

**National Adult Protective Services Technical Assistance Resource Center Project**

**Contract Number HHSP233201500042I**

### **TASKS 2.3.3**

## **National Adult Protective Services Technical Assistance Resource Center**

### **National APS Evaluation**

#### **Component 1: Review of State Adult Protective Services Policy**

#### **Updated Report**

Prepared for:

Aiesha Gurley

Contracting Officer's Representative

Administration for Community Living

330 C Street SW

Washington, DC 20201

Prepared by:

WRMA, Inc.

12300 Twinbrook Parkway, Suite 310

Rockville, MD 20852

Submitted: September 2021

Inside cover:

This report is a component of the Adult Protective Services Technical Assistance Resource Center Evaluation, Component 1, which was conducted by WRMA, Inc. under contract number HHSP233201500042I.

Contracting Officer's Representative:

Aiesha Gurley

Administration for Community Living

330 C Street SW

Washington, DC 20201

# Contents

Executive Summary.....	1
Volume I.....	3
Background and Summary.....	3
Introduction .....	4
APS Process Evaluation .....	4
Purpose .....	4
Methodology .....	5
Overview of Report.....	9
Overview of State APS Programs .....	9
Introduction .....	9
Context.....	10
Intake .....	15
Investigation .....	16
Post-Investigation Services .....	21
Quality Assurance .....	23
Analysis and Conclusion.....	24
Appendix A: APS Logic Model .....	A -1

## Executive Summary

Under the contract for Solicitation 15-233-SOL-00643, WRMA, the contractor for the National Adult Protective Services Technical Assistance Resource Center (APS TARC), was charged by the Administration for Community Living (ACL) with developing an evaluation plan for adult protective services (APS) programs. WRMA prepared an evaluation plan, approved by ACL, comprised of three stepwise components:

- Component 1: Establish the APS Policy Framework and Review Literature on APS Interventions for Adults with Disabilities.
- Component 2: Inventory of State Practices and Service Innovations.
- Component 3: Understand APS Outcomes in a State Context.

In fulfillment of the contract requirements, WRMA completed initial reports on Component 1 and Component 3. The survey for Component 2 was completed in the summer of 2021.

Under a new contract, HHSP233201500042I, WRMA is updating the Component 1 and Component 3 reports and conducting and reporting on the Component 2 survey. The updated Component 1 and new Component 2 reports are being submitted at the end of federal fiscal year 2021, and the updated Component 3 report will be submitted in the spring of 2022. The Component 1 and 2 reports are for internal use; WRMA will work with ACL to determine an evaluation report package for public dissemination.

Volume I of this report provides the background and methodology for developing the state profiles, as well as cross-state summary exhibits. The exhibits present summary information on various policy questions - such as organizational structure, confidentiality, and maltreatment types – that could easily be summarized. The analysis is organized by the APS Logic Model created for this project. Any reviewer interested in the overall framework for a particular state or group of states can review the entire profile for those states.

Volume II of this report provides state policy profiles. They provide a first-ever comprehensive resource of the policy framework for state APS programs. The profiles provide an understanding of state APS programs, inform the second and third components of the evaluation, and provide a valuable resource to anyone seeking to better understand APS programs around the country. The profiles are organized according to the APS Logic Model established in the program evaluation plan. Anyone interested in policy related to a particular topic, such a case initiation, can review the Case Initiation section of all the profiles to understand how policy varies across the country.

The profiles were developed by a team of reviewers who used extant policy materials to identify and code, in a qualitative research tool, state policy for a pre-determined set of research questions. Extant materials included, ideally, policy manuals that describe program policy in detail. Each policy profile reflects the availability and nature of the extant materials. Policy manuals were supplemented by the state's Agency Component report from the National Adult Maltreatment Reporting System (NAMRS) and by state statutes, rules, websites, and other materials that were readily available. State APS programs have had

the opportunity to review and revise their individual profiles for the initial report and for this revised report.

The depth and quality of the material included in this profile reflects the depth and quality of the source material and should be not used to draw conclusions regarding the quality of an individual program.

The process of creating the individual state profiles and summary information and the content of the material provide general insight into the nature of APS. While it was beyond the scope of this report to conduct detailed analysis of the policy profiles, the following insights are worthy of further analysis.

**Many APS programs are guided by a set of principles.** Several states reference the principles established by the National Adult Protective Services Association (NAPSA) and others have clearly defined guiding principles. Even for states without a broad set of principles, certain ideals—such as the need to balance protecting someone from abuse while also protecting their rights—are expressly stated in policy.

**Review of individual state policy profiles confirms that there is much diversity in APS programs.** This includes:

1. Organizational placement
2. Size of the programs
3. Scope of the programs, including similarity but not uniformity in the populations APS programs serve

**There is consistency in certain key aspects of APS programs.** For example, in most states, APS responds to allegations of neglect, and nearly all states reported that APS responds to allegations of physical abuse, self-neglect, sexual abuse, and financial exploitation. Almost all states require some form of mandatory reporting. The standard of evidence in the majority of states is preponderance of the evidence. Additionally, most APS agencies understand they have the right to access client information such as bank and health information for the purposes of the investigation. Most APS programs also provide post-investigation services.

The review process revealed that:

**The nature and quality of extant policy materials vary considerably.** Policy materials vary at both the statutory and policy manual level. Improving policy frameworks in a potential area for technical assistance to improve APS programs.

**Extant policy information is not necessarily the best source for a few of the research questions.** Two areas that seem to lack much policy guidance—at least in the materials available for this review—were consequences resulting from APS investigations and quality assurance. Review of the profiles reveal that many states did not have material in these areas. These areas were addressed in design of the survey used in Component 2 of the evaluation.

In conclusion, these state policy profiles provide the first comprehensive resource to understand the policy framework of APS programs across the country. They will provide a valuable resource for further efforts to evaluate and ultimately enhance the effectiveness of APS programs.

# Volume I

## Background and Summary

# Introduction

## APS Process Evaluation

Under the contract for Solicitation 15-233-SOL-00643, WRMA, the contractor for the National Adult Protective Services Technical Assistance Resource Center (APS TARC), was charged by the Administration for Community Living (ACL) with developing an evaluation plan for adult protective services (APS) programs. WRMA prepared an evaluation plan, approved by ACL, comprised of three stepwise components:

- Component 1: Establish the APS Policy Framework and Review Literature on APS Interventions for Adults with Disabilities
- Component 2: Inventory of State Practices and Service Innovations
- Component 3: Understand APS Outcomes in a State Context

Exhibit A outlines the objectives, methods, and status for each component of the evaluation.

In fulfillment of the contract requirements, WRMA completed reports on Component 1 and Component 3. The survey for Component 2 was delayed until this year.

Under a new contract, HHSP233201500042I, WRMA is updating the Component 1 and Component 3 reports and conducting and reporting on the Component 2 survey. The updated Component 1 and new Component 2 reports are being submitted at the end of federal fiscal year 2021, and the updated Component 3 report will be submitted in the spring of 2022. The Component 1 and 2 reports are for internal use; WRMA will work with ACL to determine an evaluation report package for public dissemination.

## Purpose

Unlike many other social service programs, APS services are not delivered with a unified approach across the country. Historically, the lack of a dedicated federal funding stream to support state APS programs meant each state developed a program based on state and local needs. The funding that became available through the Social Services Block Grant (SSBG) during the 1980s served as a catalyst for many states to develop their APS programs. Because SSBG funding is a block grant, states were free to develop programs in ways that fit the culture and needs of their state. This organic growth resulted in diversity in many elements of state programs. State policy frameworks are unique and have never been documented as part of a national evaluation.

The purpose of Component 1 of the evaluation is to conduct a detailed examination of extant policies of state APS agencies for foundational knowledge-building about APS programs. This consists of documenting state policies pertaining to APS programs and developing and comparing state profiles. The emphasis of this component is to answer the question: “What are APS policies?” Together, with the Component 2 practice survey report, the APS process evaluation provides a comprehensive picture of APS policy and practice. The initial Component 1 policy profile report provided the first-ever comprehensive resource of the policy framework for state APS programs, essential to better understanding APS programs around the country. The report informed development of and provided data for the other components of the evaluation and is a valuable resource for the technical assistance efforts of the APS TARC.



