

**Long-Term Care Ombudsmen and  
Adult Protective Services:  
Roundtable Discussion Session Summary**

**Developed by Sara Hunt, Consultant**

**May 2003**

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*Supported by the U.S. Administration on Aging*

## **ACKNOWLEDGEMENTS**

Many thanks go to Carol Scott, President of the National Association of State Long Term Care Ombudsman Programs and Joanne Otto, Executive Director of the National Association of Adult Protective Services Administrators (NAAPSA), for the hours they devoted to developing and conducting this session. A special note of thanks goes to the following NAAPSA representatives whose participation made this session possible: Kathleen Quinn, Bureau Chief, IL Dept. on Aging, past president of NAAPSA; Carmen Madden, Program Manager, Hennepin Cty APS, Minneapolis, MN, NAAPSA Secretary; Sandi Koll, APS Program Manager, IA Dept of Human Services, NAAPSA Central Region Representative; Rick Bartos, Chief APS, MT DPHHS; Carol Lieske, APS Coordinator, NE DHHS, former NAAPSA Mountain Region Representative; Bill Fogleman, Chief Investigator, APS Long-Term Care Investigations, OK DHS.

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## **ABOUT THE PAPER**

This report was supported, in part, by a grant, No. 90AM2139 from the Administration on Aging, Department of Health and Human Services. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration on Aging policy.

# Long-Term Care Ombudsman Program

## Adult Protective Services: Roundtable Discussion Session Summary

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# **LONG-TERM CARE OMBUDSMEN AND ADULT PROTECTIVE SERVICES: ROUNDTABLE DISCUSSION SESSION SUMMARY**

2003 Annual State Long-Term Care  
Ombudsman Spring Training Conference  
Prepared by Sara S. Hunt, Center Consultant

At the 2003 State Long-Term Care Ombudsman Spring Training Conference a pre-conference session provided an opportunity for long-term care ombudsmen (LTCO) and adult protective services administrators (APS) to informally discuss ways of working together. This session was developed by Carol Scott, President of the National Association of State Long Term Care Ombudsman Programs (NASOP) and by Joanne Otto, Executive Director, National Association of Adult Protective Services Administrators (NAAPSA). The purpose of the session was to foster dialogue that would result in a better understanding of each other's role and "best practice" ideas for working together to serve vulnerable adults.

This session summary may be useful to ombudsman and APS programs that are seeking to improve their working relationship. The case studies could be utilized to stimulate discussion on a state or local level.

## **BACKGROUND**

Over the years, questions have arisen within states and on the national level regarding the differences in services provided by long-term care ombudsmen and by adult protective services workers. Periods of governmental reorganization or of fiscal restraint renew questions about duplication of services or combining the functions of both programs. These issues typically are worked out within each state.

In 1993 the Administration on Aging (AoA) convened a symposium to discuss coordination and collaboration between the LTCOP and APS. Representatives from several different aging services engaged in two days of discussions regarding a range of issues. The conclusions and recommendations from this symposium were disseminated in a report, *Coordination Between Long-Term Care Ombudsman and Adult Protective Services Programs and Related Issues*, available from AoA.

The National Association of State Long Term Care Ombudsman Programs was also seeking to delineate commonalities and distinctions between ombudsman programs and APS during 1993. Discussions were held with NAAPSA members and feedback was solicited for a paper being developed by NASOP. This process culminated in NASOP's paper, *Adult Protective Services and the LTC Ombudsman Program*, November 1994. State LTCO have used this paper to facilitate conversation with APS regarding effective ways to work together.

A decade later finds both programs facing some recurring issues. In the intervening years more national attention such as Congressional hearings, media reports, and proposed federal and state laws, has focused renewed public attention on elder abuse. Both organizations, NASOP and NAAPSA, thought it would be beneficial to engage in discussion regarding collaboration and ways to support each other's work. The Administration on Aging encouraged this discussion and the National Long-Term Care Ombudsman Resource Center provided staff support.

The roundtable discussion session in April, 2003, acknowledged the continued commitment of both professional associations to jointly address issues and to better serve clients through collaboration. This paper summarizes the highlights of that two hour session. Hopefully this summary will assist with further dialogue between LTCO and APS in each state as well as on a national level.

