financial arrangements or relationships
- Unknown

10. Does the Consumer have assistance with legal/financial concerns?

- Yes
- No
- Unknown

11. If response to 2.A.10 is "Yes," check all appropriate options from list below.

- Guardian
- Informal Representative
- Lawyer
- Power of Attorney (Healthcare)
- Power of Attorney (Durable)
- Representative Payee

12. What is the name of the Alleged Perpetrator (AP)?
(Document if N/A or Unknown)

13. Does the Alleged Perpetrator currently have access to the Consumer/Consumer assets?

- Yes
- No
- Unknown

14. Where is the Consumer currently located?

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3. REPORTER'S DATA

3.A. REPORTER'S INFORMATION

1. REPORTER'S First and Last Name _____

2. REPORTER'S Phone Number _____

3. Is this a MANDATED Report?
 Yes-Skip to 3.B
 No

4. Type of VOLUNTARY Reporter
 Alleged Perpetrator (AP)
 Area Agency on Aging (AAA)
 Anonymous
 Assisted Living Facility (AL)
 Consumer
 Domiciliary Care Home (DC)
 Family Member
 General Public
 Home Health Care Agency
 Hospital
 Law Enforcement Agency
 LTC Ombudsman
 Nursing Facility
 Personal Care Home (PC)
 Social Service
 Other-Document Details in Notes

3.B. MANDATORY REPORTERS (If report is voluntary, skip to 4.A.)

1. NAME of the Organization/Facility- Mandatory Facilities CANNOT be Anonymous. _____

2. Type of MANDATORY Reporter
 Adult Training Facility/Vocational Program
 Birth Center (BC)-DOH
 Assisted Living Facility (AL)
 Community Homes for Individuals with ID - DPW
 Community Residential Rehabilitation Services (CRRS)-DPW
 Domiciliary Care Home (DC)
 Hospice-DOH
 Hospital LTC-DOH
 Home Care Agency-DOH

Home Care Registry-DOH
 ICF/IID-DPW
 In-Home Direct Service Worker
 Licensed Home Health Care (LHH)-DOH
 Long Term Structured Residence (LTSR)-DPW
 Nursing Home-DOH
 Older Adult Daily Living Center (OADLC)
 Personal Care Home (PC)-DPW
 Other Public Funded Entity (Licensed or Unlicensed) - Document Details in Notes
 Residential Treatment Facility
 State Mental Hospital-OPW

3. Type of abuse reported

Sexual abuse
 Serious bodily injury (risk of death, permanent disfigurement, loss/incapacitation)
 Serious physical injury (causes severe pain, impairs physical functioning)
 Suspicious death
 Abuse not listed above-Document Details in Notes

3.C. MANDATORY REPORTS (Sexual Abuse, Serious Physical Injury, Serious Bodily Injury or Suspicious Death)

1. Was the mandatory reporter advised of additional reporting requirements to the appropriate State Agency and Law Enforcement?
 Yes
 No (Not one of the four serious, skip to 3.C-4)

2. Date the PS Agency reminded the organization/facility of the additional reporting requirements to the appropriate State Agency and Law Enforcement: _____

3. Time the PS Agency reminded the organization/facility of the additional reporting requirements to the appropriate State Agency and Law Enforcement: _____

4. When was the mandatory written report from the facility received by the appropriate PS Agency/Entity?
 Within 48 hours
 More than 48 hours
 Not received

5. Did the PS Agency forward the facility's mandatory written report to the appropriate State Agency?
 Yes
 No

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4. REPORT OF NEED SUMMARY

4.A. REPORT OF NEED SUMMARY

1. What is the Category assigned to the Report of Need at Intake?

- Emergency-Immediately refer to PS
- Priority-Immediately refer to PS
- Non-priority-Normal Business
- No need for PS (complete 4.A.2)
- Referred to another entity-include date/time and person receiving RON in Notes.

