

Adverse Assisted Living Facility Closures: Tips and Strategies for Challenging Conditions

I. Introduction

The goal of this guidance is to assist assisted living facility (ALF) relocation team members with the unique challenges and dilemmas that may be encountered while carrying out facility closure and resident relocations under adverse conditions such as licensing action, owner disengagement, legal action, financial disclosure or general funding issues. This guidance has been developed through the collaboration of staff from local Department of Social Services (LDSS), Virginia Department of Social Services (VDSS) Licensing, Department of Behavioral Health and Developmental Services (DBHDS), and Department for Aging and Rehabilitative Services (DARS) Adult Protective Services (APS) Division. After outlining some of the potential challenges, there are tips, strategies, tools, and resources to help navigate through the processes successfully.

II. The Complexity of Assisted Living Facility Closures Under Adverse Conditions

Current ALF relocation guidance is designed for situations in which the closing facility owner is fully engaged in the closure process and acts in the best interest of the facility residents. This is not adequate guidance for ALF closures occurring under adverse conditions in which the ALF owner is either not engaged or should not be engaged. For closures as a result of licensing action, the closure can be anticipated in advance due to the lengthy processes involved in actions such as license non-renewal or license revocation which can take years. Sometimes these lengthy processes actually negatively impact residents' and families' willingness to participate in the relocation efforts. There have been situations where ALF owners had frequently warned of impending facility closure over time. Then, when the actual closure was in process residents and families were not cooperative with relocation efforts due to mistaken assumptions that the situation would be resolved and facility closure avoided. Licensing standards also allow for residents to remain at the ALF during the pending closure. The facility is required to give residents a 60-day written notice of closure. This can give a false impression that the facility is capable of remaining operational for that 60-day timeframe. Practically speaking, the facility may not have the financial wherewithal to operate for 60 days. This needs to be known at the outset and incorporated into the planning process. There are no government funds available for supplies, staff salaries, utilities and essential operating expenses during the facility closure process. When these considerations are taken together, facility closures under negative circumstances can be complex in terms of maintaining care, maintaining business operations, and developing safe discharge plans for all residents.

III. Tips and Strategies

Stakeholder Collaboration and Designation of a Lead Agency/Relocation Coordinator

Getting stakeholders to the table as early as possible is imperative, designating a lead agency/relocation coordinator, establishing communication practices, and defining roles and responsibilities is necessary. Establish a system and timeframe for regular updates, whether by phone, e-mail, or in-person. If the ALF owner is not engaged, then a community partner agency will need to assume lead responsibility. It is important that the lead agency/relocation coordinator remain engaged until residents are safely relocated and the facility doors permanently close. Stakeholders will vary per locality depending upon the makeup of the ALF resident group. For example, if the majority of residents are receiving treatment/services for mental health and intellectual disabilities (ID), then the local Community Services Board (CSB) will have a stronger role in facilitating resident relocations. If the residents are incapacitated/elderly and at-risk, then local adult protective services (APS) will have primary responsibility. If residents require preadmission screening (PAS) for nursing facility, Program of All Inclusive Care for the Elderly (PACE), or long term care waivers, then local Adult Services (AS) and Public Health will have a stronger role. Some possible stakeholders to include on the relocation team and throughout the relocation process are:

VDSS Licensing: The region's licensing administrator is the lead point of contact for VDSS licensing. Licensing staff can manage and interpret facility regulations; help assess financial stability during the closure process; have a relationship with the owner; help obtain variances for licensing standards in order to facilitate emergency placements; seek injunctions regarding potential criminal charges; obtain information on ALF vacancies around the Commonwealth to help locate alternative placements.

LDSS: APS and AS staff are qualified assessors for ALF; perform PAS and assist with placement plans; conduct APS investigations for at-risk adults; collaborate with law enforcement to seek injunctions regarding criminal charges; and facilitate emergency placements. LDSS benefits staff determine eligibility for public assistance programs such as Auxiliary Grants (AG), Medicaid, and SNAP benefits.

Local Health Department: Are members of PAS teams; help facilitate physicals and TB screenings; complete facility health code enforcement/inspections.