EXHIBIT A – OVERVIEW OF APS EVALUATION PLAN

	Component 1 Review of APS State Policies	Component 2 Inventory of State Practices and Services Innovations	Component 3 Understanding APS Outcomes in a State Context
Objectives	To document the policy framework for state APS programs	To establish a baseline of understanding about APS program practices	To create an analytical framework to examine state patterns and relationships of APS program and demographic characteristics, key policies and practice, and APS system outcomes
Methods	Review, compile, and analyze state extant policy documents and NAMRS data analysis	Conduct an online survey	Establish database and conduct analysis of relationship between dependent and independent variables
Status	Initial report completed in 2018. Updated report to be submitted in summer 2021.	Initial report to be submitted summer 2021.	Initial report submitted. Updated report to be submitted spring 2022.

## Methodology Process

The APS TARC evaluation team’s process of developing the *initial* policy profiles included the following steps:

1. **Develop APS Logic Model:** When the APS TARC evaluation team developed the evaluation plan, there was no established framework for conducting an evaluation of APS. Evaluations typically use logic models as the framework for analysis. The APS TARC team developed a new APS Logic Model to establish the analysis framework to guide development of the research questions in this evaluation. Appendix A provides the original APS Logic Model used for this evaluation and a brief description of it.

2. **Develop policy/practice/performance framework:** The APS TARC evaluation team developed five standard areas or constructs of program operations to use in outlining an evaluation plan. These constructs were used to help develop and organize the research questions. The five constructs, defined in “Exhibit B” are policy, practice, personnel, partners, and performance.

**EXHIBIT B – PROGRAM OPERATION CONSTRUCTS**

<b>Construct</b>	<b>Definition</b>
<b>Policy</b>	Policy consists of the mission, goals, and objectives of a program. Often, policy also provides guidance or requirements in terms of procedures. Included in policy may also be requirements for staff and funding, and cooperation with other agencies. Formal policy is always written and found in state statutes, administrative code, and agency manuals. Policy may be created by the legislative or judicial branches of government, or by the executive branch.
<b>Practice</b>	Practice entails those activities and actions of APS agency staff that implement policy or other management expectations.
<b>Personnel</b>	Personnel includes the qualifications of staff, as well as the hiring, training, and performance review of staff, which are implemented based upon policy.
<b>Partners</b>	Partners are other agencies (governmental, non-governmental, and private) that support the program or program’s clients.
<b>Performance</b>	Performance refers to the measurement of activities and outcomes.

3. **Draft research questions based on logic model and framework:** To develop research questions for the evaluation, the program constructs were cross-referenced with the major elements of the APS Logic Model (context, intake, investigation, post-investigation, and quality assurance). A comprehensive list of research questions was included in the program evaluation plan and served as the starting place for the framework of the state policy profiles.
4. **Develop state profile framework:** The full list of potential research questions generated by cross-referencing the APS Logic Model and program operation constructs was too long to include in the profile. After completion of the initial list of potential research questions in the evaluation plan, ACL published the final *National Voluntary Consensus Guidelines for APS Systems (Guidelines)*. This document helped with the development of the final list of questions for the state profiles by identifying any gaps in the initial list and providing a reference for determining which questions were most important.

The APS TARC evaluation team determined that the framework in the APS Logic Model was the appropriate framework for presenting the policy profiles. Using the *Guidelines* as a reference and the APS Logic Model as a framework, the APS TARC evaluation team worked through the list of potential research questions and grouped a final list according to the major categories of the logic model. To be included, each research question had to be clearly focused on policy rather than practice, and ideally would be answerable based on available extant materials on state APS programs.

5. **Develop a research team:** The APS TARC established a seven-person policy review team to research and write the policy profiles. Team members were human services professionals with backgrounds in qualitative and quantitative research, policy analysis, and program evaluation. States were divided among the team members, so each team member was responsible for researching and writing profiles for between four and 10 states. In some cases, team members collaborated on a single state profile, or worked sequentially on different phases of the profile development. The research team met two to three times per week during the profile development process to review the protocols and discuss any questions that came up.
6. **Collect extant sources of data:** Team members gathered extant materials for each state, such as policy manuals, rules, statutes, or website information. By limiting the study to extant material, the APS TARC evaluation team determined that review by OMB approval under the Paperwork Reduction Act was not required; furthermore, the availability of extant materials, in and of itself, would provide insight into the nature of APS programs. The policy review team reviewed state websites and other sources to collect the materials. Initially, two primary source documents were identified for each state. One was the state APS policy manuals obtained from either the state website or identified in the agency component of NAMRS, and the other was the NAMRS Agency Component report. When a policy manual was not located, or if it provided insufficient information, the statutes or administrative codes for APS were obtained.
7. **Code data according to research questions using Atlas.ti:** The APS TARC evaluation team used the computer software program Atlas.ti to extract information from each policy source to respond to the research questions. For each research question, a code was created in Atlas.ti. Members of the policy review team imported policy documents for each state into Atlas.ti, and then reviewed each document to code the material in response to each of the research questions.
8. **Export coded information into the policy profile template and draft report based on the coded information:** After coding relevant portions of the extant policy material into Atlas.ti, the policy review team member then generated an exported report which consisted of all the research questions along with the material coded in response to each question. This served as the basis for the policy profile. The editing process involved rewriting the policy materials into a brief narrative response for each of the sections of the state policy profile framework. (Volume II of this report provides more information on the structure of the policy profiles.)
9. **Review by APS subject matter experts:** Members of the APS TARC Evaluation Team, who are former APS program administrators and familiar with APS programs across the country, reviewed each profile for consistency and accuracy. Even with this review, the final profiles reflect the wide variation in extant source materials and the fact that there are multiple reviewers/authors.
10. **Create cross-state summary tables:** Using NAMRS Agency Component report information and information in the policy profiles, the research team developed cross-state tables.
11. **Prepare initial report:** This report consisted of the state policy profiles and cross-state tables and draws a few conclusions from the process.
12. **State review, revise, and finalize report:** Each state was asked to review, edit, and comment on their individual policy profile. In general, state-suggested changes to policy profiles were accepted, unless they created inconsistencies in the breadth and depth of the profile relative to other state profiles. The tables and related text in Volume I were updated based on any changes to the policy profiles. In addition, several editorial changes were made to Volume I. Individual state profiles were updated in Volume II.

To develop the *updated* policy profiles for this updated version of the report, states were asked to again review their policy profiles and provide any updates based on changes in policy. In addition to reviewing their policy profiles, states were asked to review the updated summary information used in the initial report. Forty-one programs reviewed and updated their profile and summary information.

## Scope

This report contains information on state “APS programs.” This does not include all state programs or entities that may conduct abuse, neglect, or exploitation investigations of adults. Specifically, in most states, regulatory programs conduct investigations of providers that may be similar to APS investigations. Regulatory programs were not included in this report since their investigations are typically not considered “APS investigations”. In some states, however, APS programs instead of regulatory programs conduct investigations of certain types of providers and are included in this analysis. A few states have separate APS programs, with different policy and staff, for different populations. For those states (Pennsylvania, Massachusetts, Louisiana), we have included two profiles.<sup>1</sup> The scope of responsibility of the state APS program related to provider investigations is one of the research questions included in this report and it is addressed in the summary analysis.

Extant policy materials were not generally available from territories; therefore, they are not included in this report.

## Limitations

The research methodology used to prepare this evaluation is limited in the following ways:

1. **Policy profiles are based on extant materials.** The quality of the extant materials varied considerably. In some cases, only website information or statutes were available; in others 600-page policy manuals were available, with considerable variation in-between.
2. **These profiles considered only state level policy information.** States with county-based systems may have minimal state level policy and more county-based data. County-based materials were not included.
3. **Policy profiles are based on a point in time review of the available materials.** The state level policy information for the initial version of the report was 2017 or earlier.

To help address these limitations, states were asked in the spring of 2021 to review and update their policy profile and review the summary data. Forty-one programs provided updated profiles and summary data review. In some cases, states filled in missing information during their review; in other cases, they did not. Reviewers should note the total number of respondents for the summary information.

---

<sup>1</sup> In the initial version of this report, the Texas APS program conducted investigations of various types of state-funded providers of services to persons with mental illness and disabilities. Those investigation were since moved to the regulatory agency and are no longer considered part of the APS program. Therefore, they are not included in this report.

