

# APS QUARTERLY REPORT TO THE LEGISLATURE

4<sup>th</sup> Quarter, SFY2015

To: Health Care Oversight Committee

From: Monica Caserta Hutt  
Commissioner, Department of Disabilities, Aging and Independent Living

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Date: July 29, 2015

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

## Notes on Report Data

A review of the data shows that APS continues to make significant progress along a variety of fronts. There are no trends in the data that require action at this time.

Chart 1 shows that APS has made steady progress in decreasing caseloads for investigators. Over the course of SFY15, the average investigator caseload decreased from 35 to 22. This has not been a result of fewer investigations, as Chart 3 shows that the number of reports referred to investigation has remained steady over much of the past 18 months, indicating that the decrease in caseloads is a result of greater efficiency on the part of investigators. Also remaining steady is the percentage of cases that APS recommends for substantiation, as shown in Chart 4.

Charts 11 through 18 show that APS is exceeding all benchmarks established in the settlement agreement as of the most recent review conducted by the APS File Review Panel. During the five quarters reviewed, APS has markedly improved its internal processes as evidence by the progress made in meeting these benchmarks.

At the request of the APS Subcommittee of the DAIL Advisory Board, APS now includes information on recommended substantiations where the alleged victim is a resident at a licensed facility. Included in the Data Table is information on the relationships between the alleged perpetrators and the alleged victims, which is new to this report.

## **Update to APS Policy Manual Highlights APS Team Approach with Community Partners**

During the past quarter, leadership at the Division of Licensing and protection worked closely with community partners, including former litigants, to revise the APS Policy Manual. The revisions corrected concerns highlighted by the APS File Review Panel and discussed at the APS Subcommittee of the DAIL Advisory Board. The process was congenial and consensus was reached on how and where to make changes. The update shows a sound quality improvement process where a review of records highlights areas of attention and then partners work together to find solutions to these problems. This will be followed up by continue measurement and observation to determine if the changes provided the desired outcomes.

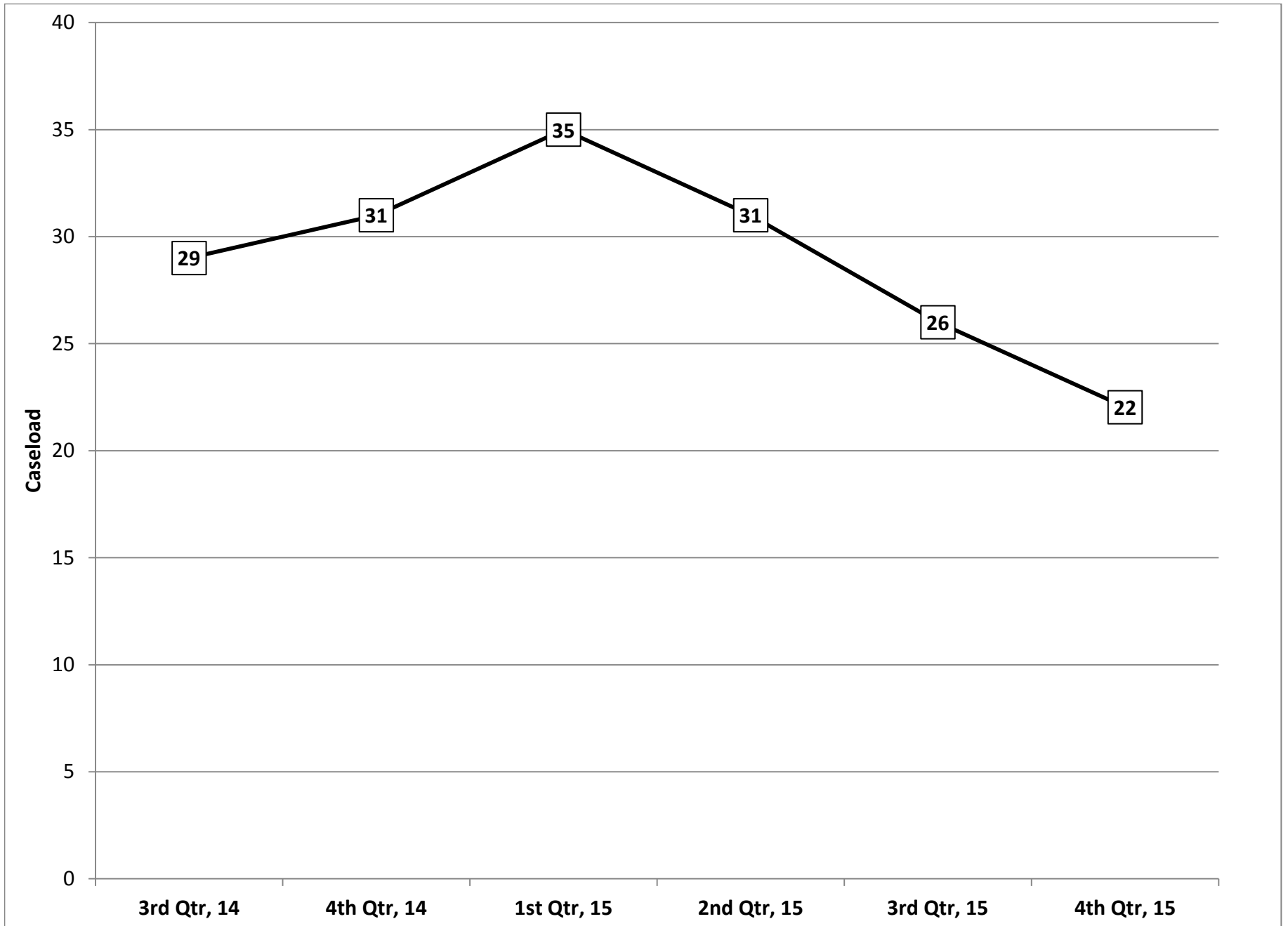
## Data Table for APS Quarterly Report

Quarter	3rd Qtr, 14	4th Qtr, 14	1st Qtr, 15	2nd Qtr, 15	3rd Qtr, 15	4th Qtr, 15
<b>Intakes and Closures</b>						
Intakes to DLP	934	1,095	1,173	1,049	1,041	1,023
Closed without Investigation	277	346	331	335	312	312
Referred to APS for Investigation	369	400	503	405	428	426
Referred to S&C for Investigation	283	348	335	309	288	281
Total Closures	896	1,048	1,008	1,122	992	974
<b>APS Investigations Outcomes</b>						
Investigations Substantiated	40	46	39	79	48	44
Investigations Unsubstantiated	296	307	303	398	344	337
Adult Abuse Registry Additions	23	33	33	31	44	31
<b>Caseloads</b>						
Total Open Cases Daily Average	324	342	383	345	288	242
Investigator Caseload Daily Average	29	31	35	31	26	22
<b>Substantiated Investigations where AV is a Facility Resident</b>						
Investigations Substantiated - AV Facility Resident	8	7	14	19	21	6
Investigations Substantiated - AV Facility Resident - AP is Staff	4	4	7	11	14	6
Investigations Substantiated - AV Facility Resident - AP is Friend/Family	3	2	7	7	4	0
Investigations Substantiated - AV Facility Resident - AP is Another Resident	1	1	0	1	3	0