2. Why categorized as No Need for Protective Services? Document Details in Notes

- Is not in the Jurisdiction of PA (DAPSA only)
- Is not a resident of PA (APS only)
- Under age 60 (DAPSA only)
- Under age 18 or over age 59 (APS only)
- Able to perform or obtain services on their own (DAPSA only)
- Able to obtain PS without the assistance of another person (APS)
- No imminent risk to person or property (DAPSA or APS)
- Has a responsible caretaker (DAPSA only)
- No physical/mental impairment limiting 1 or more major life activity (APS only)

4.B. RON CONFIRMATION (Completed by PS Worker or Supervisor)

1. Date Report of Need was received by Protective Service Worker

2. Time Report of Need was received by Protective Service Worker

3. Was the Intake Report of Need Category confirmed? Document who confirmed or changed the category in Notes.

- No
- Yes-Gkip to 4.B.5

4. If the Category assigned at intake to this Report of Need was changed, enter the appropriate Category here.

- Emergency-Immediately refer to PS
- Priority-Immediately refer to PS
- Non-priority-Normal Business
- No need for PS-Explain in Notes
- Referred to another entity

5. Based on review of the RON, what organizations/agencies were notified of the RON? Check all that apply. Document in the Notes the dates and individual names contacted for each choice below.

- Coroner
- Department of Aging (DOA)
- Department of Health (DOH)
- Department of Public Welfare (DPW)
- Law Enforcement - At time of RON - (i.e. NN due to consumer death)
- MH/DD
- Ombudsman
- Other-Document Details in Notes
- None-Document Details in Notes

6. If referred to a different entity, document the entity, county name, and name of individual receiving report.

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5. SIGNATURES
S.A. SIGNATURES, TITLES, & DATES FOR REPORT OF NEED

1. Signature & Title of Intake Worker

2. Date Intake Worker Completed RON

3. Signature & Title of Caseworker Reviewing and/or Investigating

4. Date Caseworker and/or Investigator Received the RON

5. Signature & Title of Supervisor

6. Date Supervisor Reviewed and Approved the Receipt of the RON

7. Signature and Title of Director

8. Date Director Reviewed and Approved the Receipt of the RON and Assignment

Title: _____ Date: _____
Title: _____ Date: _____

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Mandatory Reporters



Who is a mandated reporter?

- Assisted Living Facility
- Domiciliary Care Home
- Home Health Care Agency
- Intermediate Care Facility for Individuals with Intellectual Disabilities or with Other Related Conditions
- Nursing Facility
- Older Adult Daily Living Center
- Personal Care Home
- Residential Treatment Facility
- **An organization or group of people that use public funds and is paid, in part, to provide care and support to adults in a licensed or unlicensed setting**

General Reporting Requirements



1. An administrator or employee who has reasonable cause to suspect that a recipient is a victim of abuse, neglect, exploitation or abandonment will immediately make an oral report to the statewide **Protective Services Hotline by calling 1-800-490-8505.**
2. Within 48 hours of making the oral report, the administrator or employee will email a written report to Liberty Healthcare at the following address: RA-PWAPSMandatoryRon@pa.gov or fax the report to **484-434-1590**. The following written report forms may be used:
 - The mandatory reporting form found on the Department's website;
 - An administrator or employee of a nursing facility, licensed by Department of Health, may submit a PB-22 form;
 - An administrator or employee may submit a Home and Community Services Information System (HCSIS) incident report (Printable Summary) or an Enterprise Incident Management (EIM) report.