## **INTRODUCTION TO SESSION**

Carol Scott and Joanne Otto introduced the session by reminding participants of a few key points.

- The primary issue to be addressed is, "How can we provide the best services to residents?" Having the best possible working relationship between APS and LTCO will help residents.
- There are some commonalities between the programs such as they sometimes share many clients, seek to protect individuals who are victims of mistreatment, are sometimes questioned about duplication of services, and deal with limited resources.
- Both programs operate under the mandate of law. A key difference is that the LTCOP is unified through a federal law establishing the framework for the program in each state while APS is based solely on state law. There are variations from state to state in how APS is defined, structured, and implemented.
- Both associations have adopted a set of ethical guidelines and seek to improve the knowledge and skills of their members.

Participants were involved in roundtable discussions according to the structure of APS in their states: APS investigates allegations of abuse in nursing facilities; APS goes into nursing facilities *if* the alleged perpetrator resides in the outside community and is not a nursing facility employee; or APS does not go into nursing facilities. These groupings were used to minimize the time spent explaining how the programs operate in each state. All groups had the same case scenarios and questions to consider. The roundtable discussions were followed by sharing reports from all groups.

## **CASE SCENARIO 1**

### **SCENARIO 1A**

*LTCO were asked to assume the role of an APS worker with Scenario 1A without seeing 1B.*

Louise was a client of APS for 2 years. APS had dealt with numerous issues with this client. Louise had lived alone in a trailer, her living environment was filthy, and there were issues including problems with mice and roaches. She was unable to independently do her own personal care and services had been arranged by the APS worker to bring in someone to assist with her care and with housekeeping.

Louise often had periods of confusion and would not let the workers into her home. She has no close family and does not have a guardian. Louise had finally agreed, after a year of persuasion by the APS worker, that she would move into a long-term care facility.

### **SCENARIO 1B**

*APS workers were asked to assume the role of a LTCO with Scenario 1B without seeing 1A.*

Louise has been a resident of Scenic View Nursing Home for 6 months. For the past few months she has not been satisfied at the facility and wants to return home. The LTCO received a call from Louise. She told the ombudsman she wanted to move back home and asked for assistance. After visiting Louise, the ombudsman determined that Louise was capable of making her own decisions (there was no guardian or Durable Power of Attorney). With Louise's permission, the ombudsman discussed with the facility social worker the feasibility of Louise returning to the community.

The social worker indicated that Louise would need some community supports (such as a Medicaid waiver service). The ombudsman also learned that Louise was placed in the facility by APS. The LTCO contacted APS and found that the APS worker was adamant that Louise needed to stay in the nursing home. The ombudsman wanted to help Louise move back into the community, but would like the assistance of APS to get services lined up.

### **ROUNDTABLE COMMENTS**

- More information is needed regarding: Louise's mental capacity to make decisions about living arrangements, Louise's prior living situations, community services and other housing options, and Louise's resources.
- A key question is, "When and how do you get all of the information needed to help a resident?"

- This case pointed out the different perspectives of the two programs, perspectives based in law. APS looks at a resident's (client's) decision-making capacity defined by law.
- While there was agreement that the LTCO would focus on the resident's desire to return home, there was also agreement that the ombudsman would pursue a variety of actions to connect Louise with appropriate resources instead of immediately acting to relocate Louise.
- Since APS was instrumental in arranging for Louise to move into the facility, a different social service would need to be involved in discharge planning.
- The exercise of "putting yourself in the other person's role" gave everyone a new perspective on the other's role. Several participants said they could *see* how and why the other person takes certain actions. This simulation helped participants better understand why their counterparts might be angry with their actions in some cases. It moved the knowledge from a "head" knowledge of roles and laws to a more experiential knowledge.

## **CASE SCENARIO 2**

*Everyone received the same scenario and stayed in their "real life" role as APS or LTCO.*

Marsha is a 19 year-old certified nurses aide who has been working at Elegant Care Nursing Home for the past year. Marsha is unmarried, has no medical insurance and is three months pregnant. She plans to keep her baby. While having coffee one day with the LTCO, Marsha confided that on two occasions she has observed the following:

There are two residents, Mrs. Wagner, age 96 and Miss Lund, age 89. Both women are extremely demented and totally bedfast. Last month while Marsha was bathing the women, she noticed bruising on both residents' inner thighs. There was blood on Miss Lund's bottom sheet. Alarmed, Marsha reported both situations to the Director of Nursing, Rhonda Rand. Ms. Rand ordered Marsha to clean both resident's vaginal areas, and change their nightclothes and sheets. Ms. Rand said that probably both residents had injured themselves during masturbation, and that she saw no need to report the situations to the regulatory agency.