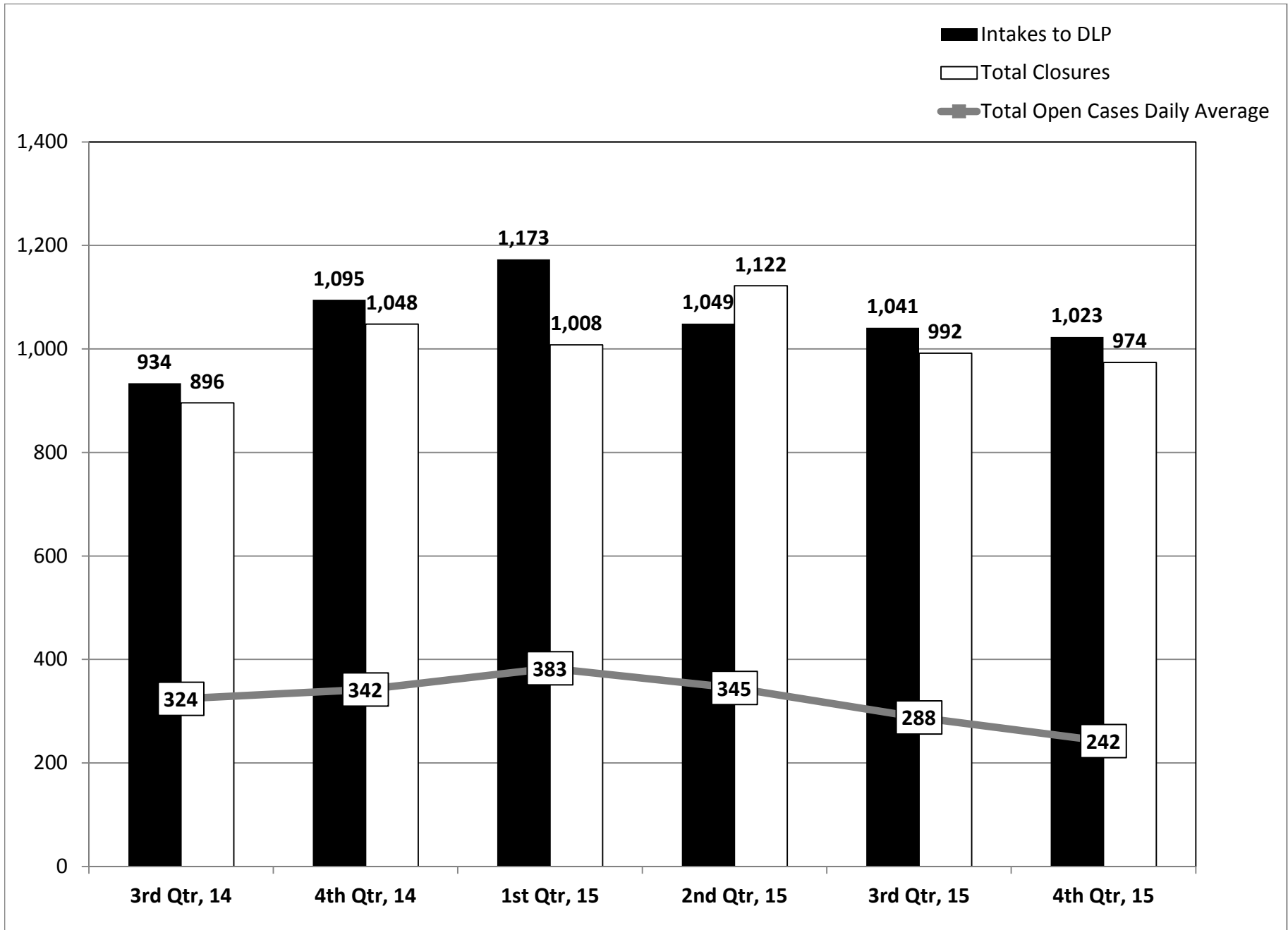
## Data Table for APS Quarterly Report

<b>Reason Why Cases Not Investigated by APS:</b>		
	Allegations Not A/N/E	374
	AV Not Vulnerable Adult	85
	Resident on Resident Abuse	79
	Previously Investigated	31
	Incomplete Report	13
	Incident in Distant Past	6
	Other	5
<b>Referrals Made by APS for Intakes Not Investigated:</b>		
	Survey & Certification (DLP/DAIL)	281
	Law Enforcement	43
	Area Agency on Aging	32
	Legal Aid	3
	Medicaid Fraud Unit	1
	Office of Professional Regulation	1
	Disability Rights Vermont	1
<b>Reason for Unsubstantiated Investigations:</b>		
	Insufficient Evidence to Prove A/N/E Occurred	100
	Available Evidence Indicated A/N/E Did Not Occur	65
	AV Refused Investigation	23
	Allegations Not A/N/E	15
<b>Investigation Not Conducted Because Not a Vulnerable Adult, Relationship of Reporter</b>		
	Health/Medical Professional	23
	Other	14
	Social Worker	9
	Friend/Relative	9
	AAA	3
	School	2
	Attorney	1
	Law Enforcement	1
	DAIL Staff	1
<b>Investigation Not Conducted Because Not a Vulnerable Adult, Relationship of AP</b>		
	Relative	27
	Friend/Acquaintance	7
	Other	6
	Health/Medical Professional	1

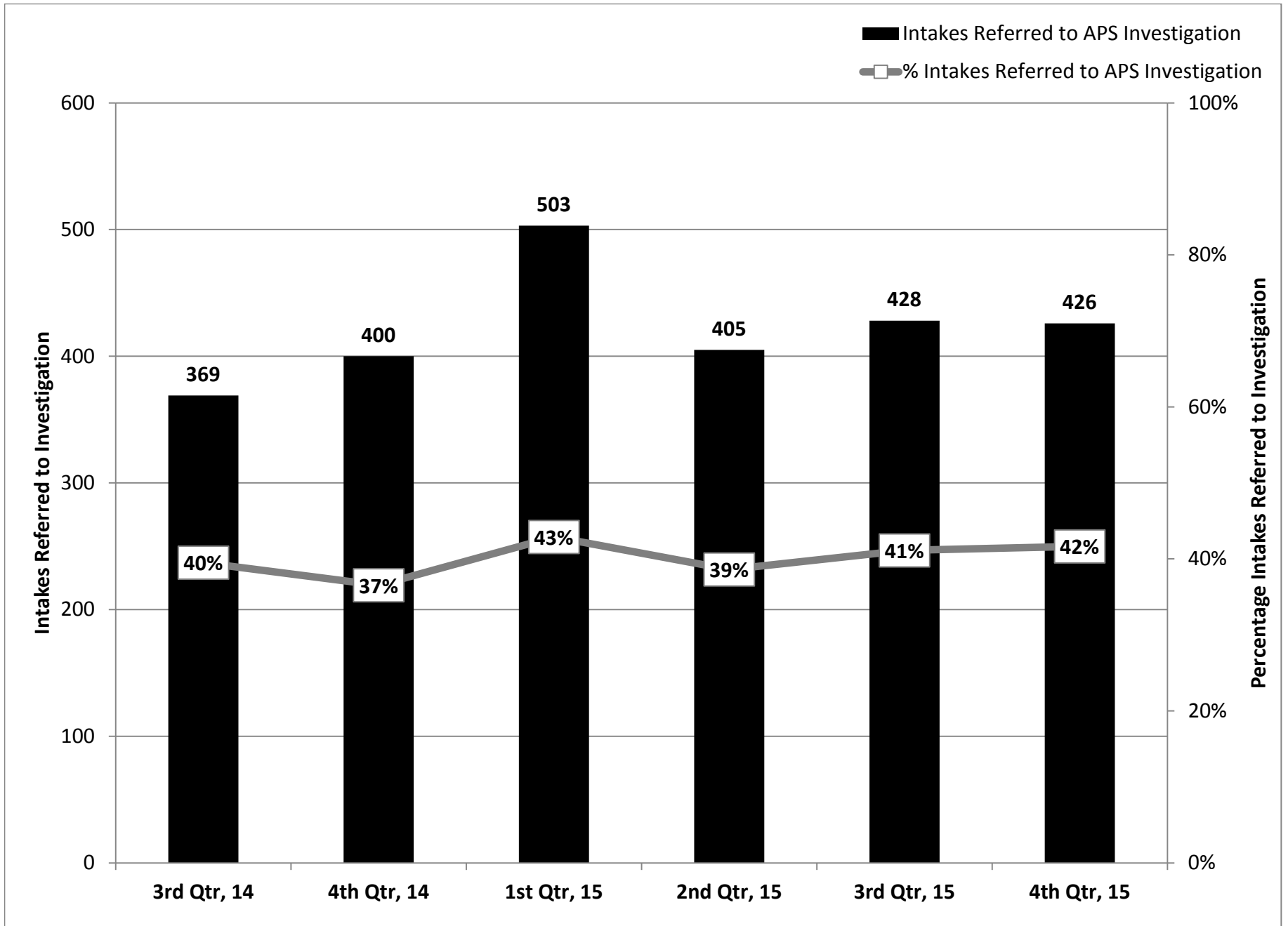
**Chart 1: Average Investigator Caseload**



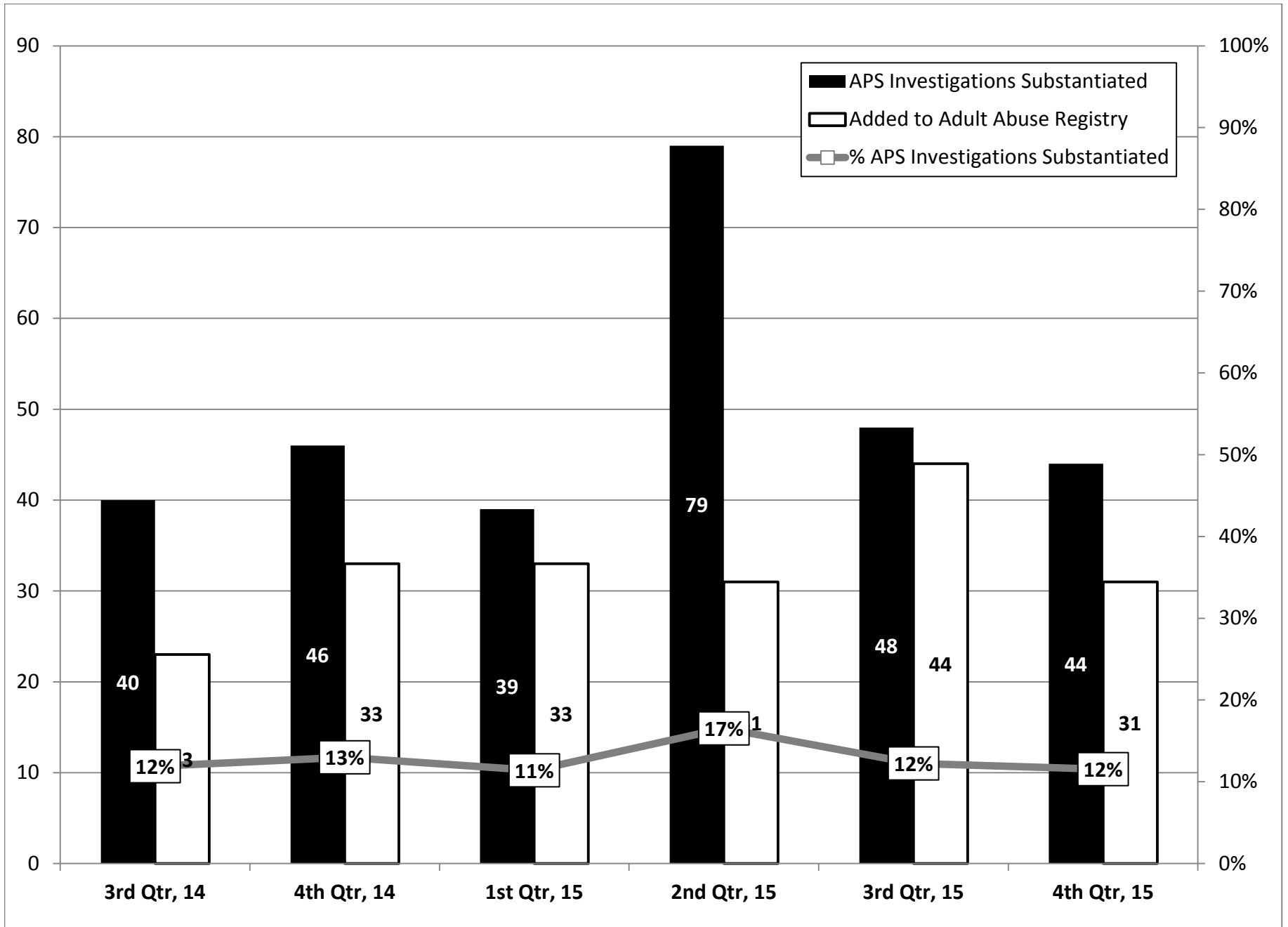
**Chart 2: Intakes, Closures and Average Open Cases**



