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# Adult Protective Services Developmental Disability Services

For July 1, 2012 to June 30, 2013

April 2016

Office of Aging and Disability Services

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# Adult Protective Services Developmental Disability Services

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## Introduction

Under Title 22 MRSA Chapter 958-A, the Legislature has assigned to the Department of Health and Human Services (DHHS) responsibility to:

- Protect incapacitated and dependent adults from abuse, neglect and exploitation and protect incapacitated and dependent adults in circumstances that present a substantial risk of abuse, neglect or exploitation;
- Prevent abuse, neglect or exploitation of incapacitated and dependent adults;
- Enhance the welfare of these incapacitated and dependent adults; and
- Promote self-care wherever possible.

Within DHHS, these responsibilities rest within the Adult Protective Services (APS) unit within the Office of Aging and Disability Services (OADS). OADS was formed in August 2012 with the merger of two offices, the Office of Adults with Cognitive and Physical Disabilities (OACPDS) and the Office of Elder Services (OES).

Although the combined APS unit operates under the same statutory authority,<sup>1</sup> the activities of the APS unit operate under two different sets of regulations, targeting two different populations. The legacy OES APS program operates under 10-149 CMR Chapter 5 and targets a general adult population. The legacy OACPDS program operates under 14-197 CMR Chapter 12 and focuses specifically on adults with intellectual disability or autism spectrum disorder (ID/ASD).

### Activities to Integrate APS Programs

Since 2012, OADS has been incrementally integrating the operations of the two APS programs. As a result of these efforts the following changes have been made:

- One Program Manager, located at the OADS central office, oversees the adult protective services programs for all adults, regardless of age, disability, location, services, etc.
- At the district offices, all adult protective services activity is managed and overseen by APS Supervisors and OADS Program Administrators.
- The review of allegations are streamlined with the same supervisors who review reports of abuse, neglect or exploitation for the vulnerable general adult population also reviewing the reports that come in through the Reportable Events system (EIS) to determine if an investigation is needed or if the provider resolution is acceptable.
- Supervision is streamlined. The legacy OES APS Supervisors supervise all APS staff, including the investigators who are focused on responding to allegations of abuse, neglect and exploitation that originate from Developmental Services Reportable Events.
- The former APS Developmental Services staff and APS for the general population are co-located at the district offices.
- The OADS Program Administrators and APS Supervisors have received training in EIS Reportable Events.

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<sup>1</sup> DHHS responsibility for Adult Protective Services for adults with an intellectual disability or autism spectrum disorder is also addressed under Title 34-B. See 34-B MRSA §5604-A.

- The OADS Program Administrators and APS Supervisors work with the Incident Data Specialists to determine the appropriate categorization of Reportable Events.
- The APS Supervisors are involved in training Developmental Services providers and others in matters of abuse, neglect and exploitation.
- OADS eliminated the practice of using agency investigators although the policy permitting the use of agency investigator is still in effect. All allegations are reviewed and if needed investigated by OADS APS staff.
- Referrals and investigations that require petitions to the Maine probate courts for public guardianship or conservatorship are all handled by the designated APS staff in the district offices.
- Guardianship and conservatorship representation continues to be delegated to the APS staff for the general adult population and to the Developmental Services caseworker/supervisor for the population served by the Developmental Services program. The same Program Administrator oversees all public wards and protected individuals.

## APS Initiatives

In addition to its efforts to integrate APS operations, OADS has also been working to improve the quality of APS services through a variety of efforts. The OADS Strategic Plan includes several adult protective services strategies that are designed to fulfill OADS' mission to "promote the highest level of independence, health and safety of older citizens, vulnerable adults and adults with disabilities." In particular, OADS strategic plan addresses improved public education and awareness about the signs of elder abuse, timely crisis prevention and intervention, and coordinating activities to address emergency preparation and response issues unique to older adults and adults with disabilities. Other efforts are described below.

### *Training Initiatives*

- Significant APS staff training initiatives include a collaboration with the Office of the Attorney General in 2015 which will be given annually, and training on abuse, neglect and exploitation in the IID/ASD community population.
- The Department's Deputy Commissioner provides training on elder abuse for Maine Criminal Justice Academy; training to community providers and other interested entities is provided by APS Supervisors and PAs.

### *Engagement*

- APS is a member of the National Adult Protective Services Association, chairs and presents cases at the Maine Elder Death Analysis Review Team, and is represented on several local elder abuse task forces.
- Since the merger of the Adult Protective Services programs in 2012, OADS APS has worked with its key partners to fulfill the requirements of the Adult Protective Services Act. Most notably:
  - A task force was formed in fall 2014 to design a Financial Abuse Specialist Team (FAST). As a program of Maine Adult Protective Services, the FAST will provide a means of redress to victims of financial abuse, by leveraging available resources, making recommendations to appropriate agencies for investigation and/or prosecution, and following each case to its conclusion to ensure the abuse is no longer happening. Implementation of the Maine FAST is in process and will begin to review referrals early in 2016.

- The Office of Aging and Disability Services is a member of Maine Council for Elder Abuse Prevention (MCEAP), a group made up of over 80 organizations from across Maine that are concerned about adult abuse. APS and other staff at OADS has worked on several MCEAP initiatives, most notably SeniorSafe and the annual Elder Abuse Summits.
- Maine APS is one of nine states that were selected in 2014 to participate in the National Adult Maltreatment Reporting System pilot to create a national APS database. The effort is led by the federal DHHS, Administration for Community Living, in partnership with the Office of the Assistant Secretary for Planning and Evaluation (ASPE) and is designed to examine the proposed content and functionality of a national reporting system. The goal of the future collection system is to provide consistent, accurate national data on the exploitation and abuse of older adults and adults with disabilities.
- Collaborative projects are underway between Maine APS and the Long Term Care Ombudsman Program (LTCOP) to educate staff of long term care facilities about the mandatory reporting requirement of the Adult Protective Services Act. The focus is on reinforcing that the report of suspected abuse, neglect and exploitation must be made immediately and directly by the mandated reporter. The goal is to increase compliance with the mandatory reporting law. Another project involves linking LTCOP Volunteer Ombudsman with the Department's public wards and protected persons to improve health and safety outcomes for these vulnerable adults.
- Maine's Model Approaches Project to Statewide Legal Assistance – Phase II (MAP II), includes the development of a more formalized cross-referral process among APS, LTCOP and Legal Services for the Elderly, governed under memoranda of understanding.