## Overview of Report

This report consists of two volumes:

- Volume I provides the background and methodology for developing the state profiles, summary graphs and tables, and analysis and conclusions.
- Volume II provides individual state policy profiles.

This report is comprised of the following major sections:

### Volume I

- **Introduction:** This section describes the background and purpose of the evaluation effort overall and Component 1 specifically.
- **Methodology:** This section describes the evaluation methodology, process used for Component 1, and report limitations.
- **Overview of State APS Programs:** This section provides summary information gathered from the state profiles, including graphs and tables that summarize information across the states to identify similarities and differences across them.
- **Analysis and Conclusions:** This section provides analysis and implications of the policy profiles.
- **Appendix A:** APS Logic Model.

### Volume II

- **State Profiles:** This section describes the individual state profiles and how they were developed. It also includes the state profiles themselves. The structure of each profile is organized according to the APS Logic Model developed for the evaluation plan.
- **Appendix B:** Maltreatment Definitions-

Anyone interested in policy related to a particular topic should review the summary analysis and then the individual policy profiles for further detail.

## Overview of State APS Programs

### Introduction

This section provides an overview of state APS programs through a series of cross-state summary tables and graphs. It includes information gathered from the extant policy materials, the NAMRS Agency Component information, and other research conducted by the APS TARC. This section presents a brief description of each table as well as highlights of the information.

The material is organized according to the following major elements of the APS Logic Model:

- Context
- Intake
- Investigation
- Post-investigation services
- Quality assurance

Cross-state summary tables and graphs allow for comparison of policy across the states. This means complex policy has been put into simpler categories or descriptions and is less detailed than the individual policy profile. Because of this difficulty in reducing complex policy to an exhibit, not all research questions have been summarized.

A few specific things should be noted in reviewing the summary exhibits and descriptive text:

- The summary data may contain only one entry for states with multiple APS programs when the data source is NAMRS, which accepts only one entry per state. If the data source was the policy profile, the summary data may contain entries for both programs in the state. Reviewers should note the number of respondents for each exhibit.
- Unless otherwise noted, for simplicity and consistency, the counts in the summary text below use the terminology of “state” even when actually counting programs (e.g., two programs in Pennsylvania).

## Context

APS programs investigate older adults and adults with a disability who are reported as being subject to maltreatment by others or through self-neglect. Allegations of abuse, neglect, and exploitation (ANE) are reported to APS agencies by family members, mandated professionals (e.g., bank or doctor), and the general public. Under state law, APS agencies, often in partnership with the community and experts, investigate ANE, provide protection from harm, and address causes of ANE, while respecting the values of person-centered/self-determined service planning and use of least restrictive appropriate setting for services. APS programs are usually part of an aging or social services/protective agency. Most APS programs are state-administered, and some are county- (or locally-) administered with some degree of state oversight.

To understand the context of APS programs, the program evaluation identified the categories of research questions as shown in Exhibit C.

The following cross-state exhibits summarize responses to some of these questions. The individual profiles provide responses to the additional questions.

## EXHIBIT C - CONTEXT OF APS PROGRAMS, RESEARCH QUESTIONS

- Administration** Is the APS program state or county-administered?
- Is the APS program administered by an aging or social services agency?
  - Are APS staff state employees or is operation of the program contracted out at the local level?
- Scope**
- Age criterion for elderly
  - Does APS Investigate facilities/providers<sup>2</sup>? If so, what types?
  - Does APS investigate abuse against adults with disabilities?
  - Does the APS program have other eligibility requirements—such as vulnerability or disability?
  - What types of maltreatment, including self-neglect, does the APS program investigate? What is the definition of each type?
- Confidentiality**
- Is APS investigation information confidential (Y/N)? What are the exceptions to confidentiality?
- Guiding Principles**
- Does the state APS program have a defined set of ethical principles? What are the key principles?
  - Does the state APS program have policies to ensure that the APS program is held to high standards of integrity? What are the key policies?

**APS Administration.** There is much diversity in the way APS programs are administered. There are four primary administrative/organizational models for administering APS programs. APS programs, with only a couple of exceptions, are administered by a human services or aging agency. Programs are either operated by the state or by counties with some degree of state oversight and direction. Exhibit D summarizes the types of agencies responsible for administering the APS program and describes how the program is operated at the local level and indicates:

- Most APS programs (37) are administratively attached to a human services agency, which generally also administer child protective services. Of these:
  - Twenty-five are administered at the state level.
  - Twelve are administered at the county level.
- Fourteen programs are attached to the aging agency, which generally administers the state unit on aging. Of these,
  - Nine are administered at the state level.
  - Five are administered at the county level.
- Most APS programs (34) are state administered.

The administrative placement of an APS program can have significant influence on its culture and support systems. For example, APS programs in an agency with a child welfare program may be able to share a

---

<sup>2</sup> The term “providers” refers to providers of health and human services, such as a long-term care facility or developmental disabilities facilities.

data system and training infrastructure. APS programs in an aging agency may be able to share referral and provider networking for services.

**EXHIBIT D – ORGANIZATIONAL LOCATION AND TYPE OF ADMINISTRATIVE SYSTEM (N=51)**

	State Administered	Locally Administered
Aging Agency Administered	9	5
HHS Agency Administered	25	12

**Source:** Review of Policy Profiles.

**Eligibility for APS Service.** State APS programs use age and the concept of disability, dependency or vulnerability to define the populations they serve. In some programs, being elderly (age 60 or 65) is the only criterion for who they serve; in others, it is a combination of age and disability, dependency, or vulnerability. State programs that serve non-elderly individuals always require disability, dependency, or vulnerability as a criterion. Exhibit E summarizes APS eligibility by category.

- The largest category is the 34 states that serve adults with disabilities regardless of age.
- The next largest category is the 12 states that serve adults (either age 60 and older or age 65 and older) who do not have to have a disability and younger adults with a disability.
- Four states serve only adults age 60 or older.

**EXHIBIT E - ELIGIBILITY FOR APS SERVICES. WHO IS SERVED BY CATEGORY? (N=54)**

Eligibility Criteria	Number of States Using Eligibility Criteria
18-59 with disability	2
18+ with disability	34
18-59 with disability, 60+	6
18-64 with disability, 65+	6
60+	4
60+ with disability	2

**Source:** Policy Profile review.



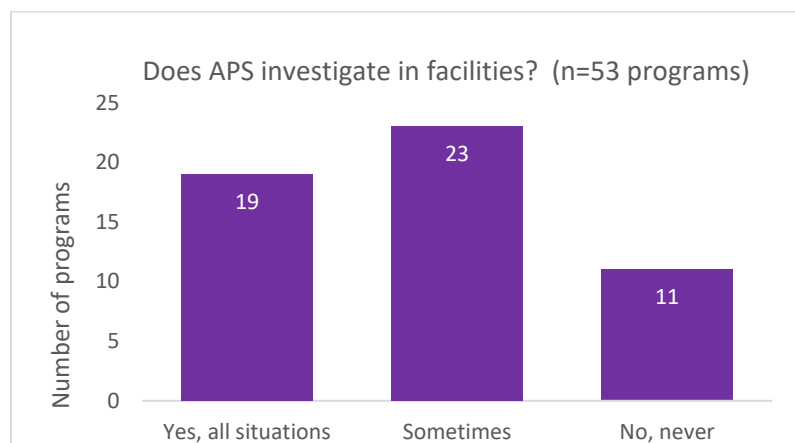
While states consistently use the criteria of age and disability (dependency or vulnerability), the definition of disability, dependency or vulnerability vary greatly. Some examples of how state policies define vulnerable adult with these parameters are:

- an individual who is eighteen years of age or older and who is unable to protect himself from abuse, neglect or exploitation by others because of a physical or mental impairment (Arizona).
- a person 18 years of age or older whose ability to perform the normal activities of daily living or to provide for his or her own care or protection is impaired due to a mental, emotional, sensory, long-term physical, or developmental disability or dysfunction (Florida).
- an individual 18 years of age and older adult who is at risk of self-harm or harm from another individual due to physical, emotional or mental impairments that severely limit his/her ability to manage his/her home, or personal or financial affairs (Kansas).
- when a disability grossly and chronically diminishes an adult's physical or mental ability to live independently or provide self-care as determined through observation, diagnosis, evaluation, or assessment (Texas).

