

**State
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Year**

2010

**Virginia Department of Social Services
Adult Services Program Report**

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MISSION OF THE DEPARTMENT

“People helping people triumph over poverty, abuse and neglect to shape strong futures for themselves, their families, and communities.”

Programs of the Virginia Department of Social Services (Department) are designed to assist persons in need; provide effective intervention when necessary; and ensure the safety, stability, and well-being of the most vulnerable of our citizens.

One hundred and twenty (120) local departments of social services (LDSS) have been an integral part of the social services delivery system for almost 60 years when the General Assembly first established local boards of welfare. LDSS are the focal point in each community for the delivery of family-focused preventive, supportive and protective services. LDSS use federal, state, and local funds to deliver services.

ORGANIZATION OF THE DEPARTMENT

The State Board of Social Services (SBSS), created by the General Assembly in July 1974, is responsible for the development and approval of policy and for the adoption of rules and regulations consistent with federal and state law. It acts in an advisory capacity to the Commissioner of the Department. SBSS members, who represent the various regions of the state, are appointed by the Governor and may serve no more than two successive four-year terms. A list of SBSS members and SBSS meeting agendas may be found at http://www.dss.virginia.gov/geninfo/state_board/index.html.

The Commissioner, who is appointed by the Governor, directs the Department at the state level. Program staff at the Home Office in Richmond and five regional offices develop policies, procedures, regulations, training, and standards for local social service programs and are responsible for the monitoring and evaluation of those programs. The Commissioner and Home Office staff act as liaisons to federal and state legislative and executive agencies and to local boards of social services. The Home Office allocates and manages state and federal funding for LDSS.

The Adult Services Program is a unit of the Division of Family Services. State program consultants are located at the Home Office and in the Department’s regional offices in Abingdon, Henrico, Roanoke, Virginia Beach, and Warrenton. Regional consultants act as program liaisons to local Adult Services and Adult Protective Services (APS) staffs. They provide case consultation, technical assistance and training, and serve as resources in the areas of planning, organization and budgeting. (A listing of regional Adult Services staff and the localities they serve is found in Appendix D).

LDSS are the setting for direct contact with individual clients. Service programs are administered by social workers, while eligibility workers handle benefit programs.

OVERVIEW OF THE ADULT SERVICES PROGRAM

The Adult Services Program at the Virginia Department of Social Services supervises the provision of services through three locally administered program areas:

- ◆ Adult Services (AS)
- ◆ Adult Protective Services (APS)
- ◆ Auxiliary Grant (AG)

The *role* of the state Adult Services Program is to:

- ◆ Develop and interpret regulations, manuals, procedures, and guidelines.
- ◆ Provide technical assistance, administrative, and program development consultation to local departments.
- ◆ Provide case consultation and review.
- ◆ Develop, coordinate, and deliver training.
- ◆ Develop and maintain ASAPS, the statewide Web-based case management and reporting system for Adult Services and APS programs.
- ◆ Collect and disseminate statistical and program information.
- ◆ Allocate funding to local programs and monitor local department expenditures.
- ◆ Provide information to the legislature and other interested parties.
- ◆ Represent VDSS on program-related studies, commissions, and initiatives.
- ◆ Inform and educate stakeholders and the public about program services and the detection, reporting and prevention of abuse, neglect and financial exploitation of elders and adults with incapacities.

The *goals* of the Adult Services Program are to:

- ◆ Protect older and incapacitated adults from abuse, neglect, and/or exploitation.
- ◆ Prevent the abuse, neglect, and/or exploitation of older and incapacitated adults.
- ◆ Maximize the individual's independence, self-sufficiency and personal choice.
- ◆ Prevent the inappropriate or premature institutionalization of elderly or incapacitated adults.
- ◆ Assist when necessary with appropriate long-term care or alternative placement.

The Adult Services Program provides protection, empowerment and the opportunity for independence for adults through a focus on individual self-reliance and choice, person-centered planning, case management and a community-based service delivery system.

Challenges

Meeting the needs of Virginia's aging and disabled populations will be an ongoing challenge. Virginia and the nation are seeing a significant increase in the aging population as the Age Wave begins to build. In 2010, 18% of Virginia's population or approximately 1.4 million individuals will be age 60 or older. By 2030, 24% of Virginia's population or approximately 2.3 million individuals will be age 60 or older---a 64% increase in two decades.

The US Census estimates that 9% of Virginians age 16 to 64 have a disability. According to the Bureau of Labor Statistics, individuals with a disability were more likely to be unemployed than were individuals who did not have a disability. "The unemployment rate for persons with a disability was 14.5 % in 2009, well above the figure of 9.0 % for those with no disability." Additionally the 2009 American Community Survey estimated that 21% of Virginians ages 18 to 64 who have a disability live below the poverty line.

While elderly individuals and adults with disabilities seek services through LDSS, state and federal budget issues pose concerns in providing assistance to these individuals. There is no direct federal funding for AS and APS. Funding comes through the Social Service Block Grant (SSBG), which is divided among many other state programs. Budget concerns not only affect funding for services but resources for agency staff. As the demand for services to elders and individuals with disabilities increases, localities are seeing their current staff managing larger and often more complex caseloads.

Data Management

The ASAPS automated case management and reporting system is the system of record for AS and APS cases. The majority of information in this report is derived from data entered into ASAPS by LDSS workers. In June 12, 2009, the Commissioner mandated the use of ASAPS for all AS and APS cases. However some LDSS have not incorporated this mandate into case management practices, which causes underreporting of some AS and APS data. Statistical data for this report covers state fiscal year (SFY) 2010 which began on July 1, 2009 and ended June 30, 2010.

Each service case that an AS or APS worker opens must be given a primary "case type" and must be entered in the ASAPS system according to one of the following definitions:

- **APS:** The APS report has been investigated and the disposition is "Needs Protective Services and Accepts." Protective services are being provided but not home-based care services. Contacts must be made at least monthly with the individual or collateral (relative, personal representative, etc).
- **APS-Home Based Care:** The APS report has been investigated and the disposition is "Needs Protective Services and Accepts." Home-based care (companion, chore, and homemaker) is one of the protective services being provided. Contacts must be made at least monthly with the adult or collateral.

- **APS Investigation:** An APS report is being investigated and no disposition has yet been made. Once a disposition is made, either the case type is changed and the case remains open, or the case is closed.
- **AS:** Intervention is primarily needed to maintain and monitor on-going services to promote self-sufficiency and enhance functioning of the adult. Contact with the individual or collateral must be made at least quarterly.
- **AS-Home Based Care:** Intervention is primarily needed to maintain and monitor on-going services to promote self-sufficiency and enhance functioning of the adult. Home-based care (companion, chore, and homemaker) is one of the services being provided. Contact with the adult or collateral must be made at least quarterly.
- **AS-Intensive Services:** Intervention may be intensive and require many resources in an effort to stabilize the individual's situation. Frequent and planned contacts with the adult or collateral are documented in the service plan. Contacts must be made at least monthly with the adult or collateral.
- **AS-Intensive Services-Home Based Care:** Intervention may be intensive and require many resources in an effort to stabilize the individual's situation. Frequent and planned contacts with the adult or collateral are documented in the service plan. Home-based care (companion, chore, and homemaker) is one of the services being provided. Contacts must be made at least monthly with the adult or collateral.
- **Assisted Living Facility (ALF) Reassessment:** The only service being provided is the annual reassessment to maintain an adult's eligibility for AG. The case is opened and the redetermination date is the date the reassessment is due.
- **Guardian Report:** The only service being provided is the receipt and review of the Annual Report of the Guardian as required by the Code of Virginia, § 37.2-1022. The case is opened and the redetermination date is the date the initial or annual report is due.

Tables 1 and 2 provide SFY and average monthly caseloads for all cases types.

Table 1-Statewide Caseload: All Case Types

SFY 2010 Total Caseload¹									
APS	APS-Home Based Care	APS Investigation	AS	AS-Home Based Care	AS-Intensive Services	AS-Intensive Services-Home Based Care	ALF Reassessment	Guardian Report	Total
5,034	224	10,463	13,474	4,998	1,842	853	2,792	5,992	45,672

Table 2-Statewide Average Monthly Caseload

SFY 2010 Average Monthly Caseload²	
Case Type	Average Monthly Caseload
APS	2,009
APS-Home Based Care	145
APS Investigation	2,642
AS	5,031
AS-Home Based Care	3,200
AS-Intensive Services	716
AS- Intensive Services Home Based Care	329
ALF Reassessment	2,045
Guardian Report	4,969
All Cases Types	21,086

¹ Source: ASAPS. May reflect underreporting.

² Source: ASAPS. May reflect underreporting.

Adult Services

Adult Services (AS) provides assistance to impaired individuals who are 18 or older and to their families when appropriate. Services are designed to help adults remain in the least restrictive environment of their choosing -- preferably their own home -- for as long as possible. Adequate home-based services and case management decrease or delay the need for institutional placement, reduce costs, and ensure appropriate support services.

Assessment and Case Management

LDSS provide a statewide system of services and provide needs assessment and case management services to adults who have an impairment. LDSS are the focal point for delivery of services through eligibility determination and needs assessment. Assessment is an integral part of case management and includes an assessment of both individual and family needs and wishes. Completing the Virginia Uniform Assessment Instrument (UAI) is the first step in obtaining services.

Home-Based Services

Each LDSS is mandated to provide case management and to offer at least one home-based service to eligible clients to the extent that federal and state matching funds are available. LDSS recruit and approve home-based providers using uniform provider standards. LDSS are also authorized to act as a fiscal agent on behalf of the adult to ensure that necessary taxes are paid. Licensed/approved home health and other local service delivery agencies may also be used in the provision of home-based care services.

Home-based care consists of three primary services:

- Companion services assist older adults and adults with disabilities with activities of daily living such as eating, dressing, bathing, toileting, light housekeeping, meal preparation, and shopping.
- Homemaker services include instruction in or the provision of activities to maintain a household and may include personal care, home management, household maintenance, nutrition, and consumer and health care education.
- Chore services are non-routine, heavy home maintenance tasks that may include window washing, floor maintenance, yard maintenance, painting, chopping wood, snow removal, and minor repair work in the home.

Due to LDSS's underreporting in ASAPS, a breakdown of the number of companion, homemaker, or chore services offered by LDSS during SFY 2010 is unavailable. However information on the number of cases types in which a home-based service was provided during SFY 2010 is available and is shown in **Table 3**.

Table 3-Number of Adults Receiving Home-Based Services

All Home-Based Services SFY 2006-2010					
	2006	2007	2008³	2009⁴	2010
Number of Home-based Services Case Types	5,836	6,388	5,164	6,697	6,075

Nursing Facility Preadmission Screenings

Local departments of social services, in cooperation with the local health departments, are responsible for performing pre-admission screenings for all nursing facility placements from the community (except in acute care settings) and for the majority of Medicaid waiver services. The Code of Virginia (§ [32.1-330](#)) requires that all individuals who may be eligible for community or institutional long-term care services, and who are eligible for Medicaid or will be eligible for Medicaid within six months, to be screened to determine their need for these services. When indicated by the pre-admission screening, an individual may be diverted from institutional placement and have access to available community long-term care services through a Medicaid waiver program such as the Elderly or Disabled with Consumer Direction (EDCD) waiver.

Assisted Living Facility (ALF) Assessment and Reassessments

The Code of Virginia (§ [63.2-1804](#)) requires that individuals residing in or planning to reside in an ALF, regardless of whether their payment status is public (Auxiliary Grant) or private, must be assessed using the UAI to determine their need for residential or assisted living services. After placement, individuals must be reassessed annually or whenever they experience a significant change in their needs in order to ensure the appropriate level of care is being provided.

For individuals who are eligible for an Auxiliary Grant (AG), independent physicians as well as employees of the following agencies are authorized to complete initial assessments:

- Local departments of social services
- Area agencies on aging
- Centers for independent living
- Community services boards/Behavioral health authorities
- Local departments of health
- Department of Corrections, Community Release Units
- Acute care hospitals

³ Source: ASAPS service plan. Represents duplicate services provided to AS/APS clients by homemaker, chore or companion providers.

⁴ Source: ASAPS case types listing.

With the exception of staff at acute care hospitals and the Department of Corrections, qualified assessors with the above-named agencies may also conduct ALF reassessments. When qualified assessors from these agencies are unavailable, LDSS workers are the assessors of last resort.

Adult Foster Care (AFC) Services

AG recipients may also have the option to reside in an AFC home. AFC provides room and board, supervision and special services to an adult who has a physical, intellectual, or mental health condition. An AFC Program must be authorized by the board of the local department of social services. Not all LDSS offer Adult Foster Care. The adult must be assessed to meet at least residential living level of care. AFC homes must be approved by the LDSS and approved providers may only accept up to three AFC residents. All placements must be authorized by the local Adult Services worker and regular monitoring of the provider, the home and the individual residing in the home is required. Currently there are 58 AFC providers in Virginia who are providing AFC services to 67 adults. Twenty LDSS have been authorized by their local boards to offer AFC services.

Adult Day Services

Adult day services include the purchase of day-services for a portion of a 24-hour day from a provider approved by the LDSS or a licensed adult day care facility. Adult day services provide personal supervision of the adult and promote social, physical, and emotional well-being through companionship, self-education and leisure activities. Eligible persons must meet state and local board guidelines and be assessed using the UAI. In SFY 2010, adult day services were provided in 113 adult services cases.

Other Adult Services

In addition to home-based services, nursing facility preadmission screenings, AFC, adult day services and assisted living assessments, LDSS social workers offer a variety of other assistance and support. **Table 4** lists by services type and number many of the services that were provided to adults during SFY 2010. LDSS social workers provided over 70 different types of services in over 45,000 cases during SFY 2010. Information in **Table 4** is obtained from the ASAPS service plan.

Table 4-Services by Type and Number

SFY 2010 Services by Type and Number	
Type of Service	Number of Cases with Service
Advocacy	890
Counseling (Individual)	1,442
Case Management	2,732
Emergency Assistance	895
Emergency Shelter	58
Financial Management/Counseling	769
Food Assistance	467
Home Delivered Meals	422
Home Repairs	291
Housing Services	574
Legal Services	519
Medical Services	1,056
Nutritional Supplement	184
Social Worker Monitoring	1,967
Transportation Services	740

**Adult Services Social Workers:
Assisting Elderly Individuals and Adults with Disabilities**

The following scenario illustrates how adult services social workers can positively impact the lives of individuals throughout the Commonwealth.*

Rachel, who is 76 years old, shares a home with her sister Martha, age 61, who works the day shift at Food King Bakery. Martha is away from home some evenings and most weekends babysitting her grandchildren. She worries about Rachel being alone so much of the time. Rachel has diabetes and suffers from arthritis. She enjoys walking in the back yard to listen to songbirds. However, Rachel must navigate several back door steps and occasionally has fallen while doing so. Martha is also concerned about Rachel's eating habits as Martha does not often cook and the arthritis in Rachel's hands makes it difficult for her to prepare food. She often eats the leftover doughnuts and pastries that Martha brings home from the bakery, which is not good, given Rachel's diabetes.

Martha is pleased to have Rachel living with her and they enjoy each other's company. Martha worries that Rachel requires more assistance but can't afford to pay for a home assistant as she only earns minimum wage. Rachel receives a small Social Security payment.

Neither Rachel nor Martha wants Rachel to go to an assisted living facility or a nursing facility.

Martha and Rachel contacted the local department of social services to ask what types of services might be available to help Rachel. A social worker visited Rachel at the home to assess Rachel for services. The assessment indicated that Rachel had a need for home-based services, and she began to receive these services. The service provider whom Rachel selected comes to her home twice a week to prepare a healthy meal and to assist Rachel with laundry. Rachel takes her bath during this time so someone will be in the home in the event she should fall. Rachel is very fond of the provider and looks forward to her visits. The social worker also referred Rachel to a local church that is known for community service. Church members installed a ramp at the home and handrails in the shower. A referral was made to the local area agency on aging, and they are delivering a meal to the home on days when the home-based service provider is not there. To increase safety, the social worker placed Rachel's name on a waiting list for a donated personal emergency response system (Life Line) to be used should Rachel fall when alone.

The social worker also referred Rachel to the Fuel/Cooling Assistance and Medicaid programs to explore the possibility of Rachel obtaining a window air conditioning unit and to see if Rachel is eligible for Medicaid assistance to cover her Medicare premium. Rachel agreed to call the Adult Services social worker should anything change in her situation. The social worker will maintain quarterly contacts with Rachel or more often, if needed, should additional services be required.

(*Information contained in the scenario is a composite of adult services cases and does not depict a specific client).

Table 5-Purchased Adult Services Expenditures

SFY 2010 Purchased Adult Services Program Expenditures⁵					
Services	Federal & State	Local	Non-reimbursed Local	Total Expenditures	% of Total Expenditures
Companion	\$6,120,688	\$1,530,172	\$1,711,927	\$9,362,787	75%
Chore	\$9,418	\$2,355	\$1,529	\$13,302	<1%
Homemaker	\$1,225,961	\$306,490	\$711,292	\$2,243,743	17%
Adult Day Services	\$88,688	\$22,172	\$8,633	\$119,493	1%
APS (admin.)	\$625,654	\$114,765	\$64,201	\$804,620	6%
Adult Foster Care	\$5,200	\$1,300	\$0	\$6,500	<1%
Nutrition	\$8,682	\$2,171	\$5,029	\$15,882	<1%
Total	\$8,084,291	\$1,979,425	\$2,502,611	\$12,566,327	100%

Table 6-Three-Year Comparison of Adult Services Expenditures

3-Year Expenditures				
SFY	Federal & State	Local	Non-reimbursed Local	Total Expenditures
2010	\$8,084,291	\$1,979,425	\$2,502,611	\$12,566,327
2009	\$9,163,303	\$2,246,228	\$427,797	\$11,837,328
2008	\$9,021,114	\$2,209,254	\$3,314,589	\$14,544,957

⁵ Sources: LASER

ADULT PROTECTIVE SERVICES

Adult Protective Services (APS) include the receipt and investigation of reports of abuse, neglect or exploitation and the provision of services to stop or prevent further abuse. Protective services also include assessing service needs, determining whether the subject of the report is in need of protective services, documenting the need for protective services, specifying what services are needed, and providing or arranging for service delivery. Because there is no federal statute or funding directly related to the delivery of APS, each state has developed its own system for service delivery. Nationwide, APS is usually the first responder to reports of abuse, neglect, or exploitation of vulnerable adults.