**Chart 3: Intakes Referred to APS Investigation**

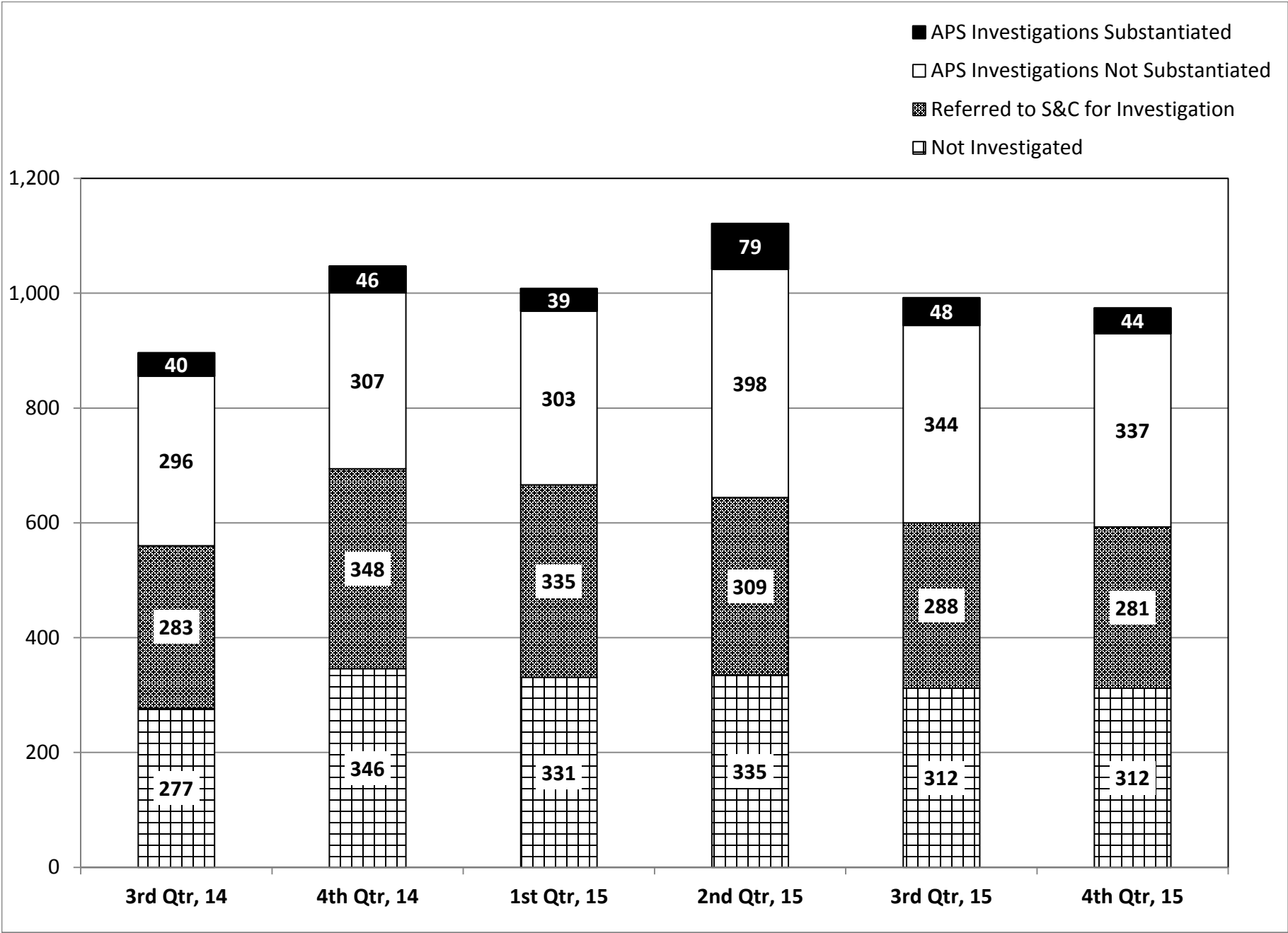


**Chart 4: Substantiations, Percent Investigations Substantiated and Adult Abuse Registry**

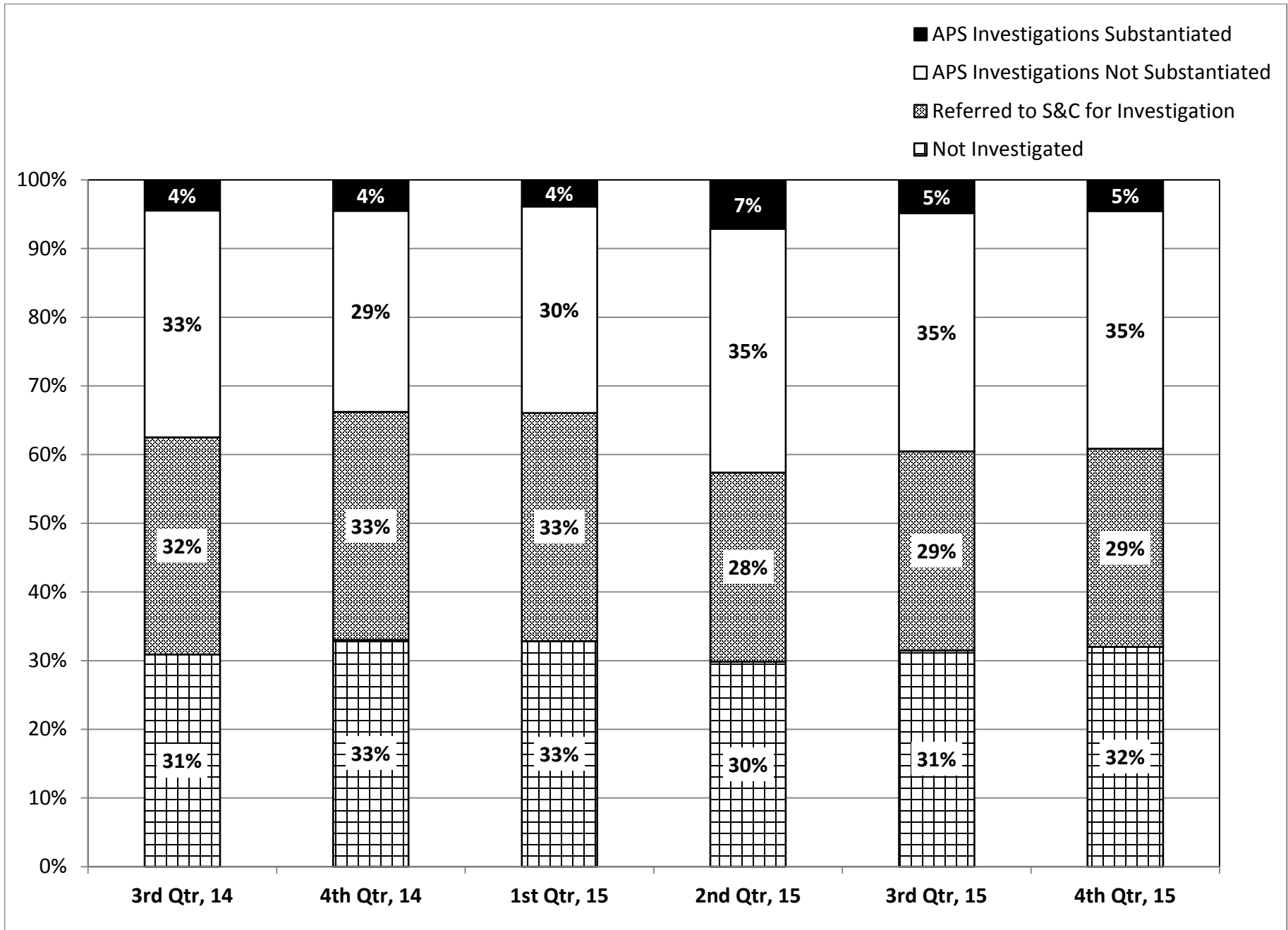




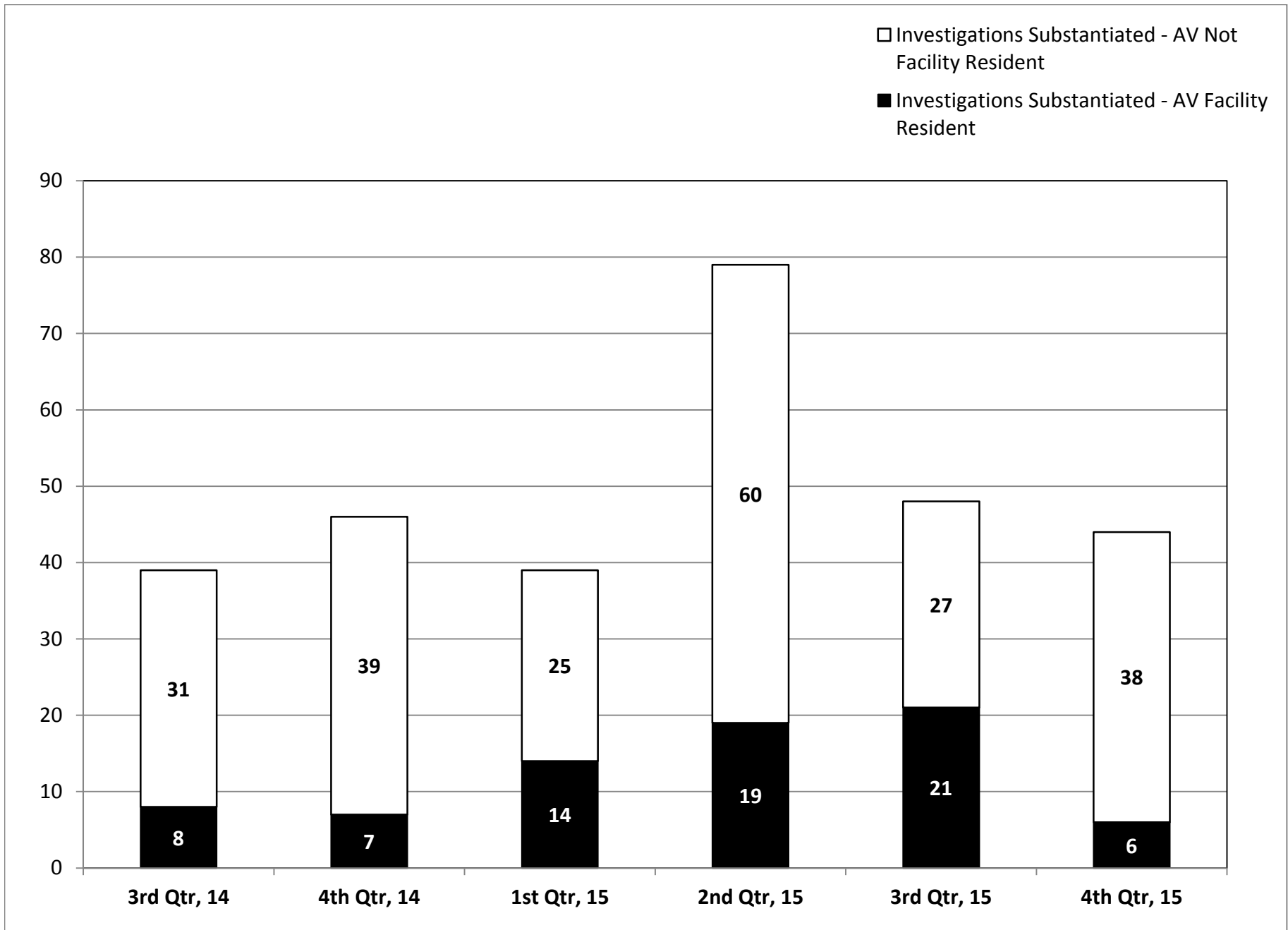
**Chart 5: Count of Closure Types**



**Chart 6: Percent of Closure