General Reporting Requirements



- An administrator or employee of a facility will continue to follow all required incident management regulations, policies and procedures

MANDATORY ABUSE REPORT

DATE OF REPORT: _____ TIME: _____

NAME OF VICTIM / RECIPIENT/ CONSUMER (Last, First, M.I.):		FACILITY NAME:	
ADDRESS:		ADDRESS:	
CITY: _____ STATE: _____ ZIP CODE: _____	CITY: _____ STATE: _____ ZIP CODE: _____	PHONE: _____ COUNTY: _____	
DATE OF BIRTH: _____ SEX: _____	FACILITY TYPE: (PH, PCH, DC, CLA, HK,)		
DATE AND TIME OF INCIDENT: DATE: / / TIME: _____ A.M. P.M.	FACILITY LICENSING AGENCY:	FACILITY LICENSE NUMBER:	
DATE AND TIME OF REPORT TO LICENSING AGENCY: DATE: / / TIME: _____ A.M. P.M.	LICENSING AGENCY CONTACT AND TELEPHONE NUMBER: NAME: _____ TELEPHONE #: _____		
OAPSA (over 60) <input type="checkbox"/> ABUSE <small>(check one)</small> involving sexual abuse, serious bodily injury, serious physical injury or suspicious death <input type="checkbox"/> SEXUAL ABUSE (rape, involuntary deviate sexual intercourse, sexual assault, statutory sexual assault, aggravated indecent assault, incest or incest) <input type="checkbox"/> SERIOUS BODILY INJURY <input type="checkbox"/> SERIOUS PHYSICAL INJURY <input type="checkbox"/> SUSPICIOUS DEATH		APS (under 60) <input type="checkbox"/> ABUSE, NEGLECT, EXPLOITATION or ABANDONMENT <small>(check one)</small> involving sexual abuse, serious injury, serious bodily injury or suspicious death <input type="checkbox"/> SEXUAL ABUSE (rape, involuntary deviate sexual intercourse, sexual assault, statutory sexual assault, aggravated indecent assault, or incest) <input type="checkbox"/> SERIOUS INJURY <input type="checkbox"/> SERIOUS BODILY INJURY <input type="checkbox"/> SUSPICIOUS DEATH	
DATE/TIME ORAL REPORT TO AAA: _____	NAME OF AAA CONTACTED: _____	AAA/APS AGENCY USE ONLY: DATE/TIME ORAL REPORT TO COUNTY CORONER: _____ (if applicable)	AAA/APS AGENCY USE ONLY: NAME OF CORONER: _____ (if applicable)
DATE/TIME ORAL REPORT TO LOCAL LAW ENFORCEMENT: (if applicable) _____	NAME OF LAW ENFORCEMENT AGENCY: _____ (if applicable)	DATE/TIME ORAL REPORT TO PDA/DHS: _____ (if applicable)	
CONTACT INFORMATION: <small>(PLEASE CHECK APPROPRIATE B.L.O.C.S.)</small> <input type="checkbox"/> GUARDIAN <input type="checkbox"/> ATTORNEY-IN-FACT <input type="checkbox"/> NEXT OF KIN		ALLEGED PERPETRATOR NAME: _____ RELATIONSHIP TO VICTIM: _____	
NAME: _____ ADDRESS: _____		CITY: _____ STATE: _____ ZIP CODE: _____	
CITY: _____ STATE: _____ ZIP CODE: _____	PHONE NUMBER: _____	AGE: _____	SEX: _____
PHONE NUMBER: _____	RELATIONSHIP: _____	TYPE OF POSITION: <small>(PH, LPA, DC, HK, etc.)</small>	WORK SHIFT: _____ DATE OF HIRE: _____

PLEASE COMPLETE REVERSE SIDE

DETAILS AND DESCRIPTION OF ABUSE: (ATTACH ADDITIONAL SHEETS IF NECESSARY)

ACTIONS TAKEN BY FACILITY, INCLUDING TAKING OF PHOTOGRAPHS AND X-RAYS, REMOVAL OF VICTIM AND NOTIFICATION OF APPROPRIATE AUTHORITIES. (ATTACH ADDITIONAL SHEETS IF NECESSARY)

OTHER PERTINENT INFORMATION, COMMENTS OR OBSERVATIONS DIRECTLY RELATED TO ALLEGED ABUSE INCIDENT AND VICTIM:

NAME AND TITLE OF REPORTER: <small>(PLEASE TYPE OR PRINT)</small>		SIGNATURE OF REPORTER:
NAME:	TITLE:	
REPORTER CONTACT INFORMATION:		DATE:
TELEPHONE NUMBER:	EMAIL ADDRESS:	
NAME AND TITLE OF PERSON PREPARING REPORT: <small>(PLEASE TYPE OR PRINT)</small>		SIGNATURE OF PERSON PREPARING REPORT:
NAME:	TITLE:	
PERSON PREPARING REPORT CONTACT INFORMATION:		DATE:
TELEPHONE NUMBER:	EMAIL ADDRESS:	

Additional Reporting Requirements



If the case involves sexual abuse, serious injury, serious bodily injury or suspicious death, in addition to the previous steps, an employee/administrator must **also**:

1. Make an immediate oral report to law enforcement
2. Make an immediate oral report to the DHS staff responsible for the Adult Protective Services Program at **717-265-7887, select option #3.**
3. Within 48 hours of making the oral report, submit a written report to law enforcement. This written report can be the mandatory reporting form found on the Department's website, the PB-22, a HCSIS incident report, or the EIM report form.

Please see the written guidance provided to employees and administrators of facilities for specific details and definitions

Statutory Definitions



Abuse:

- Infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish
- Willful deprivation by a caregiver of goods or services which are necessary to maintain physical or mental health
- Sexual harassment, rape or abuse as the term is defined in 23 Pa.C.S. § 6102

Neglect: The failure to provide for oneself or the failure of a caregiver to provide goods, care or services essential to avoid clear and serious threat to the physical or mental health of an adult

Statutory Definitions



Exploitation: An act or course of conduct by a caregiver or other person against an adult or an adult's resources, without the informed consent of the adult or with consent obtained through misrepresentation, coercion or threats of force, that results in monetary, personal or other benefit, gain or profit for the perpetrators or monetary or personal loss to the adult

Abandonment: The desertion of an adult by a caregiver

Statutory Definitions



Serious bodily injury:

- Injury that:
 - (1) creates a substantial risk of death; or
 - (2) causes serious permanent disfigurement or protracted loss or impairment of the function of a body member or organ

Serious injury:

- An injury that:
 - (1) causes a person severe pain; or
 - (2) significantly impairs a person's physical or mental functioning, either temporarily or permanently

Statutory Definitions



Sexual abuse:

- Intentionally, knowingly or recklessly causing or attempting to cause rape, involuntary deviate sexual intercourse, sexual assault, statutory sexual assault, aggravated indecent assault or incest, as defined by 18 Pa.C.S. (relating to crimes and offenses)

Sexual Harassment:

- Sexual harassment is unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature.
- NOTE: Sexual harassment is an abuse that requires reporting to the Protective Services Hotline; however, it is not sexual abuse which requires reporting to DHS and local law enforcement.



**NEXT SLIDES CONTAIN
GRAPHIC
PICTURES**

Condemned Home



Hoarding



Photos Prior to Double Amputation



Decubitus Ulcer



Decubitus Ulcer



pennsylvania
DEPARTMENT OF HUMAN SERVICES



Paid Caregiver Neglect



Neglect





HOW TO REPORT

1-800-490-8505

www.dhs.pa.gov/reportabuse



Browser address bar: http://www.dhs.pa.gov/reportabuse/index.htm#VjNj62FNpI

Navigation: Home - ProductionSite, SAMS Case Management, Home

Menu: PA.GOV, Citizens, Providers, Partners, Publications, About DHS

Search: Search DHS

Banner: Pennsylvania Department of Human Services, Tom Wolf, Governor | Ted Dallas, Secretary

Footer: Report Abuse, Apply for Benefits, Newsroom, Data

Report Abuse

CHILD ABUSE:
To report child abuse call **1-800-932-0313**.
If you are a mandated reporter go to www.compass.state.pa.us/cwis. To learn more about protecting Pennsylvania's children from abuse and neglect go to www.KeepKidsSafe.pa.gov