Marsha told the ombudsman that she was worried about Ms. Rand's decision, but she didn't know what she should do. She knows that under state law, she is required to report elder abuse to APS, but she is afraid of losing her job if she does.

## **ROUNDTABLE COMMENTS**

- The point was made that it is impossible to know exactly what occurred without talking with the two residents. LTCO and APS need to be careful about drawing conclusions without sufficient factual information. An investigation would be needed to determine what happened although the circumstances pose concerns regarding abuse.
- There was consensus that the Director of Nursing is required to report this incident under the requirements of the federal Nursing Home Reform Law and regulations.
- There were opposing views regarding what the LTCO should say to the nurses aide about her responsibility to report. Expressed concerns included: acting consistent with the residents' consent, deciding whether to strongly urge the aide to report considering potential consequences, and seeking to avoid setting in motion a chain of events in the facility that could result in further harm or intimidation of the residents.
- There was much discussion and different opinions regarding the LTCO's responsibility to report the alleged abuse with or without the residents' permission. In some states, mandatory reporting laws conflict with the federal provisions for the LTCOP. Other LTCO strongly felt that any potential negative consequences that the residents might experience due to the ombudsman making a report or urging the nurses aide to report, need to be very carefully considered before filing a report.
- In states where the ombudsman would do more than just report this alleged abuse, everyone agreed that the LTCO would check with the residents. Even if the residents refused to have the ombudsman intervene on their behalf, the ombudsman could take other steps in an attempt to add a "buffer" for all residents. Such steps could include talking with other residents and/or staff and increasing the frequency of ombudsman visits in the facility.
- There was also agreement that the "worst case practice" would be to do nothing.

## **SESSION CONCLUSION**

Both NASOP and NAAPSA want to continue the dialogue. Issues surfaced such as differences in confidentiality and in legal requirements to take action. Other opportunities for dialogue include regional NAAPSA meetings and the annual conferences of each association. The associations agreed to consider asking AoA to convene another national symposium to delve into key issues and delineate best practice approaches and make recommendations to better serve residents or clients. Ron Cowan, Alaska State LTCO, summed up participants' feelings, "It is nice to be able to have this discussion when we can respect each other and the other program's responsibility without dissolving into, "How can you sleep at night?"



## **APPENDIX**

### Handouts from the Session

Case Scenarios

NAAPSA Ethical Guidelines

NASOP Code of Ethics

NASOP Paper, November 1994 – Adult Protective Services

NAAPSA APS Description

## Case Scenario 1

Prior to being admitted to Scenic View Nursing Home, Louise was a client of Adult Protective Services (APS) for 2 years. APS had dealt with numerous issues with this client. Louise had lived alone in a trailer, her living environment was filthy, and there were issues including problems with mice and roaches. She was unable to independently do her own personal care and services had been arranged by the APS worker to bring in someone to assist with her care and with housekeeping.

Louise often had periods of confusion and would not let the workers into her home. She has no close family and does not have a guardian. Louise had finally agreed, after a year of persuasion by the APS worker, that she would move into a long-term care facility.

Louise has been a resident of Scenic View Nursing Home for 6 months. For the past few months she has not been satisfied at the facility and wants to return home. The LTC Ombudsman received a call from Louise. She told the Ombudsman she wanted to move back home and asked for assistance. After visiting Louise, the Ombudsman determined that Louise was capable of making her own decisions (there was no guardian or Durable Power of Attorney). With Louise's permission, the Ombudsman discussed with the facility social worker the feasibility of Louise returning to the community.

The social worker indicated that Louise would need some community supports (such as a Medicaid waiver service). The Ombudsman also learned that Louise was placed in the facility by APS. The LTC Ombudsman contacted APS and found that the APS worker was adamant that Louise needed to stay in the nursing home. The Ombudsman wanted to help Louise move back into the community, but would like the assistance of APS to get services lined up.