Local Community Services Board/DBHDS: Staff are qualified assessors for ALF; provide case management and waiver management for those with ID, substance abuse, and mental illness; facilitate access to mental health, substance abuse, and ID crisis and stabilization programs and DBHDS-licensed facilities.

Local Area Agency on Aging (AAA) and Long Term Care Ombudsman: Staff are qualified assessors for ALF; services vary per locality; may provide community-based, in-home supports such as congregate meals at senior centers, home-delivered meals, caregiver support, aging resource information, Medicare counseling, and home modifications/repairs. Local long term care ombudsmen focus on residents' rights, and serve as liaisons between families and service providers.

DARS APS Division Regional Consultant, APS Division Auxiliary Grant (AG) Program Consultant:

Requests for APS Division program funds; liaison between LDSS and DARS programs such as the State Ombudsman, Disability Determination, Division of Rehabilitation, and the Division for the Aging, VDSS, and Department for Medical Assistance Services (DMAS); AS/APS policy and regulations guidance.

Other entities as needed: There may be situations which arise that suggest special consultation. Examples: local code enforcement, LDSS director, local government administrator, public utilities providers, private utilities providers, legal counsel, law enforcement, area facilities, area multidisciplinary planning team, centers for independent living, local clinics/physicians, housing, shelters, brain injury services, Disability Determination, DMAS, Veterans Administration.

Operational Overview

The relocation team will need to gather essential information to determine what the special circumstances and needs are in the situation, and develop strategies for how to address them. Gathering the right information early will help save time and resources. (See Tools for sample financial worksheets.)

TIP: Try to gather operational expenses information *prior to* the initial relocation team meeting. VDSS Licensing staff has authority to meet with appropriate ALF staff to obtain responses for the ALF Operating Funds Checklist.

If the ALF owner is uncooperative or absent, and there is no access to the financial information, an emergency injunction should be requested by VDSS licensing and APS. State AG funds are involved. An injunction will ensure access to the ALF accounts to keep the facility running during the closure process. Collaborate with local City, County, or Commonwealth's Attorney for legal options.

ALF Operating Funds Checklist

- ☑ Interview the ALF owner to find out exactly what operating funds are available and how long they should last. (**Helpful Hint:** This is a key question regardless of the notice the facility gives.)
- ☑ Calculate facility revenue. This is basically the rent from each individual. The information can be found by reviewing contracts or bills. (**Helpful Hint:** Often AG rates are *not changed* on the contracts, so the calculations may need to be performed with the current AG rate.)
- ☑ Calculate staff payroll. This should be calculated as gross pay since taxes will have to come out of something at some point. (**Helpful Hints:** It helps if there is an accounting in the records, but if not, use the rate of pay x the hours worked. If overtime, calculate at time-and-a-half.) Gather additional information from staff if administrator is not available. May need to find out if a payroll service is being used and any fees for this service.
- ☑ Calculate rent/mortgage, and essential utilities (phone, water, electricity, internet, cable, etc.) (**Helpful Hint:** Ask if there are any cutoff notices, cut-off dates, and contact information for the utilities.)
- ☑ Calculate meals expenses. A current average is about \$3.00 to \$3.50 per person per day depending upon the size of the facility. (**Helpful Hints:** Dietary staff can be most helpful as they usually have copies of order forms. Also remember to utilize the emergency food supply and perform a basic inventory prior to expense accounting. Develop menus from the food supply and the additional ordered food.)
- ☑ Calculate essential building supplies expenses. (This includes soap, toilet paper, medical supplies, etc.) (**Helpful Hint:** Inventory supplies prior to ordering additional supplies as it may be less expensive to purchase supplies locally.)
- ☑ Total all of the expenses and subtract this from the total revenues. This will demonstrate whether there are sufficient funds to operate the facility through the month. (**Helpful Hint:** Do this budget overview once per month due to changes/adjustments each month.)
- ☑ Obtain an accounting of recipient funds as well. Compare resident funds with resident expenses such as pharmacy bills. (**Helpful Hints:** There should be separate accounts for each AG recipient's personal needs allowance. Ask who has control of resident funds.)
- ☑ Try to schedule resident moves so the closing facility does not owe the accepting facility money.