Types**



**Chart 7: Substantiated Closures where Alleged Victim was a Resident of a Facility - Actual Numbers**



**Chart 8: Substantiated Closures where Alleged Victim was a Resident of a Facility - Percentage**

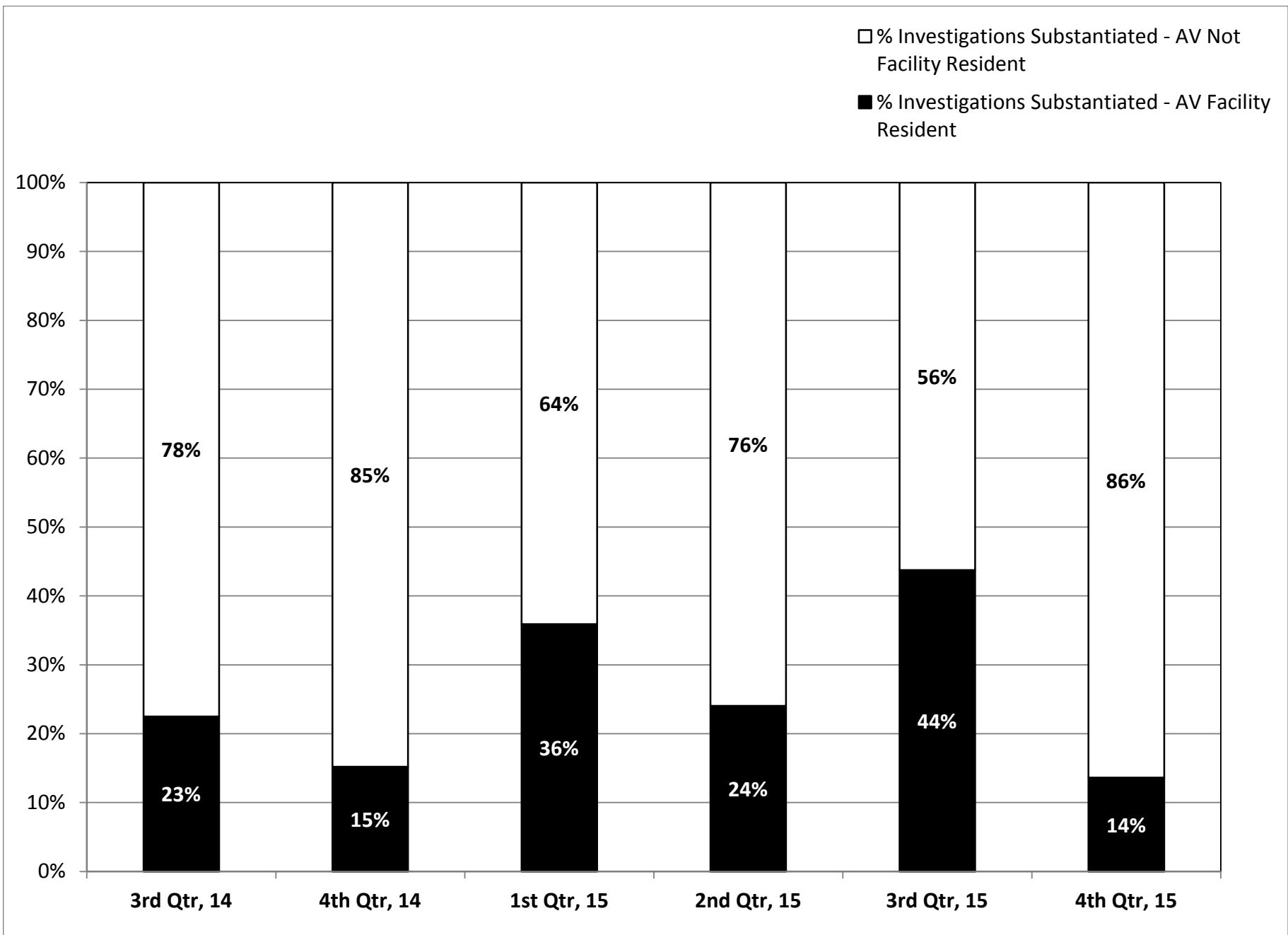
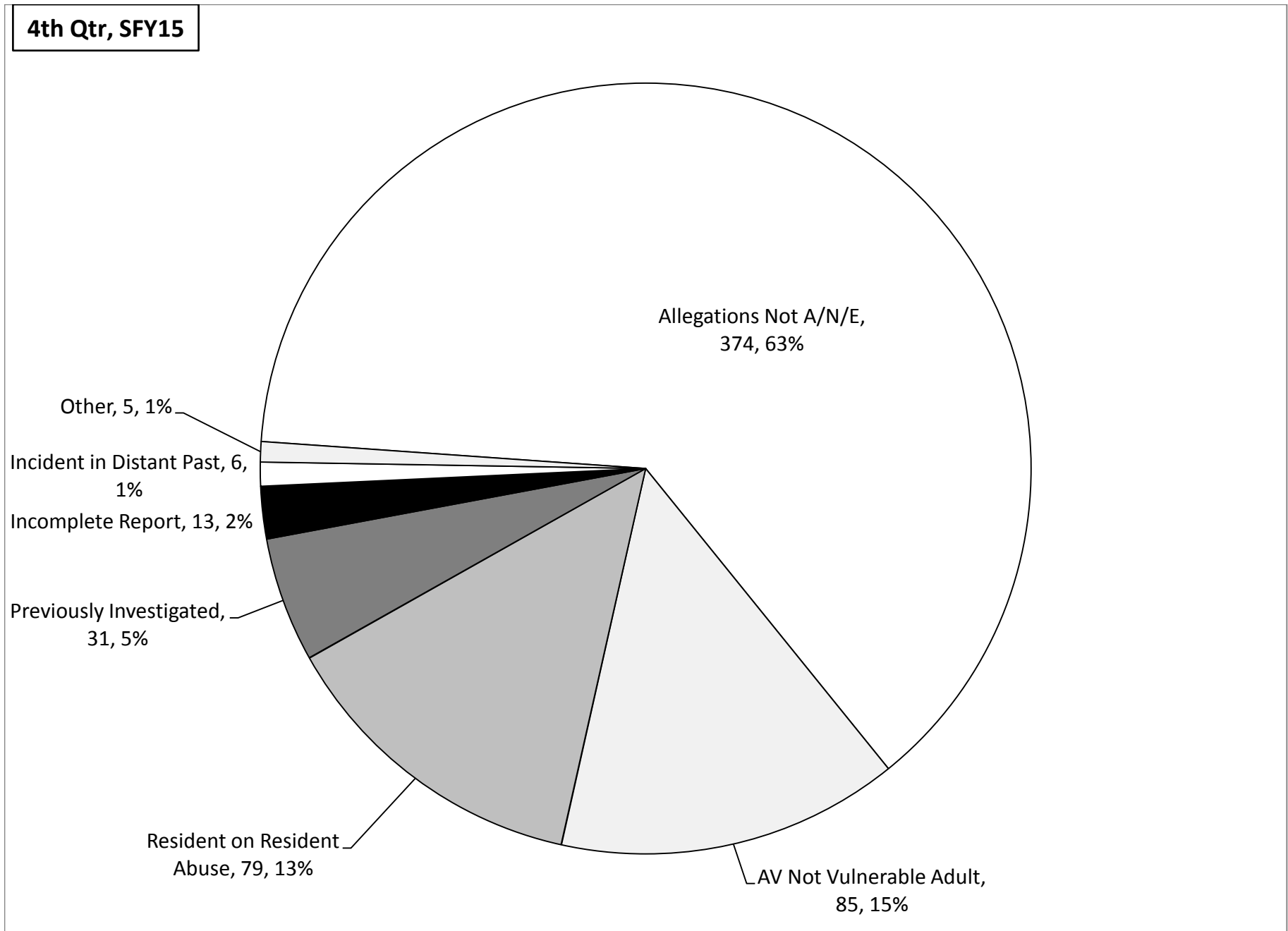
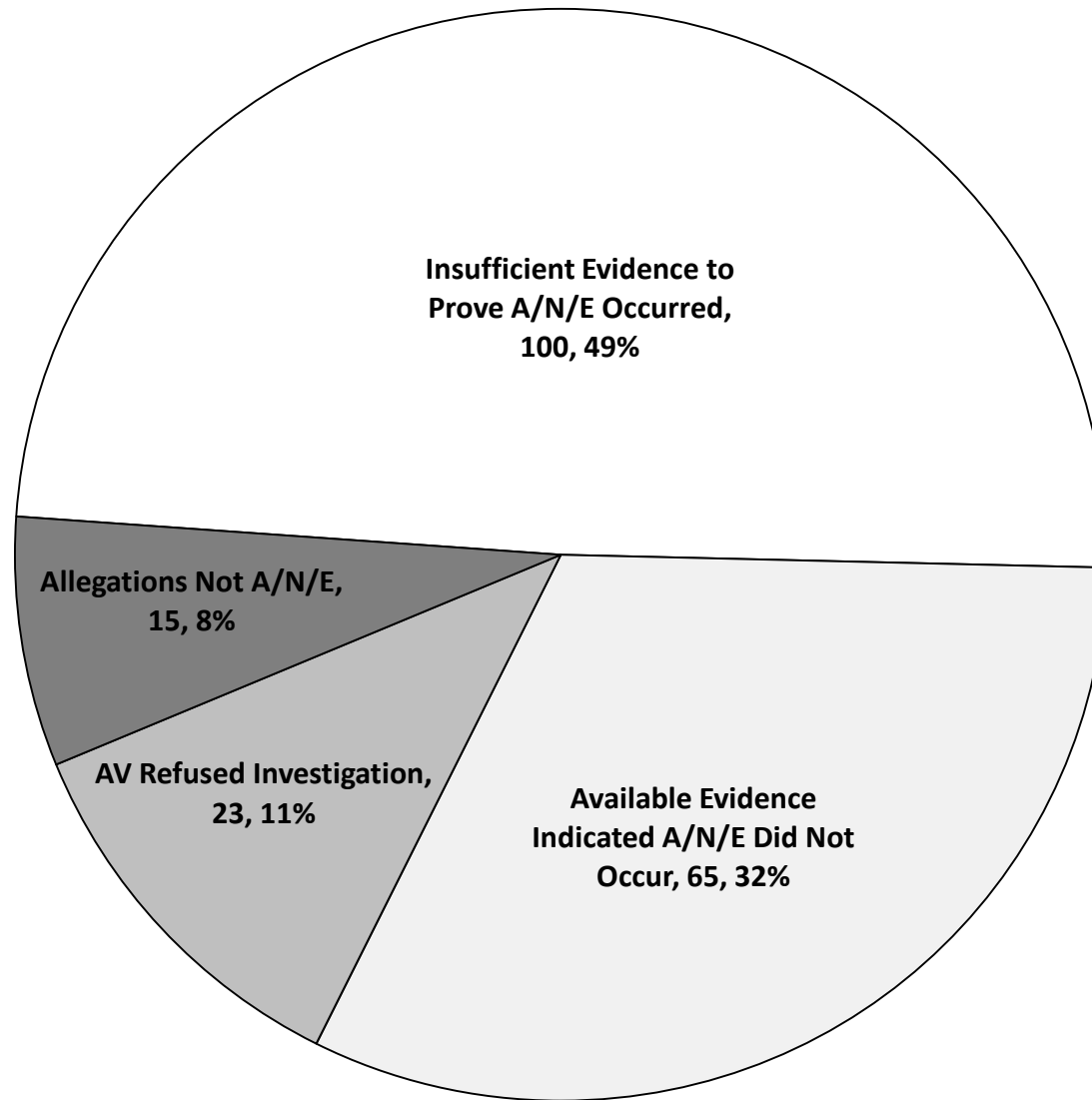


