

APS QUARTERLY REPORT TO THE LEGISLATURE

1st Quarter, SFY2015

To: Health Care Oversight Committee

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

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Date: October 5, 2014

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

Notes on Report Data

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

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

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

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

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

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

Data Table for APS Quarterly Report

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

Data Table for APS Quarterly Report

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

Chart 1: Average Investigator Caseload

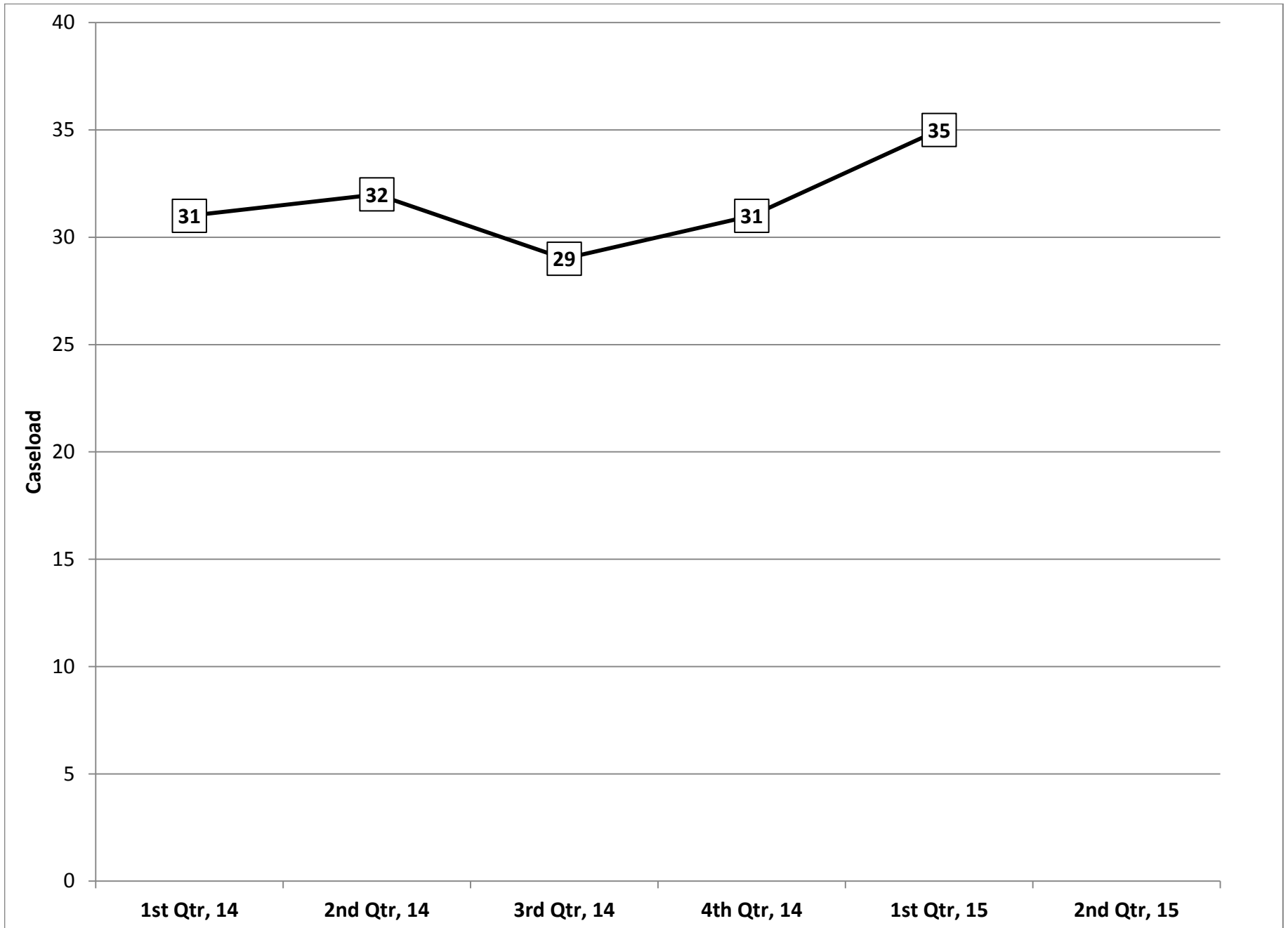


Chart 2: Intakes, Closures and Average Open Cases

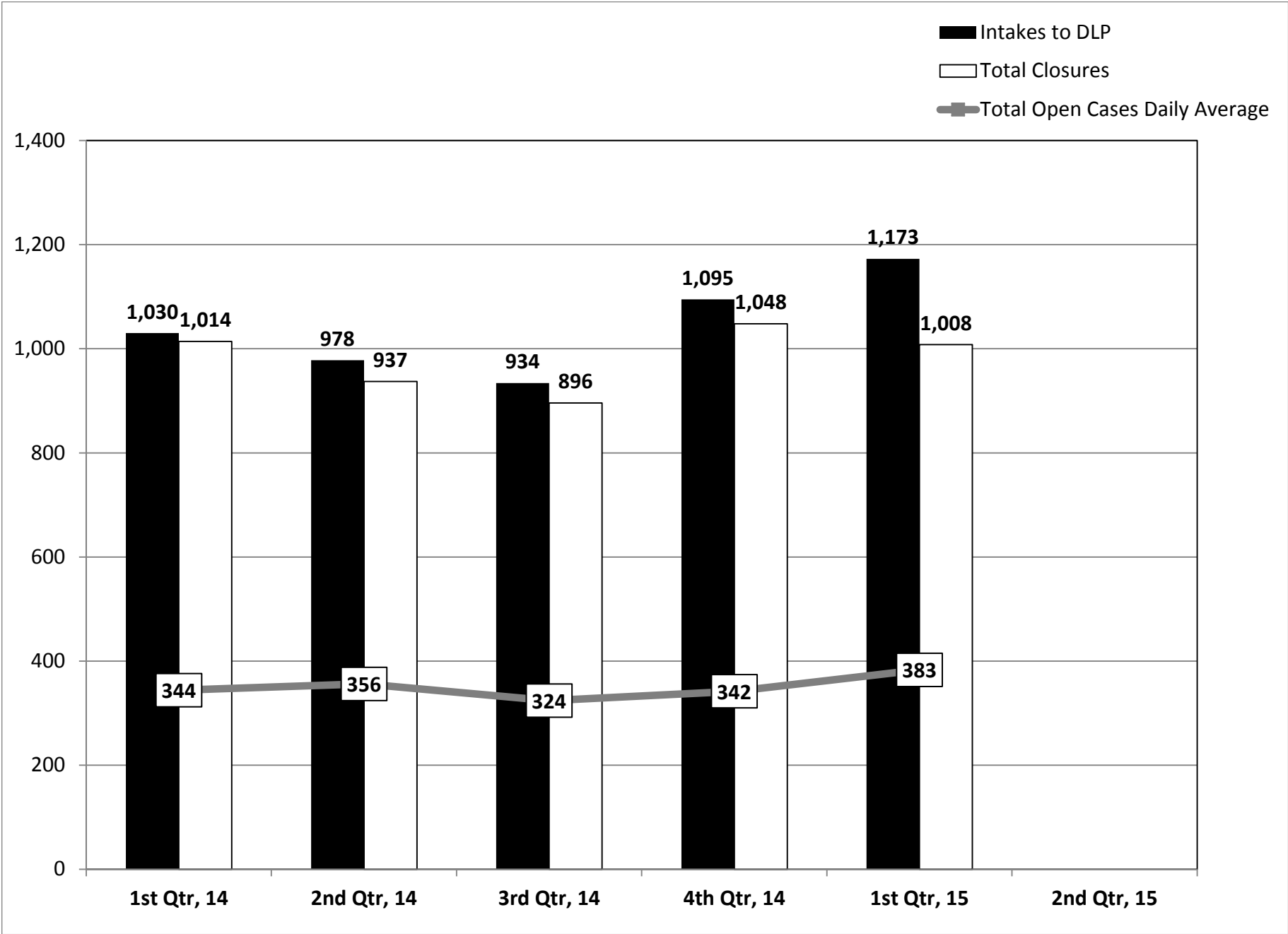


Chart 3: Intakes Referred to APS Investigation

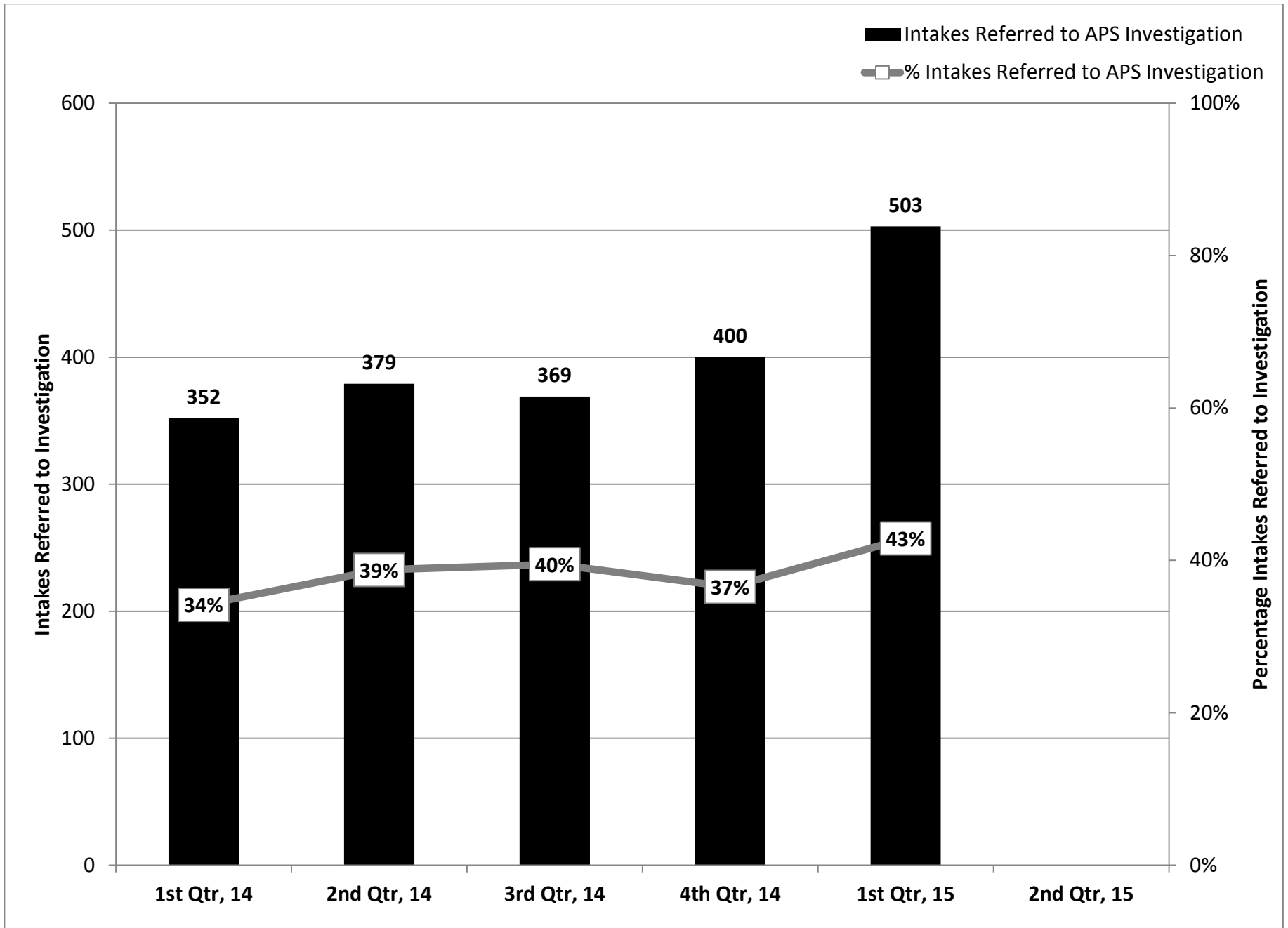


Chart 4: Substantiations, Percent Investigations Substantiated and Adult Abuse Registry