The 2004 Survey of State Adult Protective Services, the most rigorous national study of state APS data, offered important new insights into the troubling elder abuse problem. The findings show a 19.7% increase in the combined total reports of elder and vulnerable adult abuse and neglect and 15.6% increase in substantiated APS cases in the 4 years since the 2000 survey (National Center on Elder Abuse).

A University of Chicago study surveyed adults residing in the community about whether they had experienced verbal, financial or physical abuse in the past year. Adults who reported some type of abuse were also asked about their relationship to the person responsible. Nine percent of the adults reported verbal mistreatment, 3.5% reported financial mistreatment and 0.2% reported physical mistreatment by a family member. The study also found that odds of verbal mistreatment were higher for women and of financial mistreatment were higher for African Americans and lower for Latinos than for whites (*Elder Mistreatment in the United States: Prevalence Estimates from a Nationally Representative Study, 2008*).

However, despite the pervasiveness of adult abuse, neglect and exploitation, federal dollars spent on these victims of violence lags behind money designated for victims of child abuse or domestic violence. The National Adult Protective Services Association (NAPSA) estimates that \$.89 is spent on each victim of elder abuse, while more than \$5,000 is spent on child victims and \$230 is spent on victims of domestic violence.

HISTORY AND AUTHORITY

Statutory authority for providing adult protective services was added to the Code of Virginia in 1974. LDSS were assigned authority and responsibility to receive and investigate reports of abuse, neglect or exploitation across all care settings and living situations and to provide protective services to vulnerable adults.

Three years later, Virginia became one of the first states in the nation to recognize an adult segment of the population living at risk of harm and lacking the ability to act in their own best interest. In 1977, the General Assembly amended protective services law

to allow a court to authorize “involuntary protective services” for adults who need protection and who do not have the capacity to consent to the necessary services.

The 1983 Session of the General Assembly strengthened protections for vulnerable adults by requiring LDSS to provide protective services when the need is documented through an APS investigation.

In 1991, the General Assembly established for the first time that abuse and neglect of an incapacitated adult are crimes. Under the new law (§[18.2-369](#) of the Code of Virginia), abuse or neglect of an incapacitated adult resulting in serious bodily injury or disease became a felony. Abuse or neglect of an incapacitated adult by a person responsible for the adult’s care, custody or control was made a misdemeanor on the first offense and a felony on a second or subsequent offense.

In 2004, then Governor Mark R. Warner proposed landmark adult protective services reform legislation based on the recommendation of a two-year study by a statewide advisory committee facilitated by state Adult Services/APS staff. Committee members included representatives of state and local adult protective services programs and partner agencies, long-term care provider organizations, business and financial interests, advocacy groups for elders and incapacitated individuals, and other stakeholders.

Changes to the Code of Virginia (§§ 63.2-1603 through 1610) included:

- Expanding the list of APS mandated reporters;
- Requiring LDSS to refer relevant information to the appropriate licensing, regulatory, or legal authority for administrative action or criminal investigation;
- Authorizing LDSS, with informed consent, to take or request relevant photographs, video recordings, or medical imaging of the adult and his environment;
- Expanding the list of APS situations in which law enforcement must be notified;
- Requiring law-enforcement and other state and local departments, agencies, authorities, and institutions to cooperate with APS investigations and prevention activities;
- Adding accounting firms to the list of financial institutions that may report voluntarily;
- Adding criminal penalties for making a false report;
- Authorizing the Commissioner of the Department of Social Services to impose civil penalties for cases of non-reporting by all mandated reporters with the exception of law-enforcement officers. Civil penalties for law enforcement are the responsibility of the court system.

The 2007 Session of the General Assembly made abuse or neglect of an incapacitated adult that resulted in death a Class 3 felony.

In 2008, the General Assembly authorized creation of a state Adult Fatality Review Team (AFRT), under the Office of the Chief Medical Examiner (OCME). The AFRT is similar to existing fatality review teams for victims of child abuse and domestic violence. However no funding was provided for the AFRT, and efforts continue to identify potential funding sources.

When funding becomes available, the AFRT will review deaths of adults who were the subjects of APS investigations, died due to abuse or neglect, or whose deaths were investigated by the OCME. The seventeen-member team includes the Commissioner of the Virginia Department for the Aging, the director of the AS/APS program at VDSS, the State Long-term Care Ombudsman, as well as representatives of law-enforcement, long-term care, emergency services, LDSS, and advocates for elder and disability issues appointed by the Governor. The team is required to report to the Governor and General Assembly each year and make policy, regulatory and budget recommendations.

The 2009 Session of the General Assembly changed the reporting requirements for Emergency Services (EMS) personnel. Instead of making an APS report to the APS hotline or the LDSS, EMS personnel are permitted to report suspected abuse, neglect or exploitation directly to the attending physician at the hospital to which an adult is transported. The physician receiving the report must make the report to APS.

They also strengthened APS workers' ability to take photographs, video recordings, or medical imaging during the course of an APS investigation and added a religious treatment exemption to the definition of adult neglect.

In March 2010, President Obama signed the Elder Justice Act (EJA) in law. The EJA

- authorizes the first ever funding for state and local Adult Protective Services (APS) Programs;
- authorizes funding for APS demonstration projects;
- creates a new federal Elder Justice Coordinating Council and an Elder Abuse Advisory Committee;
- authorizes funding for new elder abuse forensic centers and for research;
- contains a number of long term care and ombudsman provisions, including a requirement that federally funded long term care facilities report any crimes committed against any of their residents to local law enforcement.

Funding for the EJA has not yet been appropriated; however, the Secretary of Health and Human Services has authorized the Administration on Aging to move forward on administrative provisions, including the Advisory Committee and Coordinating Council.

REPORTING TO ADULT PROTECTIVE SERVICES

An APS report is an allegation made by any person to an LDSS or to the 24-hour toll-free APS Hotline (**1-888-832-3858**) that he or she suspects that an elder or an incapacitated adult is being abused, neglected or exploited.

As the number of elders continues to climb in Virginia and elders increasingly rely on unprepared or overwhelmed family members for their care, vulnerable adults are found in precarious situations which lend themselves to abuse, neglect, and exploitation. In response, Virginia, like most other states, enacted laws requiring certain professionals, called mandated reporters, to contact the local department of social services or the APS Hotline when they suspect that an elder or an adult who is incapacitated is being abused, neglected, or exploited or is at risk of abuse, neglect or exploitation.

Virginia's mandatory reporting law (§ [63.2-1606](#) of the Code of Virginia) requires mandated reporters to report immediately to LDSS or to the 24 hour toll-free APS hotline upon suspecting abuse, neglect, or exploitation. Mandated reporters must report to both law enforcement and medical examiners any deaths arising from suspected abuse or neglect. A civil penalty of up to \$1,000 may be imposed for failure to report any suspected abuse, neglect or exploitation. Individuals who make APS reports in good faith are protected from civil or criminal liability.

In April 2009 DSS and the Virginia Institute of Social Services Training Activities (VISSTA) developed a free, online training course for mandated reporters of adult abuse, neglect and exploitation. The self-paced, interactive course offers an overview of the signs of adult abuse, neglect and exploitation and the process of reporting. Mandated reporters can access the course at http://www.vcu.edu/vissta/non_vdss_employees/mandated_reporter_courses.htm.

Mandated reporters of adult abuse, neglect or exploitation include:

1) Any person licensed, certified, or registered by health regulatory boards listed below:

Board of Nursing: Registered Nurse (RN); Licensed Nurse Practitioner (LNP); Licensed Practical Nurse (LPN); Clinical Nurse Specialist; Certified Massage Therapist; Certified Nurse Aide (CNA)

Board of Medicine: Doctor of Medicine and Surgery, Doctor of Osteopathic Medicine; Doctor of Podiatry; Doctor of Chiropractic; Interns and Residents; University Limited Licensee; Physician Assistant; Respiratory Therapist; Occupational Therapist; Radiological Technologist; Radiological Technologist Limited; Licensed Acupuncturists; Certified Athletic Trainers

Board of Pharmacy: Pharmacists; Pharmacy Interns; Permitted Physicians; Medical Equipment Suppliers; Restricted Manufacturers; Humane Societies; Physicians Selling Drugs; Wholesale Distributors; Warehousemen, Pharmacy Technicians

- Board of Dentistry:*** Dentists and Dental Hygienists Holding a License, Certification, or Permit Issued by the Board
- Board of Funeral Directors and Embalmers:*** Funeral Establishments; Funeral Services Providers; Funeral Directors; Funeral Embalmers; Resident Trainees; Crematories; Surface Transportation and Removal Services; Courtesy Card Holders
- Board of Optometry:*** Optometrist
- Board of Counseling:*** Licensed Professional Counselors; Certified Substance Abuse Counselors; Certified Substance Abuse Counseling Assistants; Certified Rehabilitation Providers; Marriage and Family Therapists; Licensed Substance Abuse Treatment Practitioners
- Board of Psychology:*** School Psychologist; Clinical Psychologist; Applied Psychologist; Sex Offender Treatment Provider; School Psychologist – Limited
- Board of Social Work:*** Registered Social Worker; Associate Social Worker; Licensed Social Worker; Licensed Clinical Social Worker
- Board of Long-Term Care Administrators:*** Nursing Home Administrator
- Board of Audiology and Speech Pathology:*** Audiologists; Speech-Language Pathologists; School Speech-language Pathologists
- Board of Physical Therapy:*** Physical Therapist; Physical Therapist Assistant

- 2) Any mental health services provider;
- 3) Any emergency medical services personnel certified by the Board of Health pursuant to § 32.1-111.5, personnel immediately reports the suspected abuse, neglect or exploitation directly to the attending physician at the hospital to which the adult is transported, who shall make such report forthwith;
- 4) Any guardian or conservator of an adult;
- 5) Any person employed by or contracted with a public or private agency or facility and working with adults in an administrative, supportive or direct care capacity;
- 6) Any person providing full, intermittent, or occasional care to an adult for compensation, including but not limited to companion, chore, homemaker, and personal care workers; and
- 7) Any law-enforcement officer.

Table 7 illustrates the types of reporters who reported adult abuse, neglect or exploitation in SFY 2010. Occupations or individuals highlighted in orange represent mandated reporters.

Table 7-Source of APS Reports

SFY 2010 Reporter Type	# of Reports
Relative (includes ex-wife/ex-husband)	2211
Social Worker	2072
Other	1636
Nurse	1068
Law Enforcement Officer	951
Friend/Neighbor	787
Nursing Home Administrator/NH Staff	734
Self	674
Home Health Provider	661
Hospital Staff	645
EMS Personnel/Fire Department	501
Mental Health Provider/Psychologist/Counselor/Psychiatrist	412
CSB Staff	399
ALF/Group Home Staff	373
Physician/Primary Physician/Physician Assistant	318
DBHDS Staff	296
Financial Institution	184
Area Agency on Aging Staff	183
Agency Provider-Home Based Care/EDCD/Personal Care Provider	182
Departments of Social Services Staff	176
Hospice	89
Other Healthcare Professionals(PT/OT/RT/CNA/SLP)	74
Power of Attorney	64
Guardian/Conservator	51
Adult Day Care Staff	49
Attorney	48
Public Housing Staff	43
Licensing Programs Staff	41
Health Department Staff/Public Health Nurse	33
Clergy	31
Workshop Staff	29
Long-term Care Ombudsmen	26
Transportation Provider ⁶	26
Domestic Violence Program Staff	22
Shelter Staff	22
Department for the Aging Staff	8
Adult Foster Care Provider	7
Dentist/Dental Office Staff	3
Optometrist	2
Total	15,141⁷

⁶ Mandated reporter if employed by services organization or receiving Medicaid reimbursement.

⁷ Source: ASAPS. Reflects underreporting.

APS REPORTS

Every APS report must meet the criteria in order for it to be deemed a “valid” report. The term “valid” does not refer to accuracy of the report but to specific elements that must be present to establish APS authority and jurisdiction:

- The adult must be at least 60 years or older or age 18 to 59 and incapacitated;
- The adult must be living and identifiable;
- Circumstances must allege abuse, neglect or exploitation; and
- The local department must be the agency of jurisdiction.

If APS validity criteria are not met, the local department or APS Hotline may refer the reporter to other LDSS programs or an appropriate human service agency or other service provider.

Types of Abuse

ADULT ABUSE is defined by the Code of Virginia, (§ [63.2-100](#)), as “the willful infliction of physical pain, injury or mental anguish or unreasonable confinement of an adult.” Abuse includes battery and other forms of physical violence including, hitting, kicking, burning, choking, scratching, rough-handling, cutting, and biting, etc. It includes sexual assault, inflicting pornography, voyeurism, exhibitionism, and other forms of forced sexual activity on an elder or an incapacitated adult. It includes any sexual activity with an adult who is unable to understand or give consent, the control of an adult through the use of threats or intimidation, and the abuse of a relationship of trust.

ADULT NEGLECT is defined by the Code of Virginia, (§ 63.2-100), as “an adult is living under such circumstances that he is not able to provide for himself or is not being provided services necessary to maintain his physical and mental health and that the failure to receive such necessary services impairs or threatens to impair his well-being. However, no adult shall be considered neglected solely on the basis that such adult is receiving religious nonmedical treatment or religious nonmedical nursing care in lieu of medical care, provided that such treatment or care is performed in good faith and in accordance with the religious practices of the adult and there is a written or oral expression of consent by that adult.” This definition includes both adults who are self-neglecting, living under such circumstances that the adult is unable to provide for himself/herself as well as adults whose needs for physical or mental health services are not being met by a caregiver or responsible party.

Indicators of neglect include malnourishment, dehydration, the presence of pressure sores, inadequate personal hygiene, inadequate or inappropriate clothing, inadequate or inappropriate supervision, extreme filth of person or home, severe pest/rodent infestation, offensive odors, inadequate heat, lack of electricity or refrigeration, and untreated physical or mental health problems.

ADULT EXPLOITATION is defined by the Code of Virginia, (§ 63.2-100), as “the illegal use of an incapacitated adult or his resources for another’s profit or advantage.” Exploitation, including financial abuse and sexual exploitation, is accomplished by the use of covert, subtle, and deceitful means. It is usually a pattern of behavior rather than a single episode. Financial exploitation includes the crimes of larceny, embezzlement, theft by false pretenses, burglary, forgery, false impersonation, and extortion.

Some common signs of adult abuse, neglect, or exploitation are found in Appendix B.

Table 8 shows three-year trends for APS reports. Total APS reports increased 9.7% from the previous SFY year, while substantiated reports increase 8.4%. Significant efforts by LDSS social workers to enter timely dispositions resulted in a 45% decrease from SFY 2009 in APS reports without a disposition (“pending” reports).

Table 8-Three-Year Comparison of APS Reports

THREE YEAR COMPARISON OF APS REPORTS			
	2008	2009	2010
Total Reports Received	14,314	15,625	17,141
Reports Investigated ⁸	12,150	13,629	14,750
Total Reports Substantiated ⁹	7,482	8,076	8,752
Unfounded	4,668	5,553	5,998
Pending ¹⁰	807	157	87
Invalid ¹¹	1,357	1,839	2,304
<i>Percent of Reports Substantiated</i>	<i>62%</i>	<i>59%</i>	<i>59%</i>
DISPOSITIONS OF SUBSTANTIATED REPORTS			
Needs and Accepts Services	4,174	4,440	4,466
Needs and Refuses Services	1,259	1,314	1,621
Need No Longer Exists	2,039	2,322	2,665

⁸ Investigated reports include substantiated and unfounded reports.

⁹ A substantiated report is defined as a completed investigation with a disposition that the adult needs protective services.

¹⁰ Pending reports include reports undergoing investigation.

¹¹ Information on invalid reports was not available prior to the implementation of the ASAPS program.

Invalid (reports not meeting validity criteria) includes reports that are invalidated at the time they are made as well as investigated reports that receive a disposition of “invalid.”

DISPOSITIONS

APS Investigations result in one of the following dispositions:

∇ NEEDS PROTECTIVE SERVICES AND ACCEPTS

An adult is found to need protective services when a preponderance of evidence shows that adult abuse, neglect, or exploitation has occurred or is occurring, or there is reason to suspect that the adult is at risk of abuse, neglect, or exploitation and needs protective services in order to reduce that risk. This disposition is assigned when the adult needing protective services accepts the needed services, or the adult needing protective services is not capable of making a decision to accept needed services. In cases where the adult is not capable of making a decision, the APS social worker petitions the court for the provision of involuntary protective services.

∇ NEEDS PROTECTIVE SERVICES AND REFUSES

An adult is found to need protective services when a preponderance of evidence shows that adult abuse, neglect, or exploitation has occurred or is occurring or there is reason to suspect that the adult is at risk of abuse, neglect, and/or exploitation and needs protective services in order to reduce that risk. This disposition is determined when the adult is capable of making a decision about needed services and his/her decision is to refuse services.

∇ NEED FOR PROTECTIVE SERVICES NO LONGER EXISTS

This disposition is determined when there is a preponderance of evidence that adult abuse, neglect, or exploitation has occurred but the adult is no longer at risk. This disposition is also used if the adult, who is the subject of the report, dies during the course of the investigation. If this finding is made in an institutional setting, a referral is made to the appropriate regulatory or legal authority for follow-up as necessary.

∇ UNFOUNDED

This disposition is determined when a review of the facts does not show a preponderance of evidence that abuse, neglect, or exploitation has occurred or that the adult is at risk of abuse, neglect, or exploitation.

∇ INVALID

This disposition is determined when, after an investigation has been initiated, the report is found not to meet the criteria of a valid report.