### Key Findings – FY2013

This report captures the APS program in the second year of the integration of the APS. Key findings include:

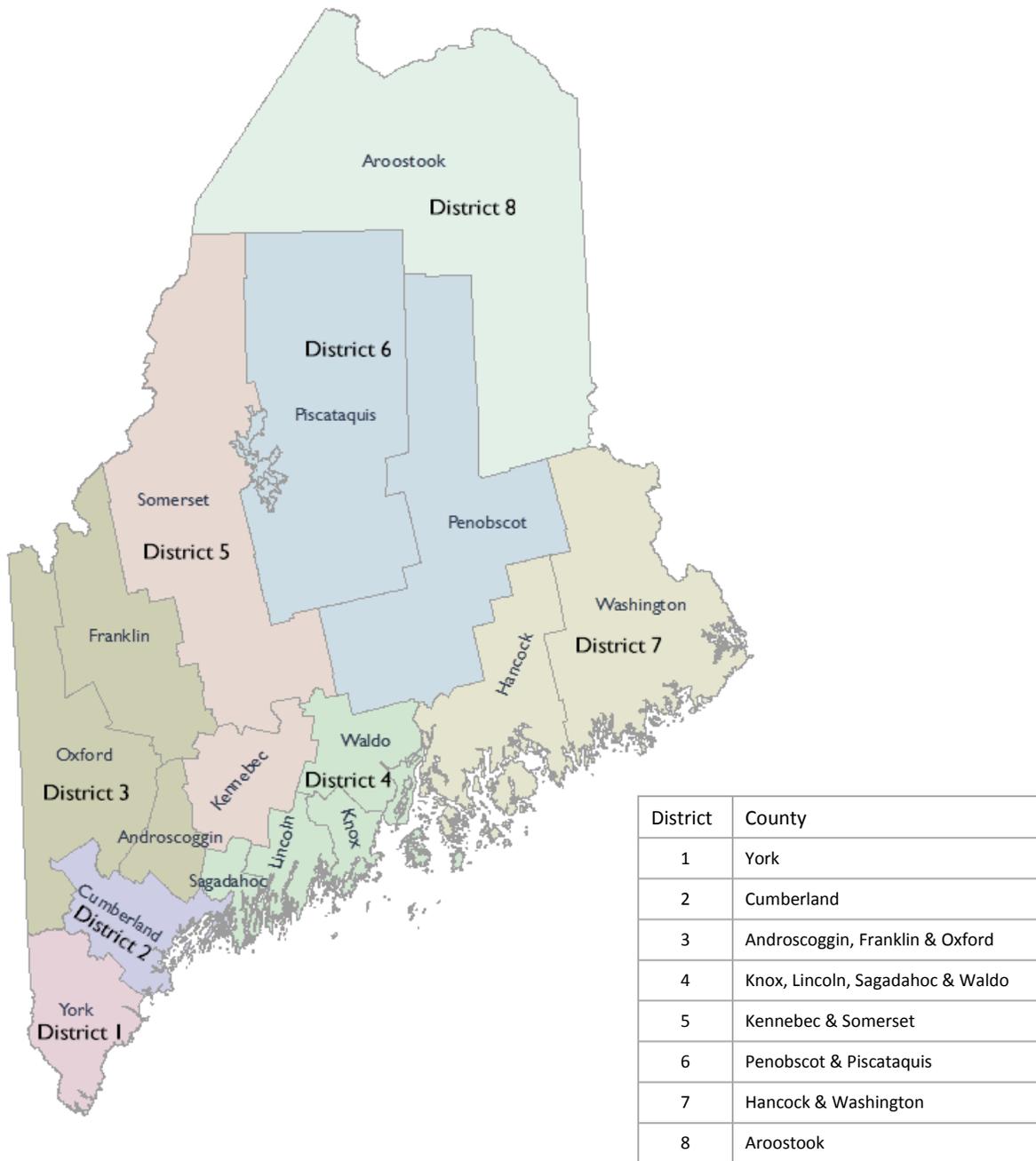
- The Department received a total of 20,178 reports during State Fiscal Year 2013.
- The majority of Reportable Events did not meet the criteria for an APS investigation; 1,274 reports involved allegations of abuse, neglect or exploitation and were referred for APS review. Upon review, an APS investigation was opened for 604 of those reportable events. The remainder was referred to other appropriate parties.
- For 389 of the 604 investigations (64 percent) the Department determined that the provider's handling of the event was appropriate and sufficient.
- For the remaining 215 investigations (36 percent) the Department conducted an in-depth investigation.
- Investigations most commonly involved allegations of neglect (46 percent of all investigations), while allegations of physical abuse were involved in 18 percent of all investigations and allegations of non-sexual exploitations were involved in 19 percent of all investigations.

### Future Reports

Historically, OADS has submitted an annual report to the Legislature describing APS activities for the ID/ASD population. Starting July 1, 2014, the two programs began using the same client database, MAPSIS, to record and track all reports of abuse, neglect and exploitation that the supervisor assigns to APS caseworkers for investigation. Key information continues to be entered in the EIS system to enable OADS to report complete information on the disposition of Reportable Events. Starting with the FY2015 reporting period, OADS will begin reporting a combined APS report. Because OADS still uses two distinct client databases (and the

statutory requirement to provide an APS report for the Developmental Services), the report will distinguish the activity of the two legacy populations and will combine key data to show the complete program (i.e. total APS referrals, investigations, substantiations).