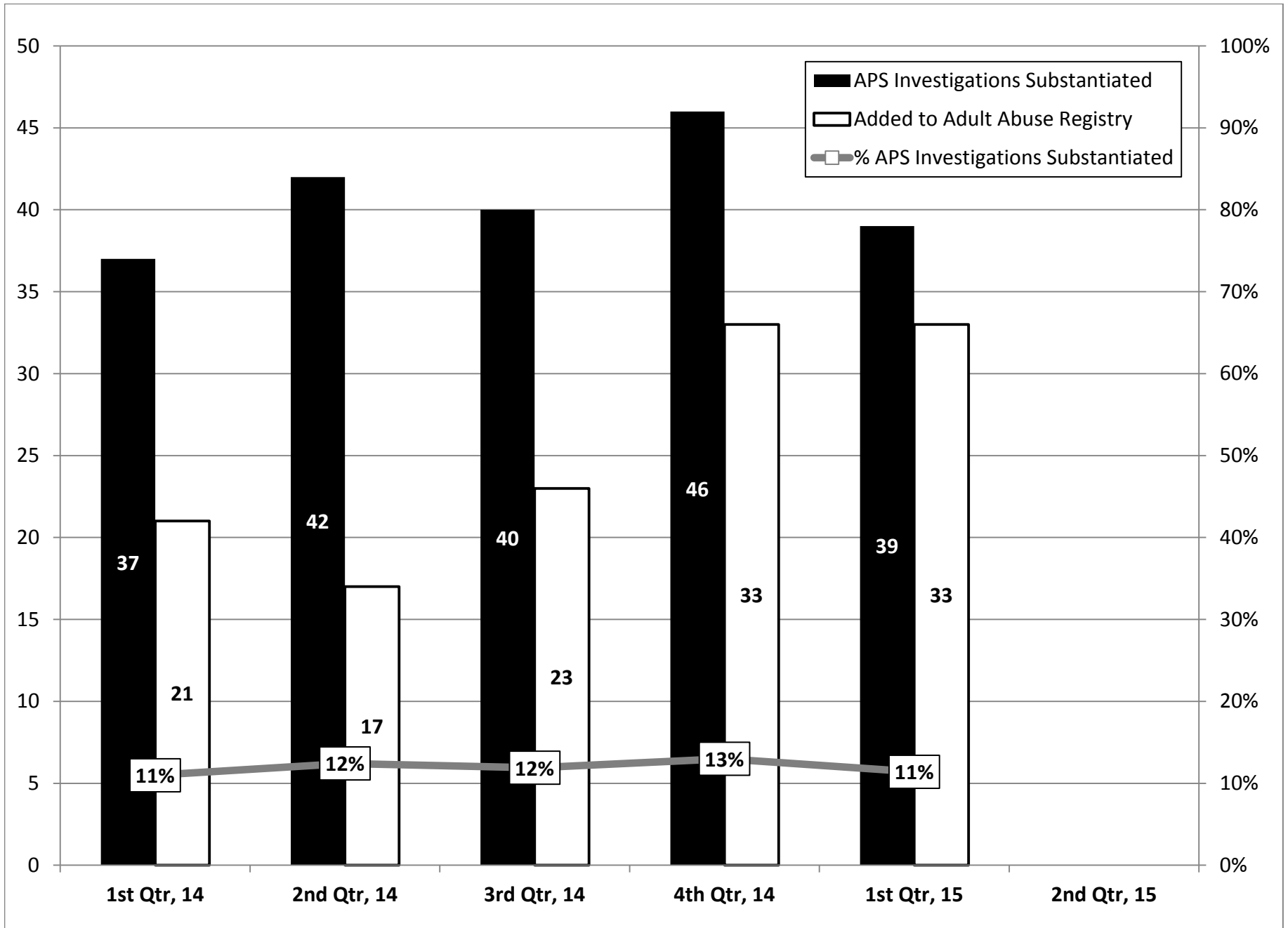


Chart 5: Count of Closure Types

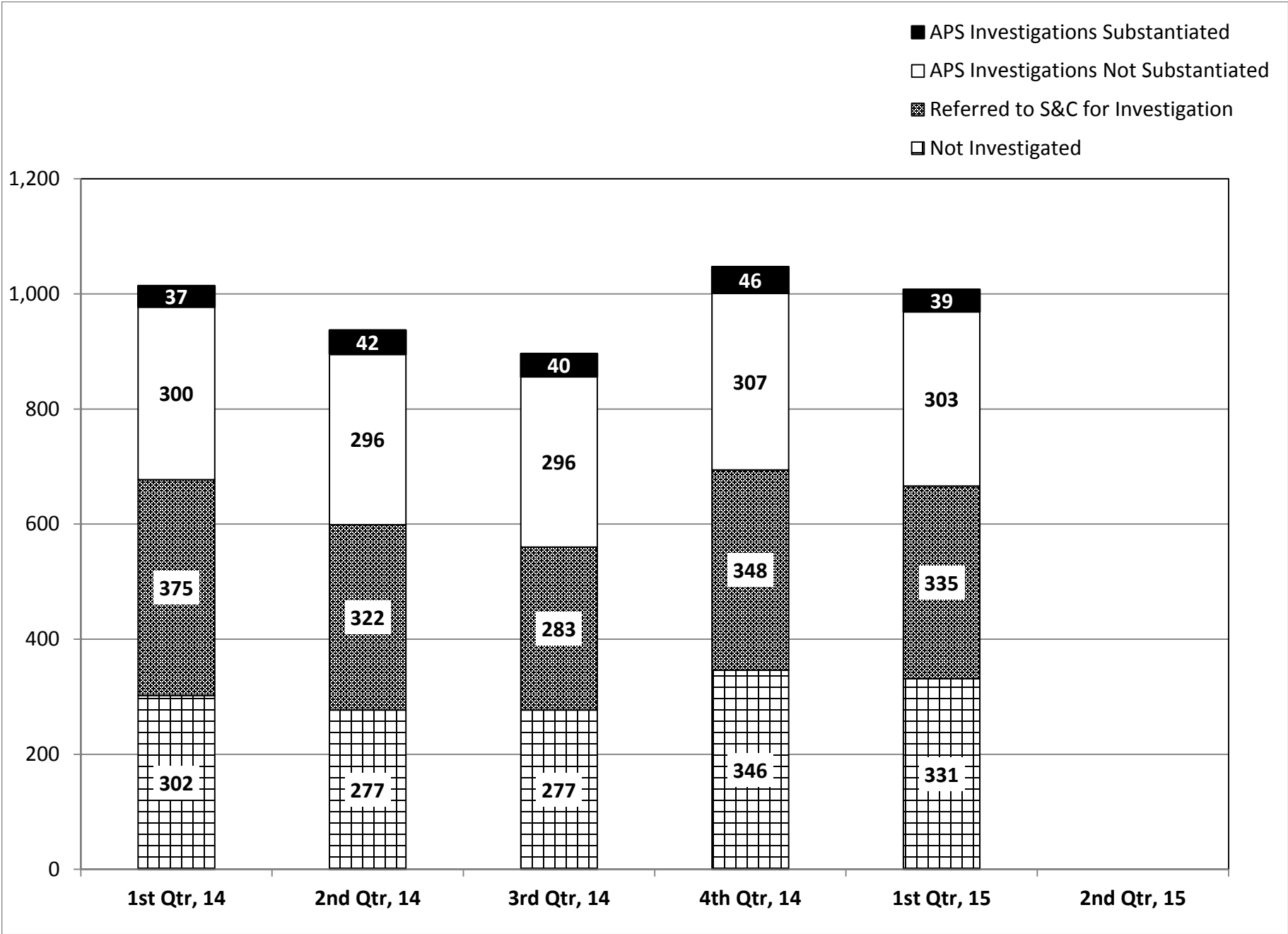


Chart 6: Percent of Closure Types