Table 9 reflects demographics of the APS report subjects. Seventy percent of the subjects were age 60 or older. Two hundred and seventy-eight of these individuals were age 96 or older. Six hundred and thirty-five were adults ages 18-25.

Table 9-Demographics of APS Reports

SFY 2010 DEMOGRAPHICS OF REPORT SUBJECTS		
TOTAL REPORTS RECEIVED		17,141
AGE	60 years or older	70%
	18-59	30%
SEX	Female	62%
	Male	38%
	Unknown	<1%
RACE	White	69%
	African American	23%
	Unknown	6%
	Oriental/Asian	1%
	American Indian	<1%
	Alaskan Native	<1%
LIVING ARRANGEMENT AT TIME OF REPORT	Own House or Apt	65%
	Other's House or Apt	13%
	Nursing Facility	8%
	Assisted Living Facility	4%
	BHDS Facility or Group Home	4%
	Homeless	2%
	Shelter	<1%
	Adult Foster Care	<1%
	Local/Regional Jail	<1%
	Other	3%

Table 10-Regional APS Reports Statistics

SFY 2010 Regional Demographics of Report Subjects						
	CENTRAL	EASTERN	NORTHERN	PIEDMONT	WESTERN	STATE TOTALS
Reports Received	2548	3645	3551	4602	2795	17141
% Substantiated	58%	60%	52%	59%	70%	59%
Demographics of Report Subject						
60+	71%	69%	74%	67%	68%	70%
18-59	29%	31%	26%	33%	32%	30%
Female	63%	61%	62%	61%	63%	62%
Male	37%	39%	37%	39%	37%	38%
White	55%	54%	71%	71%	95%	69%
Black	39%	38%	14%	23%	4%	23%
Unknown	4%	7%	12%	6%	1%	6%
Other ¹²	1%	1%	3%	<1%	<1%	1%
Living Arrangements of Subject at Time of Report						
Own House/Apt	62%	63%	67%	65%	67%	65%
Other's House/Apt	14%	14%	13%	11%	14%	13%
Nursing Facility	9%	8%	8%	13%	10%	8%
Assisted Living Facility	5%	4%	4%	5%	3%	4%
BHDS Facility or Group Home	4%	6%	4%	3%	1%	4%
Adult Foster Care	<1%	<1%	<1%	<1%	<1%	<1%
Other Living Arrangements ¹³	7%	5%	4%	4%	4%	5%

¹² Includes Oriental/Asian, American Indian, & Alaskan Native

¹³ Includes shelter, jail, homeless and other undefined living arrangement

Table 11-APS Reports: Location of Incident of Abuse, Neglect or Exploitation

SFY 2010 APS REPORTS: Location of Incident						
Location	Central	Eastern	Northern	Piedmont	Western	State
Own House/Apt	61%	62%	64%	63%	66%	63%
Other's House/Apt	12%	13%	11%	10%	13%	12%
Nursing Facility	7%	8%	8%	12%	10%	10%
Assisted Living Facility	4%	4%	4%	5%	3%	4%
Other	6%	5%	6%	4%	3%	5%
BHDS Facility or Group Home	3%	5%	3%	3%	1%	3%
Hospital	2%	1%	1%	1%	2%	1%
Homeless	1%	1%	1%	1%	2%	1%
Day Treatment Center	<1%	<1%	<1%	<1%	<1%	<1%
Transportation Provider	<1%	<1%	<1%	<1%	<1%	<1%
Shelter	<1%	<1%	<1%	<1%	<1%	<1%
Adult Day Care	<1%	<1%	<1%	<1%	<1%	<1%
Adult Foster Care	0%	<1%	<1%	<1%	<1%	<1%
Sheltered Workshop	<1%	<1%	<1%	<1%	<1%	<1%
Senior Center	<1%	<1%	<1%	<1%	<1%	<1%

The following tables illustrate the number of SFY 2010 APS reports received in each locality. **Table 12** organizes the localities according to their region. **Table 13** lists the localities according to agency level (size).

Table 12-APS Reports by Locality

Central Region		Eastern Region		Northern Region	
<i>Locality</i>	<i># of APS Reports</i>	<i>Locality</i>	<i># of APS Reports</i>	<i>Locality</i>	<i># of APS Reports</i>
Amelia	16	Accomack	71	Alexandria	236
Buckingham	53	Brunswick	9	Arlington	235
Caroline	26	Chesapeake	360	Clarke	45
Charles City	25	Dinwiddie	111	Culpeper	19
Chesterfield/Colonial Heights	401	Franklin City	13	Fairfax/Fairfax City/Falls Church	973
Cumberland	31	Gloucester	91	Fauquier	165
Essex	19	Greensville/Emporia	53	Frederick	195
Fluvanna	49	Hampton	130	Fredericksburg	59
Goochland	10	Isle of Wight	69	Greene	33
Hanover	181	James City County	167	Harrisonburg/Rockingham	157
Henrico	657	Mathews	10	King George	15
Hopewell	69	Newport News	313	Loudoun	330
King & Queen	11	Norfolk	637	Louisa	80
King William	5	Northampton	16	Madison	21
Lancaster	26	Portsmouth	166	Manassas City	30
Lunenburg	1	Prince George	23	Manassas Park	16
Middlesex	44	Southampton	36	Orange	116
New Kent	15	Suffolk	110	Page	40
Northumberland	20	Surry	8	Prince William	216
Nottoway	15	Sussex	34	Rappahannock	20
Petersburg	97	Virginia Beach	970	Shenandoah	138
Powhatan	6	Williamsburg	107	Spotsylvania	114
Prince Edward	59	York/Poquoson	140	Stafford	76
Richmond City	644			Warren	167
Richmond County	5			Winchester	55
Westmoreland	63				
Total	2548	Total	3644¹⁴	Total	3551

¹⁴ A delay between when individual Eastern region LDSS reports and the entire Eastern region report were run accounts for the difference of one report in Table 12 (3644) and Table 10 (3645).

Piedmont Region		Western Region	
<i>Locality</i>	<i># of APS Reports</i>	<i>Locality</i>	<i># of APS Reports</i>
Albemarle	452	Bland	15
Alleghany/Covington/ Clifton Forge	58	Bristol	136
Amherst	69	Buchanan	48
Appomattox	50	Carroll	182
Bath	6	Dickenson	62
Bedford/Bedford City	241	Floyd	40
Botetourt	10	Galax	65
Campbell	161	Giles	99
Charlotte	21	Grayson	93
Charlottesville	324	Lee	67
Craig	0	Montgomery	415
Danville	167	Norton	1
Franklin County	135	Patrick	125
Halifax/South Boston	134	Pulaski	329
Henry/Martinsville	204	Radford	66
Highland	7	Russell	58
Lynchburg	461	Scott	109
Mecklenburg	123	Smyth	242
Nelson	7	Tazewell	256
Pittsylvania	128	Washington	81
Roanoke City	534	Wise	208
Roanoke County/Salem	541	Wythe	98
Rockbridge/Buena Vista/Lexington	82		
Staunton/Augusta/Waynesboro	687		
Total	4602	Total	2795

Table 13-APS Reports by Agency Level

LDSS are divided into three agency levels based on the number of full time employees (FTE).

- Level I--A small office typically has less than twenty-one (21) approved permanent FTE positions;
- Level II--A moderate office typically has twenty-one (21) to eighty (80) approved permanent FTE positions;
- Level III--A large office typically has more than eighty (81+) approved permanent FTE positions.

Level III	
<i>Locality</i>	<i># of APS Reports</i>
Albemarle	452
Alexandria	236
Arlington	235
Charlottesville	324
Chesapeake	360
Chesterfield/Colonial Heights	401
Danville	167
Fairfax	973
Hampton	130
Harrisonburg/Rockingham	157
Henrico	657
Henry/Martinsville	204
Loudon	330
Lynchburg	461
Newport News	313
Norfolk	637
Petersburg	97
Portsmouth	166
Prince William	216
Richmond City	644
Roanoke City	534
Roanoke County	541
Shenandoah Valley	687
Suffolk	110
Virginia Beach	970
Wise	208
Total	10210

Level II				Level I	
<i>Locality</i>	<i># of APS Reports</i>	<i>Locality</i>	<i># of APS Reports</i>	<i>Locality</i>	<i># of APS Reports</i>
Accomack	71	James City County	167	Amelia	16
Alleghany/Covington	58	Lee	67	Appomattox	50
Amherst	69	Louisa	80	Bath	6
Bedford/Bedford City	241	Manassas City	30	Bland	15
Bristol	136	Mecklenburg	123	Botetourt	10
Brunswick	9	Montgomery	415	Charles City	25
Buchanan	48	Northampton	16	Clarke	45
Buckingham	53	Orange	116	Cumberland	31
Campbell	161	Page	40	Essex	19
Caroline	26	Patrick	125	Floyd	40
Carroll	182	Pittsylvania	128	Galax	65
Charlotte	21	Prince Edward	59	Goochland	10
Craig	0	Prince George	23	Greene	33
Culpeper	19	Pulaski	329	Highland	7
Dickinson	62	Rockbridge	82	King and Queen	11
Dinwiddie	111	Russell	58	King George	15
Fauquier	165	Scott	109	King William	5
Fluvanna	49	Shenandoah	138	Lancaster	26
Franklin City	13	Smyth	242	Lunenburg	1
Franklin County	135	Southampton	36	Madison	21
Frederick	195	Spotsylvania	114	Manassas Park	16
Fredericksburg	59	Stafford	76	Mathews	10
Giles	99	Surry	8	Middlesex	44
Gloucester	91	Sussex	34	Nelson	7
Grayson	93	Tazewell	256	New Kent	15
Greensville/Emporia	53	Warren	167	Northumberland	20
Halifax	134	Washington	81	Norton	1
Hanover	181	Westmoreland	63	Nottoway	15
Hopewell	69	Winchester	55	Powhatan	6
Isle of Wight	69	Wythe	98	Radford	66
		York/Poquoson	140	Rappahannock	20
				Richmond County	5
				Williamsburg	107
		Total	6147	Total	783

Table 14-Demographics of Substantiated APS Reports

SFY 2010: Demographics of Subjects of Substantiated Reports		%
TOTAL SUBSTANTIATED REPORTS		8752
AGE	60 years or older	71%
	18-59	29%
SEX	Female	61%
	Male	39%
	Unknown	<1%
RACE	White	72%
	African American	23%
	Unknown	5%
	Oriental/Asian	1%
	American Indian	<1%
	Alaskan Native	<1%

An adult’s own home or apartment was the most common location of abuse, neglect or exploitation in APS substantiated reports. The following graph also depicts the other eight most frequent locations of abuse that occurred in substantiated reports.

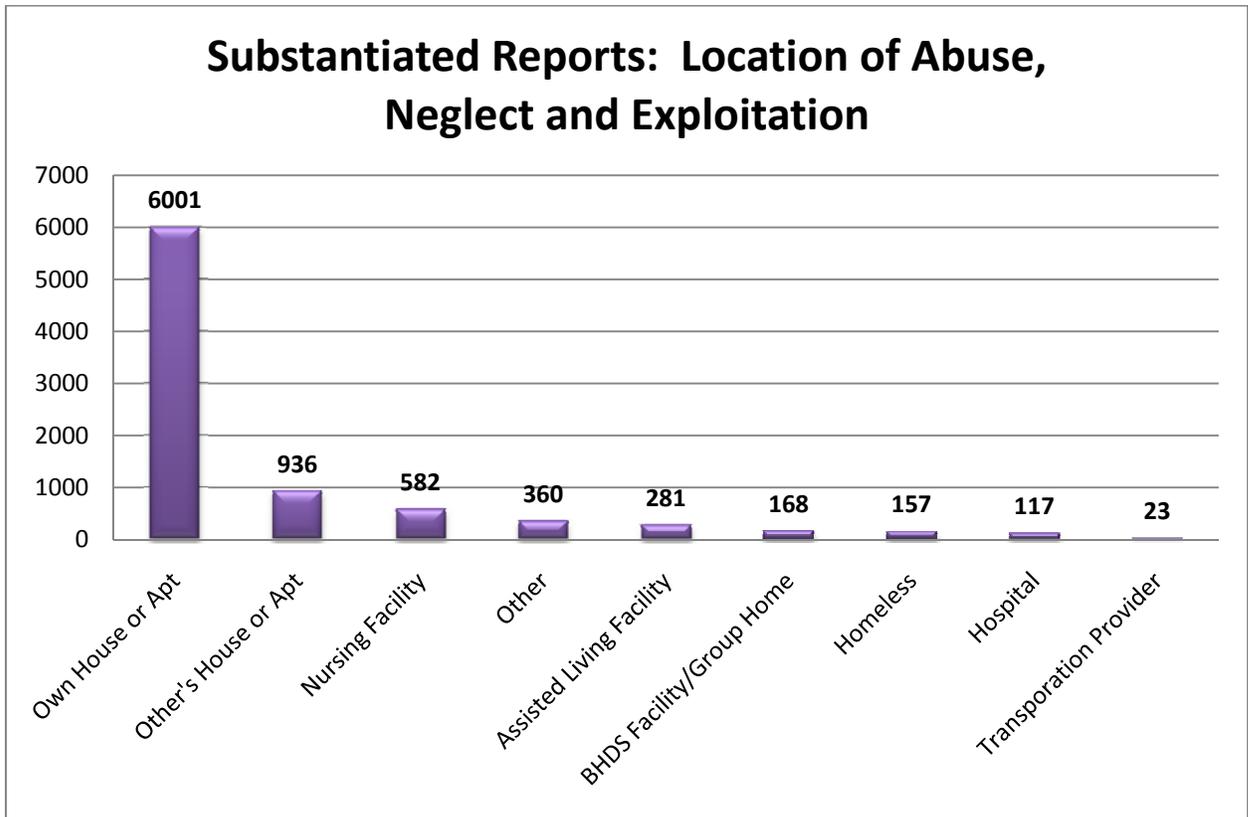


Table 15-Types of Abuse: Statewide Substantiated Reports

Abuse Type—SFY 2010 Substantiated Reports	#
Self-Neglect	5658
Neglect	1917
Financial Exploitation	949
Physical Abuse	663
Mental Abuse	589
Other Exploitation	251
Sexual Abuse	94
Total	10,121¹⁵

¹⁵ Reports may contain more than 1 type of abuse.