Describe a "best practice" approach to resolving the resident's issues and any differences in perspective between the LTCOP and APS.

## **Case Scenario 1A**

### *Adult Protective Services Perspective*

Louise was a client of Adult Protective Services (APS) for 2 years. APS had dealt with numerous issues with this client. Louise had lived alone in a trailer, her living environment was filthy, and there were issues including problems with mice and roaches. She was unable to independently do her own personal care and services had been arranged by the APS worker to bring in someone to assist with her care and with housekeeping.

Louise often had periods of confusion and would not let the workers into her home. She has no close family and does not have a guardian. Louise had finally agreed, after a year of persuasion by the APS worker, that she would move into a long-term care facility.

## **Case Scenario 1B**

### *Ombudsman Perspective*

Louise has been a resident of Scenic View Nursing Home for 6 months. For the past few months she has not been satisfied at the facility and wants to return home. The LTC Ombudsman received a call from Louise. She told the Ombudsman she wanted to move back home and asked for assistance. After visiting Louise, the Ombudsman determined that Louise was capable of making her own decisions (there was no guardian or Durable Power of Attorney). With Louise's permission, the Ombudsman discussed with the facility social worker the feasibility of Louise returning to the community.

The social worker indicated that Louise would need some community supports (such as a Medicaid waiver service). The Ombudsman also learned that Louise was placed in the facility by APS. The LTC Ombudsman contacted APS and found that the APS worker was adamant that Louise needed to stay in the nursing home. The Ombudsman wanted to help Louise move back into the community, but would like the assistance of APS to get services lined up.

## Case Scenario 2

Marsha is a 19 year old case aid who has been working at Elegant Care nursing home for the past year. Marsha is unmarried, has no medical insurance and is 3 months pregnant. She plans to keep her baby. While having coffee one day with the LTC Ombudsman, Marsha confided that on two occasions she has observed the following:

There are two patients, Mrs. Wagner, age 96 and Miss Lund, age 89. Both women are extremely demented and totally bedfast. Last month while Marsha was bathing the women, she noticed bruising on both patients' inner thighs. There was blood on Miss Lund's bottom sheet. Alarmed, Marsha reported both situations to the Director of Nursing, Rhonda Rand. Ms. Rand ordered Marsha to clean both patients' vaginal areas, and change their nightclothes and sheets. Ms. Rand said that probably both patients had injured themselves during masturbation, and that she saw no need to report the situations to the regulatory agency.

Marsha told the Ombudsman that she was worried about Ms. Rand's decision, but she didn't know what she should do. She knows that under state law, she is required to report elder abuse to Adult Protective Services, but she is afraid of losing her job if she does.

**NATIONAL ASSOCIATION OF APS ADMINISTRATORS**  
**Adult Protective Services**  
**Ethical Principles and Best Practice Guidelines**  
**Dedicated to the memory of Rosalie Wolf**  
**© NAAPSA 2002**

**Adult Protective Services** are those services provided to older people and people with disabilities who are, or are in danger of being mistreated or neglected, are unable to protect themselves, and have no one to assist them.

**Interventions provided by Adult Protective Services** include, but are not limited to, receiving reports of adult abuse, exploitation or neglect, investigating these reports, case planning, monitoring and evaluation. In addition to casework services, Adult Protection may provide or arrange for the provision of medical, social, economic, legal, housing, law enforcement or other protective, emergency or supportive services.

***Guiding Value:*** Every action taken by Adult Protective Services must balance the duty to protect the safety of the vulnerable adult with the adult's right to self-determination.

***Secondary Value:*** Older people and people with disabilities who are victims of abuse, exploitation or neglect should be treated with honesty, caring and respect.

**Principles**

- Adults have the right to be safe.
- Adults retain all their civil and constitutional rights unless some of these rights have been restricted by court action.
- Adults have the right to make decisions that do not conform with societal norms as long as these decisions do not harm others.
- Adults are presumed to have decision-making capacity unless a court adjudicates otherwise.
- Adults have the right to accept or refuse services.

**Practice Guidelines**

- Recognize that the interests of the adult are the first concern of any intervention.
- Avoid imposing personal values on others.
- Seek informed consent from the adult before providing services.
- Respect the adult's right to keep personal information confidential.
- Recognize individual differences such as cultural, historical and personal values.
- Honor the right of adults to receive information about their choices and options in a form or manner that they can understand.
- To the best of your ability, involve the adult as much as possible in developing the service plan.