Figure 1. APS Districts



## Intake

DHHS is responsible for maintaining a reportable event and adult protective services system that receives reports of alleged incidents, and prioritizes and investigates incidents. (See 34-B MRSA § 5604-A.) Any ID/ASD service provider who is licensed, funded or regulated by DHHS is a mandatory reporter of abuse, neglect or exploitation and is required to report certain other events to DHHS. (See 14-197 CMR Chapter 12 Section 6.01(A).)

A Reportable Event falls into one of two categories: those that must be reported immediately and those that must be reported within one business day of their occurrence.

*Events to be Reported Immediately:* Abuse, neglect, or exploitation; death; serious illness or injury; a lost or missing person; assaults; suicide attempts or threats of suicide; physical plant disasters; and dangerous situations that pose an imminent risk of harm.

*Events to be Reported Within One Business Day:* Mistreatment; emergency services; rights violations; failure to obtain consent of a guardian or other representative, when applicable; a medication error or refusal of medication; missing medication; physical plant dangers; a restraint; use of mechanical devices and supports not applied under the supervision of a qualified professional or as part of an approved treatment plan; self-injurious behaviors; and dangerous or harmful situations that do not pose an imminent risk of harm.

DHHS organizes its APS program by district, with each district serving one or more counties. (See Figure 1 for a map of Maine's APS districts.)

### Initial Review

Within each district, Incident Data Specialists (IDS) receive, review and sort all reported events for that district. Based on their analysis, reported events are grouped into four broad categories:

*APS-Related Allegations:* Allegations of abuse, neglect or exploitation are referred to APS for further review and investigation as necessary.

*Alleged Rights Violations:* Under 34-B MRSA §5605, the Legislature has established a number of rights and basic protections for persons with intellectual disability or autism spectrum disorder, including the right to humane treatment, religious freedom, private communications, fair compensation for work, vote, medical care, social interaction, physical exercise, and protection from inappropriate discipline, restraints or behavioral modifications and management. The IDS refers an alleged rights violation to Maine's designated federal protection and advocacy agency, the Disability Rights Maine, for investigation.

*Other Reportable Events:* In some cases, the Reportable Event is referred to the caseworker for resolution. For example, if the cause for a report is an unmet need for housing, medical attention, or other social supports, a caseworker may resolve the matter without further action by APS. Medication errors and restraints are forwarded to and reviewed by the individual's caseworker. If the caseworker believes a particular restraint or medication error rises to the level of abuse or neglect, the case may be referred back to APS. (See 14-197 CMR Chapter 12 Section 6.03(F)(3).)

*Events that are not Reportable Events.* Some reports submitted to DHHS do not meet the criteria for a Reportable Event and are screened out.

In all cases, an individual's assigned caseworker is notified of a Reportable Event.

Part of the intake process involves categorizing the allegations associated with a Reportable Event. See Table 1 for some of the Reportable Event categories used. Reportable events with multiple allegations will fall into multiple categories.

**Table 1. Definitions of Select Categories of Reportable Events**

<b>Type of Reportable Event</b>	<b>Definition</b>
Physical Abuse	Any infliction of injury that causes or is likely to cause physical harm or pain.
Verbal Abuse	Any verbalization that inflicts or may cause emotional harm, invokes fear, or humiliates, intimidates, degrades or demeans an adult with intellectual disability or autism spectrum disorder, or otherwise coerces that person to do something through the threat of force.
Dangerous Situation	Any act or situation that endangers an adult, including dangers that have been ignored or uncorrected. Actual harm or injury need not occur.
Exploitation (Not Sexual)	The illegal or improper use of an incapacitated or dependent adult or that adult's resources for another's profit or advantage. Exploitation includes taking advantage of or using an individual's limitations to illegally, improperly, or unfairly deprive him/her of money, property, or reimbursement, wages, or compensation due.
Neglect	A threat to the health or welfare of an individual by physical or mental injury or impairment, deprivation of essential needs, or a lack of protection. Neglect can include a provider failing to perform a duty that directly impacts health and safety; failing to provide adequate shelter, clothes, food and water, emotional support when needed, personal care, medical attention or necessary medication, or glasses, dentures, hearing aids, walkers; failing to address dangerous situations, and other circumstances
Rights Violation	A violation of the rights afforded to adults with intellectual disability or autism spectrum disorder by 34-B M.R.S.A. §5605, and any related rules. Under §5605, the Legislature has established a number of rights and basic protections for persons with intellectual disability or autism spectrum disorder, including the right to humane treatment, religious freedom, private communications, fair compensation for work, vote, medical care, social interaction, physical exercise, and protection from inappropriate discipline, restraints or behavioral modifications and management.
Sexual Abuse/Exploitation	Contact or interaction of a sexual nature involving an incapacitated or dependent adult without the adult's informed consent. Sexual exploitation may include exposing the individual to pornographic material, if the person does not have the capacity to consent, or, if the individual is capable of consent, when informed consent is not provided. Sexual activity between a dependent person and a paid provider of service, whether consensual or not, constitutes sexual abuse or exploitation. 14-197 CMR Chapter 12 Section 6.02(ZZ).
Medication Related Events	Medication related events include medication errors, missing medications, and an individual is refusing to take his or her medication. A medication error includes providing medication to the wrong person, providing the wrong dose, the wrong medication, providing it at the wrong time, using the wrong method of administration, and other types of errors. Missing medications are reportable when the circumstances suggest the possibility of theft. 14-197 CMR Chapter 12 Section 6.02(GG) – (II).
Restraints	Personal, physical, chemical or other restraints used on an adult with intellectual disability or autism spectrum disorder, when the restraint is not part of an approved plan. Restraints are defined as any intervention that deprives an individual of the use of all or any part of the individual's body, except for safety positioning.
Death	Includes death by any cause, including natural causes, completed suicide, homicide, accident, complications related to an illness, or an unexplained death.