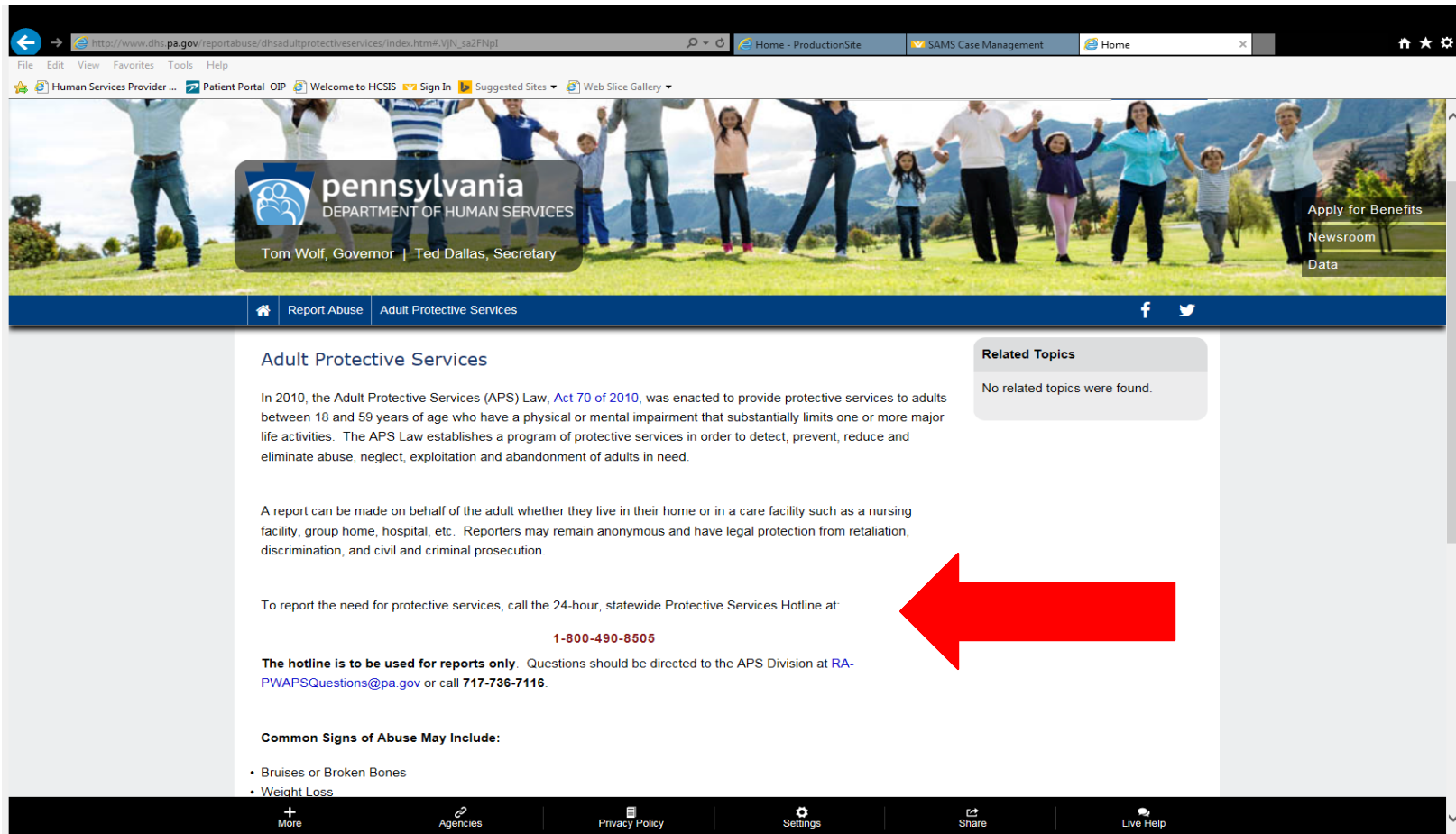
ADULTS WITH DISABILITIES ABUSE:
To report abuse for adults with disabilities call the 24-hour, statewide Protective Services Hotline at **1-800-490-8505**.
To learn more about reporting abuse, neglect, exploitation or abandonment, [click here](#).