**Facility/Provider Investigations.** Some APS programs investigate allegations in residential care communities and/or nursing facilities. As noted in the scope section in the Introduction, this report does not include regulatory agency investigations of residential care communities or nursing facilities. Some APS programs investigate allegations by staff of providers, but many do not. Among those that do, there is variation across providers in the types of providers that are investigated. Some states specify that they only investigate allegations in facilities when the alleged perpetrator is not affiliated with the facility (e.g., exploitation by a family member). Exhibit F summarizes information on facility investigations. Highlights include:

- In 42 states, APS investigates allegations of ANE when they occur in at least some types of residential facilities. Some state policies specify which types of facilities (e.g., licensed or unlicensed), while others are more general.
- In 11 states, APS never investigates allegations of ANE in facilities.

#### EXHIBIT F – FACILITY/PROVIDER INVESTIGATIONS



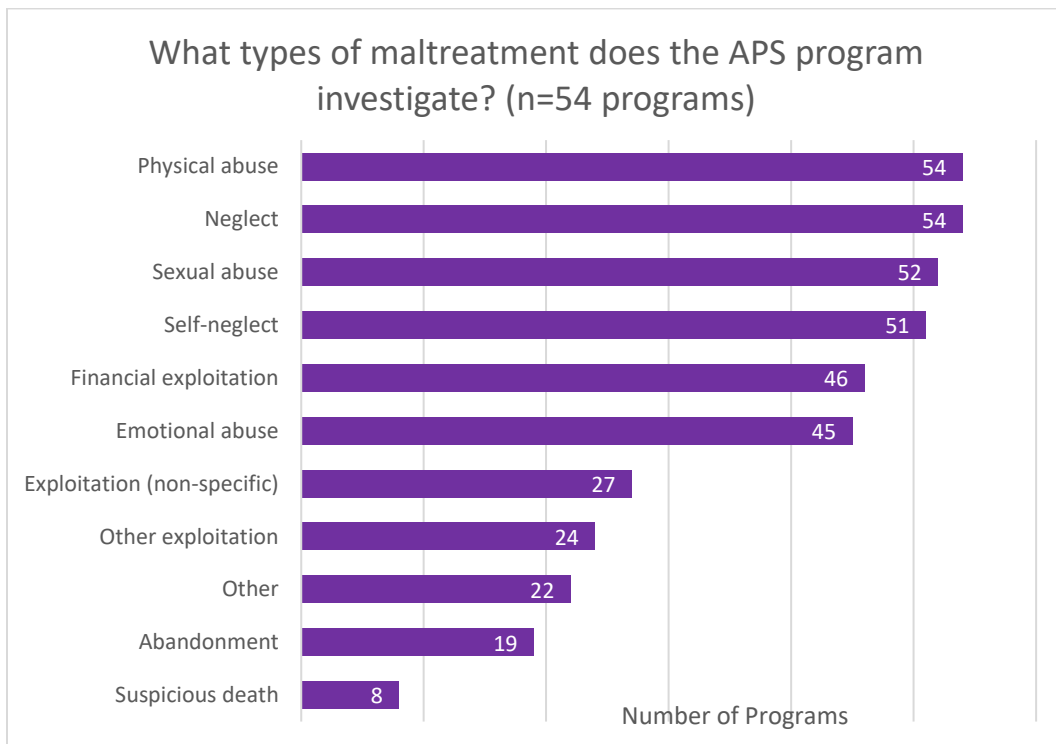
**Sources:** Policy Profile review.

**Maltreatment Types.** In NAMRS, states select the types of maltreatment that their APS systems address from a pre-determined list, even if their state types of maltreatment are different or have different terminology. APS TARC liaisons assist states, as needed, with mapping their definitions of maltreatment types to those in NAMRS. Exhibit G shows the types of maltreatment investigated by APS programs as submitted to NAMRS. Highlights include:

- Among the 56 states that submitted NAMRS files, 54 reported that APS responds to allegations of neglect and physical abuse.
- Nearly all states reported that APS responds to allegations of:
  - self-neglect (52 states)
  - sexual abuse (52 states)
  - financial exploitation (47 states)
  - emotional abuse (45 states).
- Less than half the states indicate that they use the following maltreatment type categories: non-specific exploitation, abandonment, other maltreatment, and suspicious death.

The state profiles include the actual language and definitions used by the state to describe maltreatment types for which APS intervenes, which may differ from the pre-determined categories shown in this table. Volume II, Appendix B provides each state’s definition of maltreatment types as collected for the initial profiles report.

**EXHIBIT G - TYPES OF MALTREATMENT INVESTIGATED BY APS, REPORTED TO NAMRS**



**Source:** National Adult Maltreatment Reporting System, 2020 Agency Component

## Intake

APS intake (also known as pre-screening) is when the program obtains information from the reporter about the nature and seriousness of allegation(s) of ANE. APS programs' response is usually to provide information to the reporter, refer the situation to a more appropriate agency, or to accept the report as an intake for investigation. APS programs often conduct the intake activities, although they may be conducted by a centralized intake for multiple programs. To understand the policy framework for intake in APS programs, the program evaluation identified the following categories of research questions:

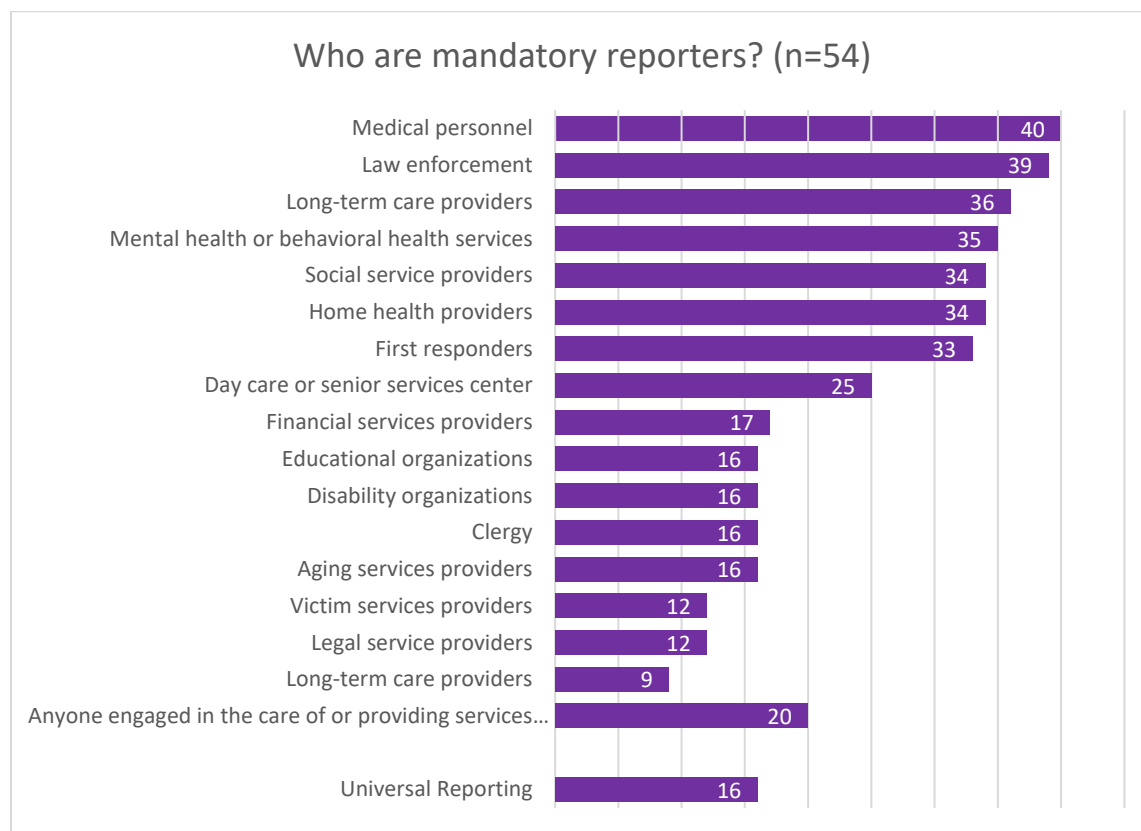
### EXHIBIT H - POLICY FRAMEWORK FOR INTAKE IN APS PROGRAMS, RESEARCH QUESTIONS

<b>Reporters</b>	Is mandatory reporting required? Who are mandatory reporters? Does APS protect the identity of reporters?
<b>Priorities</b>	Are there priority levels for reports of abuse? If yes, what are the categories and associated requirements?