- Focus on case planning that maximizes the vulnerable adult's independence and choice to the extent possible based on the adult's capacity.
- Use the least restrictive services first—community based services rather than institutionally based services whenever possible.
- Use family and informal support systems first as long as this is in the best interest of the adult.
- Maintain clear and appropriate professional boundaries.
- In the absence of an adult's expressed wishes, support casework actions that are in the adult's best interest.
- Use substituted judgment in case planning when historical knowledge of the adult's values is available.
- Do no harm. Inadequate or inappropriate intervention may be worse than no intervention.

**Code of Ethics for Long Term Care Ombudsmen**

1. The ombudsman provides services with respect for human dignity and the individuality of the client, unrestricted by considerations of age, social or economic status, personal characteristics, or lifestyle choices.
2. The ombudsman respects and promotes the client's right to self-determination
3. The ombudsman makes every reasonable effort to ascertain and act in accordance with the client's wishes.
4. The ombudsman acts to protect vulnerable individuals from abuse and neglect.
5. The ombudsman safeguards the client's right to privacy by protecting confidential information.
6. The ombudsman remains knowledgeable in areas relevant to the long term care system, especially regulatory and legislative information, and long term care service options.
7. The ombudsman acts in accordance with the standards and practices of the Long Term Care Ombudsman Program, and with respect for the policies of the sponsoring organization.
8. The ombudsman will provide professional advocacy services unrestricted by his/her personal belief or opinion.
9. The ombudsman participates in efforts to promote a quality, long term care system.
10. The ombudsman participates in efforts to maintain and promote the integrity of the Long Term Care Ombudsman Program.
11. The ombudsman supports a strict conflict of interest standard that prohibits any financial interest in the delivery or provision of nursing home, board, and care services, or other long term care services that are within their scope of involvement.
12. The ombudsman shall conduct himself/herself in a manner that will strengthen the statewide and national ombudsman network.

## National Association of State Long Term Care Ombudsman Programs

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### ADULT PROTECTIVE SERVICES And The LTC OMBUDSMAN PROGRAM

November 1994

#### **Introduction**

The Long Term Care Ombudsman Program and Adult Protective Services Programs each began in response to the needs of individuals. These programs have fundamentally different but complementary missions and legal mandates which require coordination in order to effectively serve clients. Due to these inherent differences, the two missions should neither be combined into one role nor performed by one individual working part-time in each program. There are potential conflict of role and responsibility issues if one person serves in both capacities.

#### **Purpose**

The purpose of this paper is to promote a discussion which will result in better understanding and coordination between these two programs. This paper seeks to describe how each program views its mission and functions.

The National Association of State Long Term Care Ombudsman Programs developed this paper in collaboration with the National Adult Protective Services Association which provided the description of the adult protective services program model.

Although the growth and development of these programs varies from state to state, there are some fundamental principles which shape them. Both programs share a concern for vulnerable adults and a responsibility for: client confidentiality, information and referral, investigation, and intervention, among other functions. Both programs must cultivate and maintain relationships with a number of other agencies in order to increase their visibility and serve their clients.

In spite of some commonalities, there are also some distinctions. The Ombudsman Program, for example, can represent one client, several individuals, all residents of a facility, or raise an issue even when no resident feels safe being the client, while adult protective services works on behalf of an individual client. Ombudsmen can have a regular, on-going presence in facilities, visiting with individual residents whether or not there is a problem or a *client*. The Ombudsman Program works to change systems, policies, or facility practices if necessary to benefit clients and may work to get others to develop and implement service plans for clients. Adult protective services works to develop service plans and/or arrange for services on behalf of individual clients. The Ombudsman Program is established in federal law, the Older Americans Act, (OAA), and since 1978 all states are required to have one. Adult Protective Services Programs



are established by state law; therefore states are not required to operate a program and there is no uniformity of requirements in the states which do.

## **Background**

In 1987, elder abuse prevention funds were made available through the OAA to assist states in educational and other activities focused on prevention. In some states, these changes resulted in a closer working relationship between the Long Term Care Ombudsman Program and adult protective services.