In FY2013, 20,178 Reportable Events were received. After the first stage of intake: 1,274 Reportable Events were referred to APS, 472 were referred to the Disability Rights Maine, 17,511 were referred to the individual’s caseworker, and 921 were determined to not meet the Reportable Event criteria. See Table 2.

### APS Review

When a Reportable Event is referred to APS, an APS supervisor conducts further review and follow-up to confirm that the Reportable Event meets the criteria for an APS event, i.e., that it involves an allegation of abuse, neglect or exploitation. At this stage of review, there are four typical outcomes:

*Referral to Disability Rights Maine:* In some cases, further review will clarify that the Reportable Event should be referred to DRM as a rights violation.

*Referral to Caseworker:* The APS supervisor might determine that the Reportable Event could be more appropriately addressed by the individual’s caseworker, rather than an APS investigator.

*In-Depth Investigations:* If the APS supervisor determines that an allegation of abuse, neglect or exploitation has not been adequately addressed, the allegation is assigned for investigation.

*All Other Investigations:* In lieu of an in-depth investigation, in a number of other cases involving allegations of abuse, neglect or exploitation, the APS supervisor conducts review and follow-up with the provider and confirms that the provider has appropriately responded to the event. For example, if the event involved the actions of an employee, the provider might have provided training, or reassigned or fired the employee, depending on the circumstances.

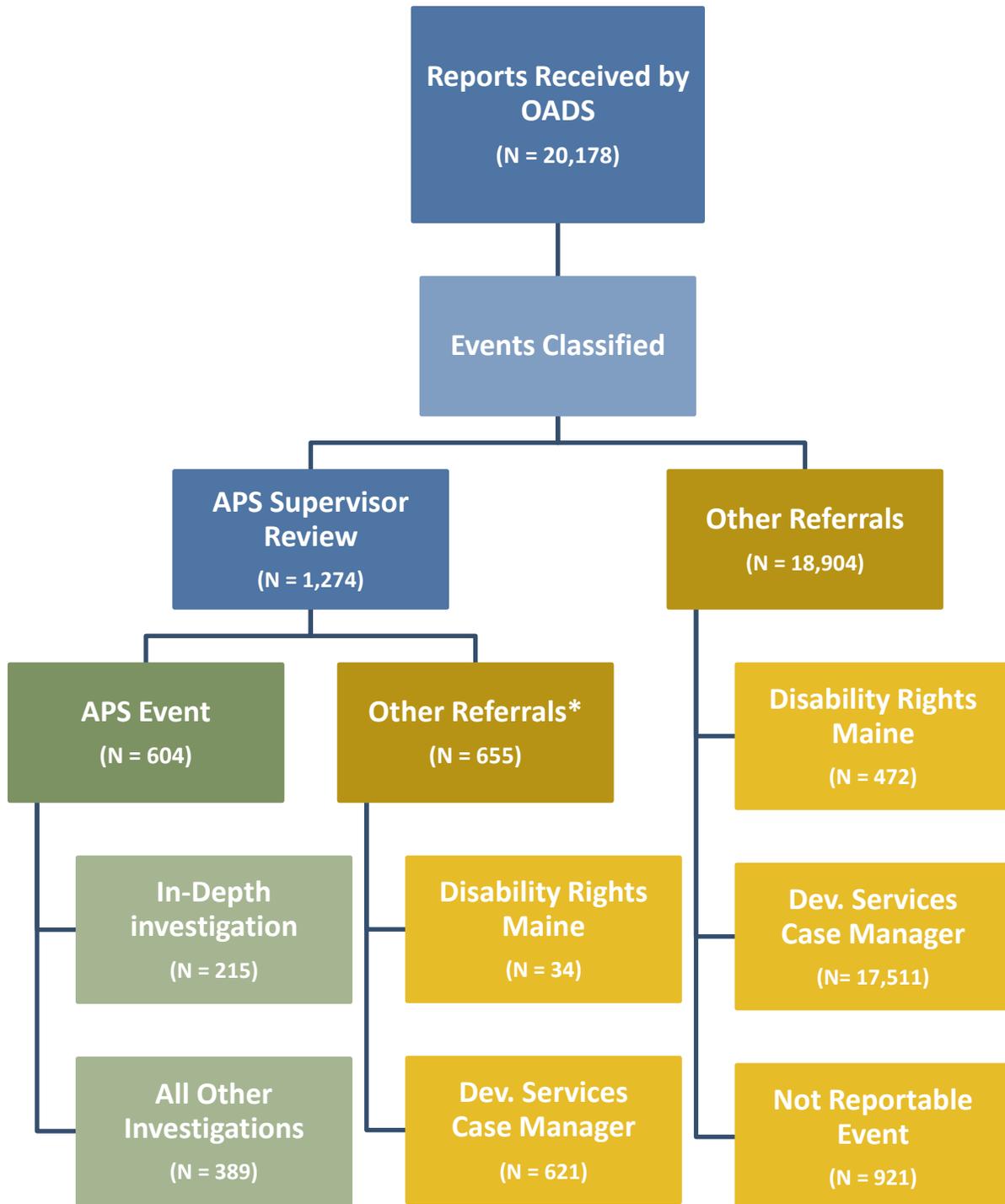
In FY2013, this second stage of review resulted in 34 additional referrals to the Disability Rights Maine, and 621 additional referrals to caseworkers. Ultimately, following investigation, APS accepted the provider’s resolution in 389 cases. In-depth investigations were authorized for 215 Reportable Events. See Table 2. Of the 20,178 reports submitted to DHHS, after both stages of review, almost 90 percent were referred to caseworkers. APS accepted responsibility for 3.0 percent of all reports and one percent (215) resulted in an in-depth investigation.