Chart 9: Reasons Intakes Not Referred to Investigation

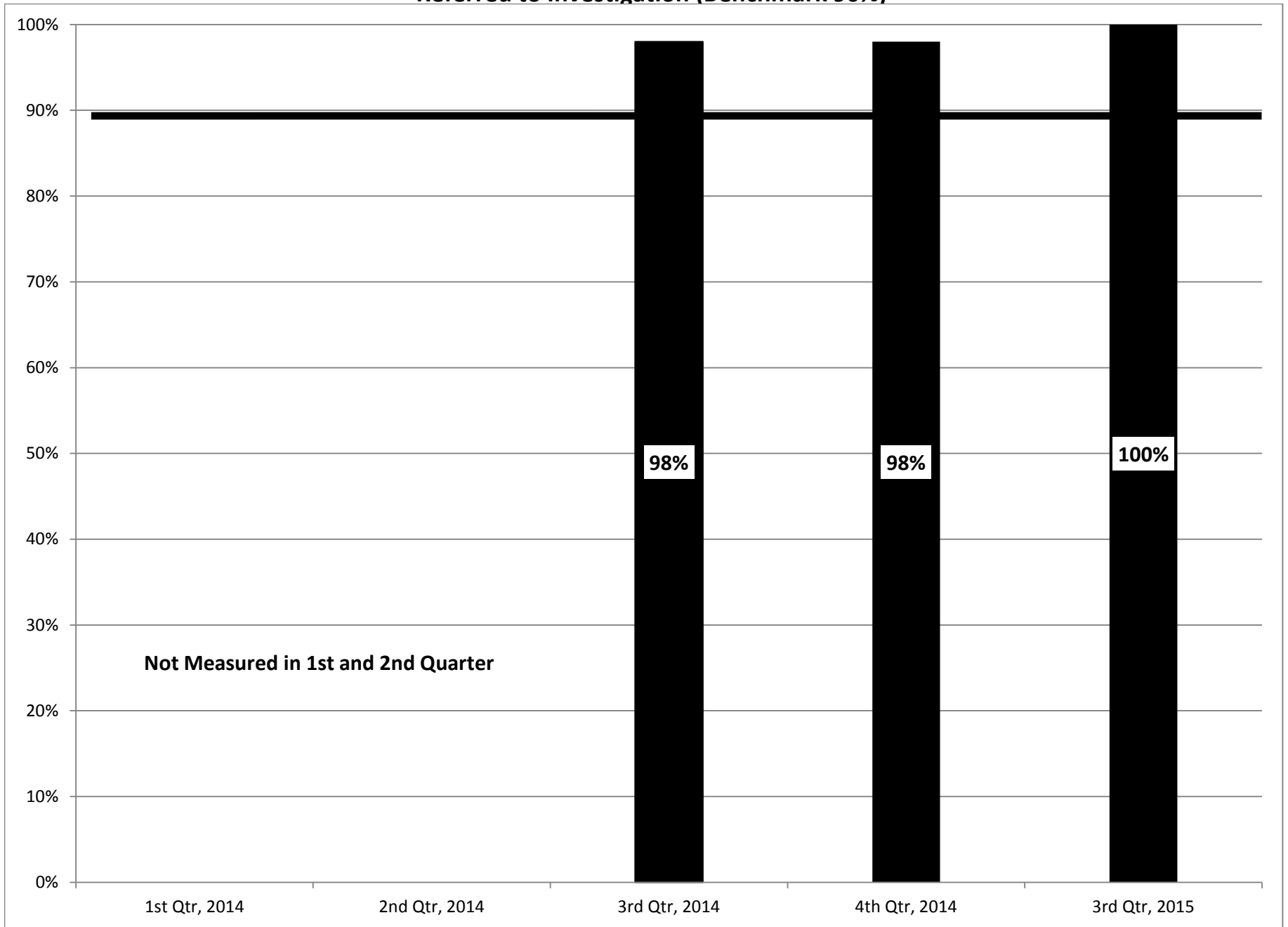


**Chart 10: Reason for Unsubstantiation for Unsubstantiated Investigations**

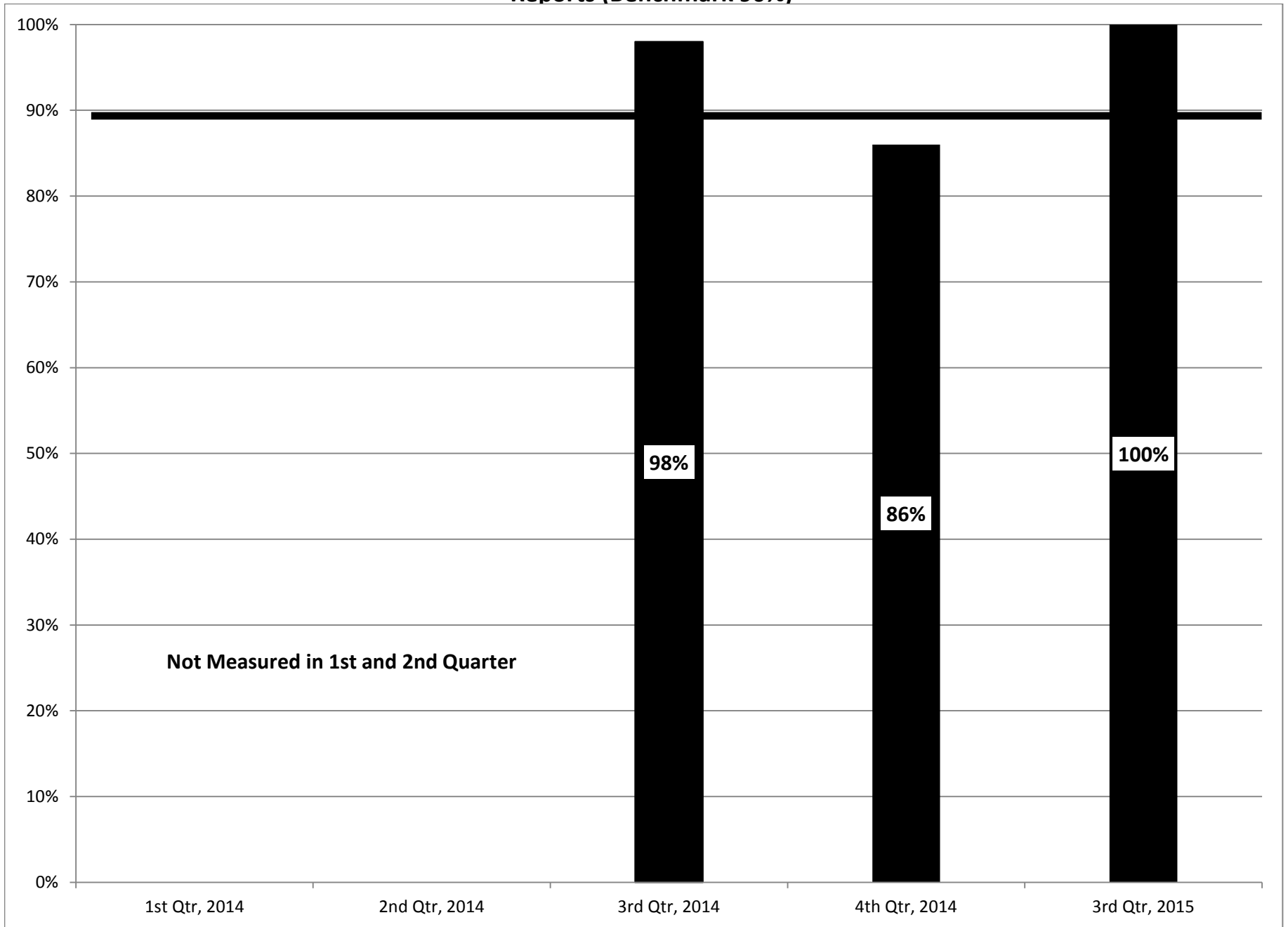
**4th Qtr, SFY15**



**Chart 11: APS File Review Panel, Benchmark 1, Contact to Reporter Before Closing when Intake Complete and Not Referred to Investigation (Benchmark 90%)**