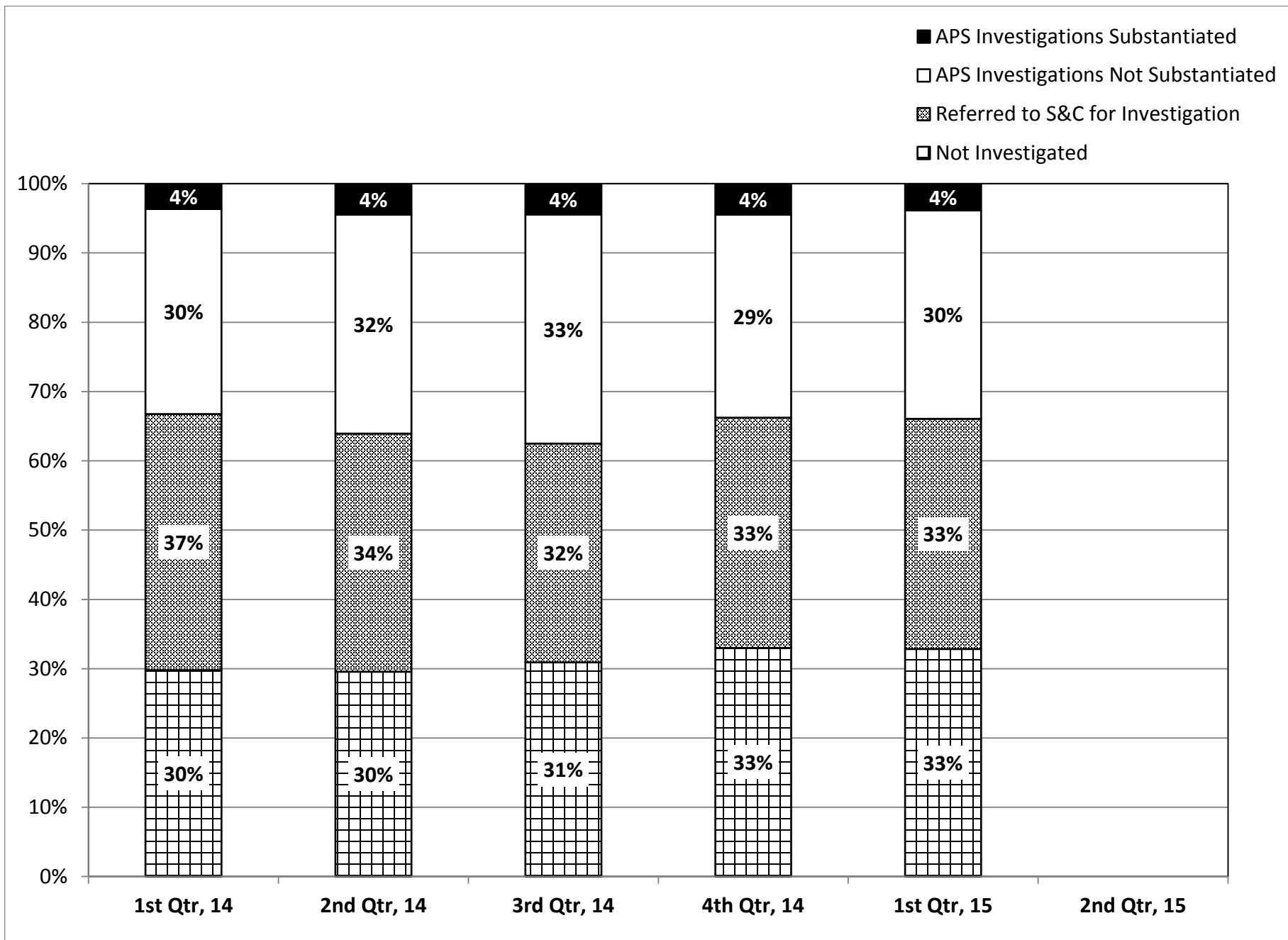


Chart 7: Reasons Intakes Not Referred to Investigation

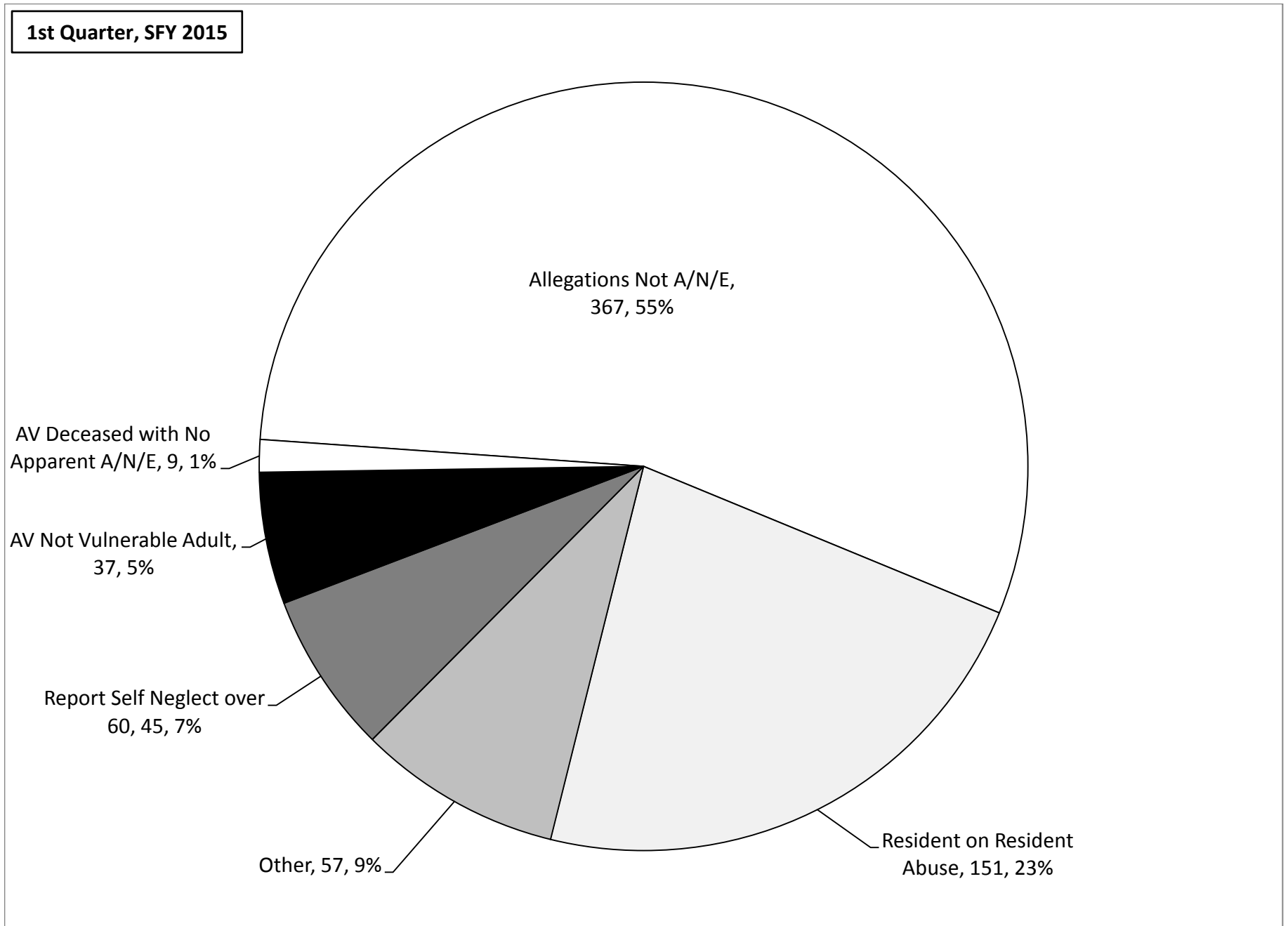


Chart 8: Referral Source for Intakes Not Referred for Investigation