**Table 2. Stages of Intake for Reportable Events (July 1, 2012 to June 30, 2013)**

Stages of Review for Reportable Events	Total Reports Received	Referral			Does Not Meet Reportable Event Criteria
		APS	DRM	Caseworker	
Initial Review	20,178	1,274	472	17,511	921
APS Review*	1,274	604	34	621	0
<i>In-Depth Investigations Authorized</i>		215			
<i>All Other Investigations</i>		389			
Final Distribution of Reports after Both Stages of Intake	20,178	604	506	18,132	921
<i>Percent</i>	100%	3.0%	2.5%	89.9%	4.6%

\* Not included in these totals are six Reportable Events which, following the second stage of review, were referred to the Division of Licensing and Regulatory Services and nine Reportable Events for which no decision was recorded. See Table 4 for more information.

Figure 2. Overview of Review Process for Reportable Events (July 1, 2012 to June 30, 2013)



\*Count does not include six cases referred to the Division of Licensing and Regulatory Services and 11 cases for which no decision was recorded.

**Figure 3. Population Served, Reportable Events, APS Referrals and APS Investigations (July 1, 2012 to June 30, 2013)**

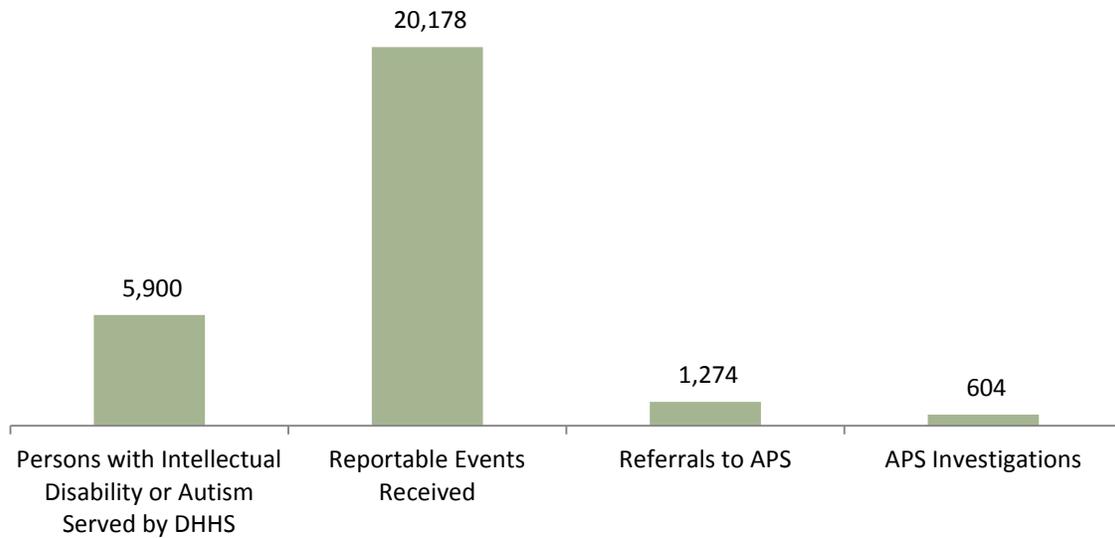


Figure 3 compares the volume of total reports received relative to the number of people served during that period. DHHS received during the twelve-month reporting period (N = 20,178), significantly exceeded the number of people served (N = 5,900). Of the Reportable Events received, the greatest majority were referred to the caseworker for follow-up and resolution. Only 1,274 were referred to APS for further review and, of those, 604 resulted in an open APS investigation. The 604 APS investigations reflect approximately 10 percent of the Reportable Events received by the Department during this reporting period.