TIP: Assign someone from the relocation team to work with the facility finance staff, until the facility closes.

Additional Immediate Questions for the Owner/Administrator:

- Why is the facility closing? Are there imminent safety concerns? (**Helpful Hint:** Safety concerns are to be addressed immediately. Should there be a need for an emergency evacuation, contact local emergency responders, Red Cross, and local city or county administrator to engage emergency shelter plan. See ALF Immediate Situation Notes in Tools.)
- Will the owner remain engaged until all residents are safely relocated as required? (**Helpful Hint:** If so, they are the lead, if not, another stakeholder will need to facilitate the relocations. Ask what their plan is to assist residents with safe discharge plans.)
- Which residents are receiving AG checks and from which localities? (**Helpful Hint:** Each locality needs to be notified of the facility closure and where the AG checks need to go. Establish immediate communication with the Eligibility Supervisors of the LDSSs managing the AG checks. Collaborate with DARS AG Program Consultant for questions and support.)
- Which residents are receiving any form of Social Security benefits, and where are they deposited? (**Helpful Hint:** If the checks are being deposited in the facility's/owner's account, the funds will need to be redirected.)
- Ask how resident funds are managed. Remind the ALF owner that resident personal funds belong to the residents and must be relinquished.
- Provide US Postal Service change of address forms for the owner to sign for each resident.

Operations Q & A:

What happens if there are not enough funds to operate the facility for 60 days until the "official" closing date?

If operating funds will not last 60 days, then the relocation team will need to consider options such as:

~ Shortening the time period for the facility to close.

~ Ways to economize facility operations, such as shutting down portions of the facility in phases as residents relocate, cutting back on non-essential expenses.

~If there are utility cut-off notices, contact the local government administrator for assistance with a plan to address the concerns with the local utilities.

What if there is not enough money to pay staff?

VDSS Licensing and the lead of the relocation team will need to maintain open dialogue with facility staff concerning maintaining essential care for residents during the closure process. If there is not enough money to pay staff, plan for gaps in services. Prepare families and residents for this likelihood. Ask families and residents if they can make temporary housing and care arrangements. Consult local and State authorities for emergency funds to pay for temporary lodging and services. It may be necessary for a relocation team representative to be on-site daily to ensure that essential medical, nutritional, and operational services do not lapse.

Note: Due to limited yearly allocations, APS funding to address emergency issues related to an ALF closure may not be available.

What if the food is running low?

Plan ahead for the possibility of running low on food supplies. Talk with local nursing, assisted living facilities, or hospitals about combining efforts to assist with meals. Consult area food banks and volunteer crisis assistance services.

What recourse is there if there are signs of mismanagement of resident funds or criminal actions?

Financial exploitation and theft concerns should be reported to APS, Social Security, and local law enforcement for review for investigation. If such concerns are validated, there are potentially legal options that should be reviewed with local City, County or Commonwealth’s Attorney.

ALF Immediate Situation Notes

Problem/Challenge:	Strategy to Address Challenge:
Disengaged owner has resigned but remains in the area.	Local VDSS Licensing unit to coordinate facility closure with team comprised of local Licensing Specialist, APS/AS, DSS eligibility, CSB, & AAA/Ombudsman.

Residents Overview

Obtain personal Identifying information, diagnoses and level of care, and lead responsible party for each resident. (**Helpful Hints:** Facility client record face sheets are a start, but may not have current information. Make note if the resident has special needs such as TBI, Huntington's Disease, Department Of Corrections record, smoking, substance abuse, or challenging behaviors and request additional placement help if needed.) The relocation team lead agency will need to maintain a master spreadsheet to track resident placements. (See Tools for a sample spreadsheet.)