Related Topics: Adult Protective Services

Footer: More, Agencies, Privacy Policy, Settings, Share, Live Help



www.dhs.state.pa.us



The screenshot shows a web browser window with the URL http://www.dhs.pa.gov/reportabuse/dhsadultprotectiveservices/index.htm#VjN_s2FNpJ. The page features a banner image of a diverse group of people holding hands in a field. Below the banner is a navigation bar with 'Report Abuse' and 'Adult Protective Services' links, and social media icons for Facebook and Twitter. The main content area is titled 'Adult Protective Services' and contains the following text:

Adult Protective Services

In 2010, the Adult Protective Services (APS) Law, [Act 70 of 2010](#), was enacted to provide protective services to adults between 18 and 59 years of age who have a physical or mental impairment that substantially limits one or more major life activities. The APS Law establishes a program of protective services in order to detect, prevent, reduce and eliminate abuse, neglect, exploitation and abandonment of adults in need.

A report can be made on behalf of the adult whether they live in their home or in a care facility such as a nursing facility, group home, hospital, etc. Reporters may remain anonymous and have legal protection from retaliation, discrimination, and civil and criminal prosecution.

To report the need for protective services, call the 24-hour, statewide Protective Services Hotline at:

1-800-490-8505

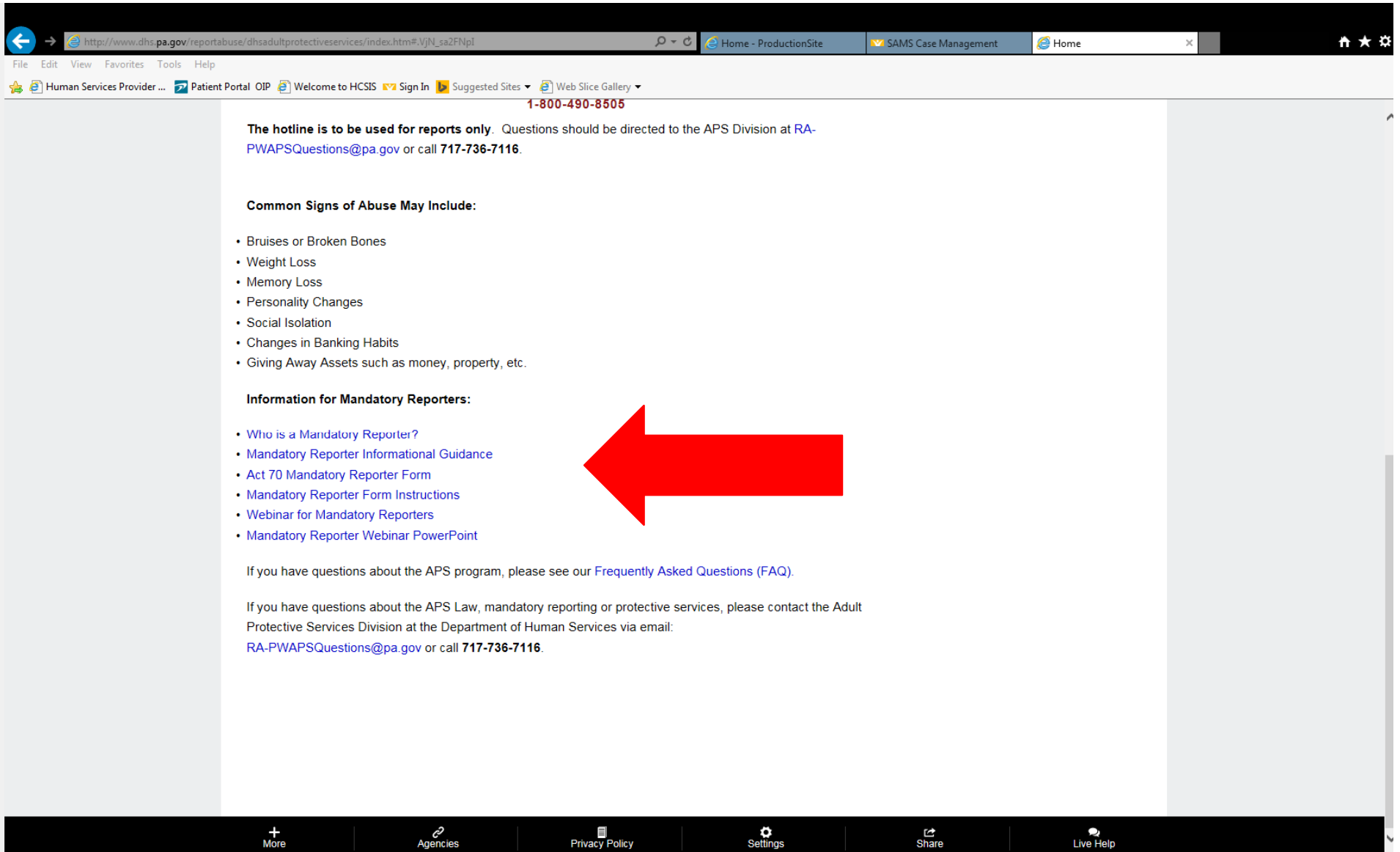
The hotline is to be used for reports only. Questions should be directed to the APS Division at RA-PWAPSQuestions@pa.gov or call **717-736-7116**.