## Outcome of APS Review by District

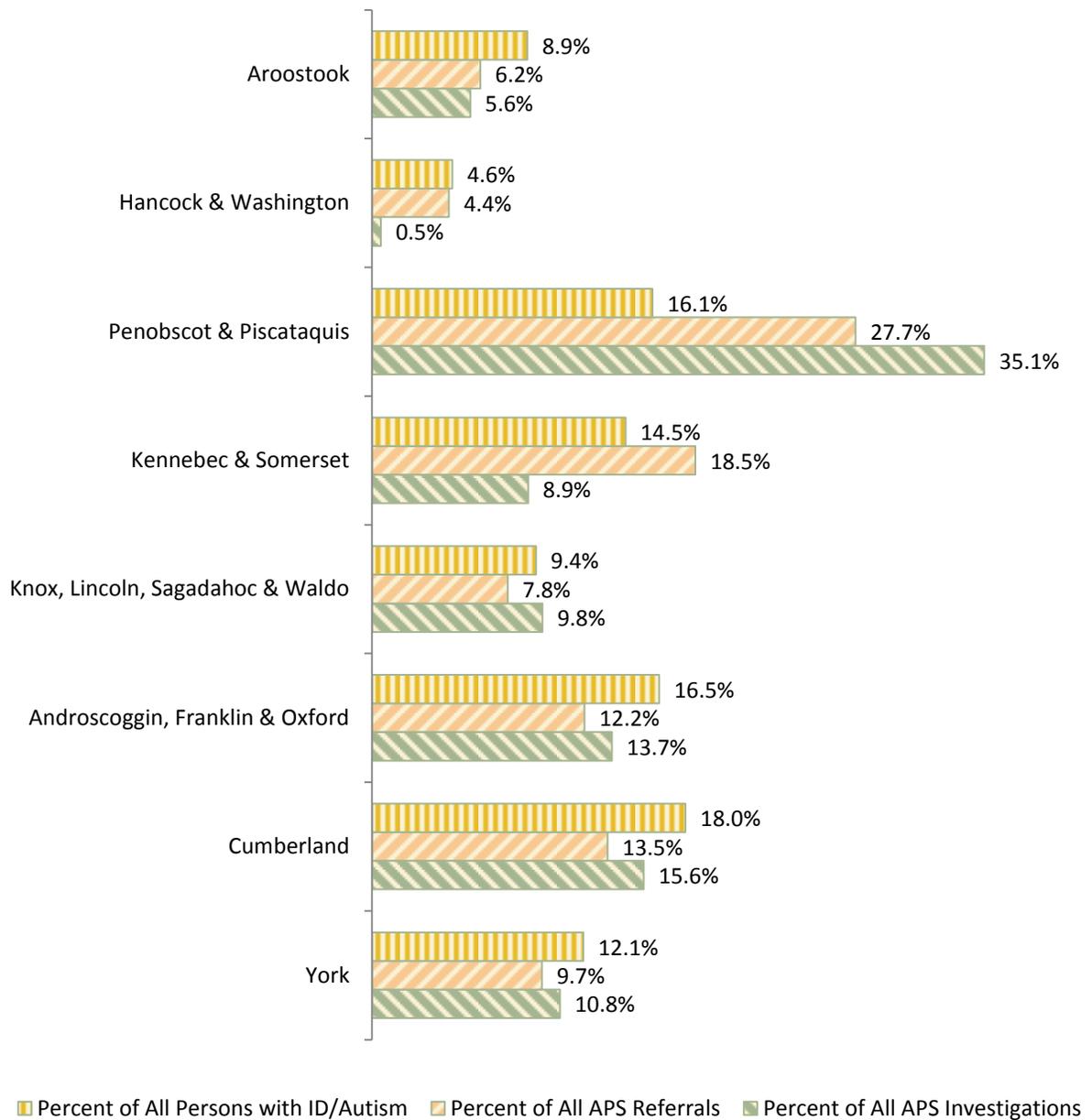
Table 3 and Figure 4 present data by district on the number of APS referrals resulting from the first phase of review and the number of APS events resulting from the second phase of review. As a point of comparison, this table also shows the distribution of people with intellectual disability/autism spectrum disorder across districts.

For the most part, the number of APS investigations handled by a district is proportional to the percentage of the ID/ASD population served in that district. District 6, Penobscot and Piscataquis counties responded to the highest proportion of APS referrals (27.7 percent) and opened the greatest proportion of APS Investigations (35.1) than would be expected given the percent of the ID/ASD population in that district (16.1 percent). Similarly, District 5, Kennebec and Somerset counties, has a slightly higher proportion of APS referrals relative to its ID/ASD population (18.5 percent and 14.5 percent, respectively). In other districts, District 2 and District 3 for example, the district's share of referrals and investigations is lower than its share of the population served. See Figure 4.

**Table 3. ID/ASD Population, APS Referrals and APS Events by District (July 1, 2012 to June 30, 2013)**

Reportable Event	Districts								Total
	1 York	2 Cumberland	3 Androscoggin, Franklin & Oxford	4 Knox, Lincoln, Sagadahoc & Waldo	5 Kennebec & Somerset	6 Penobscot & Piscataquis	7 Hancock & Washington	8 Aroostook	
Adults with ID/ASD Served by DHHS	714	1060	971	554	857	948	271	525	5900
APS Reportable Event Referrals <i>After Initial Review</i>	124	172	155	99	236	353	56	79	1274
APS Investigations Opened <i>After APS Review</i>	65	94	83	59	54	212	3	34	604

Figure 4. District's Share of APS Reported Event Referrals and ID/ASD Population by District (July 1, 2012 – June 30, 2013)



## Outcome of APS Review by Reportable Event Category

For APS referrals, neglect is the most common Reportable Event category: 43 percent (n = 545) of unique reportable events (n = 1274) involved allegations of neglect. See Table 4. Allegations of neglect were also the most common Reportable Event category for APS investigations (n = 278). Other common Reportable Event categories for APS referrals include physical abuse (n = 223) and non-sexual exploitation (n = 254). Caseworkers were responsible for follow-up for a large share of these Reportable Events, whether because APS officially assigned the cases to the individual's caseworker or because they defaulted to the caseworker when APS determined they were not APS-related. A total of 110, or 49 percent, of allegations of physical abuse and 131, or 51 percent, for non-sexual exploitation, were handled by the individual's caseworker.

**Table 4. Outcome of Second Stage Review by Reportable Event Category (July 1, 2012 to June 30, 2013)**

Reportable Event Category	All Events Referred to APS	Handled by Caseworker	Referred to DRM <i>Allegations of Rights Violations</i>	Licensing	No Decision	APS Investigation Opened <i>Allegations of Abuse, Neglect or Exploitation</i>
Unique Reportable Events	1274	621	34	6	9	604
Physical Abuse	223	110	4	0	0	109
Verbal Abuse	178	72	14	0	0	92
Dangerous Situation	119	82	1	0	1	35
Exploitation (Not Sexual)	254	131	6	1	2	114
Serious Illness/ Injury	16	9	0	0	0	7
Neglect	545	247	9	5	6	278
Rights Violation	60	28	3	0	1	28
Sexual Abuse/ Exploitation	112	72	2	0	1	37
Suicidal Ideation/Acts	5	3	0	0	0	2
Medication Related Events	46	21	1	0	0	24
Restraints	14	7	0	0	0	7
TOTAL*	1572	782	40	6	11	733

\*Because one Reportable Event can fall into multiple categories, the total number of categories will be greater than the total number of unique Reportable Events.