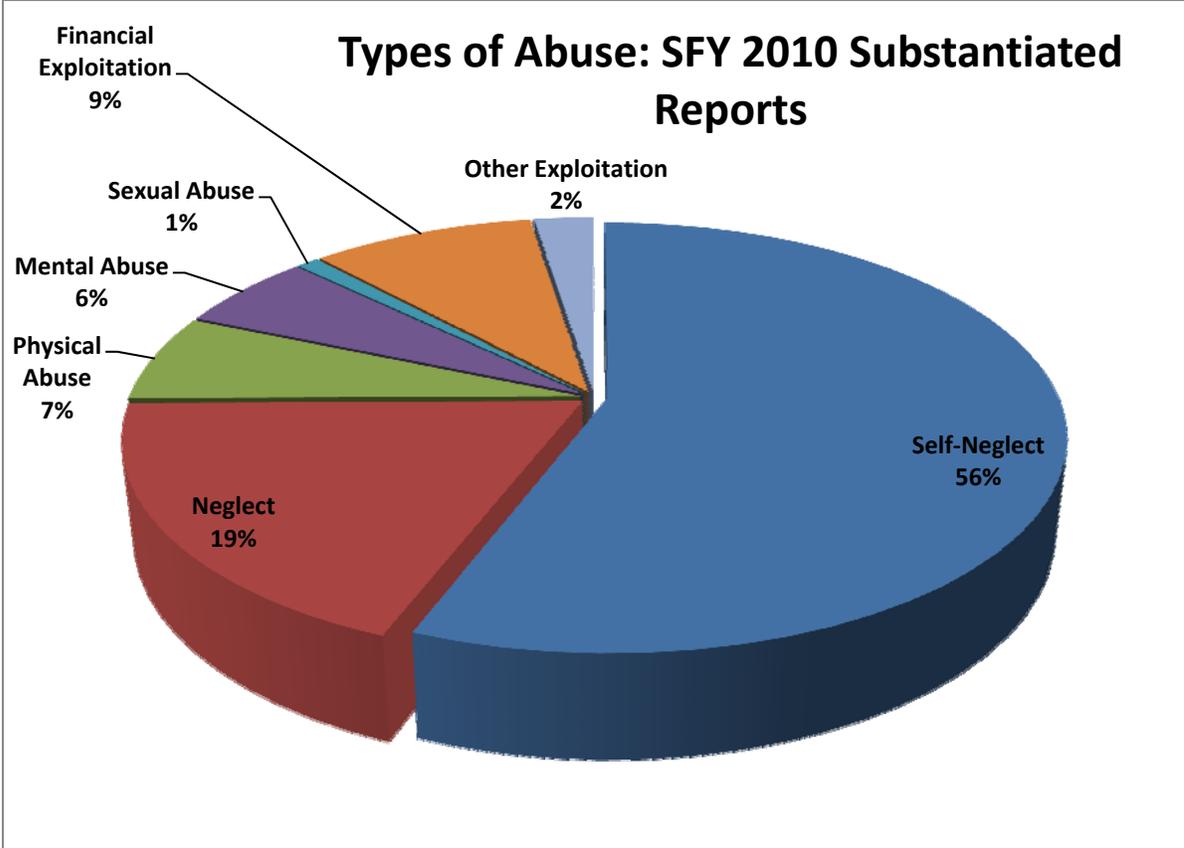
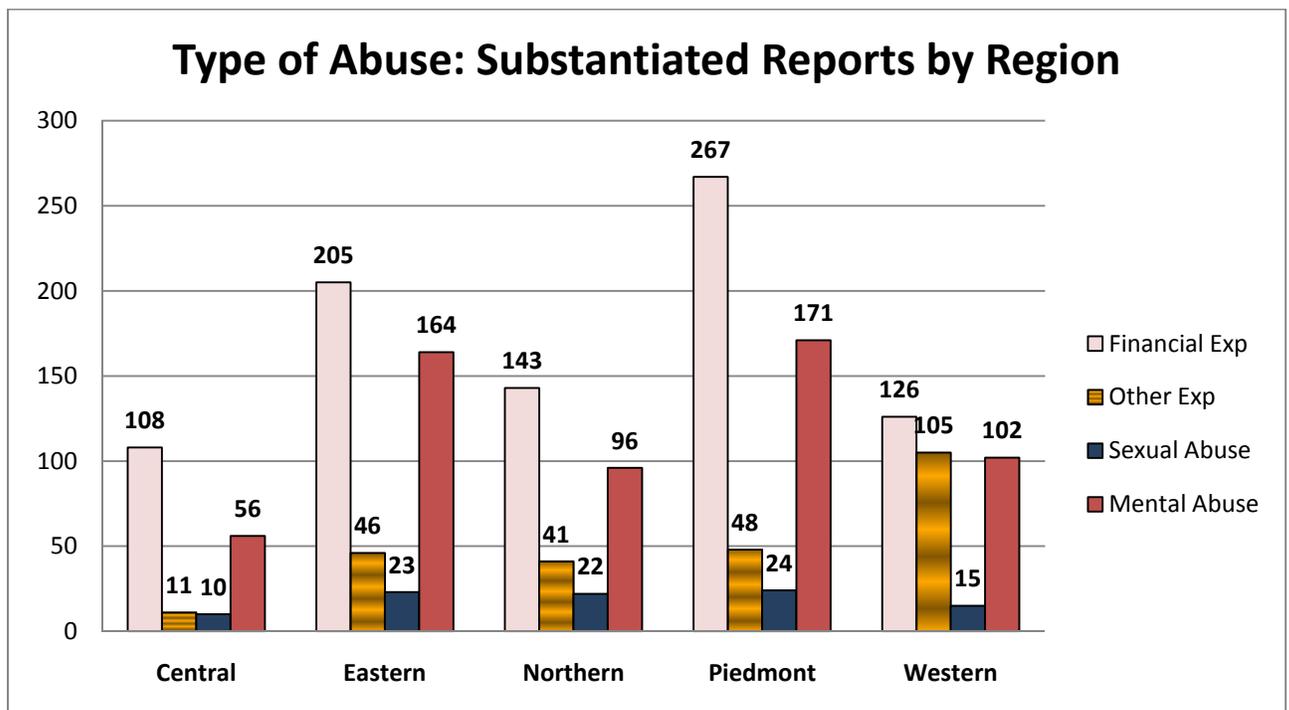
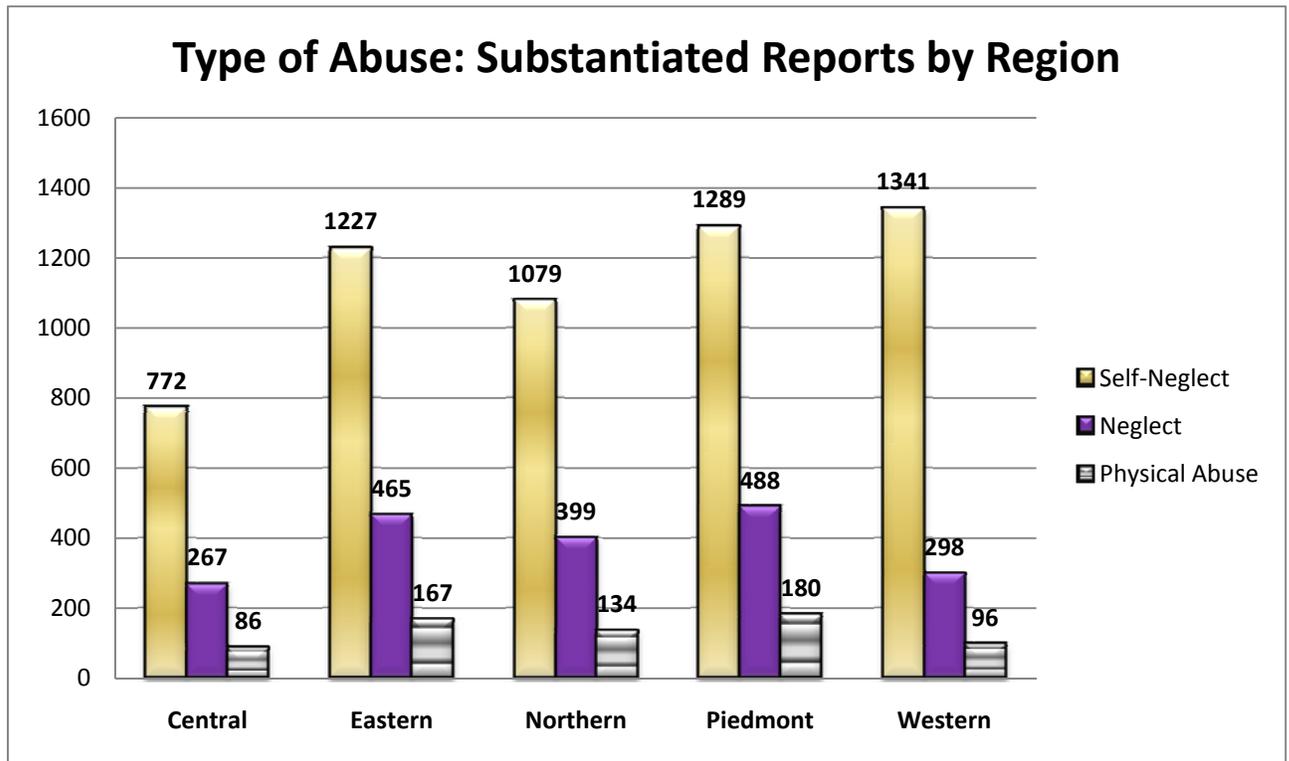


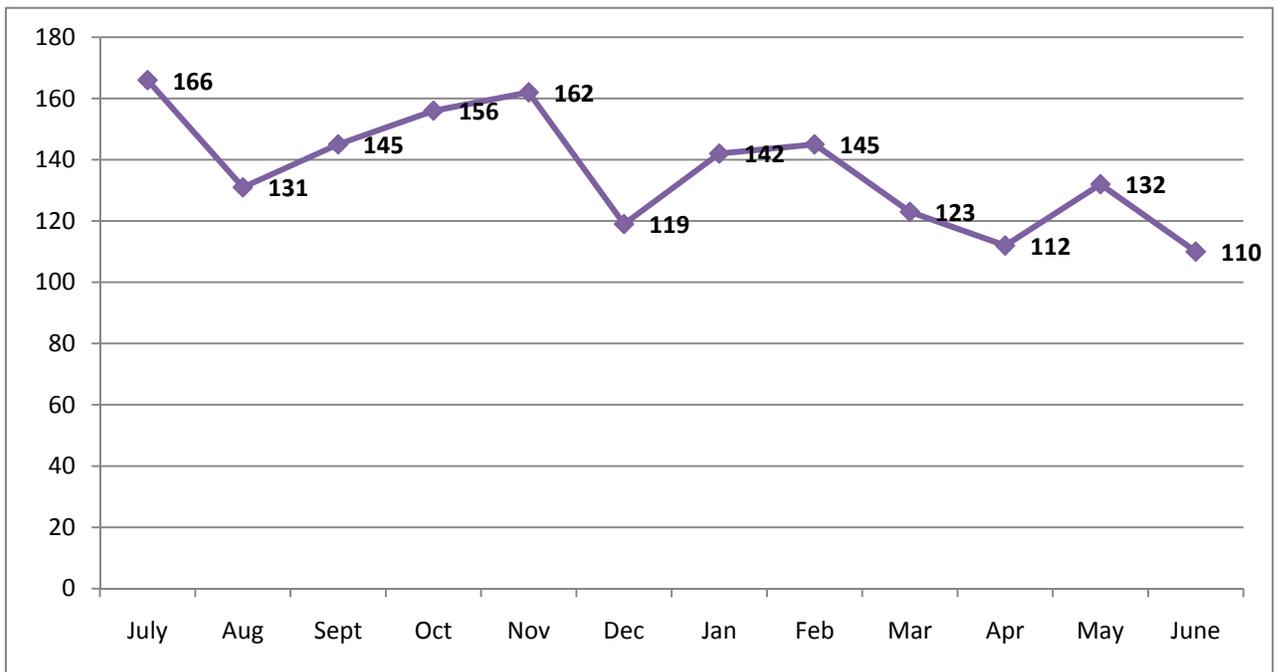
Table 16-Type of Abuse: Substantiated Reports by Region



The 24-hour APS hotline is housed within the VDSS Home Office in Richmond. Hotline staff receive reports about adult abuse, neglect, or exploitation and forward the reports on to the appropriate LDSS. **Table 17** illustrates APS hotline call volume for the SFY. A total of 1,643 APS reports were received by the hotline staff in SFY 2010, a 3% increase from SFY 2009.

Table 17-APS Hotline Reports

SFY 2010: Monthly APS Hotline Reports



SFY 2010 Summary of Adult Protective Services in Virginia

- Local departments of social services received a total of **17,141** reports of adult abuse, neglect, or exploitation.
- **2,211** reports of abuse, neglect or exploitation were made by relatives--more than any other type of reporter.
- **59%** or **8,752** of investigated reports were substantiated.
- **70%** of report subjects were adults age 60 years or older; **30%** were incapacitated adults ages 18-59.
- **18%** or **1,621** adults found to be in need of protective services exercised their statutory right to refuse services.
- Self-neglect was substantiated in **56%** or **5,658** of the reports, and neglect was substantiated in **19%** or **1,917** of the reports.
- A majority (**63%**) of the APS reports received alleged that abuse, neglect or exploitation occurred in the adult's own home or apartment.
- **10%** of APS reports received alleged that abuse, neglect or exploitation occurred in nursing facilities.
- **4%** of APS reports received alleged abuse, neglect or exploitation in assisted living facilities.
- Local departments of social services filed **351** petitions for guardianship, **37** petitions for conservatorship, **16** emergency orders for protective services, **72** involuntary commitments to state or private hospitals, **42** protective orders, and **8** orders for medical treatment.
- There were **5,992** guardianship cases listed in ASAPS.

AUXILIARY GRANT PROGRAM

An Auxiliary Grant (AG) is a supplement for individuals with Supplemental Security Income (SSI) and certain other aged, blind, or disabled individuals residing in an assisted living facility or an adult foster care home. This assistance is available from LDSS to ensure that individuals are able to maintain a standard of living that meets a basic level of need. The AG Program is funded with 80 percent state money and 20 percent local money and is administered by the Department. The rate that an ALF may charge to provide services for an individual with AG is determined by the Virginia General Assembly and is adjusted periodically.

The AG program is specifically for individuals who reside in assisted living facilities (ALF) licensed by the Virginia Department of Social Services, Division of Licensing Programs, or in adult foster care (AFC) homes approved by LDSS. Not all ALFs accept AG. As of June 30, 2010, Virginia had 549 licensed ALFs with a licensed bed capacity of 31,275. Just over 300 of the 549 licensed ALFs accepted individuals with AG. Some ALFs may accept one or two individuals with AG, while in other facilities nearly all of the individuals residing there receive AG.

There are two levels of care provided in ALFs, residential and assisted living. Individuals meeting the residential level of care require minimal assistance with activities of daily living (ADLs) such as bathing, dressing, eating, transferring, toileting, and bowel and bladder continence, or need assistance with medication management. Individuals who need the assisted living level of care require assistance with more ADLs or have a dependency in behavior pattern.

How is eligibility determined?

To receive assistance from the AG program, an individual must file an application with and have his eligibility determined by the LDSS in the locality where the individual resides. Residence for AG eligibility is determined by the city or county within Virginia where the person last lived outside of an institution. For purposes of the AG program, hospitals, ALFs, and AFC homes are considered institutions. Any records or statements can be used to determine residency. If residency cannot be determined or the individual is from out of state, residency is where the individual is living at the time of application.

To be eligible for AG in Virginia, an individual must meet all of the following:

- ◆ Be 65 or over, or be blind, or be disabled;
- ◆ Reside in an ALF or approved AFC home;
- ◆ Be a citizen of the United States or an alien who meets specified criteria;
- ◆ Have countable income less than the total of the AG rate approved for the assisted living facility plus the personal needs allowance;

- ◆ Have non-exempted resources less than \$2,000 for one person or \$3,000 for a couple¹⁶ and;
- ◆ Have been assessed and determined to need ALF or AFC placement.

The LDSS issues a monthly AG payment once eligibility has been established. The AG payment is mailed directly to the individual or the individual's representative who pays the ALF or AFC provider for services provided.

What is covered under the Auxiliary Grant?

Room and Board:

- ◆ Provision of a furnished room in a facility that meets applicable building and fire safety codes;
- ◆ Housekeeping services based on the needs of the resident;
- ◆ Meals and snacks, including extra portions and special diets;
- ◆ Clean bed linens and towels as needed by the resident provided at least once a week.

Maintenance and Care:

- ◆ Minimal assistance with personal hygiene including bathing, dressing, oral hygiene, hair grooming and shampooing, care of clothing, shaving, care of toenails and fingernails, arranging for haircuts as needed, and care of needs associated with menstruation or occasional bladder or bowel incontinence;
- ◆ Medication administration as required by licensing regulations including insulin injections;
- ◆ Provision of generic personal toiletries including soap and toilet paper;
- ◆ Minimal assistance with the following: care of personal possessions, care of personal funds if requested by the recipient and residence policy allows it, use of telephone, arranging transportation, obtaining necessary personal items and clothing, making and keeping appointments, and correspondence;
- ◆ Securing health care and transportation when needed for medical treatment;
- ◆ Providing social and recreational activities as required by licensing regulations;
- ◆ General supervision for safety.

For more information

Individuals interested in applying for AG should contact their LDSS.

¹⁶ These figures are current but are subject to change. Contact the eligibility unit at the local department of social services for current information.

An ALF provider interested in participating in the AG Program should contact the Virginia Department of Social Services, Adult Services Program, 801 East Main Street, Richmond, VA 23219 (telephone 804-726-7533). Providers need to fill out a Provider Agreement and return the completed agreement and a copy of their facility license to the Adult Services Program.

Table 18-Auxiliary Grant Rates

Auxiliary Grant Rates 2005-2010								
	1/05	7/05	1/06	1/07	7/07	1/08	1/09	1/10
ALF Rate	\$909	\$944	\$982	\$1,048	\$1,061	\$1,075	\$1,112	\$1,112
AFC Rate	\$909	\$944	\$982	\$1,048	\$1,061	\$1,075	\$1,112	\$1,112
Planning District 8*	\$1045	\$1086	\$1,129	\$1,205	\$1,220	\$1,236	\$1,279	\$1,279
Personal Needs Allowance (PNA)	\$62	\$62	\$70	\$75	\$75	\$77	\$81	\$81
ALF = Assisted Living Facility; AFC = Adult Foster Care								
*Planning District 8 includes Arlington, Alexandria, Fairfax City and County, Falls Church, Loudoun County, Prince William County, Manassas City and Manassas Park.								

The table below provides SFY 2010 average monthly AG case counts and total AG expenditures. The information is obtained from LASER, (Locality Automated System for Expenditure Reimbursement), a Department computer system.

Table 19-Auxiliary Grant Expenditures and Monthly Case Count

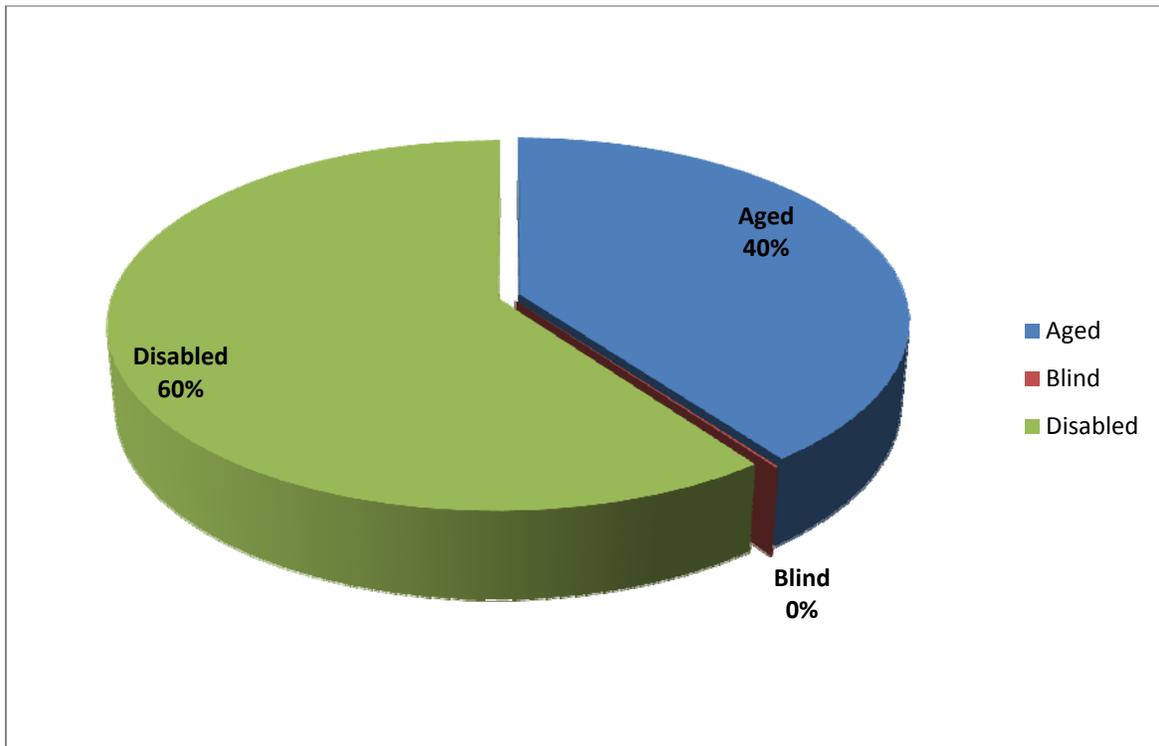
SFY 2010 Auxiliary Grant Expenditures and Monthly Case Count¹⁷		
	Adult Foster Care	Assisted Living Facility
Average Monthly Caseload (Aged)	6	1,960
Average Monthly Caseload (Blind)	0	28
Average Monthly Caseload (Disabled)	20	3,090
Average Monthly Caseload (Total)	26	5,078
State	\$104,402	\$20,555,318
Local	\$26,100	\$5,138,830
Local-Non Reimbursable	0	\$19,352
Total Expenditures	\$130,502	\$25,713,500

¹⁷ Source: LASER

In order to develop a more comprehensive picture of the demographics of individuals who receive AG, information from the VDSS Data Warehouse database was analyzed. In SFY 2010 there were 6,232 individual (unduplicated) AG recipients who received an AG payment for at least one month during the fiscal year. The following graphs and charts depict SFY 2010 Data Warehouse statistics on individuals receiving AG.