By design, Long Term Care Ombudsman Programs have engaged in elder abuse prevention activities as a fundamental part of their on-going work. Ombudsmen do this by their regular presence and availability to residents; by empowering residents and families and educating facility staff; and by addressing facility practices and systemic issues.

With the creation of an Elder Rights Section of the OAA, Title VII in 1992, there was increasing emphasis upon coordination among a number of programs including ombudsman and adult protective services. This has led to discussion about the similarities and differences in these two programs and how to structure them to be most helpful to clients. This on-going discussion led the National Association of Long Term Care Ombudsman Programs to develop this paper.

## **Adult Protective Services**

### Mission

- XTo detect and deter the on-going maltreatment of impaired adults; and
- XTo prevent maltreatment from recurring through the provision of protective services which may range from information and referral to a court ordered guardianship or conservatorship.

## **Adult Protective Services**

### Relationship/Approach To Clients

The APS program is client focused, individualized, and based on the social work model of problem-solving. The following principles define its philosophy regarding clients.

- XThe vulnerable adult is the primary client, not the community or the family
- XThe client is presumed to be mentally competent and in control of decision-making until facts prove otherwise.
- XThe client participates in defining the problem(s) and deciding the most appropriate outcome and course of action.
  
- XThe client exercises freedom of choice and the right to refuse services so long as the client has the capacity to understand the consequences of his or her actions.

## **LTC Ombudsman Program**

### Mission

- XTo empower residents and advocate for the protection of LTC residents' health, safety, welfare, and rights;
- XTo promote or support resident councils, family councils, and community groups;
- XTo represent the interests of residents before governmental agencies; and
- XTo analyze, comment on, and monitor laws, regulations, and policies pertinent to LTC residents.

## **LTC Ombudsman Program**

### Relationship/Approach To Clients

The LTC Ombudsman Program focuses on individual clients and works on their behalf to effect change in facilities and systems. It is guided by the following principles.

- XOlder residents of LTC facilities are the primary clients.
- XThe client is in control of decision-making to the extent of their capabilities.
  
- XThe client participates in defining the problem(s), determining what outcome is desired, and deciding on a course of action.
- XThe program seeks to empower clients to act on their own behalf and to teach others to respect the client=s perspective and decisions.
  
- XThe client exercises freedom of choice and the right to refuse services.

## **Adult Protective Services**

XServices will be the least restrictive possible for the client; more intrusive remedies, such as guardianship or institutionalization will be a last resort and will include due process.

XWhen legal remedies are unavoidable, APS ensures that the client's right to an attorney ad litem is enforced.

## **Adult Protective Services**

### Functions or Duties

On a routine basis, APS staff are expected to:

XEnsure a mechanism by which reports of abuse, neglect, and exploitation of elderly persons and adults who are disabled may be made;

XReceive and investigate all reports in a timely and thorough manner.

XAssess the adult's capacity to understand the situation and evaluate the degree of danger and continued risk present.

## **LTC Ombudsman Program**

XOmbudsmen may act on behalf of residents without having *one* resident as the client.

XOmbudsmen may provide information or support to family members or other advocates who are working on behalf of residents.

XAdministrative, legal, and other remedies may be sought to protect the health, safety, welfare, or rights of clients.

## **LTC Ombudsman Program**

### Functions or Duties

Ombudsmen are expected to:

XEnsure that clients receive regular and timely access to their services, thus ombudsmen are to be proactive in working with clients and identifying problems.

XIdentify, investigate, and resolve complaints made by, or on behalf of, residents and provide a timely response to complaints or requests for assistance.

XAssess the client's capacity to understand the situation, the rights involved, and the resolution strategies, to understand the client's ability to make decisions and use that information to assist the client in picking and implementing resolution strategies.

XWork with the client's family to enhance their advocacy ability if a client does not have the capacity to understand the situation and resolution strategies.

## **Adult Protective Services**

- XProvide directly or arrange for the services needed to prevent or alleviate further maltreatment.
- XHonor the individual's right to self-determination and use the least restrictive alternative in the provision of protective services.
- XSeek legal remedies such as emergency removal or court ordered services when there is a risk to life and the client lacks decision-making capacity.
- XRespect the client's right to have all aspects of the case kept confidential unless otherwise ordered by the court.
  