**Mandatory Reporters.** A mandatory reporter is required by state law to report maltreatment to APS. Almost all states have mandatory reporters, but the list of who is a mandatory reporter varies considerably across the states. The individual policy profiles, for most states, describe the circumstances in which mandatory reporters must report. Exhibit I details which professionals and community members in each state are designated as mandatory reporters of suspected ANE. Highlights include:

- Sixteen states have universal reporting, meaning that everyone is required to report.
- The medical and law enforcement communities are identified by policy in the highest number of states as mandated reporters
- Most state require staff in other professional environments to report maltreatment.
- There is great diversity across the states. For example:
  - One state does not require mandatory reporting of maltreatment.
  - Some states provide great detail about who is a mandatory reporter, including one state that describes 13 different types of mandatory reporters.

## EXHIBIT I - MANDATORY REPORTERS



**Source:** Policy profiles review.

### Investigation

After processing the intake, APS programs conduct investigations of the allegations. This process usually involves the following activities:

- Case initiation including contacting the alleged victim, assessing emergency needs, and taking emergency protective action (if needed).
- Assessment of the alleged victim's disability status, decision-making capacity (non-legal and/or legal), formal and informal support systems, social and health needs, and financial status.
- Interviewing the alleged victim, alleged perpetrator, and collateral contacts.
- Collecting physical evidence (such as medical information or financial records).
- Consultation by the investigator with supervisor and appropriate experts and teams.
- Determining findings and communicating results.
- Making service recommendations.

There is much consistency in the way APS programs conduct investigation activities; however, the extant policy materials vary greatly in the level of detail with which they prescribe investigatory activities. To understand the policy framework for investigations in APS programs, the program evaluation identified the following categories of research questions:

**EXHIBIT J - POLICY FRAMEWORK FOR INVESTIGATIONS IN APS PROGRAMS, RESEARCH QUESTIONS**

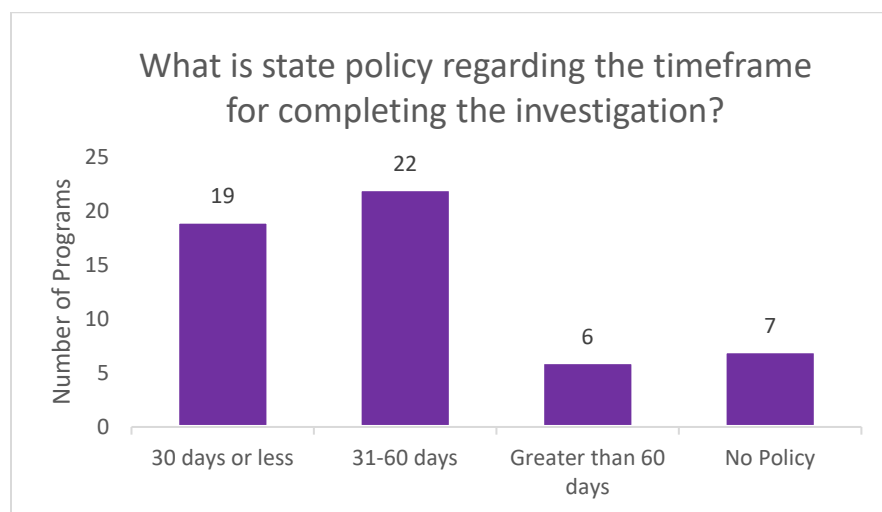
<p><b>Authority</b></p>	<ul style="list-style-type: none"> <li>● Does state policy provide authority to conduct various investigatory activities, including:             <ul style="list-style-type: none"> <li>○ access to alleged victims</li> <li>○ access to information</li> <li>○ cooperation with law enforcement?</li> </ul> </li> <li>● Can an alleged victim refuse an investigation?</li> <li>● What is state policy regarding involuntary interventions for APS clients such emergency protective orders?</li> </ul>
<p><b>Case Initiation</b></p>	<ul style="list-style-type: none"> <li>● What is state policy regarding requirements (in addition to timeframes) for case initiation?</li> <li>● Who does state policy require be notified in order to initiate a case?</li> </ul>
<p><b>Conducting Investigation</b></p>	<ul style="list-style-type: none"> <li>● Are professionals and organizations, such as banks and health care providers, required to provide APS staff access to records?</li> <li>● What does state policy require for a systematic client assessment?</li> <li>● What are the broad requirements for what is assessed such as formal and informal support systems, social and health needs, and financial status?</li> <li>● What is state policy regarding the timeframe for completing the investigation or other aspects of the investigation?</li> </ul>
<p><b>Dispositions</b></p>	<ul style="list-style-type: none"> <li>● What is state policy regarding standard of evidence for substantiating an allegation of maltreatment in an APS investigation?</li> <li>● Does APS program communicate the results of APS investigations to:             <ul style="list-style-type: none"> <li>○ reporters;</li> <li>○ alleged victims;</li> <li>○ alleged perpetrators;</li> <li>○ facilities/providers;</li> <li>○ collateral contacts; or</li> <li>○ anyone else?</li> </ul> </li> <li>● What are the categories and definitions for the dispositions of APS investigations?</li> <li>● What is state policy regarding legal consequences for substantiated perpetrators in APS investigations (e.g., referral to law enforcement, abuse registries or to regulatory agency)?</li> </ul>

**Client Refusal of an Investigation and Involuntary Interventions.** In many states an APS client may not choose to participate in the investigation. Review of policy indicates that clients have this right in 35 states but do not have it in 15 (it is unknown in 4). The client’s ability to refuse an investigation usually assumes that the client has the legal capacity to make decisions. Most (36) state APS programs are authorized to seek involuntary interventions – often called “emergency protective orders” or something similar – to

protect clients that lack decision making ability. Usually, local probate judges will have to authorize these interventions.

**Timeframes for Case Initiation and Investigation Completion.** Two key timeframes for APS investigatory activities are how long it takes to initiate the investigation and how long it takes to complete the investigation. In NAMRS, case initiation time is defined as the length of time from receipt of call or notice of alleged maltreatment until the first face-to-face contact (or attempt to contact) with the client by the APS worker, based on the standard set by policy or practice. Investigation completion time is defined as the length of time (days) from investigation start to investigation completion, based on the standard set by policy or practice<sup>3</sup>. Exhibit K shows, in days, the length of time required by policy to complete an investigation. A few states do not have policies and most states require completion within 60 days.

#### EXHIBIT K - INVESTIGATION TIME REQUIRED BY POLICY



**Source:** National Adult Maltreatment Reporting System, 2020 Agency Component.

Of the states that reported on response time:

- Seven states did not indicate in the extant materials that they have a policy.
- Eight reported that their policy was to make face to face contact with the client within one day.
- Twenty-six reported two to five days.
- Eight reported seven or more days (20 in Indiana).