## APS Investigations

Of the 604 APS events, APS supervisors determined that in 389 cases (or 64 percent) the provider's handling of the event was appropriate and sufficient, and an in-depth investigation was not required. APS investigations were opened in the remaining 215 cases (36 percent). APS accepted provider resolution of the event in 76 percent (n = 211) of all APS events involving allegations of neglect (n = 278). In contrast, APS accepted provider resolution for only 41 percent of 109 APS events involving allegations of physical abuse. See Table 5.

**Table 5. Type of Investigation by Reportable Event Category**

Reportable Event Category	In-Depth Investigations	All Other Investigations	All Investigations
Unique Reportable Events	215	389	604
Physical Abuse	64	45	109
Verbal Abuse	33	59	92
Dangerous Situation	9	27	35
Exploitation (Not Sexual)	49	64	114
Serious Illness/Injury	2	5	7
Neglect	67	211	278
Rights Violation	10	18	28
Sexual Abuse/ Exploitation	22	15	37
Suicidal Ideation/Acts	1	1	2
Medication Related Events	4	20	24
Restraints	2	5	7
TOTAL*	263	470	733

\*Because one Reportable Event can fall into multiple categories, the total number of categories will be greater than the total number of unique Reportable Events.

Certain types of allegations were more likely to result in an in-depth investigation than others. For example, although only 18 percent of all investigations involved allegations of physical abuse, 29.8 percent of all in-depth investigations involved allegations of physical abuse. Similarly, investigations involving allegations of non-sexual exploitation accounted for just under 19 percent of all investigations but almost 23 percent of in-depth investigations. In contrast, 46 percent of all investigations involved allegations of neglect but allegations of neglect were associated with just over 31 percent of all in-depth investigations.

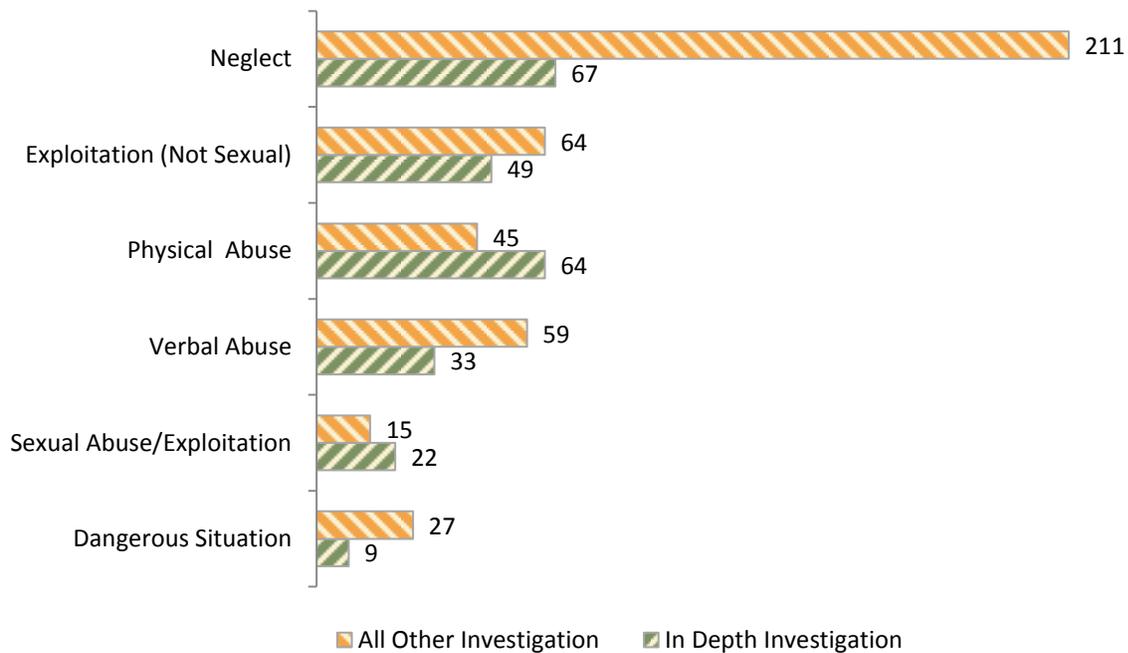
See Table 6.

**Table 6. Type of APS Investigation by Reportable Event Category (July 1, 2012 to June 30, 2013)**

Reportable Event Category	In-Depth Investigations	All Other Investigations	All Investigations
Unique Reportable Events	100.0%	100.0%	100.0%
Physical Abuse	29.8%	11.6%	18.0%
Verbal Abuse	15.3%	15.2%	15.2%
Dangerous Situation	4.2%	6.9%	5.8%
Exploitation (Not Sexual)	22.8%	16.5%	18.9%
Serious Illness/Injury	0.9%	1.3%	1.2%
Neglect	31.2%	54.2%	46.0%
Rights Violation	4.7%	4.6%	4.6%
Sexual Abuse/Exploitation	10.2%	3.9%	6.1%
Suicidal Ideation/Acts	0.5%	0.3%	0.3%
Medication Related Events	1.9%	5.1%	4.0%
Restraints	0.9%	1.3%	1.2%

\* Because one Reportable Event can fall into multiple categories, the total number of categories will be greater than the total number of unique Reportable Events.

Figure 5. Type of Investigation for Most Common Reportable Event Categories (July 1, 2012 to June 30, 2013)\*



Investigations involving allegations of neglect were the most common of all Reportable Event categories; of 278 investigations involving allegations of neglect, 67 (24 percent) were subject to an in-depth investigation. A total of 92 investigations involved allegations of verbal abuse; of those 33 (36 percent) resulted in an in-depth investigation. In contrast, of the 109 investigations involving allegations of physical abuse, 64 (59 percent) were subject to an in-depth investigation. Forty-three percent of investigations involving allegations of non-sexual exploitation were in-depth investigations (49 of 114 investigations).