Questions Concerning Each Resident:

- Is the resident willing to relocate? (They don't have a choice, but start the adjustment process early. Prepare for issues.) Do they understand what's happening? What are the resident's preferences? (**Helpful Hints:** Try to accommodate preferences as much as possible. Try to involve the resident as much as possible in their relocation plan. Engage the responsible party to assist the resident with the transition decision.)
- What is the funding source for the ALF placement? (**Helpful Hint:** If private pay, then contact family/responsible party about urgency of moving their family member, and obtain their plan.)
- Who is the representative payee for the SSA, SSI, SSDI checks? (**Helpful Hints:** SSA needs to be contacted to place any "hold" requests, and the money will be released when SSA is notified of the individual's new location. Notify the regional SSA office of the facility closure.)
- Who is involved? (family, friends, DSS, CSB, AAA,DOC, etc.) (**Helpful Hint:** Engage interested parties in locating alternate placement options.)
- For those receiving the AG, where are the AG checks going? (the facility? the family?)
- Is a responsible party needed to facilitate placement? (If so, designate the lead agency, and consider options such as POA and guardianship.)
- Is the UAI less than a year old? (**Helpful Hints:** If not, designate/involve the appropriate qualified assessor to update. Engage facility staff to make corrections and updates. Ask Licensing or for a variance, if needed.)
- Is a PAS needed for nursing facility placement or long term care waivers? Is a Level II screening needed? (**Helpful Hints:** Each locality's process varies, so length of time can vary. DSS and HD comprise the local PAS team. To save time, schedule multiple PAS consecutively. Have staff prepare medical information and prescriptions for preadmission screeners in advance. See PAS Checklist in Tools.)

- ☑ Is a long term care Medicaid or other public assistance application needed? (**Helpful Hints:** If so, designate a responsible party and begin application process immediately.)
- ☑ Is an updated physical and TB screening needed? Any other admissions documentation needs? (**Helpful Hints:** The receiving facility may have certain requirements concerning timeframe for physicals and TB screenings, be sure to ask up-front. Ask the Health Department or local clinic to assist with on-site exams and screenings. Ask Licensing for a variance to facilitate immediate placement and make arrangements for the medical requirements post-placement.)
- ☑ What prescriptions are needed for the transition and are supplies sufficient? (**Helpful Hints:** Ask CSB to help coordinate prescriptions for psychotropic medications. Obtain prescriptions from residents' primary care physicians and psychiatrists. Upon alternate placement, referrals/first appointments should be obtained for anyone needing a prescriber to avoid the current 90-day transfer delay. Ask whether leftover medications can be returned to the closing facility's pharmacy.)
- ☑ Is a Representative Payee needed for SSA benefits? Ask the resident and family for suggestions for a Representative Payee. Consult CSB case manager and local or regional SSA for resources. SSA Webinar: <http://ssa.yorkcast.com/webcast/Play/8f0af2da339b4dc5b9aec033d7babc431d>.

TIP: Assign a responsible agency (DSS, CSB, AAA, etc.) for each resident who will provide progress reports back to the lead of the relocation team. Establish communications expectations.

Residents Q & A:

What if there are safety concerns for the residents due to operational cut-backs during closure?

- ~ Engage the local agencies, such as the Licensing, DSS, AAA, ombudsman, and Centers for Independent Living to provide frequent on-site, un-announced checks of the facility. Anticipate contacts from family members and friends of residents. Provide information on submitting reports to APS and licensing.
- ~ Place residents elsewhere as soon as possible. Identify potentially challenging placements and assign a lead entity to facilitate each resident placement.
- ~ Approach families and friends about the need for making immediate alternate living plans for their resident loved-one. Engage their assistance in locating alternate placement, even if temporary to ensure resident well-being.
- ~ Approach area nursing, assisted living, group homes, and adult foster care homes for emergency placements.
- ~ Obtain facility vacancy information from VDSS Licensing staff, and consider asking for waivers to licensing requirements in order to facilitate emergency placements. Ask VDSS Licensing Administrator for this information.