Individuals applying for AG must meet a category of aged, blind or disabled. Individuals with a disability made up 60% of the total number of individuals with AG. Seven individuals identified as blind.

Table 20-Auxiliary Grant Recipients' Demographics: Aged, Blind and Disabled (ABD) Categories



In SFY 2010, 64% of individuals with AG were white while 35% were Black/African American. One percent of the individuals identified as Asian.

Thirty-two individuals with AG identified as Spanish American.

Table 21-Auxiliary Grant Recipients' Demographics: Race

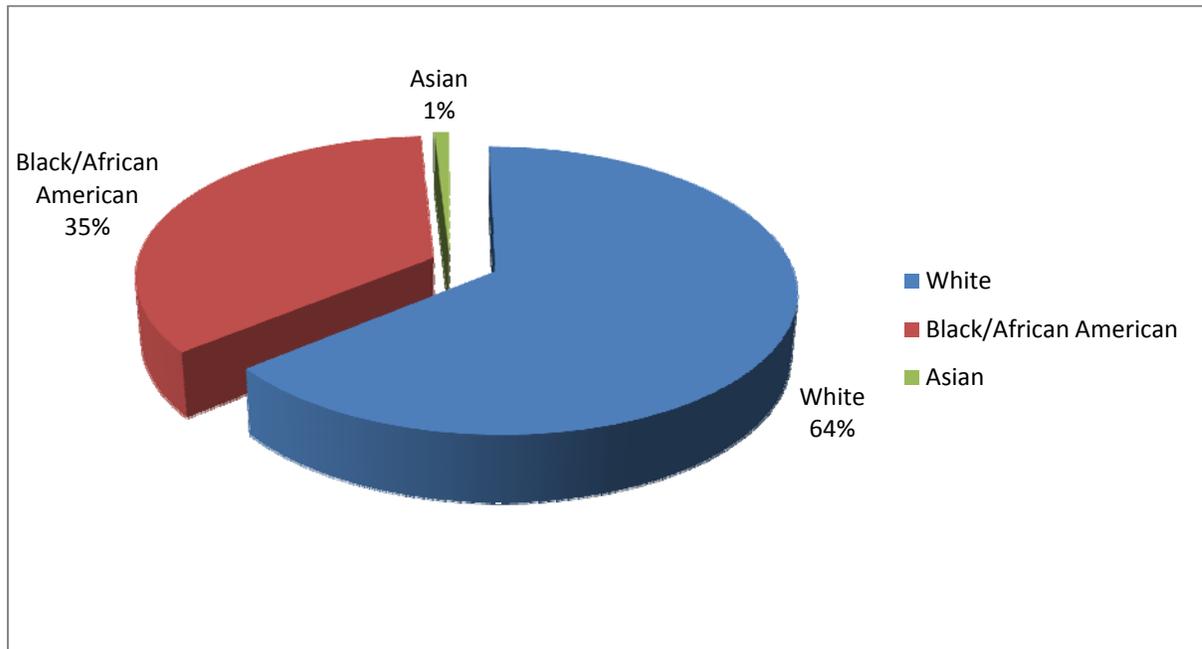


Table 22-Auxiliary Grant Recipients' Demographics: Male & Female

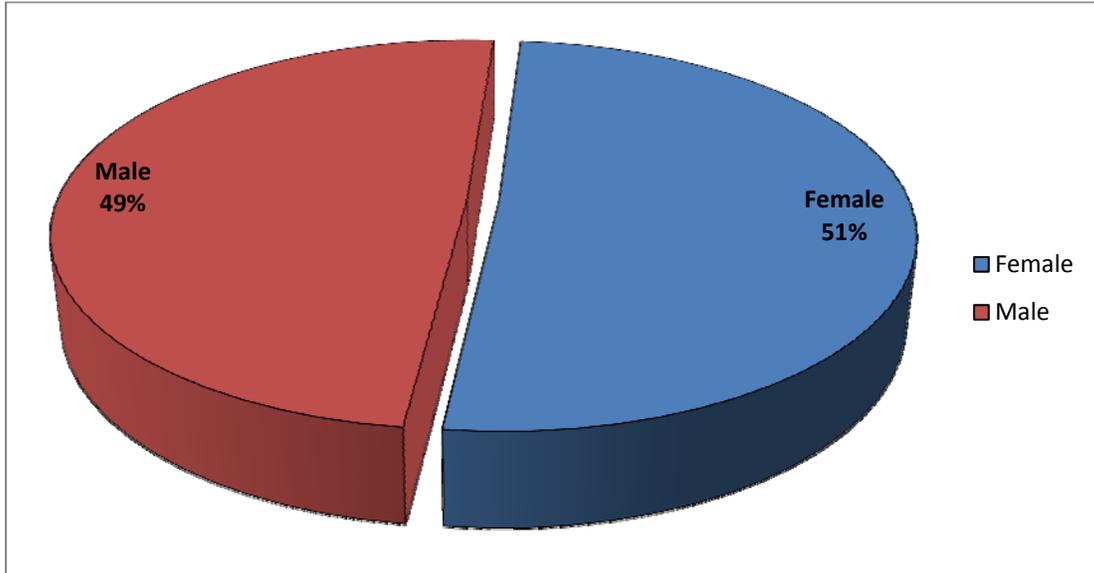
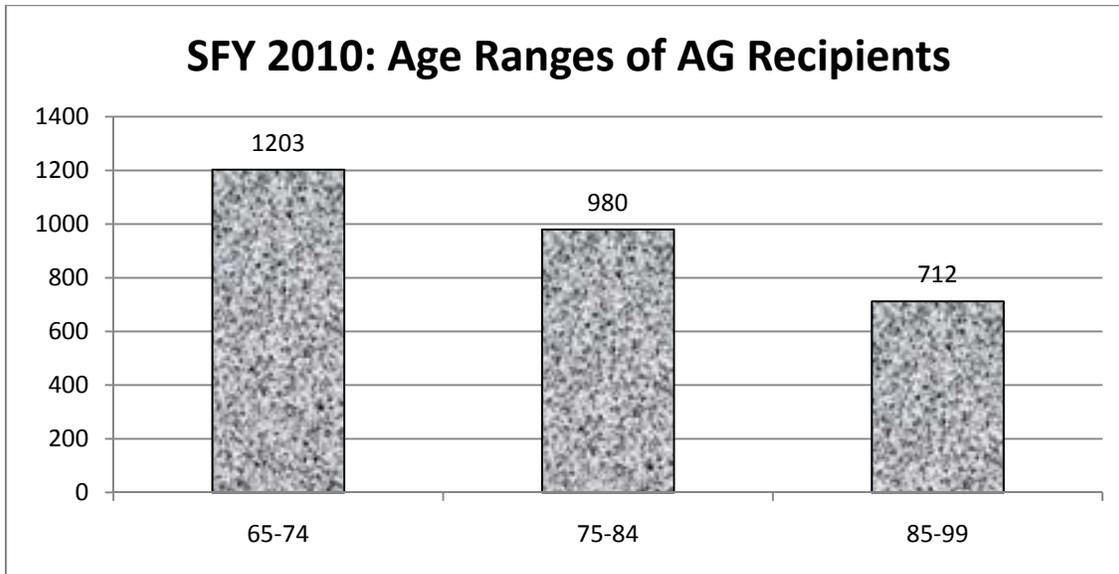
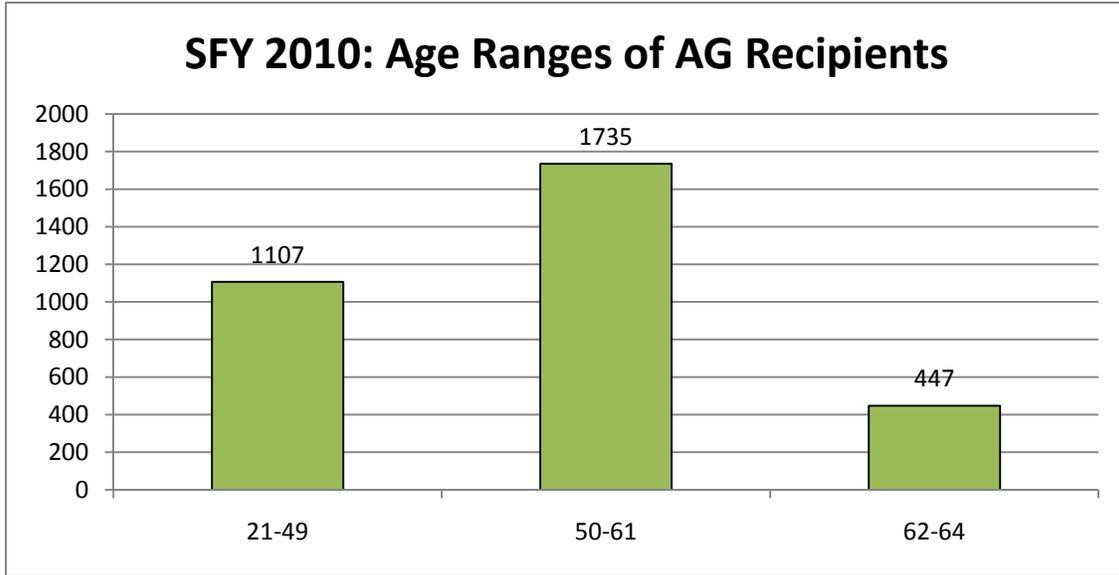


Table 23-Auxiliary Grant Recipients' Demographics: Ages

In FY 2010, 19 unduplicated AG recipients were 18 to 20 years old. Twenty-nine AG recipients were 100 years old or older. Other age ranges of unduplicated AG recipients are depicted in the following bar graphs.



Appendices

APPENDIX A: Code Citations

VIRGINIA DEPARTMENT OF SOCIAL SERVICES ADULT SERVICES CODE CITATIONS as of 7/10

Citations in **bold** denote new citations or citation amended by the 2010 Session of the General Assembly.

All VDSS PROGRAMS

63.2-100	Social Services Definitions
63.2-101	Authority of Department to request and receive information from other agencies; use of information so obtained
63.2-104	Confidential records and information concerning social services;
penalty	
63.2-104.1	Confidentiality of records of persons receiving domestic and sexual violence services.
63.2-219	Establishment of entrance and performance standards for Social Workers
63.2-318	Payment of legal fees and expenses for certain local department employees
2.2-3700	Virginia Freedom of Information Act.
2.2-3800	Government Data Collection and Dissemination Practices Act
2.2-3806	Rights of Data Subjects.
54.1-3700	Definitions (for social work licensure).

ADULT SERVICES

63.2-800	Auxiliary Grants (AG); administration of program.
63.2-1600	Home-based services.
63.2-1601	Authority to provide adult foster care services.
63.2-1601.1	Criminal history check for agency approved providers of services to adults.
63.2-1602	Other adult services.
63.2-1602.1	Appeal to Commissioner regarding home-based and adult foster care services.
63.2-1612	Responsibilities of Department: domestic violence prevention and services
63.2-1804	Uniform Assessment Instrument.
63.2-2200	Definitions (Caregiver Grant).
63.2-2201	Caregivers Grant Program established.
19.2-389	Dissemination of criminal history record information.
32.1-330	Preadmission screening required.
37.2-504	Community services board; local government departments; powers and duties.

- 37.2-505 Coordination of services for preadmission screening and discharge planning.
- 37.2-605 Behavioral health authorities; powers and duties.
- 37.2-837 Discharge from state hospitals or training centers, conditional release, and trial or home visits for consumers.
- 37.2-838 Discharge of persons from a licensed hospital.
- 37.2-843 Providing drugs or medicines for certain persons discharged from state facilities.

ADULT PROTECTIVE SERVICES

- 63.2-1603 Protection adults; definitions.
- 63.2-1604 Establishment of Adult Protective Services Unit: powers and duties.
- 63.2-1605 Protective services for adults by local departments.
- 63.2-1606 Protection of aged or incapacitated adults; mandated and voluntary reporting; penalty for failure to report.
- 63.2-1607 [Repealed]
- 63.2-1608 Involuntary adult protective services.
- 63.2-1609 Emergency order for adult protective services.
- 63.2-1610 Voluntary adult protective services.
- 18.2-67.10 General Definitions (Sexual abuse used in 63.2-1606).
- 18.2-369 Abuse and neglect of incapacitated adults; penalty.
- 18.2-386.1 Unlawful filming, videotaping or photographing of another; penalty
(Code cite used in 63.2-1605).
- 32.1-111.5 Certification and recertification of emergency medical services personnel. (Code cite used in 63.2-1606).
- 32.1-127.1:03 Patient Health Records Privacy. (Release to APS).
- 32.1-283.5 Adult Fatality Review Team; duties; membership; confidentiality; penalties; report; etc.
- 37.2-427 Mistreatment of consumers in hospital or training center.
- 37.2-1018 **Discovery of information and records regarding actions of certain agents and attorneys-in-fact [REPEALED]****
- 2.2-3705.5 Exclusions from FOIA (health and social services records).
- 52-34.5 Establishment of Virginia Senior Alert program.
- 54.1-2400.1 Mental health service providers; duty to protect third parties; immunity. (Code cite used in 63.2-1606).
- 54.1-2503 Boards within Department (of Health Professions) (Code cite used in 63.2-1606).
- 54.1-2966.1 Physicians reporting disabilities of drivers.
- 46.2-322 Examination of licensee believed incompetent (non-disclosure of reporter identity if relative or physician).

NURSING HOMES

- 32.1-123 Definitions (of Nursing Homes) (Code cite used in 63.2-1606).

- 32.1-126.01 Employment for compensation of persons convicted of certain offenses prohibited; criminal records check required; suspension or revocation of license.
- 32.1-127 Regulations (requires APS reporting training for NH staff) (sex offender registry-automatic notification).
- 32.1-138 Enumeration; posting of policies; staff training; responsibilities devolving on guardians, etc.; exceptions; certification of compliance (sex offender check at admission).**
- 32.1-138.1 Implementation of transfer and discharge policies.
- 32.1-138.2 Certain contracts provisions prohibited. (Medicare & Medicaid).
- 32.1-138.3 Third party guarantor prohibition.
- 32.1-138.4 Retaliation or discrimination against complainants.
- 32.1-138.5 Confidentiality of complainant's identity.

ASSISTED LIVING FACILITIES

- 63.2-1729 Confidentiality of complainant's identity.
- 63.2-1730 Retaliation or discrimination against complainants.
- 63.2-1731 Retaliation against reports of child or adult abuse or neglect.
- 63.2-1732 Regulations for ALF (sex offender registry automatic notification).
- 63.2-1800 Licensure requirements.
- 63.2-1801 Access to ALFs by community services boards or behavioral health authorities.
- 63.2-1802 Safe, secure environments for residents with serious cognitive impairments.
- 63.2-1803 Staffing of ALFs (disclosure of staffing, services provided & hours).
- 63.2-1805 Admissions and discharge.
- 63.2-1806 Hospice care (in ALF).
- 63.2-1808 Rights and responsibilities of residents in ALFs (how to access the sex offender registry).

HEALTH CARE DECISIONS

- 54.1-2981 Short title (Health Care Decisions Act).
- 54.1-2982 Definitions.**
- 54.1-2983 Procedure for making advance directive; notice to physician.
- 54.1-2983.1 Participation in health care research.
- 54.1-2983.2 Capacity; required determinations.**
- 54.1-2983.3 Exclusions and limitations of advanced directives.**
- 54.1-2984 Suggested form of written advance directive.**
- 54.1-2985 Revocation of an advance directive.
- 54.1-2985.1 Injunction; court-ordered health care.
- 54.1-2986 Procedure in absence of an advance directive; procedure for advance directive without agent; no presumption; persons who may authorize treatment for patients incapable of informed decisions.**
- 54.1-2986.1 Duties and authority of agent or person identified in § 54.1-2986

54.1-2986.2	Health care decisions in the event of patient protest
54.1-2987	Transfer of patient by physician who refuses to comply with an advance directive or health care decision.
54.1-2987.1	Durable Do Not Resuscitate Orders.
54.1-2988	Immunity from liability; burden of proof; presumption.
54.1-2989	Willful destruction, concealment, etc., of declaration or revocation; penalties.
54.1-2990	Medically unnecessary treatment not required; mercy killing or euthanasia prohibited.
54.1-2991	Effect of declaration; suicide; insurance; declarations executed prior to effective date.
54.1-2992	Preservation of existing rights.
54.1-2993	Reciprocity.
54.1-2994	Advanced Health Care Directive Registry established.
54.1-2995	Filing of documents with the registry; regulations; fees.

JUDICIAL AUTHORIZATION OF TREATMENT

37.2-1100	Definitions.
37.2-1101	Judicial authorization of treatment.
37.2-1102	Certain actions may not be authorized.
37.2-1103	Emergency custody orders for adult persons who are incapable of making an informed decision as a result of physical injury or illness.
37.2-1104	Temporary detention in hospital for testing, observation or treatment.
37.2-1105	Appeal from order.
37.2-1106	When health professional or licensed hospital not liable.
37.2-1107	Fees and expenses.
37.2-1108	Effect of chapter on other laws.