## Priority Categories

When the APS investigator opens an investigation, the event is categorized as High, Moderate or Low Priority, taking into account the subject person's capacity, dependency, danger and whether there is substantial risk of harm, and the ability or inability of the person to give informed consent to medical treatment or services if this appears necessary. See Table 7 for criteria used for prioritizing investigations. During this reporting period, less than 7 percent of all investigations were categorized as high priority, 29.3 percent were categorized as moderate priority and 60.9 percent were categorized as low priority.

See Table 7.

**Table 7. Priority Categories, All Assigned Investigations (July 1, 2012 to June 30, 2013)**

Priority	Number	Percent	Criteria
High	14	6.5%	The allegation of abuse, neglect or exploitation, if substantiated, would indicate that the person is in imminent risk of serious harm or immediate need of medical attention.
Moderate	63	29.3%	The allegation of abuse, neglect or exploitation, if substantiated, does not present an imminent risk of serious harm or immediate need for medical attention, but the situation is likely to get worse without intervention and could, if continued, expose the client to serious physical injury or harm.
Low	131	60.9%	All other APS reports of alleged abuse, neglect or exploitation.
No Priority Selected	7	3.3%	Priority category inadvertently omitted.

### Priority Classification by Reportable Event Category

Of the 14 investigations categorized as High Priority, seven involved allegations of neglect, six involved allegations of physical abuse, two involved allegations of non-sexual exploitation, two involved allegations of sexual exploitation, two involved allegations of non-sexual exploitation, and two involved allegations of a dangerous situation. All investigations involving allegations of verbal abuse or rights violations (n = 27 and 10, respectively) were categorized as either moderate or low priority; the majority of investigations involving allegations of physical abuse, non-sexual exploitation, or neglect were categorized as low priority (n = 34, 32 and 40 respectively).

See Table 8.

**Table 8. APS Investigation Priority Classification by Reportable Event Category (July 1, 2012 to June 30, 2013)**

Reportable Event Category	Priority				TOTAL
	High	Moderate	Low	No Priority Selected	
Unique Reportable Events	14	63	131	7	215
Physical Abuse	6	22	34	3	65
Verbal Abuse	0	6	21	0	27
Dangerous Situation	2	3	3	1	9
Exploitation (Not Sexual)	2	14	32	1	49
Serious Illness/injury	1	1	0	0	2
Neglect	7	18	40	2	67
Rights Violation	0	4	6	0	10
Sexual Abuse/Exploitation	2	11	9	0	22
Suicidal Ideation/Acts	1	0	0	0	1
Medication Related Events	0	1	3	0	4
Restraints	1	1	0	0	2
TOTAL	22	81	148	7	258

## Findings

There are five different findings that may be made by the state APS investigator: Failure to Find Neglect or Abuse; Not Substantiated; Substantiated, Level I; Substantiation, Level II; and Program Substantiation. The standards for making these possible findings are defined below.

Finding	Summary Explanation
Substantiation Level I	The state APS investigator has found that abuse, neglect or exploitation has occurred and that a specific individual is responsible. Conduct falling into Level I includes sexual abuse or sexual exploitation, non-sexual exploitation; intentionally, knowingly, or recklessly causing physical harm, causing a threat to an individual's health or welfare; or intentionally, knowingly, recklessly, or negligently engaging in abuse or neglect that results in serious harm.
Substantiation, Level II	Acts or omissions that meet the legal definition of abuse or neglect yet do not rise to the level of sexual abuse, exploitation, or intentional, knowing or reckless conduct in Level I. If a person has two or more Substantiated Level II findings in the nine-month period immediately preceding the date of a Reportable Event, DHHS may report the finding as Substantiation, Level I.
Program Substantiation	Warranted primarily in neglect cases where the problems which led to the neglect are more properly attributable to the program rather than a direct support professional or another employee. Lack of supervision, inadequate staffing, inadequate or improper training, and conflicting instructions and demands can all lead to situations where the direct support professional is placed in a neglectful situation that could have been prevented through better training, supervision and/or oversight. This finding can also be made in situations where the direct support professional is substantiated.
Not Substantiated	While abuse or neglect may be found by a preponderance of the evidence, the individual named is not responsible or is not the cause of the abuse or neglect.
Failure to Find Neglect or Abuse	The state APS investigator cannot find by a preponderance of the evidence that acts or omissions that constitute abuse, neglect or exploitation actually occurred.

## Findings by Reportable Event Category

Allegations of neglect were most likely to be substantiated. Findings of Level I or Level II substantiation were made for 110 out of all 304 allegations, or 37 percent. By comparison, there was a finding of Level I or Level II Substantiation for 44 out of 94 allegations of neglect, or 47 percent.

See Table 9.

**Table 9. Investigation Findings by Reportable Event Category (July 1, 2012 to June 30, 2013)**

Reportable Event Category	Findings						TOTAL
	Level I	Level II	Program Substantiation	Not Substantiated	Failure to Find Neglect or Abuse	No Findings Listed	
Physical Abuse	2	16	0	8	35	3	64
Verbal Abuse	5	16	4	4	16	0	45
Dangerous Situation	0	0	0	7	2	0	9
Exploitation (Not Sexual)	14	7	0	5	29	4	59
Serious Illness/ Injury	0	0	3	0	0	0	0
Neglect	9	35	0	15	32	3	94
Rights Violation	0	0	0	0	0	1	1
Sexual Abuse/ Exploitation	5	1	0	2	17	0	13
Medication Related Events	0	0	0	0	0	0	0
Other	0	0	0	0	0	4	36
<b>TOTAL</b>	<b>35</b>	<b>75</b>	<b>7</b>	<b>41</b>	<b>131</b>	<b>15</b>	<b>304</b>

Note: The categorization of Reportable Events differs in this table from the categorization used in Table 8. (See "Total" columns in each table.) These differences are the result of an APS investigator's determination to recategorize an allegation, based on the findings of the investigation.