IV. Tools

FACILITY WORKING BUDGET

Facility: _____ Date: _____

Anticipated Facility Revenues

From: _____ To: _____

I. REVENUES	AMOUNT	SCHEDULE
Fees for Care	_____	_____
Fees from Other Clients/Services	_____	_____
Federal Funds	_____	_____
State Funds	_____	_____
Local Funds	_____	_____
Endowment(s)/Trust Fund(s)	_____	_____
Income from Investments	_____	_____
Donations/Solicitations	_____	_____
Other (Specify)	_____	_____
TOTAL REVENUE:	_____	

Anticipated Facility Expenses

From: _____ To: _____

I. ADMINISTRATION	AMOUNT	SCHEDULE
Office Supplies/Equipment	_____	_____
Insurance		
Liability (Premises/Operations)	_____	_____
Liability (Vehicles)	_____	_____
Other (Specify Type)	_____	_____
Taxes (Specify)	_____	_____
	_____	_____
TOTAL ADMINISTRATIVE EXPENSES:	_____	
II. SALARIES, WAGES, & BENEFITS		
Salaries and Wages	_____	_____
*FICA (Social Security)	_____	_____
*Health Insurance	_____	_____
*Group Life Insurance	_____	_____
*Employer Retirement Contributions	_____	_____
*Other Benefits (Specify)	_____	_____
TOTAL SALARIES, WAGES, & BENEFITS EXPENSES:	_____	

Continued...

*These expenses typically come out of payroll, but do require facility matching funds. Currently the combined expense can be calculated at about 32% of total payroll.

Anticipated Facility Expenses (2)

From: _____ To: _____

III. OPERATIONS	AMOUNT	SCHEDULE
Food	_____	_____
Rent and Mortgage	_____	_____
Utilities	_____	_____
Maintenance & Repairs (necessary only)	_____	_____
Equipment & Supplies	_____	_____
Laundry & Linens	_____	_____
Motor Vehicles	_____	_____
*Contractual Services (Specify)	_____	_____
Other (Specify)	_____	_____
Other (Specify)	_____	_____
TOTAL OPERATIONAL EXPENSES:	_____	

*This may be pest control, dietary services, fire extinguishers, etc. (**Helpful Hints:** Cancel any unnecessary contracts. For needed services, negotiate payments.)

TOTAL ANTICIPATED EXPENSES (Combine expenses totals I, II, & III):

RESIDENT SPREADSHEET SAMPLE

Resident Name	CM/AG Locality/Fam	AG/SSA/SSI/Inc	PP Rate	Age	Level of Care	Diagnosis	CSB/DSS/cont#	Task Checklist	Disposition
John Doe	Your County DSS, Worker Bee 555-123-7890	AG:\$376 SSA: \$743 VA:\$100 PNA:\$82	N/A	62	ALF	CHF, MI, DM	Aunt Jean Doe 555-123-4567; CSB: Wonder Worker 555- 123-6543	<ul style="list-style-type: none"> ▪ UAI3 ▪ DMAS-967 ▪ Level II7 ▪ LTC Mdc7 ▪ TB Test3 ▪ Hx&Physical3 ▪ Meds3 ▪ Transport3 ▪ New Doc3 ▪ AG DSS3 ▪ New UAI Assessor3 ▪ SSA3 ▪ Rep Payee3 	>m/d/yy UAI sent to facilities A, B, C. >Accepted at Mom & Pop. Placement scheduled for m/d/yy. Family to x-port. >Placed m/d/yy to Mom & Pop ALF, New Place, VA.
								<ul style="list-style-type: none"> ▪ UAI ▪ DMAS-96 ▪ Level II ▪ LTC Mdc ▪ TB Test ▪ Hx& Physical ▪ Meds ▪ Transport ▪ New Doc ▪ AG DSS ▪ New UAI Assessor ▪ SSA ▪ Rep Payee 	
								<ul style="list-style-type: none"> ▪ UAI ▪ DMAS-96 ▪ Level II ▪ LTC Mdc ▪ TB Test ▪ Hx& Physical ▪ Meds ▪ Transport ▪ New Doc ▪ AG DSS ▪ New UAI Assessor ▪ SSA ▪ Rep Payee 	

Helpful Hint: It is helpful to set up a tracking tool in Excel to track residents' status with preparations for placement and their progress with public benefits. If set-up electronically, this can be shared by e-mail with others on the relocation team. (Be sure to encrypt!) It should be easy to update, as resident situations are subject to change rapidly.