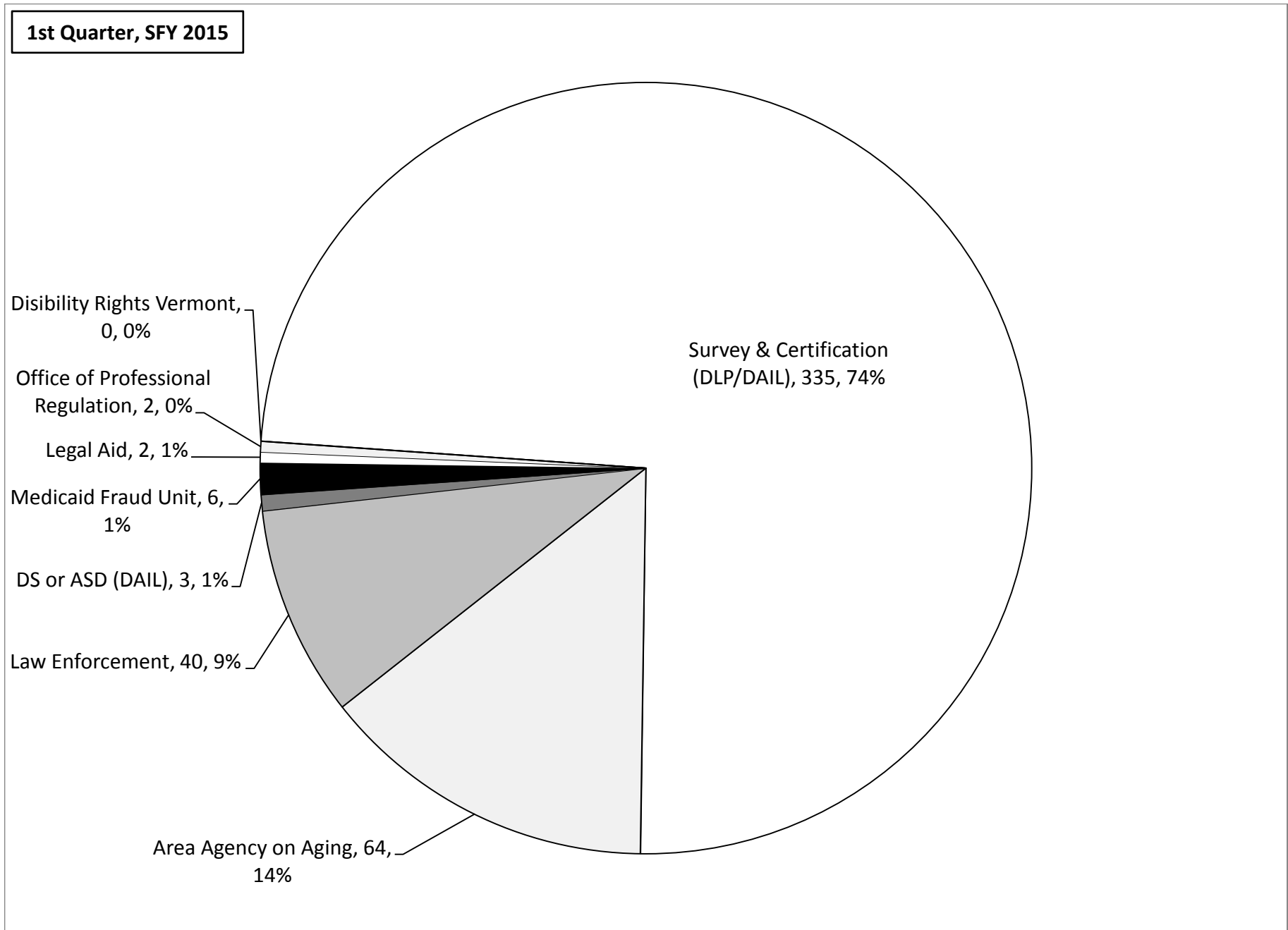


Chart 9: Reason for Unsubstantiation for Unsubstantiated Investigations

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