POWER OF ATTORNEY

11-9.1	Power of attorney not terminated by principal's disability. [REPEALED]
11-9.2	Powers of attorney not revoked, prior to their termination date, until actual notice of death or disability. [REPEALED]
11-9.4	Contingent powers of attorney [REPEALED]
11-9.5	Gifts under a POA [REPEALED]
11-9.6	Certain duties of attorneys-in-fact and agents empowered to act under 11-9.1 (Release of information at request of APS/others, also after death of grantor) [REPEALED]

UNIFORMED POWER OF ATTORNEY ACT

26-72	Short title.
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26-73	Definitions.
26-74	Applicability.
26-75	Power of attorney is durable.
26-76	Execution of power of attorney.
26-77	Validity of power of attorney.
26-78	Meaning and effect of power of attorney.
26-79	Nomination of conservator or guardian; relation of agent to court-appointed fiduciary.
26-80	When power of attorney effective.
26-81	Termination of power of attorney or agent's authority.
26-82	Coagents and successor agents.
26-83	Reimbursement and compensation of agent.
26-84	Agent's acceptance.
26-85	Agent's duties.
26-86	Exoneration of agent.
26-87	Judicial relief.
26-88	Agent's liability.
26-89	Agent's resignation; notice.
26-90	Acceptance of and reliance upon acknowledged power of attorney.
26-91	Liability for refusal to accept acknowledged power of attorney.
26-92	Principles of law and equity.
26-93	Laws applicable to financial institutions and entities.
26-94	Remedies under the law.
26-95	Authority that requires specific grant; grant of general authority.
26-96	Incorporation of authority.
26-97	Construction of authority generally.
26-98	Real property.
26-99	Tangible personal property.
26-100	Stocks and bonds.
26-101	Commodities and options.
26-102	Banks and other financial institutions.
26-103	Operation of entity or business.
26-104	Insurance and annuities.
26-105	Estates, trusts, and other beneficial interests.
26-106	Claims and litigation.
26-107	Personal and family maintenance.
26-108	Benefits from governmental programs or civil or military service.
26-109	Retirement plans.
26-110	Taxes.
26-111	Gifts.
26-112	Reserved.
26-113	Agent's certification.
26-114	Uniformity of application and construction.
26-115	Relation to Electronic Signatures in Global and National Commerce Act.
26-116	Effect on existing powers of attorney.

VOLUNTARY ADMISSION

- 37.2-805 Voluntary admission.
37.2-805.1 Admission of incapacitated person pursuant to advanced directives or by guardians.
37.2-806 Judicial certification of eligibility for admission of persons with mental retardation.

INVOLUNTARY DETENTION / ADMISSION

- 37.2-400 Rights of consumers.
37.2-431 Contriving or conspiring to maliciously obtain admission of person.
37.2-808 Emergency custody; issuance and execution of order.
37.2-809 Involuntary temporary detention; issuance and execution of order.
37.2-810 Transportation of person in the temporary detention process.
37.2-814 Commitment hearing for involuntary admission; written explanation; right to counsel; rights of petitioner.
37.2-815 Commitment hearing for involuntary admission; examination required.
37.2-816 Commitment hearing for involuntary admission; preadmission screening report.
37.2-817 Involuntary admission and outpatient treatment orders.
37.2-817.1 Monitoring mandatory outpatient treatment; petition for hearing.
37.2-817.2 Court review of mandatory outpatient treatment plan.
37.2-817.3 Rescission of mandatory outpatient treatment order.
37.2-817.4 Continuation of mandatory outpatient treatment order.
37.2-821 Appeal of involuntary admission or certification order.
37.2-825 Admission raises no presumption of legal incapacity.
37.2-829 Transportation of person in civil admission process.
37.2-1029 Department to be notified in certain cases.
54.1-2970 Medical treatment for certain persons incompetent to give informed consent.

GUARDIANSHIP & CONSERVATORSHIP

- 37.2-1000 Definitions.
37.2-1001 Filing of petition; jurisdiction; instructions to be provided.
37.2-1002 Who may file petition; contents.
37.2-1003 Appointment of guardian ad litem.
37.2-1004 Notice of hearing; jurisdictional.
37.2-1005 Evaluation report.
37.2-1006 Counsel for respondent.
37.2-1007 Hearing on petition to appoint.

37.2-1009	Court order of appointment; limited guardianships and conservatorships.
37.2-1010	Eligibility for public guardian or conservator.
37.2-1011	Qualification of guardian or conservator; clerk to record order and issue certificate; reliance on certificate.
37.2-1012	Petition for restoration, modification or termination; effects.
37.2-1013	Standby guardianship or conservatorship for incapacitated persons.
37.2-1014	Clerk to index findings of incapacity or restoration; notice to Commissioner, commissioner of accounts, Secretary of Board of Elections, and CCRE.
37.2-1015	When no guardian or conservator appointed within one month of adjudication.
37.2-1016	Trustees for incapacitated ex-service persons and their beneficiaries.
37.2-1017	Payments from U.S. Department of Veterans Affairs.
19.2-159	Determination of indigency; guidelines; statement of indigence; appointment of counsel.
19.2-159.1	Interrogation by court; filing; change in circumstance; investigations by attorney for Commonwealth.
19.2-160	Appointment of counsel: waiver of right.
19.2-161	Penalty for false swearing with regard to statement of indigence.
19.2-163	Compensation of court-appointed counsel.

POWERS & DUTIES OF GUARDIANS / CONSERVATORS

37.2-1019	Taking of bond by clerk of court.
37.2-1020	Duties and powers of guardian.
37.2-1021	Annual reports by guardians.
37.2-1022	General duties and liabilities of conservator.
37.2-1023	Management powers and duties of conservator.
37.2-1024	Estate planning.
37.2-1025	Taking possession of incapacitated person's estate and suits relative thereto; retaining for his own debt.
37.2-1026	Fiduciary to prosecute and defend.
37.2-1027	Surrender of incapacitated person's estate.
37.2-1028	Surrender of incapacitated person's estate not limited by provisions relating to expenses.
37.2-1029	Department to be notified in certain cases.
26-12.	Inventories to be filed with commissioners.
26-12.1	Forms for inventories.
26-12.2	When inventory and settlement not required.
26-12.3	Waiver of inventory and settlement for certain estates.
26-13.	Enforcing filing of such inventories.
26-17.4	Conservators, guardians of minors' estates, committees, trustees under 37.2-1016 and receivers.
26-17.5	Personal representatives.
26-17.10	Miscellaneous (Other reporting requirements-SSA,SSI,VA).

- 26-18 Failure to make settlement; enforcement. Quarterly listing of delinquent accounts.
- 26-20 Exhibition of accounts when sum does not exceed certain amount (\$15,000).
- 26-20.1 Statement in lieu of settlement of accounts by personal representative or representatives in certain circumstances.
- 26-59 Nonresident fiduciaries.
- 46.2-604 Contents of registration card and certificate; vehicle color data; notation of certain disabled owners.
- 46.2-731 Disabled parking license plates; owners of vehicles specially equipped and used to transport persons with disabilities; fees.

VIRGINIA PUBLIC GUARDIAN AND CONSERVATOR PROGRAM

- 2.2-711 Policy statement; Virginia Public Guardian and Conservator Program established; definitions.
- 2.2-712 Powers and duties of the Department (Aging) with respect to public guardian and conservator program.
- 2.2.713** **Minimum requirements for local programs; authority**
- 2.2-2411 Public Guardian and Conservator Advisory Board; purpose; duties; membership; terms.
- 2.2-2412 Powers and duties of the Board.

DOMESTIC VIOLENCE SERVICES

- 63.2-1611 Policy of Commonwealth; Department designated agency to coordinate state efforts.
- 63.2-1613 Responsibilities of local departments.
- 16.1-228 Definitions for DV.
- 16.1-241 Juvenile and domestic relations.
- 16.1-243 Venue.
- 16.1-253 Preliminary protective order.
- 16.1-253.1 Preliminary protective order in cases of family abuse.
- 16.1-253.2 Violation of provisions of protective orders; penalty.
- 16.1-253.4 Emergency protective order authorized in certain cases; penalty.
- 16.1-260 Intake; petition; investigation.
- 16.1-279.1** **Protective order in cases of family abuse.**
- 17.1-272 Process and service fees generally (No fees for DV actions).
- 18.2-57.2 Assault and battery against family or household member; penalty.
- 18.2-57.3 Person charged with first offense of assault & battery against a family or household member
- 18.2-60 Threats of death or bodily injury to a person or member of his family; threats to commit serious bodily harm to persons on school property; penalty.
- 18.2-60.3 Stalking; penalty.
- 18.2-60.4 Violation of stalking protective orders; penalty.

18.2-61	Rape.
18.2-67.3	Aggravated sexual battery; penalty.
18.2-67.4	Sexual battery.
19.2-81	Arrest without warrant authorized in certain cases.
19.2-81.3	Arrest without a warrant authorized in cases of assault and battery against a family or household member.
19.2-152.10	Protective orders in cases of stalking, sexual battery and acts of violence.

MEDICAID FRAUD

32.1-310	Declaration of purpose; authority to audit records.
32.1-312	Fraudulently obtaining excess or attempting to obtain excess benefits or payments; penalty.
32.1-317	Collecting excess payment for services; charging, soliciting, accepting or receiving certain consideration as precondition for admittance to facility or requirement for continued stay; penalty.
32.1-318	Knowing failure to deposit, transfer or maintain patient trust funds in separate account; penalty.
32.1-320	Duties of Attorney General; medical services providers audit and investigation unit.
32.1-321	Prosecution of cases.

OTHER

2.2-109	Required appearances by officers.
2.2-110	Officers of Commonwealth and its institutions to make reports to Governor.
2.2-111	Suits, actions, etc., by Governor.
2.2-212	Position established, agencies for which responsible, additional powers (Secretary of Health and Human Resources).
2.2-604.1	Designation of officials; interest of senior citizens and adult with disabilities.
2.2-700	Department for the Aging.
2.2-703.1	Strategic long-range planning for aging services; four-year plan; report.
2.2-704	Responsibility of Department for complaints regarding long-term care services.
2.2-716	Virginia Respite Care Grant Fund established.
2.2-5510	Strategic Plan.
6.1-70	Payment of balance of deceased person or person under disability to personal representative, committee, etc. (\$15,000) (Repealed).
6.1-71	Payment of small balance to distributees or other persons (\$15,000) (Repealed).
6.1-332.1	Limited access to safe deposit box (Repealed).

9.1-914	Automatic notification of registration to certain entities (sex offender registry).
15.2-901	Locality may provide for removal or disposal of trash, cutting of grass and weeds; penalty in certain counties; penalty.
15.2-905	Authority to restrict keeping of inoperable motor vehicles, etc., on residential or commercial property in certain localities; removal of such vehicles.
15.2-1512.4	Right of local employees to contact elected officials.
15.2-1718.1	Receipt of missing senior adult reports.
15.2-2291	Assisted living facilities and group homes of eight or fewer single-family residence.
17.1-266	Services rendered in Commonwealth's cases (No Fees).
18.2-164	Unlawful use of, or injury to, telephone and telegraph lines; copying or obstructing messages; penalty.
32.1-125.4	Retaliation or discrimination against complainants (Hospitals)
32.1-125.5	Confidentiality of complainant's identity (Hospitals).
32.1-283	Investigations of deaths (medical examiner).
32.1-288	Disposition of dead body; how expenses paid.
37.2-423	Office created; appointment of Inspector General for Behavioral Health and Developmental Services.
46.2-731	Disabled parking license plates; owners of vehicles specially equipped and used to transport persons with disabilities; fees.
46.2-1207	Certification of disposal (automobiles); reimbursement of locality by Commissioner.
51.5-39.2	The Virginia Office for Protection and Advocacy
55-248.9:1	Confidentiality of tenant records
63.2-2004	Donations of Professional Services (Repealed).
64.1-136.1	Funeral expenses

TITLE 63.2 of the Code of Virginia (Social Services)

Subtitle I: General Provisions Relating to Social Services

- Chapter 1: General provisions
- Chapter 2: State Social Services
- Chapter 3: Local Social Services
- Chapter 4: Funding of Public Assistance and Social Services

Subtitle II: Public Assistance

- Chapter 5: General Provisions
- Chapter 6: TANF
- Chapter 7: Economic Employment Improvement Program for Disadvantaged Persons
- Chapter 8: Other Grants of Public Assistance

Subtitle III: Social Services Programs

- Chapter 9: Foster Care

Chapter 10: Interstate Compact on Placement of Children
Chapter 11: Implementation of Interstate Compact
Chapter 12: Adoption
Chapter 13: Adoption assistance for Children with Special Needs
Chapter 14: Uniform Act on adoption and Medical assistance
Chapter 15: Child abuse and Neglect
Chapter 16: Adult Services

Subtitle IV: Licensure

Chapter 17: Licensure and Registration Process
Chapter 18: Facilities and Programs

Subtitle V: Administrative Child Support

Chapter 19 Child support Enforcement

Subtitle VI: Grants Programs and Funds

Chapter 20: Neighborhood Assistance Act
Chapter 21: Family and Children's Trust fund
Chapter 22: Virginia Caregivers Grant Program

To search the Code of Virginia visit:

<http://leg1.state.va.us/000/src.htm>

APPENDIX B: Signs of Adult Abuse, Neglect or Exploitation



SIGNS OF ADULT ABUSE, NEGLECT OR EXPLOITATION

CONTACT ADULT PROTECTIVE SERVICES (APS)
IF YOU NOTICE ANY OF THESE SIGNS:

<p>CAREGIVER ABUSE</p> <ul style="list-style-type: none"> • Forced isolation • Lack of affection or care for the adult • Communicates to others that adult is a burden • Conflicting stories or accounts of details • Prevents adult from speaking with others • Prevents visitation from family and friends • Inappropriate sexual relationship or language • History of dysfunctional behavior, criminal behavior, or family violence 	<p>FINANCIAL EXPLOITATION</p> <ul style="list-style-type: none"> • Missing personal belongings • Suspicious signatures • Adult has no knowledge of monthly income • Frequent checks made out to "cash" • Numerous unpaid bills • Discrepancies in tax returns • Large bank withdrawal • Unusual bank activity • A changed will or POA 	<p>PSYCHOLOGICAL/ BEHAVIORAL</p> <ul style="list-style-type: none"> • Depression • Lack of communication and talking • Isolation or withdrawal • Anxiety • Anger • Frequent change of health care professionals
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REPORT SUSPECTED ABUSE

Any person, including financial institutions, may report suspected abuse to APS. If you or someone you know is being mistreated, contact your local department of social services and ask for an APS worker, or you may call the **24-hour, toll-free hotline listed below.**

PHYSICAL SIGNS OF ABUSE

- Dehydration or malnutrition
- Broken bones or sprains
- Pain from touching
- Scratches, burns, bruises
- Soiled clothing or bed
- Restrained, tied to bed or chair





1-888-832-3858

24-HOUR TOLL FREE HOTLINE

Virginia Department of Social Services
Adult Services Program
801 E. Main Street
Richmond, VA 23219-2901
<http://www.dss.virginia.gov/index.html>

032-02-0744-01-eng (12/09)

APPENDIX C: Adult Services Program Contacts

Virginia Department of Social Services
 7 North Eighth Street
 Richmond, VA 23219
 Telephone: 804-726-7533 FAX 804-726-7895

Adult Services Home Office Staff	
<p>Gail S. Nardi Adult Services/Adult Protective Services Program Manager ☎ 804-726-7537 gail.nardi@dss.virginia.gov</p>	<p>Venus Bryant Administrative Assistant ☎ 804-726-7533 venus.bryant@dss.virginia.gov</p>
<p>Paige McCleary Adult Services/Adult Protective Services Program Consultant ☎ 804-726-7536 paige.mccleary@dss.virginia.gov</p>	<p>Tishaun Harris-Ugworji Adult Services/Adult Protective Services Program Consultant ☎ 804-726-7560 tishaun.harrisugworji@dss.virginia.gov</p>
Adult Services Regional Staff	
<p>Carol McCray 190 Patton Street Abingdon, VA 24210 ☎ 276-676-5636 FAX: 276-676-5621 Carol.mccray@dss.virginia.gov</p>	<p>Vacant 170 West Shirley Avenue, Suite 200 Warrenton, VA 22186 ☎ 540-347-6313 FAX: 540-347-6331</p>
<p>Vacant 1351 Hershberger Road Suite 210 Roanoke, VA 24012 ☎ 540-204-9638 FAX: 540-561-7536</p>	<p>Margie Marker 1604 Santa Rosa Road Richmond, VA 23229 ☎ 804-662-9783 FAX: 804-662-7023 Marjorie.Marker@dss.virginia.gov</p>
<p>Carey Kalvig Pembroke Office Park, Pembroke IV, Suite 300 Virginia Beach, VA 23462 ☎ 757-491-3983 FAX: 757-552-1832 Carey.Kalvig@dss.virginia.gov</p>	