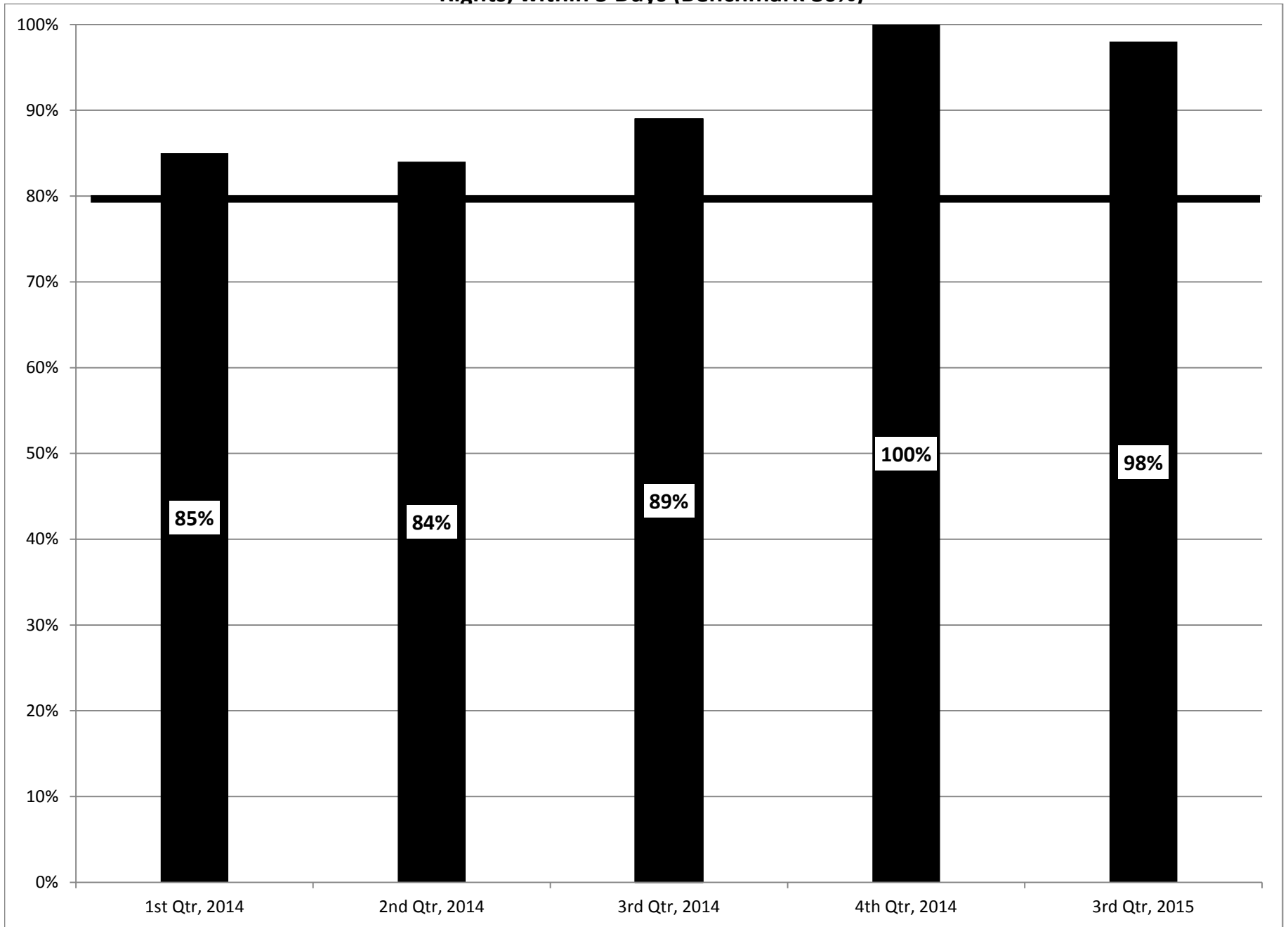


**Chart 12: APS File Review Panel, Benchmark 2, Reporter Contact within 48 Hours and Before Closure for Incomplete Reports (Benchmark 90%)**