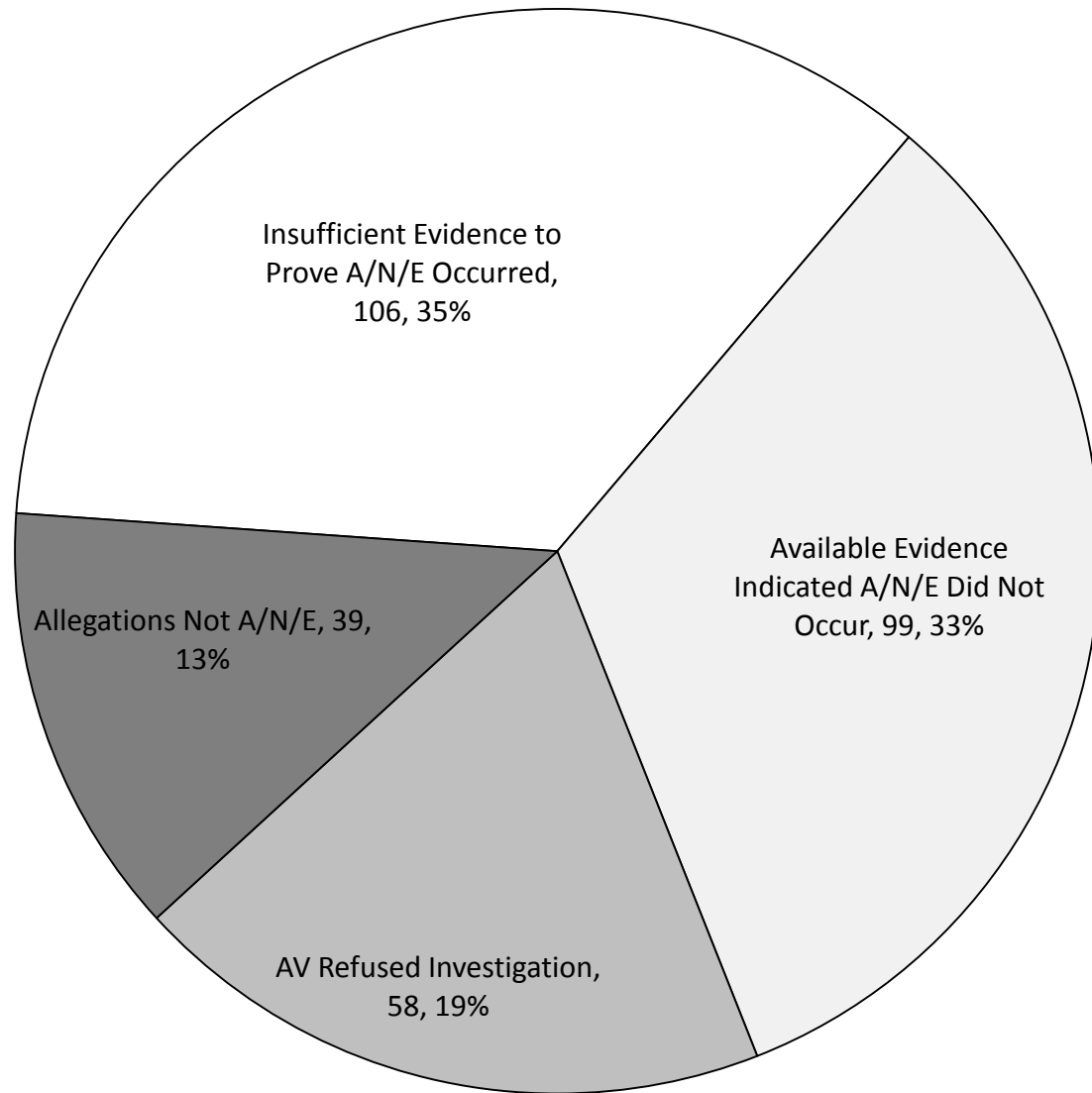


Chart 10: Count of Reporter Types for Cases Not Investigated Because Alleged Victim is Not a Vulnerable Adult