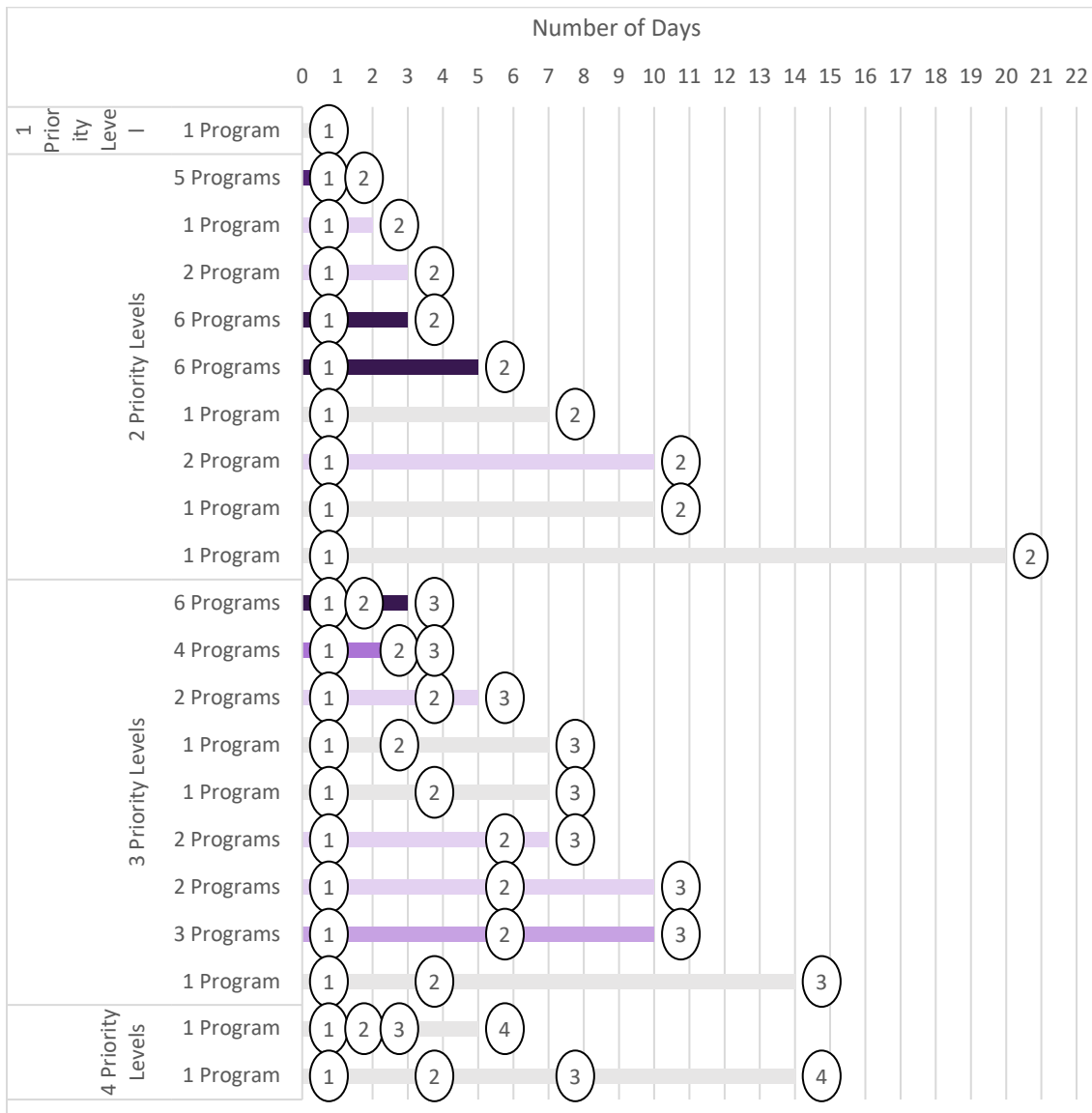
The NAMRS definition for case initiation does not reflect the fact that most states have a variety of priorities for case initiation depending on the situation. This complexity is captured by individual state profiles. Exhibit L summarizes this information. In the exhibit, states are grouped according to how many priority levels they have (1 – 4). Each bar shows the number of programs with the same priority levels and the number of days to initiate the case for each priority level. For example, there are six programs with the following priority levels: Priority 1 = 1 day to respond; Priority 2 = 2 days to respond; Priority 3 = 4 days to respond. Highlights include:

---

<sup>3</sup> Many states allow extensions of the investigation completion deadline for good cause.

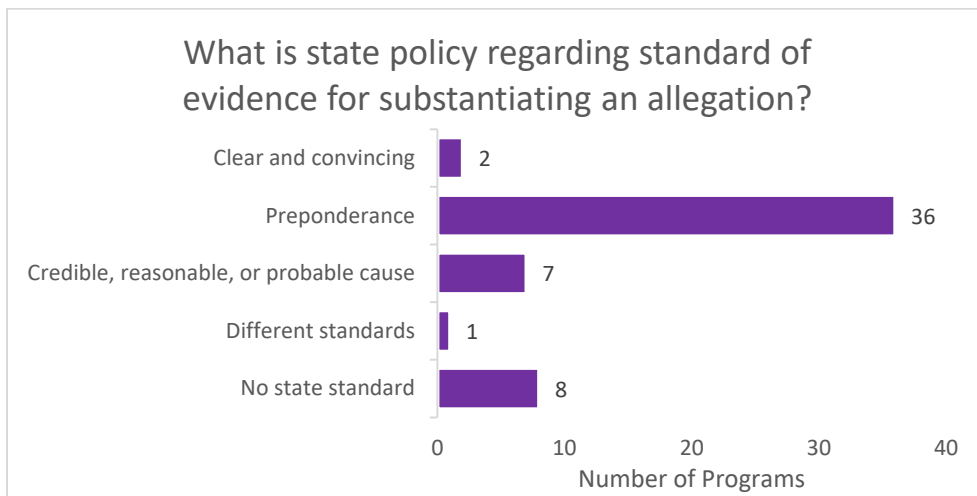
- There is significant variation across the states in terms of the number of priority levels and the timeframes within them. The timeframes are determined by the definition of priority, which we do not have. For example, a long case initiation time is probably defined for a very low risk case, such as an allegation that happened in the past.
- Regardless of the number of levels, for priority 1 cases, all programs require a response in one day.
- Regardless of the number of levels, for priority 2 cases, the range is much larger, ranging from 2 days to 21 days.
- For states with 3 priority levels (the largest category of states), all priority 3 investigations must be initiated in two weeks.
- For the two states with 4 priority levels, the timeframes for priority 4 cases are 5 and 15 days.

**EXHIBIT L – CASE INITIATION PRIORITIES AND TIMEFRAMES**



**Dispositions and Standard of Evidence.** APS investigations are similar to law enforcement investigations in that most states require a finding (or disposition) as to whether maltreatment occurred based on a standard of evidence. Exhibit M shows the standard of evidence used for substantiating an allegation of maltreatment as reported to NAMRS. As with the chart on types of maltreatment (Exhibit G), in NAMRS states selected the category that best met their standard, even if the state category may use somewhat different terminology. Individual state profiles will contain more specific information. The largest number of states (36) indicated that a preponderance of evidence was their standard for substantiating an allegation of maltreatment, while eight states did not have (or did not indicate) a standard of evidence. It should be noted that not all states substantiate allegations the same as other states. For example, one major state does not substantiate allegation but determines risk before providing services and another state only substantiates in cases that are referred to law enforcement.

**EXHIBIT M - STANDARD OF EVIDENCE**

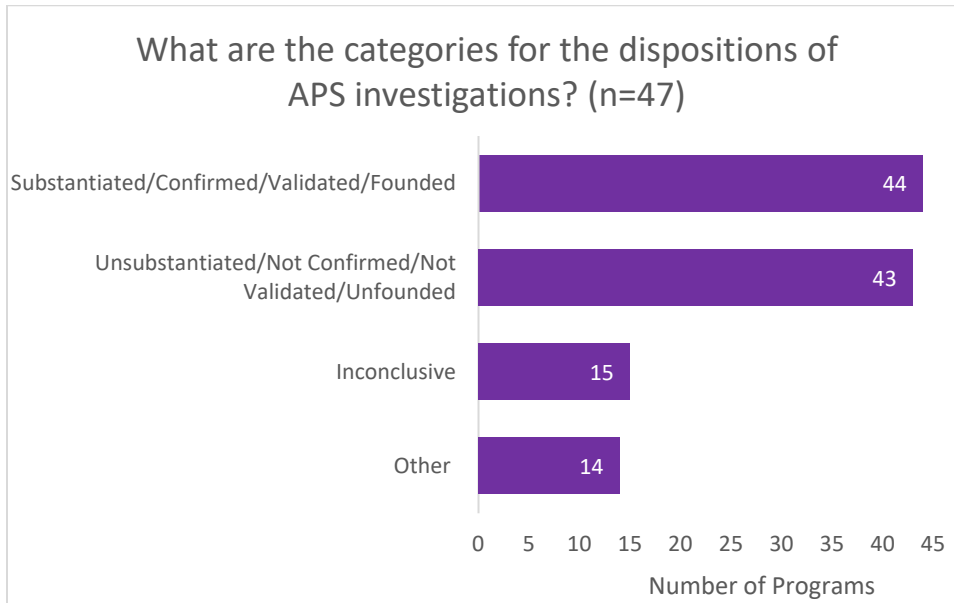


**Source:** Policy profiles review.

Exhibit N shows the disposition categories for APS programs. One of the somewhat unique aspects of APS programs is that 15 states have a disposition category of inconclusive or similar terminology in which an affirming or non-affirming finding could not be determined. Almost all states have a category of substantiated and not substantiated, although the terminology varies across the states.