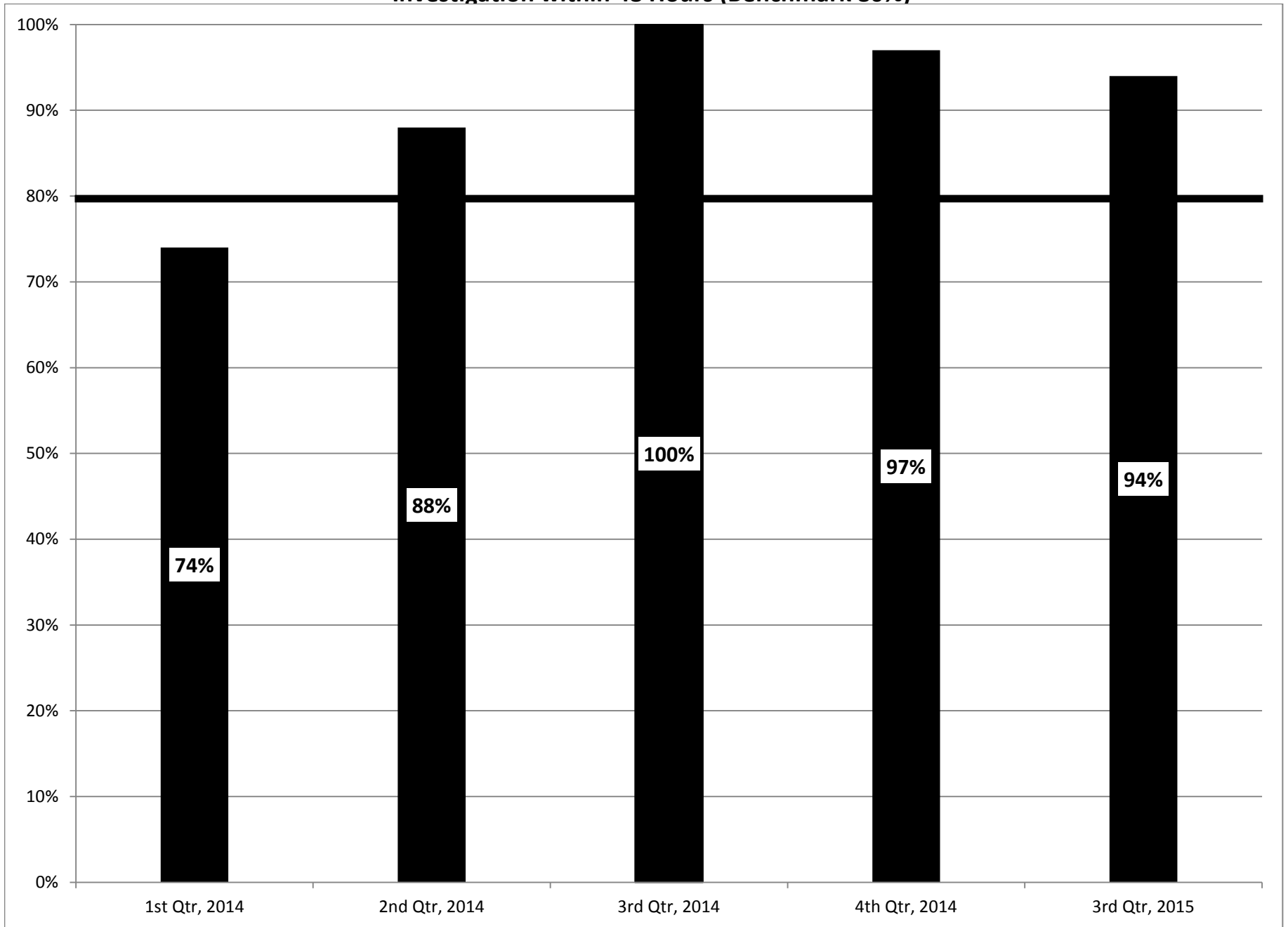




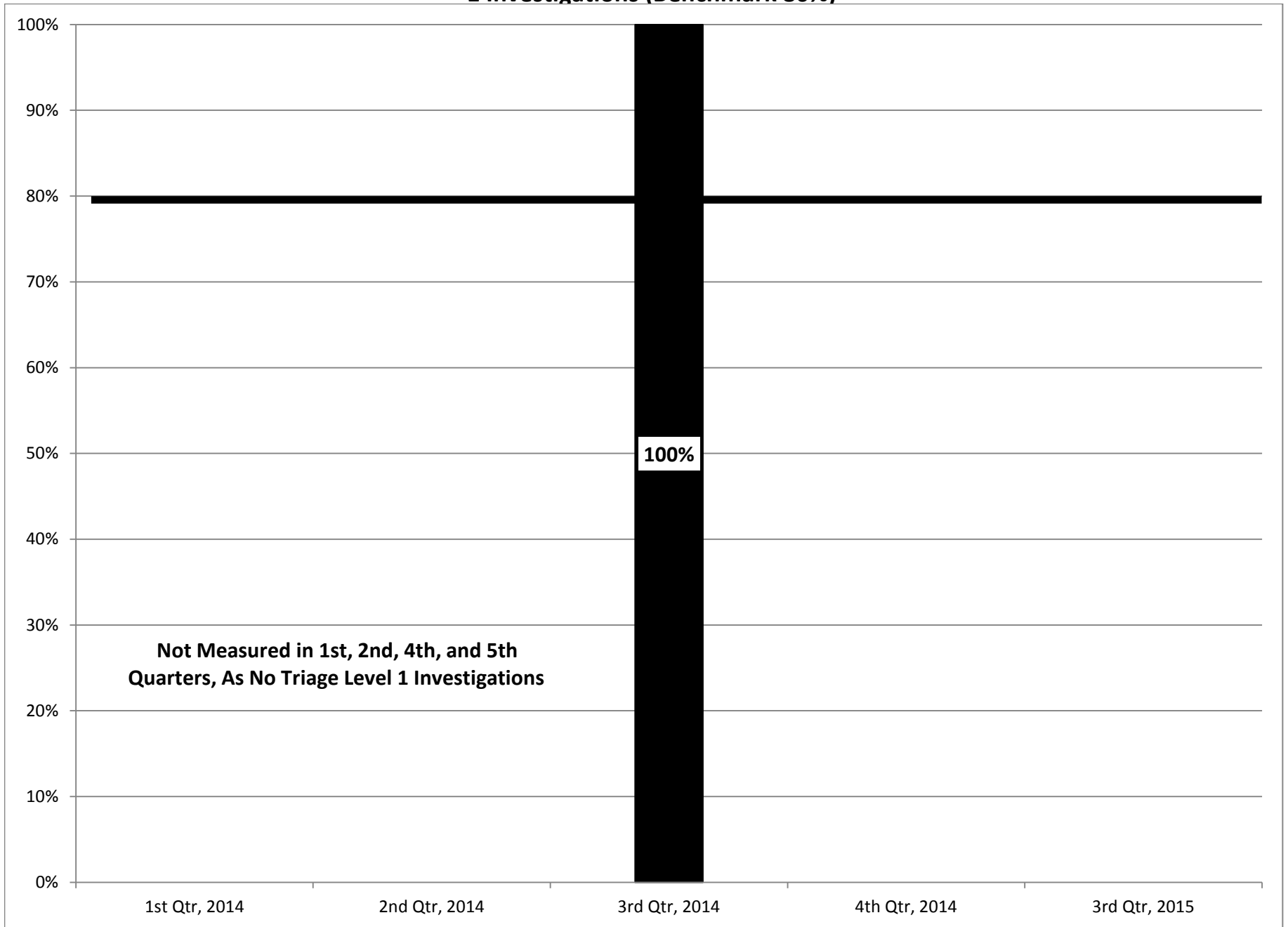
**Chart 13: APS File Review Panel, Benchmark 3, Reporter and Victim Notification of Closed Contact, Including Appeal Rights, within 5 Days (Benchmark 80%)**



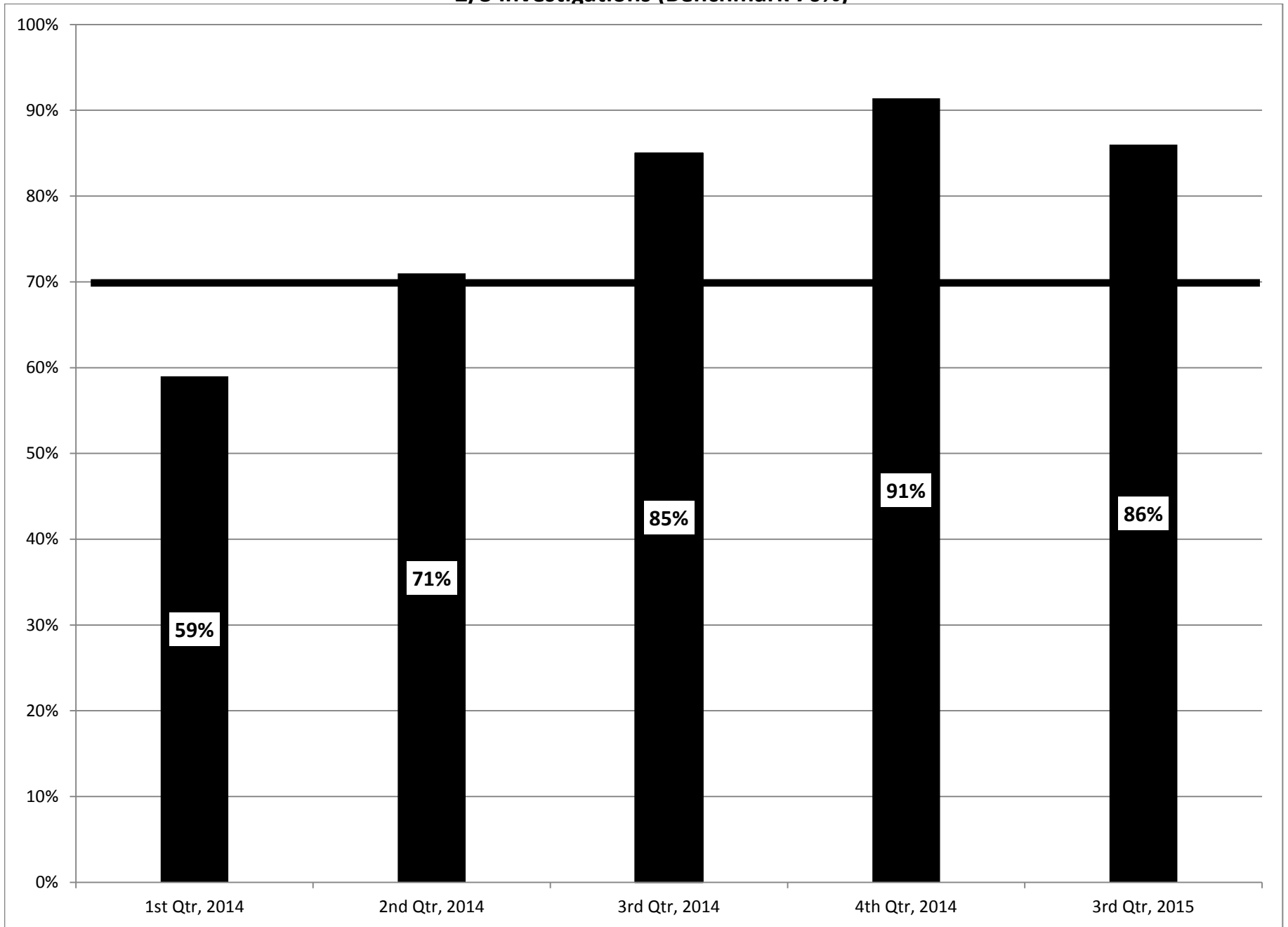
**Chart 14: APS File Review Panel, Benchmark 4, Complete Intakes Warranting Investigation are Assigned to Investigation within 48 Hours (Benchmark 80%)**



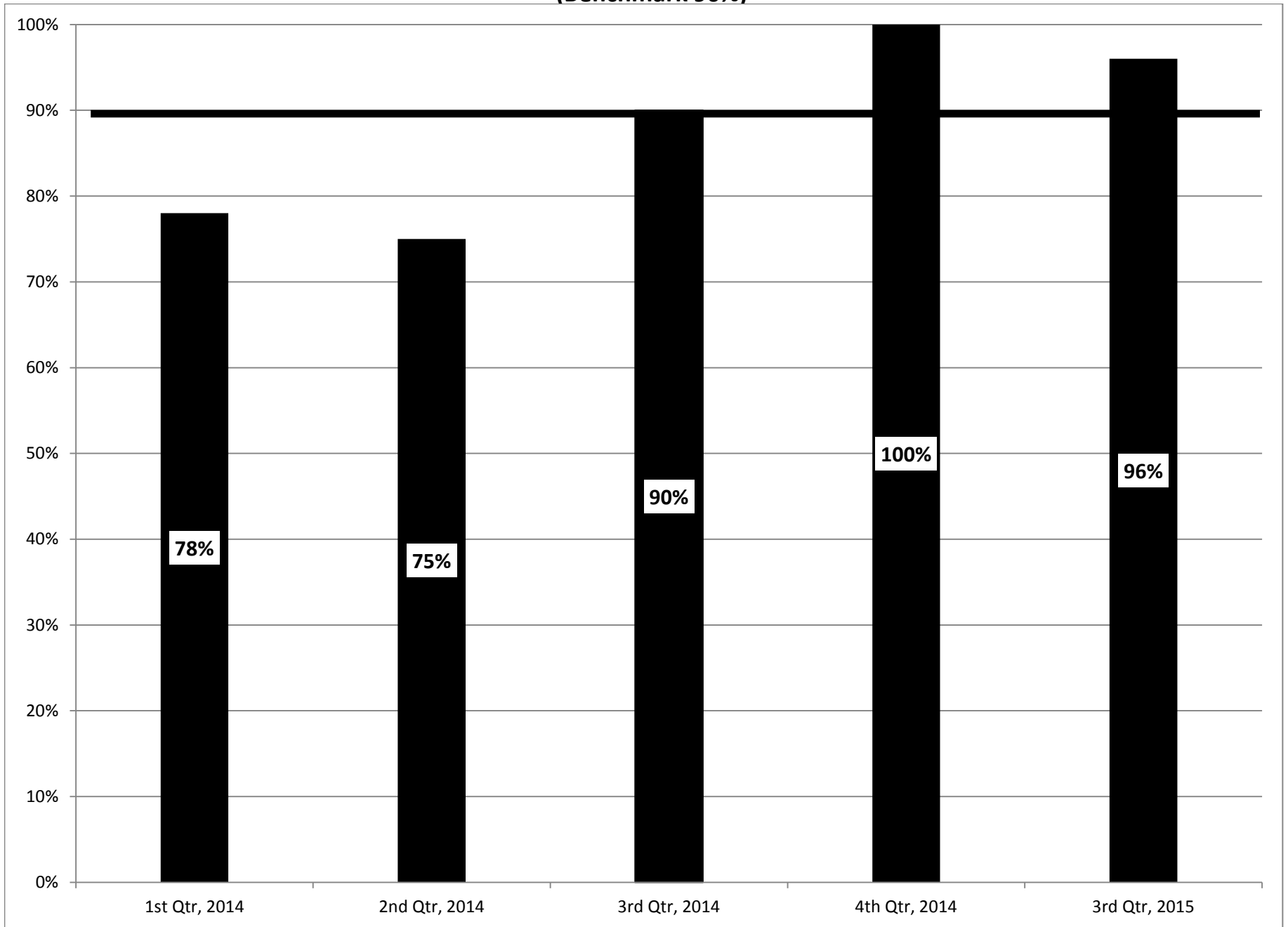
**Chart 15: APS File Review Panel, Benchmark 5, Contact with Reporter or Victim within 5 Business Days for Triage Level 1 Investigations (Benchmark 80%)**