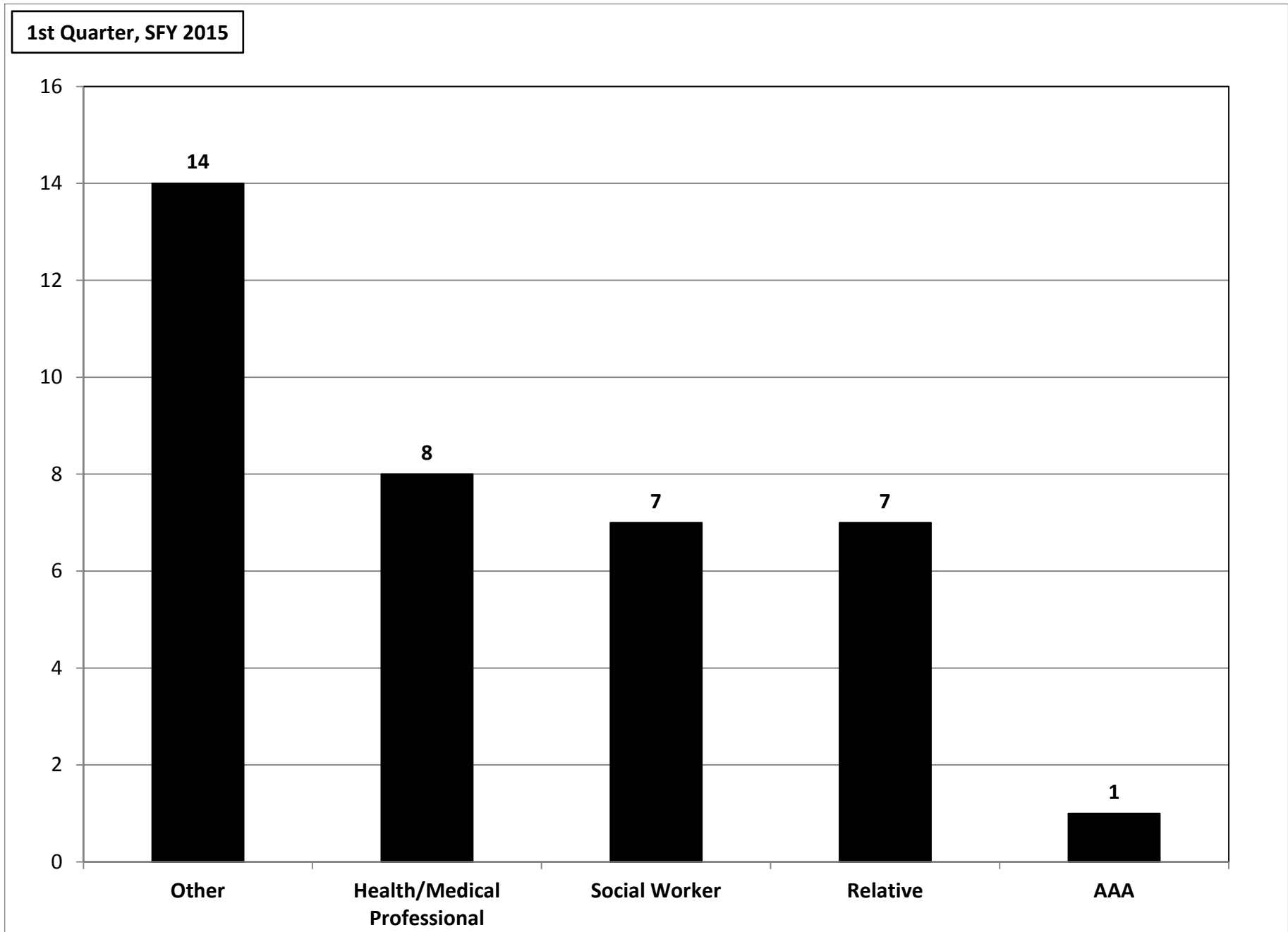
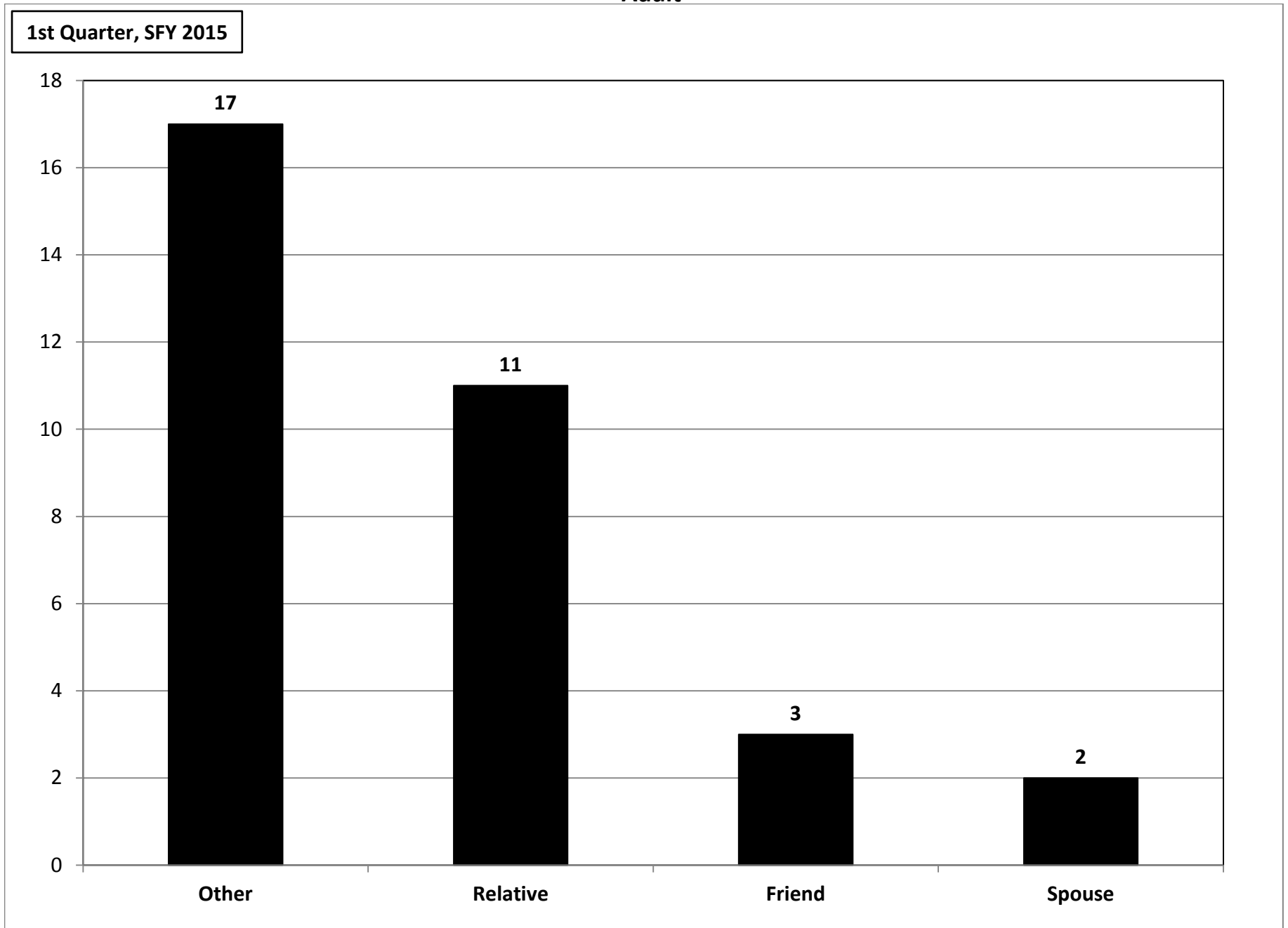