APPENDIX D: Adult Services Regional Assignments

Eastern	Central	Northern	Piedmont	Western
Carey Kalvig Pembroke Four, Suite 300 Virginia Beach, VA 23462 ☎ 757-491-3983 FAX: 757-552-1832	Margie Marker 1604 Santa Rosa Road Suite 130 Richmond, VA 23229 ☎ 804-662-9783 FAX: 804-662-7023	Vacant 170 West Shirley Avenue Suite 200 Warrenton, VA 22186 ☎ 540-347-6313 FAX: 540-347-6331	Vacant 1351 Hershberger Road Suite 210 Roanoke, VA 24012 ☎ 540-204-9638 FAX: 540-561-7536	Carol McCray 190 Patton Street Abingdon, VA 24210 ☎ 276-676-5636 FAX: 276-676-5621
Agencies	Agencies	Agencies	Agencies	Agencies
Accomack (001) 22 Brunswick (025) 13 Chesapeake (550) 23 Dinwiddie (053) 19 Franklin City (620) 23 Gloucester (073) 18 Greensville (081)/Emporia (595) 19 Hampton (650) 23 Isle of Wight (093) 23 James City (095) 23 Matthews (115) 18 Newport News (700) 23 Norfolk (710) 23 Northampton (131) 22 Portsmouth (740) 23 Prince George (149) 19 Southampton (175) 23 Suffolk (800) 23 Surry (181) 19 Sussex (183) 19 Virginia Beach (810) 23 Williamsburg (830) 23 York (199)/Poquoson (735) 23	Amelia (007) 14 Buckingham (029) 14 Caroline (033) 16 Charles City (036) 15 Chesterfield (041)/ Colonial Heights (570) 15 Cumberland (049) 14 Essex (057) 18 Fluvanna (065) 10 Goochland (075) 15 Hanover (085) 15 Henrico (087) 15 Hopewell (670) 19 King and Queen (097) 18 King William (101) 18 Lancaster (103) 17 Lunenburg (111) 14 Middlesex (119) 18 New Kent (127) 15 Northumberland (133) 17 Nottoway (135) 14 Petersburg (730) 19 Powhatan (145) 15 Prince Edward (147) 14 Richmond City (760) 15 Richmond County (159) 17 Westmoreland (193) 17	Alexandria (510) 8 Arlington (013) 8 Clarke (043) 7 Culpeper (047) 9 Fairfax (059)/Fairfax City (600)/Falls Church (610) 8 Fauquier (061) 9 Frederick (069) 7 Fredericksburg (630) 16 Greene (079) 10 Harrisonburg (660) 6/ Rockingham (165) King George (099) 16 Loudoun (107) 8 Louisa (109) 10 Madison (113) 9 Manassas City (683) 8 Manassas Park (685) 8 Orange (137) 9 Page (139) 7 Prince William (153) 8 Rappahannock (157) 9 Shenandoah (171) 7 Spotsylvania (177) 16 Stafford (179) 16 Warren (187) 7 Winchester (840) 7	Albemarle (003) 10 Alleghany005)/Covington (580) 5/ Clifton Forge (560) 5 Amherst (009) 11 Appomattox (011) 11 Bath (017) 6 Bedford (019)/Bedford City (515) 11 Botetourt (023) 5 Campbell (031) 11 Charlotte (037) 14 Charlottesville (540) 10 Craig (045) 5 Danville (590) 12 Franklin County (067) 12 Halifax (083)/South Boston (780) 13 Henry (089)/ Martinsville (690) 12 Highland (091) 6 Lynchburg (680) 11 Mecklenburg (117) 13 Nelson (125) 10 Pittsylvania (143) 12 Roanoke (770) 5 Roanoke Co. (161)/Salem (775) 5 Rockbridge (163)/Buena Vista (530)/ Lexington (678) 6 Shenandoah Valley (Staunton (790) Augusta (015)/ Waynesboro (820)6)	Bland (021) 3 Bristol (520) 3 Buchanan (027) 2 Carroll (035) 3 Dickenson (051) 2 Floyd (063) 4 Galax (640) 3 Giles (071) 4 Grayson (077) 3 Lee (105) 1 Montgomery (121) 4 Norton (720) 1 Patrick (141) 12 Pulaski (155) 4 Radford (750) 4 Russell (167) 2 Scott (169) 1 Smyth (173) 3 Tazewell (185) 2 Washington (191) 3 Wise (195) 1 Wythe (197) 3

APPENDIX E: Agencies and Organizations

VIRGINIA

Virginia Department of Social Services www.dss.virginia.gov

Virginia Department for the Aging www.vda.virginia.gov

Virginia Department of Health www.vdh.virginia.gov

Virginia Department of Medical Assistance Services (Medicaid) www.dmas.virginia.gov

Virginia Department of Behavioral Health and Developmental Services www.dbhds.virginia.gov

Virginia Department of Rehabilitative Services www.vadrs.org

Virginia Board for People with Disabilities www.vaboard.org

Virginia Center on Aging www.vcu.edu/vcoa

Virginia Coalition for the Prevention of Elder Abuse www.vcpea.org

Office of the State Long-term Care Ombudsman www.vaaaa.org/LTCOP/

Partnership for People with Disabilities www.vcu.edu/partnership

NATIONAL

National Center on Elder Abuse www.ncea.aoa.gov/ncearoot/Main_Site/index.aspx

Family Caregiver Alliance www.caregiver.org/caregiver/jsp/home.jsp

National Alliance for Caregiving <http://www.caregiving.org/>

Centers for Disease Control-Elder Maltreatment
www.cdc.gov/ViolencePrevention/eldermaltreatment/index.html

National Adult Protective Services Association www.apsnetwork.org/

APPENDIX F: Local Department of Social Services

ADULT SERVICES (AS) and ADULT PROTECTIVE SERVICES (APS) Contacts

<u>COUNTIES</u>	
<p>ACCOMACK DSS WAYMAN F. TRENT, SW SUPERVISOR 22554 CENTER PARKWAY PO BOX 210 ACCOMACK, VA 23301 757-787-1530; FAX 757-787-9303</p>	<p>APPOMATTOX DSS SUSAN HUNTER, SW SUPERVISOR 318 COURT STREET PO BOX 549 APPOMATTOX, VA 24522-0549 434-352-7125; FAX: 434-352-0064</p>
<p>ALBEMARLE DSS TRICIA SUSZYNSKI, SR SUPERVISOR 1600 FIFTH STREET, SUITE A CHARLOTTESVILLE, VA 22902 434-972-4010; FAX 434-972-4080 Albemarle DSS Webpage</p>	<p>ARLINGTON DEPT OF HUMAN SVS KAREN HANNIGAN, SOCIAL WORKER 2100 WASHINGTON BLVD. ARLINGTON, VA 22204 703-228-1550; FAX 703-228-1122 Arlington DSS Webpage</p>
<p>ALLEGHANY/COVINGTON /CLIFTON FORGE DSS KAY P. WRENN, SW SUPERVISOR 110 ROSEDALE AVENUE, SUITE B COVINGTON, VA 24426-1244 540-965-1780; FAX: 540-965-1787 (SW) (540) 965-1772 (EW) VOICEMAIL 540-969-4223</p>	<p>BATH DSS JASON MILLER, AS/APS WORKER 65 COURTHOUSE HILL ROAD PO BOX 7 WARM SPRINGS, VA 24484 540-839-7271; FAX 540-839-7278 Bath DSS Webpage</p>
<p>AMELIA DSS SONDRA HICKS, SW SUPERVISOR 16360 DUNN STREET, SUITE 201 PO BOX 136 AMELIA, VA 23002 804-561-2681; FAX: 804-561-6040 Amelia County DSS Webpage</p>	<p>BEDFORD DSS ROBIN ZIMMERMAN, SW SUPERVISOR 119 EAST MAIN STREET BURKS-SCOTT BUILDING BEDFORD, VA 24523-7750 540-586-7750 x253; FAX 540-586-7785 Bedford County DSS Webpage</p>
<p>AMHERST DSS BARBARA MCPHERSON, SW SUPERVISOR 224 SECOND STREET PO BOX 414 AMHERST, VA 24521-0414 434-946-9330; FAX 434-946-9319 Amherst DSS Webpage</p>	<p>BLAND DSS KIMBERLY SOBEY, DIRECTOR 612 MAIN STREET BLAND COUNTY COURTHOUSE, SUITE 208 POST OFFICE BOX 55 BLAND, VA 24315 276-688-4111; FAX 276-688-1468 Bland County DSS Webpage</p>

BOTETOURT DSS

WILLIAM O. BURLISON, SW SUPERVISOR
20 SOUTH ROANOKE STREET, SUITE 102
PO BOX 160
FINCASTLE, VA 24090-0160
540-473-8210; FAX 540-473-8325
[Botetourt County DSS Webpage](#)

BRUNSWICK DSS

DEBBIE BURKETT, SW SUPERVISOR
201 SHARPE STREET, SUITE 100
LAWRENCEVILLE, VA 23868
434-848-2142; FAX 434-848-2828
[Brunswick DSS Webpage](#)

BUCHANAN DSS

CECIL STILTNER, SW SUPERVISOR
ROUTE 5, BOX 108 E
GRUNDY, VA 24614-0674
276-935-8106; FAX 276-935-5412
[Buchanan County DSS Webpage](#)

BUCKINGHAM DSS

STEPHANIE COLEMAN, SW SUPERVISOR
ROUTE 60, PO BOX 170
BUCKINGHAM COURT HOUSE, VA 23921-0170
434-969-4246; FAX 434-969-1449

CAMPBELL DSS

SUSAN R. JONES, SW SUPERVISOR
69 KABLER LANE
PO BOX 860
RUSTBURG, VA 24588-0860
434-332-9585; FAX 434-332-9699
[Campbell County DSS Webpage](#)

CAROLINE DSS

CYNTHIA GREEN, DIRECTOR
17202 RICHMOND TURNPIKE
PO BOX 430
BOWLING GREEN, VA 22427
804-633-5071; FAX 804-633-5648
[Caroline County DSS Webpage](#)

CARROLL DSS

AMBER DALTON, SW SUPERVISOR
CARROLL COUNTY GOVERNMENTAL COMPLEX
605-8 PINE STREET
HILLSVILLE, VA 24343
276-730-3130; FAX 276-730-3135
[Carroll DSS Webpage](#)

CHARLES CITY DSS

ALISA FOLEY, PRINCIPAL SOCIAL WORKER
10600 COURTHOUSE ROAD
PO BOX 98
CHARLES CITY, VA 23030-0098
804-652-1708; FAX 804-829-2430

CHARLOTTE DSS

PHYLLIS COLLEY, SOCIAL WORKER III
400 THOMAS JEFFERSON HIGHWAY
PO BOX 440
CHARLOTTE COURT HOUSE, VA 23923
434-542-5164; FAX 434-542-5692
[Charlotte DSS Webpage](#)

CHESTERFIELD-COLONIAL HGHTS DSS

JOAN KAPPEL, SW SUPERVISOR
9501 LUCY CORR CIRCLE
PO BOX 430
CHESTERFIELD, VA 23832-0430
804-748-1100; FAX 804-717-6294
[Chesterfield County DSS Webpage](#)

<p>CLARKE DSS ROBIN RHODES, AS/APS WORKER 311 EAST MAIN STREET BERRYVILLE, VA 22611 540-955-3700; FAX 540-955-3958 Clarke DSS Webpage</p> <p>CRAIG DSS MAGGIE JENNINGS, DIRECTOR COURT STREET PO BOX 330 NEW CASTLE, VA 24127-0330 540-864-5117; FAX 540-864-6662</p> <p>CULPEPER DSS SARAH BERRY, ADULT SERVICES 219 EAST DAVIS STREET, SUITE 10 CULPEPER, VIRGINIA 22701 540-727-0372 X427; FAX 540-727-7584 Culpeper County DSS Webpage</p> <p>CUMBERLAND DSS KIMBERLY WHITE, SW SUPERVISOR 71 COMMUNITY CENTER DRIVE PO BOX 33 CUMBERLAND, VA 23040-9803 804-492-4915; FAX 804-492-9346</p> <p>DICKENSON DSS SUZZIE VANOVER, SR SOCIAL WORKER BRUSH CREEK ROAD 120 CLOVER STREET PO BOX 417 CLINTWOOD, VA 24228-0417 276-926-1661; FAX 276-926-8144</p> <p>DINWIDDIE DSS DORTHEA TOWNES, SW SUPERVISOR 14012 BOYDTON PLANK ROAD PO BOX 107 DINWIDDIE, VA 23841 804-469-4524; FAX 804-469-4506</p>	<p>ESSEX DSS TONYA CHRISTIAN, SW SUPERVISOR 772 RICHMOND BEACH ROAD PO BOX 1004 TAPPAHANNOCK, VA 22560-1004 804-443-3561; FAX 804-443-8254</p> <p>FAIRFAX CO DEPT OF FAMILY SERVICES BARBARA ANTLEY, DIVISION DIRECTOR 12011 GOVERNMENT CENTER PARKWAY SUITE 232 FAIRFAX, VIRGINIA 22035 703-324-7500; FAX 703-222-9487 Fairfax DSS Webpage</p> <p>FAUQUIER DSS MITTIE WALLACE, PROGRAM MANAGER 320 HOSPITAL DRIVE, SUITE 11 PO BOX 300 WARRENTON, VA 20188-0300 540-347-2316; FAX 540-341-2788 Fauquier County DSS Webpage</p> <p>FLOYD DSS CARL E. AYERS, DIRECTOR COURTHOUSE BUILDING PO BOX 314 FLOYD, VA 24091-0314 540-745-9316; FAX 540-745-9325</p> <p>FLUVANNA DSS KIMBERLY MABE, SW SUPERVISOR 8880 B JAMES MADISON HIGHWAY PO BOX 98 FORK UNION, VA 23055 434-842-8221; FAX 434-842-2776 Fluvanna DSS Webpage</p>
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FRANKLIN COUNTY DSS

VICKIE SMITH, SW SUPERVISOR
11161 VIRGIL H. GOODE HIGHWAY
ROCKY MOUNT, VA 24151
540-483-9247; FAX 540-483-1933
[Franklin County DSS Webpage](#)

FREDERICK DSS

KAREN O. SHIPP, SR. SOCIAL WORKER
107 NORTH KENT STREET, THIRD FLOOR
WINCHESTER, VA 22601
540-665-5688; FAX 540-535-2146
[Frederick DSS Webpage](#)

GILES DSS

PHILIP BLANKENBECKLER, SW SUPERVISOR
211 MAIN STREET, SUITE 109
NARROWS, VA 24124
540-726-8315; FAX 540-726-8253
[Giles DSS Webpage](#)

GLOUCESTER DSS

LINDA KERSEY, SW SUPERVISOR
6641 SHORT LANE
PO BOX 1390
GLOUCESTER, VA 23601-0186
804-693-2671; FAX 804-693-5511
[Gloucester DSS Webpage](#)

GOOCHLAND DSS

BARBARA SPEAS, SW SUPERVISOR
1800 SANDY HOOK ROAD, SUITE 200
PO BOX 34
GOOCHLAND, VA 23063-0034
804-556-5880; FAX 804-556-4718
[Goochland County DSS Webpage](#)

GRAYSON DSS

NATALIE OSBORNE, SW SUPERVISOR
129 DAVIS STREET
PO BOX 434
INDEPENDENCE, VA 24348-0434
276-773-2452; FAX 276-773-2361

GREENE DSS

JEANENE PEARSON, SOCIAL WORKER
10009 SPOTSWOOD TRAIL
STANARDSVILLE, VA 22973-0117
434-985-5246; FAX 434-985-5266
[Greene County DSS Webpage](#)

GREENSVILLE-EMPORIA DSS

CYNTHIA COLE, SW SUPERVISOR
1748 EAST ATLANTIC STREET
PO BOX 1136
EMPORIA, VA 23847-1136
434-634-6576 APS; FAX 434-634-9504
[Greensville Emporia DSS Webpage](#)

HALIFAX DSS

TRISH BARGER, SW SUPERVISOR
1030 COWFORD ROAD
PO BOX 1189
HALIFAX, VA 24558-0666
434-476-6594; FAX 434-476-5258

HANOVER DSS

CHRISTINE TILLMAN, APS SUPERVISOR
12304 SOUTH WASHINGTON HIGHWAY
ASHLAND, VA 23005
804-365-4100; FAX 804-365-4110
[Hanover County DSS Webpage](#)

HARRISONBURG/ROCKINGHAM DSS

NANCY O’BAUGH, SW SUPERVISOR
110 NORTH MASON STREET
PO BOX 809
HARRISONBURG, VA 22803
540-574-5100; FAX 540-574-5127
[Harrisonburg Rockingham DSS Webpage](#)

HENRICO COUNTY DSS

SUSAN UMIDI, AS/APS SUPERVISOR
8600 DIXON POWERS DRIVE
PO BOX 27032
HENRICO, VA 23273-7032
804-501-4001; FAX 804-501-4006
[Henrico County DSS Webpage](#)

HENRY/MARTINSVILLE DSS

TANYA VERLIK, ASSISTANT DIRECTOR
20 PROGRESS STREET
PO BOX 832
MARTINSVILLE, VA 24114
276-656-4300; FAX 276-656-4303

HIGHLAND DSS

SHARON SPONAUGLE, DIRECTOR
COURTHOUSE ANNEX
PO BOX 247
MONTEREY, VA 24465-0247
540-468-2199; FAX 540-468-3099

ISLE OF WIGHT DSS

MAXINE BYRD, SOCIAL WORKER
17100 MONUMENT CIRCLE, SUITE A
ISLE OF WIGHT, VA 23397-0110
757-365-0880; FAX 757-365-0886
[Isle of Wight DSS Webpage](#)

JAMES CITY COUNTY DSS

SHARON BRYSON, SW SUPERVISOR
5249 OLD TOWNE ROAD
WILLIAMSBURG, VA 23188
757-259-3100; FAX 7574-259-3188
[James City County DSS Webpage](#)

KING & QUEEN DSS

DOUG SNYDER, SW SUPERVISOR
241 ALLEN CIRCLE
PO BOX 7
KING & QUEEN COURTHOUSE, VA 23085
804-769-5003; FAX 804-785-5885
[King and Queen County DSS Webpage](#)

KING GEORGE DSS

BERNADETTE DEEGAN, SOCIAL WORKER
10069 KINGS HIGHWAY
PO BOX 130
KING GEORGE, VA 22485-0130
540-775-3544; FAX 540-775-3098
[King George County DSS Webpage](#)

KING WILLIAM DSS

CHERLANDA SIDNEY-ROSS, SUPERVISOR
172 COURTHOUSE LANE
PO BOX 187
KING WILLIAM, VA 23086-0187
804-769-4926; FAX 804-769-4979
[King William County DSS Webpage](#)