- XCoordinate with other agencies, conduct public awareness activities, and maximize community resources for APS clients.

## **LTC Ombudsman Program**

- XInitiate problem resolution on behalf of clients who do not have decision-making capacity and who have no one else to represent them.
- XProvide information to clients about obtaining services from agencies or programs.
- XWork to get others to provide, or arrange for, the services needed by client.
  
- XMaintain confidentiality unless the client, or his/her legal representative gives permission to disclose identifying information or a court orders the disclosure.
- XProvide technical support for the development of resident and family councils.
- XPromote the development of citizen organizations to participate in the program.
- XAnalyze, comment on, and monitor laws, regulations, and policies pertinent to LTC residents and recommend appropriate changes.
- XFacilitate public comment on laws, regulations, and policies.

## **Adult Protective Services**

### Relationships With Other Agencies/Entities

APS must have sound working relationships with other agencies and professional organizations for a number of reasons.

XMost reports of abuse and neglect come from other agencies it is important that these entities know what referrals are appropriate.

XAPS often turns to these entities for services to remedy the client=s problems so a partnership is essential.

XAPS may be providing the investigatory function for the licensing or regulatory agency so close and timely communication is essential.

XAPS relies upon a sound working relationship with the legal and judicial system, the medical profession, the inter-faith community, and other organizations.

### Legal Mandate and Funding

XEstablished by state law.

XMay receive federal funds such as Social Services Block grant, Title XIX targeted case management funds and/or Title VII.

XReceives state funds for program.

## **LTC Ombudsman Program**

### Relationships With Other Agencies/Entities

The Ombudsman Program=s relationships with other agencies, organizations, and facilities, are typically advocacy for services to meet clients= needs and support for agencies that do.

XReferrals are made to other entities by ombudsmen and referrals are received from these entities.

XOmbudsmen may call upon these entities to fulfill their responsibilities to clients and monitor them to see that they do their job.

XOmbudsmen work with others to: prevent problems, address systemic issues, and exchange technical assistance and resources.

### Legal Mandate and Funding

XEstablished by federal law, may also have state legislation.

XReceives federal funding which may be supplemented by state dollars.

## **Conclusion**

Separate and important missions exist for Ombudsman Programs and Adult Protective Services. These need to be acknowledged and used as a springboard for creative collaboration in order to better serve vulnerable adults.

Each state needs to work to make both programs fulfill their missions and to look at ways of working together when each program might have distinct responsibilities for clients. Examples of distinctions include: (1) when abuse, neglect, or exploitation occurs to an older person living in a nursing facility; (2) when an older person leaving a nursing facility may be going to a home situation which puts him/her at risk; or (3) when an adult protective services worker serves as guardian or conservator for someone living in a nursing facility. There is a need for more communication about role clarification, working relationships, and mutual expectations. Other agencies or systems need to be brought into the discussion about abuse and neglect such as: licensing and certification, law enforcement, and legal systems. On-going coordination and collaboration among programs and agencies is essential for effective implementation of each program's mission and role.

# National Association of Adult Protective Services Administrators

## ADULT PROTECTIVE SERVICES

In the next twenty-five years, the population of Americans over the age of 60 will almost double. At this moment, many vulnerable older persons and persons with disabilities are being subjected to abuse, neglect and financial exploitation, usually by their own family members or other caregivers. They are hit, punched, tied to their beds, made to lie in their own waste, not fed or given adequate water, and made the victims of every kind of financial fraud, theft and exploitation. The growth of the vulnerable adult population will greatly increase the number of potential victims, and this pattern of abuse, neglect and exploitation of vulnerable adults is expected to continue.

**Adult Protective Services (APS)** are life saving services provided to vulnerable adults age eighteen and over, adults who have physical or mental disabilities which prevent them from protecting themselves from abuse, exploitation and neglect by themselves or others. Two thirds of persons served by APS programs are elderly; many of them suffer from Alzheimer's or other forms of dementia. The types of mistreatment include physical, sexual and emotional abuse; neglect of basic care needs either by others or by the vulnerable adults themselves; and financial exploitation of every variety. In the majority of states, many professionals are mandated to report suspected abuse of vulnerable adults to the local APS program. Estimates are that only one in fourteen cases of elder abuse is ever reported, meaning that the majority of victims are suffering, often for years, because no one knows or cares to report the problem.