**EXHIBIT N – DISPOSITION CATEGORIES**



**Source:** Policy profiles review.

**Post-Investigation Services**

After conducting an investigation, most APS programs provide services to alleviate the ANE. This typically involves three main activities:

- Obtaining agreement from the client to implement a service plan
- Referring the client to community partners and arranging or purchasing services
- Monitoring the status of the client and their services

Post-investigation services are usually done by the same staff that conducted the investigation.

To understand the policy framework for post-investigation services in APS programs, the program evaluation identified the following categories of research questions:

**EXHIBIT O - POST INVESTIGATION SERVICES IN APS PROGRAMS, RESEARCH QUESTIONS**

<b>Authority</b>	<ul style="list-style-type: none"> <li>• Does APS provide services to alleged victims, confirmed and unconfirmed?</li> <li>• Does APS provide services to family members?</li> <li>• Does APS provide services to alleged perpetrators?</li> <li>• What is state policy regarding whether clients can refuse services if they have capacity?</li> </ul>
<b>Approach</b>	<ul style="list-style-type: none"> <li>• What is state policy regarding whether the APS program provides services:                             <ul style="list-style-type: none"> <li>○ in least restrictive environment,</li> <li>○ with a person-centered approach,</li> <li>○ with a trauma-informed approach?</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• Does the state budget include funds for the APS program to spend on purchased services for victims?</li> <li>• What is state policy regarding timeliness of and other criteria for case closure?</li> </ul>
--	--

**Providing Services.** Most APS programs provide post-investigation services to the client and may provide services to family members and even to perpetrators. What it means to provide services can vary: some states make referrals, some proactively arrange for services, and some programs purchase services. In general, information was not always detailed in the extant policy materials on how the state provides services. Only two questions are summarized for services: client refusal and who APS provides services to.

The ability of the client with capacity to refuse services is universal across APS programs. Every state for which we have information, has this policy. Exhibit P summarizes the findings related to who may receive services from the APS program. Forty-two states programs provide post-investigation services to alleged victims. Significantly, fewer states provide services to family members (16) of the alleged victims or perpetrators (13).

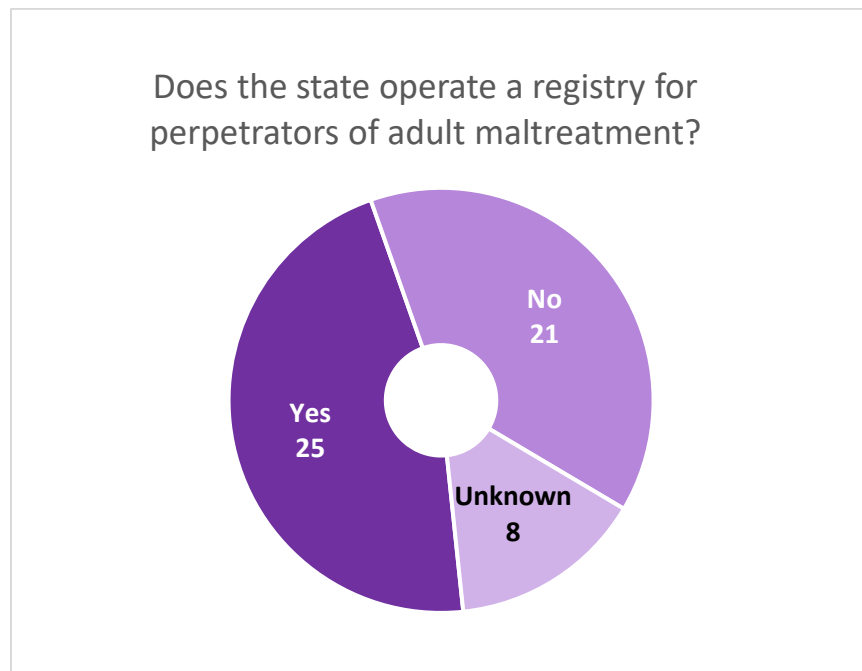
**EXHIBIT P - POST-INVESTIGATION SERVICES**



**Source:** Policy profiles review

**Perpetrator Registry.** One of the consequences of an APS investigation may be referral of the substantiated perpetrator to a perpetrator registry. Individuals placed on such registries generally are banned from working as a professional caregiver, at least in publicly funded programs. Exhibit Q shows that 25 states operate such registries and 21 do not. Information was not available for eight states.

#### EXHIBIT Q- PERPETRATOR REGISTRY



**Source:** Policy profiles review.

### Quality Assurance

The final aspect of APS programs identified by the APS Logic Model is quality assurance activities. The logic model identifies three types of activities:

- How does the program document the investigation and service?
- What type of process does the program have in place for review and approval of cases before they are closed?
- What type of process exists for conducting quality assurance after cases are closed.

The research questions for this review exactly mirror these three activities. The three research questions were:

- What is state policy regarding the role of the APS program supervisor in reviewing and approving an investigation or completed case prior to closure?
- What is state policy regarding establishment of a case record?
- What is state policy regarding quality assurance activities for the APS program?

Like post-investigation activities, the extant policy materials were not as clear on these policy questions as they were on some others. Information was significantly lacking in quality assurance processes. As noted in the initial policy profiles report, in hindsight, quality assurance is more of a *practice* than a *policy*,

so it was not reflected in the extant policy materials. Consequently, these questions were included the Component 2 practice survey and are not summarized in this report, although the individual policy profiles continue to contain the responses on quality assurance. Please refer to the report on the practice survey for summary information on these questions.

## Analysis and Conclusion

The state policy overview of APS programs provided in this report provides a valuable resource for anyone seeking to better understand APS programs around the country. The process of creating the individual state profiles and cross-state summary tables as well as the content of the materials provide general insight into the nature of APS. While it was beyond the scope of this report to conduct detailed analysis of the policy profiles, the following insights are worthy of further analysis.

**Many APS programs are guided by a set of principles.** The *Guidelines* call for APS programs to have guiding principles. Review of the policy material indicates that many APS programs provide guidance to their staff on the culture of the program. While no universal set of principles is required, several states reference the principles established by NAPSA and others have their own clearly defined guiding principles. Even for states without a broad set of principles, certain ideals—such as the need to balance protection from abuse with individual rights and self-determination—are expressed in state policy, particularly the policy to refuse services.

**Review of individual state policy profiles confirms that there is much diversity in APS programs.** This includes:

- **Organizational placement:** APS programs may be operated by a social services or aging agency or an independent agency and may be administered by state employees, county employees, area agency on aging employees or even community-based organizations. This means there are four primary models and some other minor ones. Three states have more than one APS program, each serving a different population.
- **Scope of the programs:** There is similarity but not uniformity in the populations APS programs serve. Almost all states provide a definition of “vulnerable adult” that includes an age criterion and a requirement of physical or mental disability. But the age criterion varies across the states (18+, 60+, 65+) and disability/vulnerability is defined differently, although generally around similar concepts (e.g., how disability affects the person’s life such as self-care and protection). Some APS programs investigate facilities/providers, while many do not.

**There is consistency in certain key aspects of APS programs.** For example, in most states, APS responds to allegations of neglect, and nearly all states reported that APS responds to allegations of physical abuse, self-neglect, sexual abuse, and financial exploitation. Almost all states require some form of mandatory reporting. The standard of evidence in the majority of states is preponderance of the evidence. Most APS programs provide services.

The review process revealed that:

**The nature of extant policy materials varies considerably.** Variability was identified at both the statutory and policy manual level. For example, some states devote a significant portion of a manual on a particular topic (e.g., explaining guardianship and legal proceedings in detail), while not providing seemingly critical

guidance on common casework actions. In a critical area, manuals differed greatly in the depth for explaining their investigative processes. Of course, this variation is driven, in part, by differences in state approaches to policy not associated with APS per se and reflect the absence of federal standards for APS. The *Guidelines* provide a useful framework for future policy development; however, they are too new to have much of an impact on policy included in this review. The review suggests that improving the policy framework and materials in APS programs could be an area of technical assistance focus.