PREADMISSION SCREENING PREPARATION CHECKLIST

Items to prepare for PAS team for each resident being screened for long term care:

Resident Name: _____ **Date:** _____

- Updated face sheet (resident name, birth date, SSN, responsible party & contact information, medical insurance information, admission date, AG locality, caseworker, etc.)
- Monthly income amount: _____
- AG locality: _____
- Current UAI
- Physician(s)' orders with current physical and mental health diagnoses and treatment (physical and mental health therapies, diet, specialist referrals, assistive devices, etc.)
- CSB/Mental Health/ID services provider: _____
- Medication Administration Record (MAR)
- Copies of Power of Attorney, advanced directives, or guardianship documents
- Will need TB screening and medical history and physical within 30 days of nursing facility placement

V. Resources

LONG-TERM CARE CONTACTS WITH OTHER AGENCIES

AGENCY	WHEN TO CONTACT	CONTACT INFO
Adult Abuse Hotline, VDSS	Suspicion of abuse, neglect, or exploitation of a vulnerable adult	Hotline: 888-832-3858
Virginia Division for the Aging (VDA), DARS	Issues regarding area agencies on aging, public guardianship, No Wrong Door, prescription drug assistance	www.vda.virginia.gov Telephone: 804-662-9333 or 800-552-3402 FAX: 804-662-9354
Department of Behavioral Health and Developmental Services (DBHDS)	Any case involving an individual receiving services from a community services board or behavioral health authority or a facility licensed by DBHDS; regulations; providers	http://www.dbhds.virginia.gov/OL-default.htm Central Office: 804-786-1747; FAX: 804-692-0066 Complaint about a licensed provider: www.dbhds.virginia.gov/OL-Usefulinformation.htm DBHDS OFFICE OF HUMAN RIGHTS: http://www.dbhds.virginia.gov/OHR-default.htm Telephone: 804-786-3988; FAX: 804-371-2308
Department of Health (VDH), Licensure & Certification	Concern about a licensed NF, hospice, hospital, outpatient surgical hospital, or home care organization; regulations; providers	www.vdh.state.va.us/olc/ Complaints: 800-955-1819 or Richmond area: 804-367-2106 FAX: 804-527-4503 e-mail: OLC-Complaints@vdh.virginia.gov
Department of Health Professions (DHP)	Concern about any licensed health professional (e.g., physicians, NF administrators, ALF administrators, registered and licensed practical nurses, certified nurse aides, rehabilitation staff)	www.dhp.virginia.gov Complaints: By telephone: 800-533-1560 ; FAX to 804-527-4475; by e-mail to enfcomplaints@dhp.virginia.gov
Department of Medical Assistance Services (DMAS)	Medicaid issues, PAS, waiver issues, Program for All-Inclusive Care for the Elderly (PACE), Money Follows the Person	www.dmas.virginia.gov LTC Questions: 804-225-4222 Fax: 804-371-4986
Adult Protective Services Division, DARS	Information (e.g., policy and regulations) about adult services programs, adult protective services (APS), adult foster care, Auxiliary Grants, Budget requests for additional APS funding	http://spark.dss.virginia.gov/divisions/dfs/as/ Paige McCleary, Program Consultant, 804-662-7605 Tishaun Harris-Ugworji, Program Consultant, 804-662-7531 Venus Bryant, Admin Assistant, 804-726-1904 Regional Consultants:

	AS/APS Policy Chapters: http://spark.dss.virginia.gov/divisions/dfs/as/manual.cgi	Carol McCray, WRO, 276-676-5636 Carey Raleigh, ERO, 757-491-3983 Marjorie Marker, CRO, 804-662-9783 Andrea Jones, NRO, 540-347-6313 Angela Mountcastle, PRO, 540-204-9640
Department of Social Services (DSS), Licensing Programs	Concern about a licensed Assisted Living Facility (ALF) or Adult Day Care (ADC), including the reporting of complaints, and medication training course, regulations for ALFs or ADC; becoming an ALF or ADC provider	www.dss.virginia.gov/contact_us/dolp_district.pdf (to see counties/cities) Central: Phone: (804) 662-9743 Eastern: Phone: (757) 491-3990 Fairfax: Phone: (703) 934-1505 Northern: Phone: (540) 347-6345 Peninsula: Phone: (757) 247-8020 Piedmont: Phone: (540) 204-9611 Valley: Phone: (540) 332-2330 Western: Phone: (276) 676-5490
Domestic Violence Programs	To report incidence of domestic violence or to seek assistance.	Va. Family Violence Hotline: 1-800-838-VADV
Local law enforcement	Any allegation of sexual abuse of an elder or person 18+ with a disability and whenever a social worker feels endangered or threatened	Local information.
Local medical examiner	Suspicious death of an elder or person 18+ with a disability	Local information. If there are difficulties, contact the Office of the State Medical Examiner (OCME) at http://www.vdh.state.va.us/MedExam/ .
Medicaid Eligibility	Eligibility questions about Medicaid	VDSS Regional Eligibility Specialists: Sharon Craft, WRO, 276-676-5639 Julie Viet, PRO, 540-204-9644 Lynn Brodnax, ERO, 757-491-3980 Vacant, CRO, 804-662-9756 Don McBride, NRO, 540-347-6326
Guardianship & Conservatorship	Issues related to guardianship and conservatorship	Va. Guardianship Assn. http://www.vgavirginia.org/ Va. Circuit Courts: www.courts.state.va.us/courts/circuit/home.html
Medicaid Fraud Control Unit	Cases of suspected Medicaid fraud; criminal abuse and neglect of an adult in a facility	www.oag.state.va.us/consumer/Medicaid_fraud/index.html MFCU Elder Abuse & Neglect Hotline: 800-371-0824 E-mail: MFCU_mail@oag.state.va.us Howard J. Hicks, Investigative Supervisor, MFCU, 804-786-0149, HHicks@oag.state.va.us , Fax: 804-786-3509. William W. Gentry, Criminal Investigator, MFCU, 804-371-2802, wgentry@oag.state.va.us , Fax: 804-786-9136. Daniel W. Thaw, Criminal Investigator, MFCU, 804-786-0063, dthaw@oag.state.va.us , Fax: 804-786-9136.

State Long-Term Care Ombudsman	Advocacy, information, and assistance for older persons receiving long-term care services, whether the care is provided in a NF or ALF, or through community-based services to assist persons still living at home.	www.vaaaa.org/LTOP/ Telephone: 804-565-1600 or 800-552-3402 Toll-Free FAX: 804-662-9140 Joani Latimer-Ferguson, LTC Ombudsman, E-mail Joani.latimer@dars.virginia.gov Gail Thompson, Assistant LTC Ombudsman, E-mail Gail.thompson@dars.virginia.gov
disAbility Law Center of Virginia	Helps with disability-related problems like abuse, neglect, and discrimination.	http://disabilitylawva.org/ Telephone: 800-552-3962 (Toll-Free in Virginia) FAX: 804-662-7057

SHARING INFORMATION WITH OTHER AGENCIES

State-Level Interagency Agreements: The State Office of VDSS has in place interagency agreements to share information with these agencies:

- Department of Behavioral Health and Developmental Services (DBHDS)
- Virginia Office of Protection and Advocacy (VOPA)
- Attorney General’s Office, Medicaid Fraud Control Program
- Office of the State Long-Term Care Ombudsman
- Department of Health, Licensure and Certification
- Department of Medical Assistance Services (DMAS)
- Department of Health Professions (DHP)
- Department for the Blind and Vision Impaired (DBVI)
- Department of Social Services, Division of Licensing Programs

Local-Level Agreements that Are Encouraged

Public/private service-providing agencies including law enforcement, community services boards, area agencies on aging, family services agencies, local health departments, and others having legitimate interest in confidential information.

Source: APS Division Policy Manual, Adult Services, <http://spark.dss.virginia.gov/divisions/dfs/as/manual.cgi>.