Because there is no federal statute or funding directly related to APS, these programs are state administered, each state having developed its own system. In about half the states, the APS program is operated through the state unit on aging. In other states, it is part of the human services agency, often having evolved out of child protective services. Definitions, classifications of protected persons and services provided differ from state to state. As just one example, in some states APS conducts investigations of abuse and neglect in long term care facilities, while in others, APS is only involved in abuse which occurs in community settings.

APS workers must make critical and life changing decisions in very complex situations. Many cases involve life and death medical problems, legal issues including questions of capacity, undue influence, guardianship, powers of attorney and the rights of the client to self determination vs. the duty of the state to protect its helpless citizens. Other situations involve complicated financial matters, mental health concerns including all forms of mental illness; problems of substance abuse, domestic violence and dysfunctional family situations.

The **National Association of Adult Protective Services Administrators (NAAPSA)** was formed in 1989 in order to provide state APS program administrators and staff with a forum for sharing information, solving problems, and improving the quality of services for vulnerable adults. NAAPSA holds an annual conference at which the majority of states are represented. NAAPSA also has a twice-yearly newsletter; an expert assistance guide; and a number of publications. The organization is in the process of developing national best practice standards. Members regularly provide publications, ideas, and copies of state statutes and materials for new projects to one another.

NAAPSA is one of six partners in the **National Center on Elder Abuse (NCEA)** funded by the U. S. Administration on Aging. Other partners include the *National Association of State Units on Aging (NASUA, the lead agency)* the *National Committee for the Prevention of Elder Abuse (NCPEA, which publishes the Journal of Elder Abuse and Neglect)*; the *American Bar Association's Commission on the*

*Legal Problems of the Elderly*; the *Goldman Institute on Aging*; and the *University of Delaware's Clearinghouse on Abuse and Neglect of the Elderly (CANE)*. The NCEA publishes a monthly newsletter; administers a national elder abuse listserv; has completed a survey of all states on the number and types of reports to made to APS throughout the country; operates the Clearinghouse; publishes periodic reports of areas of interest in elder abuse; and conducts one time projects such as training "sentinels" to recognize and report elder abuse.

To address the complex nature of many APS cases, APS programs have developed or participated in the development of a number of multi-disciplinary approaches including:

- **Local Multi-Disciplinary Teams (M Teams or MD Teams)** composed of a variety of professionals from legal, medical, guardianship, criminal justice, mental health, substance abuse and other social service fields. Members are usually volunteers or staff from government agencies who agree to strict confidentiality requirements and willingly share their professional expertise.
- **Financial Abuse Specialist Teams (FAST)** These are broad based county wide multi-disciplinary teams which focus on financial crimes, with an emphasis on prosecuting persons who criminally exploit vulnerable adults.
- **Medical Teams** These teams are becoming increasingly common, and involve gerontologists and other medical specialists, along with APS and other community professionals who work together to address the unmet medical needs of vulnerable adults. In most cases physicians go on visits to clients in their own homes. In some models, medical residents are assigned to an APS unit as part of their medical education.
- **Triads/SALT Councils** Triad is a national effort to bring together law enforcement and seniors. Many local Triads/SALT (Seniors and Law Together) Councils sponsor elder abuse prevention activities, training, crime prevention, public education and other efforts to reduce the victimization of elder people in their communities. Some sponsor annual conferences, training for "Elderly Service Officers" (law enforcement officers who specialize in service older persons) and special projects such as bank reporting initiatives to recognize, report and prevent financial exploitation of vulnerable adults.
- **Elder Abuse Coalitions** Many APS programs around the county have led the development of coalitions focused on raising public awareness of vulnerable adult abuse, supporting local resources, training professionals, and sponsoring conferences and other public awareness activities. Some coalitions are affiliates of the National Committee for the Prevention of Elder Abuse, and some receive grants from the National Center on Elder Abuse to train community members to recognize and report elder abuse.
- **Statewide Elder Abuse/Vulnerable adult Abuse Task Forces** In some states the Governor appoints a statewide task force on elder abuse to examine the state's response and to make recommendations for improvement. Some states also have domestic or family violence councils which include a committee on elder abuse.

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