**Extant policy information is not necessarily the best source for a few of the research questions.** Two areas that seem to lack much policy guidance—at least in the materials available for this review—were consequences resulting from APS investigations and quality assurance. Review of the profiles reveal that many states did not have material in these areas. Policies on documentation and quality assurance was also limited. These areas were included in Component 2 of the evaluation, which examines program practice.

In conclusion, these state policy profiles provide the first comprehensive resource to understand the policy framework of APS programs across the country. They will provide a valuable resource for further efforts to evaluate and ultimately enhance the effectiveness of APS programs. Incorporation of all or most of the key questions into NAMRS will allow for establishment of a policy database to serve as a resource for technical assistance and researchers.

## Appendix A: APS Logic Model

Over the past several decades, state and local initiatives developed APS programs without a national framework or a national consensus about what adult maltreatment is, and what role government should have to assist victims. Lacking a unifying national framework, APS programs developed with variation in most aspects of programming and service delivery. A recent initiative of ACL, *National Voluntary Consensus Guidelines for State APS Systems*, is a step toward greater consistency among programs, but its impact has not yet been fully achieved.

The professional literature also reflects this lack of uniformity. An existing theoretical framework for conducting an evaluation was not identified by the APS TARC in preparing the evaluation plan. Consequently, one of the first tasks of the APS TARC was to develop a logic model to provide a theoretical framework for the evaluation. The APS Logic Model was drafted by the APS TARC and was reviewed informally by several APS administrators and the co-chair of the NAPSA-NCPEA research committee. Their comments were incorporated into the current model.

In developing the APS Logic Model, the APS TARC consulted a case flow diagram developed by NAPSA. This case flow diagram portrays the major activities undertaken by APS agencies when investigating an allegation of maltreatment. It shows the characteristic steps in an APS investigation, beginning with the intake report and concluding with case closure. It includes both the investigation and service delivery activities.

The APS Logic Model<sup>4</sup> elaborates upon this case flow and identifies results of standard APS activities, as well as the context under which these activities occur. The APS Logic Model is a one-page depiction of the following elements of APS programs: context, inputs/resources, activities, activity metrics, and expected results. Activities, activity metrics, and expected results are divided into the typical case flow of intake (also often called prescreening), investigation, and post-investigation services. Quality assurance is also included and is comprised of a number of activities (e.g., documentation and supervisory review) that are critical aspects of APS programs.

The following description and assumptions explain the APS Logic Model.

The model is focused primarily on APS client services. It does not include other program activities such as public awareness campaigns or budget planning. The chart includes elements related to APS investigations of providers or facilities but is not an exhaustive list of potential provider investigation activities conducted by some APS programs or licensing and regulatory agencies.

The chart shows the typical stages of an APS case in the activities, activity metrics, and results columns. The overall case stages are from the top of the column to the bottom. It is recognized that actual activities, depending on the program and case, may occur in different boxes than shown. For example, case initiation activities in some programs may be performed as part of intake and not as part of the investigation.

---

<sup>4</sup> Several acronyms are used throughout the logic model: ANE=abuse, neglect, exploitation; AV=alleged victims; CV=confirmed victims; AP=alleged perpetrator; MDT=multi-disciplinary team

The model represents an overall depiction of elements of APS programs, but no program is expected to include all elements. Specific state processes will differ. For example, some APS programs only investigate allegations and do not provide services. Policies may differ across jurisdictions regarding an alleged victim's right to refuse an investigation or services. Some APS programs have funding to purchase services for victims as part of their program budgets, while many do not, or the funding may be insufficient. Long term post-investigation management of guardianship cases is not included in this model. Consultative experts can be internal or external to a program.

The listed activity metrics are associated with the activities column and are not a comprehensive list of potential metrics for APS programs. The expected results column does not list outcomes or impact, which are often included in logic models; instead, it more definitively and concretely lists results of the items in the activities column. The next version of this model developed by New Editions Consulting adds a more traditional outcomes column.

Finally, the chart is generally consistent with the *Guidelines* and with terminology used in NAMRS.

Context	Inputs/Resources	Activities	Activity Metrics	Expected Results
<ul style="list-style-type: none"> <li>Older adults and adults with disabilities are subject to maltreatment—abuse, neglect and exploitation (ANE)—by others or through self-neglect.</li> <li>Allegations of ANE are reported to APS agencies by family members, professionals (e.g., bank or doctor) and the general public.</li> <li>Under state law, APS agencies, often in partnership with the community and experts, investigate ANE, provide protection from harm, and address causes of ANE, while respecting the values of person-centered/self-determined service planning and use of least restrictive appropriate setting for services.</li> <li>APS programs are usually part of an “aging” or social services/protective agency. Some are state-administered and some are county-administered programs.</li> </ul>	<p>APS staff</p> <ul style="list-style-type: none"> <li>Intake</li> <li>Investigative or service worker</li> <li>Supervisor</li> <li>Management</li> </ul> <p>Consultative experts</p> <ul style="list-style-type: none"> <li>Physical and mental health</li> <li>Forensic (accounting, investigation)</li> <li>Multi-disciplinary teams (MDT)</li> <li>Legal staff</li> </ul> <p>Community partners</p> <ul style="list-style-type: none"> <li>Aging network</li> <li>Protection and advocacy</li> <li>Law enforcement/DA</li> <li>Guardianship programs</li> <li>Non-profit agencies</li> </ul> <p>Operational supports</p> <ul style="list-style-type: none"> <li>Policies and procedures</li> <li>Case management, reporting, and accounting system(s)</li> <li>Hiring and training staff</li> <li>Standardized assessment tools</li> <li>Other technology supports</li> </ul> <p>Funding for services</p> <p>Legal and ethical process to:</p> <ul style="list-style-type: none"> <li>Protect alleged victim’s rights</li> <li>Provide alleged perpetrator due process</li> <li>Institute program values</li> </ul>	<p>Obtain information from reporter Provide information, refer to other agency, or accept intake</p>	<p><b>Intake</b></p> <ul style="list-style-type: none"> <li># of reports (intakes) screened in</li> <li># of reports (intakes) screened out/referred</li> </ul>	<p>Information to reporter Appropriate intakes Appropriate referrals</p>
		<p><b>Initiate:</b> prioritize risk, contact AV, assess emergency needs, and take emergency protective action (if needed) <b>Assess</b> AVs: disability status, decision-making capacity (non legal and/or legal), formal and informal support systems, social and health needs, physical environment, and financial status. <b>Interview:</b> AV, AP, collaterals <b>Collect</b> physical evidence (medical, financial, etc.) <b>Consult</b> with supervisor and appropriate experts and teams <b>Determine</b> finding and communicate results <b>Make</b> service recommendation</p>	<p><b>Investigation</b></p> <ul style="list-style-type: none"> <li># of initial alleged victim contacts</li> <li># of legal protective actions</li> <li># of alleged victims receiving emergency services</li> <li>#/timeliness of investigations</li> <li># of cases/investigator</li> <li># of formal assessments</li> <li>#/timeliness of interviews</li> <li># of referrals of alleged victim for assessment or services</li> <li># of investigations by closure reason</li> <li># of referrals of alleged perpetrators for legal remedy</li> <li># of caregivers receiving services</li> <li># of confirmed: allegations, perpetrators, cases</li> <li>Average length of time per investigation</li> </ul>	<p>AV is safe and no longer in state of ANE Risk from perpetrator addressed Referrals to other entities (e.g., regulatory programs, law enforcement)</p>
		<p><b>Obtain</b> agreement and implement service plan <b>Refer</b> to community partners or purchase services <b>Monitor</b> status of victim and services</p>	<p><b>Post-Investigation Services</b></p> <ul style="list-style-type: none"> <li># of alleged victims accepting services, refusing services</li> <li># of MDT referrals</li> <li>Amount of purchased services and community resources accessed</li> <li># of referrals</li> <li># of placements</li> <li># of client contacts</li> </ul>	<p>AV: • Is safe • Has reduced long-term risk for ANE</p>
		<p>Document investigation/service Review/approve for closure Conduct QA process</p>	<p><b>Quality Assurance</b></p> <ul style="list-style-type: none"> <li>% cases documented timely</li> <li># of supervisor approvals</li> <li># of fatality reviews</li> <li># of cases reviewed for QA</li> </ul>	<p>Quality of investigations and services is maintained or improved</p>