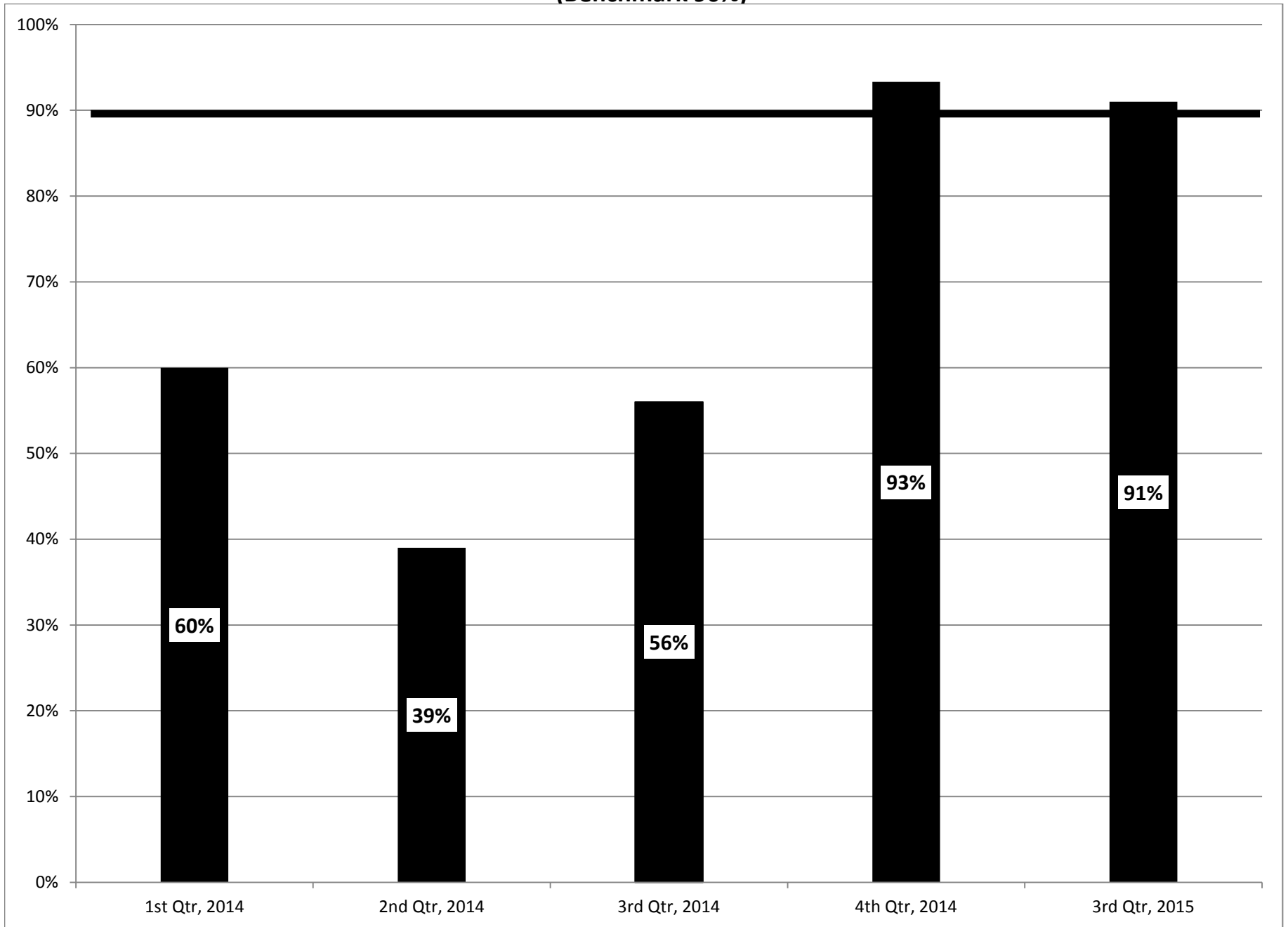
**Chart 16: APS File Review Panel, Benchmark 6, Contact with Reporter or Victim within 5 Business Days for Triage Level 2/3 Investigations (Benchmark 70%)**



**Chart 17: APS File Review Panel, Benchmark 7, Non-Financial Exploitation Investigations Completed within 60 Days  
(Benchmark 90%)**



**Chart 18: APS File Review Panel, Benchmark 8, Financial Exploitation Investigations Completed within 90 Days  
(Benchmark 90%)**



## Appendix A

### Definitions for Common Data Elements

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

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

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

*AP:* Alleged Perpetrator

*AV:* Alleged Victim.

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

*Completed Investigations:* The total number of investigations completed.

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

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

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

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

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

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

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

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

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



## **APS Quarterly Report Appendix B Settlement Benchmarks**

**BENCHMARK # 1: Completed Report Received Benchmark: 90%**

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

**BENCHMARK # 2: Incomplete Report Received Benchmark: 90%**

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

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

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

**BENCHMARK # 4: Assignment & Initiation Benchmark: 80%**

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

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

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

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

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

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

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

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

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

## Appendix C

### Survey and Certification Background and Data

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

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

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

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

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

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

- Assisted Living Residences
- Home Health Agencies

- Homes for the Terminally Ill
- Nursing Homes
- Residential Care Homes
- Therapeutic Community Residences

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

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

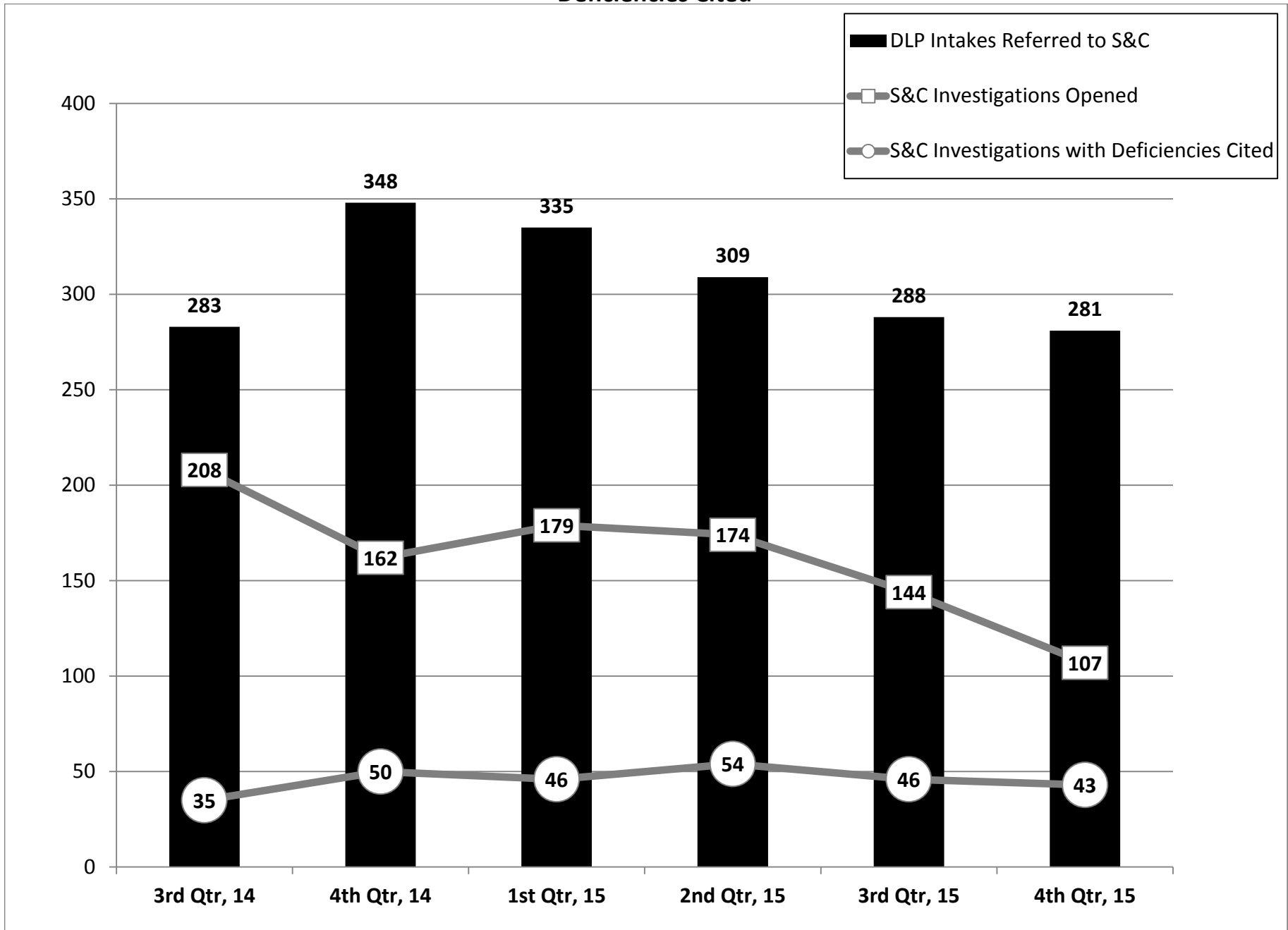
The chart on the next page shows:

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

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

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

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



Source: Harmony for APS and ACTS