Common Signs of Abuse May Include:

- Bruises or Broken Bones
- Weight Loss

On the right side of the page, there is a 'Related Topics' section with the text 'No related topics were found.' A large red arrow points from this section towards the hotline number.

At the bottom of the page, there is a footer with icons for 'More', 'Agencies', 'Privacy Policy', 'Settings', 'Share', and 'Live Help'.



1-800-490-8505

The hotline is to be used for reports only. Questions should be directed to the APS Division at RA-PWAPSQuestions@pa.gov or call **717-736-7116**.

Common Signs of Abuse May Include:

- Bruises or Broken Bones
- Weight Loss
- Memory Loss
- Personality Changes
- Social Isolation
- Changes in Banking Habits
- Giving Away Assets such as money, property, etc.

Information for Mandatory Reporters:

- [Who is a Mandatory Reporter?](#)
- [Mandatory Reporter Informational Guidance](#)
- [Act 70 Mandatory Reporter Form](#)
- [Mandatory Reporter Form Instructions](#)
- [Webinar for Mandatory Reporters](#)
- [Mandatory Reporter Webinar PowerPoint](#)

If you have questions about the APS program, please see our [Frequently Asked Questions \(FAQ\)](#).

If you have questions about the APS Law, mandatory reporting or protective services, please contact the Adult Protective Services Division at the Department of Human Services via email: RA-PWAPSQuestions@pa.gov or call **717-736-7116**.

More Agencies Privacy Policy Settings Share Live Help

Frequently Asked Questions (FAQs)

A screenshot of a web browser displaying the Pennsylvania Department of Human Services website. The browser's address bar shows the URL "http://www.dhs.state.pa.us/cs/groups/webcontent/documents/document/c_199869.pdf". The website content includes the department's logo and the title "Frequently Asked Questions" centered between two blue horizontal lines. Below this is a table of contents with the following items and page numbers:

The Protective Services Process	1
Who are Mandatory Reporters? What are their Reporting Responsibilities? .	4
APS Procedures	9
Consumer Rights	11
Contact Information	12

Questions and Additional Information



- Questions or requests for additional information regarding the Adult Protective Services program can be sent to the following email address:

RA-PWAPSQuestions@pa.gov

- If you do not have access to email, please call:
717-736-7116