Chart 11: Count of Alleged Perpetrator Types for Cases Not Investigated Because Alleged Victim is Not a Vulnerable Adult



Appendix A

Definitions for Common Data Elements

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

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

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

AP: Alleged Perpetrator

AV: Alleged Victim.

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

Completed Investigations: The total number of investigations completed.

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

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

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

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

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

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

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

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

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

Appendix B

Survey and Certification Background and Data

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

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

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

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

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

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

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

- Nursing Homes
- Residential Care Homes
- Therapeutic Community Residences

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

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

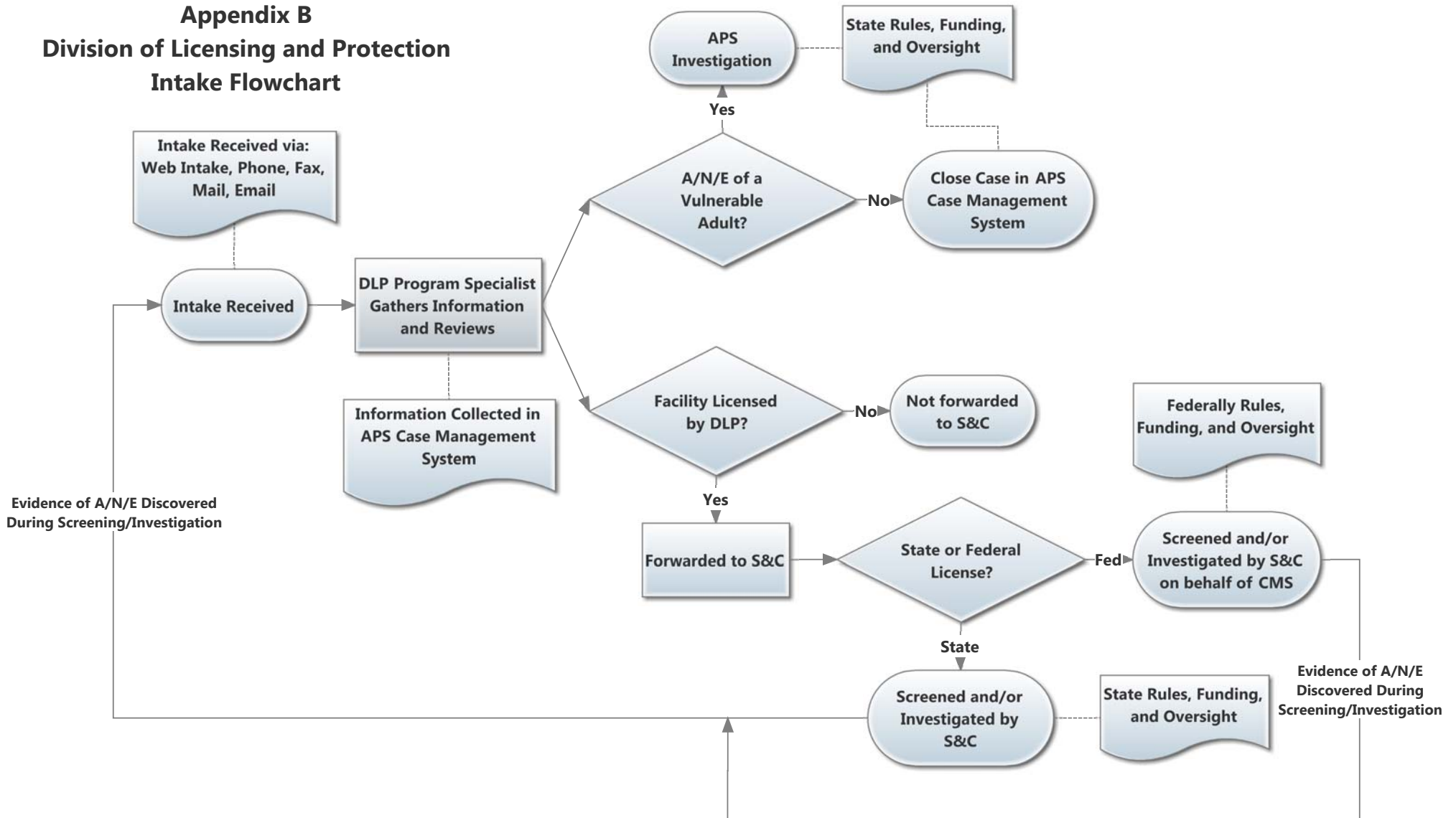
The chart on the next page shows:

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

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

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

Appendix B Division of Licensing and Protection Intake Flowchart



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