LANCASTER DSS

DAWN MAHAFFEY, SW SUPERVISOR
9049 MARY BALL ROAD
PO BOX 185
LANCASTER, VA 22503
804-462-5141; FAX 804-462-0330

LEE DSS

SALLY LEWIS, SW SUPERVISOR
MAIN STREET
PO BOX 348
JONESVILLE, VA 24263-0346
276-346-1010; FAX 276-346-2217

LOUDOUN DSS

DINAH DITTON, APS SUPERVISOR
NICOLE EDWARDS, APS CASE AIDE
102 HERITAGE WAY, NE, SUITE 200
LEESBURG, VA 20176
703-777-0353; FAX 703-771-5214
[Loudoun County DSS Webpage](#)

LOUISA DSS

WENDY SMITH, SR SOCIAL WORKER
103 MCDONALD STREET
PO BOX 425
LOUISA, VA 23093-0425
540-967-1320; FAX 540-967-0593

LUNENBURG DSS

DOROTHY A NEWCOMB, DIRECTOR
11387 COURTHOUSE ROAD
LUNENBURG, VA 23952
434-696-2134; FAX 434-696-2534

MADISON DSS

LINDA GIGEL, SOCIAL WORKER
101 SOUTH MAIN STREET
PO BOX 176
MADISON, VA 22727-0176
540-948-5521; FAX 540-948-3762
[Madison County DSS Webpage](#)

MATHEWS DSS

LISA BROWN, SW SUPERVISOR
ROUTE 611, 536 CHURCH STREET
PO BOX 925
MATHEWS, VA 23109-0925
804-725-7192; FAX 804-725-7086
[Mathews County DSS Webpage](#)

MECKLENBURG DSS

JOY L. GUPTON, SW SUPERVISOR
911 MADISON STREET
PO BOX 400
BOYDTON, VA 23917
434-738-6138; FAX 434-738-6150

MIDDLESEX DSS

ANGELA BEACHY, DIRECTOR
2893 GENERAL PULLER HIGHWAY
PO BOX 216
URBANNA, VA 23175-0216
804-758-2348; FAX 804-758-2357
[Middlesex County DSS Webpage](#)

MONTGOMERY DSS

LINDA EATON, SW SUPERVISOR
210 SOUTH PEPPER STREET, SUITE B
PO BOX 789
CHRISTIANSBURG, VA 24073
540-382-6990; FAX 540-382-6945
[Montgomery County DSS Webpage](#)

NELSON DSS

MICHEL KOHL, DIRECTOR
203 FRONT STREET
PO BOX 357
LOVINGSTON, VA 22949
434-263-7160; FAX 434-263-8605
[Nelson County DSS Webpage](#)

NEW KENT DSS

MICHELLE LAUTER COWLING, SW SUPERVISOR
 12025 COURTHOUSE CIRCLE, SUITE 100
 PO BOX 299
 NEW KENT, VA 23142
 804-966-1853 x20; FAX 804-966-9170
[New Kent County DSS Webpage](#)

NORTHAMPTON DSS

GREG ROUTZONG, SR SOCIAL WORKER
 5265 THE HORNES
 PO BOX 568
 EASTVILLE, VA 23347-0568
 757-678-5153 X 331; FAX 757-678-0475
[Northampton County DSS Webpage](#)

NORTHUMBERLAND CO DSS

JACKIE CLAYTON, SW SUPERVISOR
 6373 NORTHUMBERLAND HIGHWAY, SUITE A
 PO BOX 399
 HEATHSVILLE, VA 22473-0399
 804-580-3477; FAX 804-580-5815

NOTTOWAY DSS

BERNETTA S. WATKINS, SW SUPERVISOR
 288 W. COURTHOUSE ROAD
 PO BOX 26
 NOTTOWAY, VA 23955-0026
 434-645-8494; FAX 434-645-7643
[Nottoway County DSS Webpage](#)

ORANGE COUNTY DSS

CAROLE SUE GRAVES, SERVICE SUPERVISOR
 146 MADISON ROAD, SUITE 201
 ORANGE, VA 22960
 540-672-1155; FAX 540-672-9118
[Orange County DSS Webpage](#)

PAGE DSS

WILLIAM N. AMONETTE, SR SOCIAL WORKER
 215 WEST MAIN STREET, SUITE A
 PO BOX 47
 STANLEY, VA 22851
 540-778-1053; FAX 540-778-1504

PATRICK DSS

SHARON KIMBLE, SOCIAL WORKER
 106 RUCKER STREET, SUITE 128
 STUART, VA 24171
 276-694-3328 X222; FAX 276-694-8210

PITTSYLVANIA DSS

LINDA BENGSTON, SW SUPERVISOR
 220 H. G. MCGHEE DRIVE
 PO BOX E
 CHATHAM, VA 24531
 434-432-7281; FAX 434-432-0923

POWHATAN DSS

BRAD BURDETTE, SW SUPERVISOR
 3908 OLD BUCKINGHAM ROAD, SUITE 2
 POWHATAN, VA 23139-0099
 804-598-5630; FAX 804-598-5614
[Powhatan County DSS Webpage](#)

PRINCE EDWARD DSS

CYNDI P. GABLE, SW SUPERVISOR
 111 SOUTH STREET
 PO BOX 628
 FARMVILLE, VA 23901-0628
 434-392-3113 X149; FAX 434-392-8453

PRINCE GEORGE DSS

PATSY JONES, SW SUPERVISOR
 6450 ADMINISTRATION DRIVE, BUILDING 12
 PO BOX 68
 PRINCE GEORGE, VA 23875-0068
 804-733-2650; FAX 804-733-2652
[Prince George County DSS Webpage](#)

PRINCE WILLIAM DSS

LYNDA WORKMAN, SOCIAL WORKER
MANAGER

7987 ASHTON AVENUE, SUITE 200

MANASSAS, VA 20109

703-792-7500; FAX 703-792-7363

[Prince William County DSS Webpage](#)

PULASKI DSS

SALLY QUESENBERRY, ASSISTANT DIRECTOR

143 THIRD STREET, NW

PO BOX 110

PULASKI, VA 24301-0110

540-980-7995; FAX 540-980-7993

RAPPAHANNOCK DSS

SHARON PYNE, AS/APS SOCIAL WORKER

354 GAY STREET

PO BOX 87

WASHINGTON, VA 22747-0087

540-675-3313; FAX 540-675-3315

RICHMOND COUNTY DSS

ELIZABETH SMITH, SW SUPERVISOR

5579 RICHMOND ROAD

PO BOX 35

WARSAW, VA 22572-0035

804-333-4088; FAX 804-333-0156

ROANOKE COUNTY DSS

HEATHER DAWN RIDDLE, SW SUPERVISOR

220 EAST MAIN STREET

P O BOX 1127

SALEM, VA 24153

540-387-6087; FAX 540-387-6210

[Roanoke County DSS Webpage](#)

ROCKBRIDGE/BUENA VISTA/LEXINGTON DSS

BRENDA PERRY, SW SUPERVISOR

20 EAST PRESTON STREET

LEXINGTON, VA 24450

540-463-7143; FAX 540-464-9110

RUSSELL DSS

KEITH MARTIN, SW SUPERVISOR

155 ROGERS STREET

PO BOX 1207

LEBANON, VA 24266

276-889-3031 x140; FAX 276-889-2662

SCOTT DSS

BRENDA STAPLETON, SW SUPERVISOR

112 BEECH STREET, SUITE 101

PO BOX 637

GATE CITY, VA 24251-0637

276-386-3631; FAX 276-386-6031

SHENANDOAH COUNTY DSS

KATHLEEN NIES-HEPNER, AS/APS WORKER

SHENANDOAH COUNTY GOVERNMENT
CENTER

600 NORTH MAIN STREET, SUITE 108

WOODSTOCK, VA 22664

540-459-6226; FAX 540-459-6223

[Shenandoah County DSS Webpage](#)

SHENANDOAH VALLEY DSS (WAYNESBORO OFFICE)

NICOLE MEDINA, SUPERVISOR, 820

1200 SHENANDOAH AVENUE

WAYNESBORO, VA 22980

540-942-6646; FAX 540-942-6658

[Shenandoah Valley DSS \(Waynesboro Office\) Webpage](#)

SHENANDOAH VALLEY DSS (STAUNTON-AUGUSTA OFFICE)

NICOLE MEDINA, SUPERVISOR, 015 & 790
68 DICK HUFF LANE
PO BOX 7
VERONA, VA 24482-0007
540-245-5800; FAX 540-245-5880
[Shenandoah Valley DSS \(Augusta County Office\) Webpage](#)

SMYTH DSS

MARY BETH SHEETS, SW SUPERVISOR
121 BAGLEY CIRCLE, SUITE 200
MARION, VA 24354
276-783-8148 X 255; FAX 276-783-6327

SOUTHAMPTON DSS

MICHELLE STIVERS, SW SUPERVISOR
26022 ADMINISTRATION CENTER DRIVE
PO BOX 550
COURTLAND, VA 23837-0550
757-653-3080; FAX 757-653-0357
[Southampton County DSS Webpage](#)

SPOTSYLVANIA DSS

BETTY H. BAZEMORE, SW SUPERVISOR
9019 OLD BATTLEFIELD BOULEVARD
SPOTSYLVANIA, VA 22553
MAILING: PO BOX 249
SPOTSYLVANIA, VA 22553
540-507-7898; FAX 540-507-7806
[Spotsylvania County DSS Webpage](#)

STAFFORD DSS

MELISSA AYLOR, SOCIAL WORKER
STAFFORD COUNTY GOVERNMENT CENTER
1300 COURTHOUSE ROAD
PO BOX 7
STAFFORD, VA 22555-0007
540-658-8720; FAX 540-658-8798
[Stafford DSS Webpage](#)

WESTMORELAND DSS

SURRY DSS

JOAN BROWN, SR SOCIAL WORKER
ROUTE 626, 45 SCHOOL STREET
PO BOX 263
SURRY, VA 23883-0263
757-294-5240; FAX 757-294-5248
[Surry County DSS Webpage](#)

SUSSEX DSS

TRAMALL HOLMES, SR SW SUPERVISOR
20103 PRINCETON ROAD
PO BOX 1336
SUSSEX, VA 23884-1336
434-246-7020; FAX 434-246-2504
[Sussex County DSS Webpage](#)

TAZEWELL DSS

ANNE COATES, AS/APS SUPERVISOR
253 CHAMBER DRIVER
PO BOX 149
TAZEWELL, VA 24651
276-988-8500; FAX 276-988-2765

WARREN DSS

TAMMY CURL, SOCIAL WORKER
912 WARREN AVENUE
FRONT ROYAL, VA 22630-0506
540-635-3430; FAX 540-635-8451
[Warren County DSS Webpage](#)

WASHINGTON CO DSS

JENNIFER HENSLEY, SW SUPERVISOR
15068 LEE HIGHWAY, SUITE 100
BRISTOL, VA 24202
276-645-5000; FAX 276-645-5055

KATHRYN KNOELLER, SW SUPERVISOR
PEACH GROVE LANE
18849 KING'S HIGHWAY
PO BOX 302
MONTROSS, VA 22520-0302
804-493-9305; FAX 804-493-9309
[Westmoreland County DSS Webpage](#)

WISE DSS

VICKI HALL, AS SUPERVISOR
5612 NORTH COEBURN MOUNTAIN RD
PO BOX 888
WISE, VA 24293-0888
276-328-8056; FAX 276-328-8632
[Wise County DSS Webpage](#)

WYTHE DSS

EDIE HURT, SW SUPERVISOR
275 SOUTH FOURTH STREET
WYTHEVILLE, VA 24382
276-228-5493; FAX 276-228-9272
[Wythe County DSS Webpage](#)

YORK-POQUOSON SOCIAL SERVICES

KENDALL FERGUSON, SW SUPERVISOR
301 GOODWIN NECK ROAD
YORKTOWN, VA 23692-0917
757-890-3973; FAX 757-890-3934
[York-Poquoson DSS Webpage](#)

CITIES

ALEXANDRIA DSS

JO-ANN LEITCH, SW SUPERVISOR
2525 MT. VERNON AVENUE
ALEXANDRIA, VA 22301
703-838-0700; FAX 703-838-2355
[Alexandria DSS Webpage](#)

BRISTOL DSS

DEBORAH HARVEY, SW SUPERVISOR
621 WASHINGTON STREET
BRISTOL, VA 24201-4644
276-645-7450; FAX 276-645-7475

CHARLOTTESVILLE DSS

JOYCE E. MARTIN, LCSW, APS SUPERVISOR
120 SEVENTH STREET, NE
PO BOX 911
CHARLOTTESVILLE, VA 22902-0911
434-970-3400; FAX 434-970-3444
[Charlottesville DSS Webpage](#)

CHESAPEAKE DSS

PAM COLE, SW SUPERVISOR
100 OUTLAW STREET
PO BOX 15098
CHESAPEAKE, VA 23320
757-382-2000; FAX 757-543-1644
[Chesapeake DSS Webpage](#)

DANVILLE DSS

GLEN HARRIS, SW SUPERVISOR
510 PATTON STREET
PO BOX 3300
DANVILLE, VA 24543
434-799-6543; 434-797-8818
[Danville DSS Webpage](#)

FRANKLIN CITY DSS

DEBRA ADAMS, SW SUPERVISOR
306 NORTH MAIN STREET
PO BOX 601
FRANKLIN, VA 23851
757-562-8520; FAX 757-516-6683
[Franklin City DSS Webpage](#)

FREDERICKSBURG DSS

CHRISTEN GALLIK, ACTING DIRECTOR
608 JACKSON STREET, SUITE 100
FREDERICKSBURG, VA 22401
540-372-1032; FAX 540-372-1157
[Fredericksburg DSS Webpage](#)

GALAX DSS

SUSAN CLARK, DIRECTOR
105 EAST CENTER STREET
PO BOX 166
GALAX, VA 24333-0166
276-236-8111; FAX 276-236-9313

HAMPTON DSS

BARBARA STEWART, SUPERVISOR
1320 LASALLE AVENUE
HAMPTON, VA 23669
757-727-2120; FAX 757-727-1835
[Hampton DSS Webpage](#)

HOPEWELL DSS

PHIL QUIN, SW SUPERVISOR
256 EAST CAWSON STREET
HOPEWELL, VA 23860
804-541-2330; FAX 804-541-2347
[Hopewell DSS Webpage](#)

LYNCHBURG DSS

TED CAMPBELL, SW SUPERVISOR
 99 NINTH STREET
 PO BOX 6798
 LYNCHBURG, VA 24505
 434-455-5850; FAX 434-847-1785
[Lynchburg DSS Webpage](#)

MANASSAS DSS

SOPHIA J. LENK, SOCIAL WORKER III
 9324 WEST STREET
 MANASSAS, VA 20110
 703-361-8277; FAX 703-361-6933
[Manassas City DSS Webpage](#)

MANASSAS PARK DSS

JACQUELINE PRESCOD, SOCIAL WORKER
 CITY HALL
 ONE PARK CENTER COURT
 MANASSAS PARK, VA 20111
 703-335-8898; FAX 703-335-8899
[Manassas Park DSS Webpage](#)

NEWPORT NEWS DSS

TERESA CARTER, SW SUPERVISOR
 ROUSE TOWER
 6060 JEFFERSON AVENUE
 NEWPORT NEWS, VA 23605
 757-926-6300; FAX 757-926-6118
[Newport News DSS Webpage](#)

NORFOLK DSS

HEATHER CRUTCHFIELD, APS SUPERVISOR
 FRANKLIN BUILDING
 741 MONTICELLO AVENUE
 NORFOLK, VA 23510-1506
 757-664-6000; FAX 757-664-3275
[Norfolk DSS Webpage](#)

NORTON DSS

LESHANA JOHNSON, SW SUPERVISOR
 938 PARK AVENUE
 PO BOX 378
 NORTON, VA 24273-0378
 276-679-2701; FAX 276-679-0607

PETERSBURG DSS

MARGARET MORGAN, AS SUPERVISOR
 400 FARMER STREET
 PETERSBURG, VA 23804
 804-861-4720 x3021; FAX 804-861-0137
[Petersburg DSS Webpage](#)

PORTSMOUTH DSS

TONTA GARDNER, SW SUPERVISOR
 1701 HIGH STREET, SUITE 101
 PORTSMOUTH, VA 23704
 757-405-1800 X8114; FAX 757-405-1874
[Portsmouth DSS Webpage](#)

RADFORD DSS

TRACIE BREWSTER, SUPERVISOR
 928 WEST MAIN STREET
 RADFORD VA 24141
 540-731-3663; FAX 540-731-5000
[Radford DSS Webpage](#)

RICHMOND CITY DSS

THOM BUTCHER, APS SUPERVISOR
 ARLENE LOVE, AS SUPERVISOR
 MARSHALL PLAZA BUILDING
 900 EAST MARSHALL STREET
 PO BOX 10129
 RICHMOND, VA 23240
 804-646-7212; FAX 804-646-7018
[Richmond DSS Webpage](#)

	<p>ROANOKE CITY DSS NANCY NORCROSS, MS SW SUPERVISOR 1510 WILLIAMSON ROAD, NE ROANOKE, VA 24012 540-853-2591; FAX 540-853-2027 Roanoke DSS Webpage</p> <p>SUFFOLK DSS INEZ CRAIG, SW SUPERVISOR 135 HALL AVENUE, SUITE B SUFFOLK, VA 23434 757-514-7341; FAX 757-923-3047 Suffolk DSS Webpage</p> <p>VIRGINIA BEACH DSS WENDY SWALLOW, AS/APS SUPERVISOR 3432 VIRGINIA BEACH BOULEVARD, SUITE 342 VIRGINIA BEACH, VA 23452-4420 757-437-3200; FAX 757-437-3466 Virginia Beach DSS Webpage</p> <p>WILLIAMSBURG DSS BARBARA ANDERSON, SOCIAL WORKER 401 LAFAYETTE STREET WILLIAMSBURG, VA 23185 757-220-6161; FAX 757-220-6113 Williamsburg DSS Webpage</p> <p>WINCHESTER DSS HOLLY DAY, SOCIAL WORKER II 24 BAKER STREET WINCHESTER, VA 22601 540-662-3807, FAX 540-662-3279 Winchester DSS Webpage</p>
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