

# Adult Protective Services Draft Voluntary Consensus Guidelines Project: Compilation of Public Comments Received by ACL

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## **PREFACE**

The Administration for Community Living (ACL) is providing Draft Voluntary Consensus Guidelines for State Adult Protective Services Systems to promote an effective adult protective services (APS) response across the country so that all adults, regardless of the state or jurisdiction in which they live, have similar protections and service delivery from APS systems. These guidelines were developed by subject matter experts in the field of APS and abuse, neglect, and exploitation of older adults and adults with disabilities. The guidelines are informational in content and are intended to assist states in developing efficient and effective APS systems.

As these are field-developed, consensus-driven, ACL sought and encouraged public input on improving and refining the draft Voluntary Guidelines for State APS Systems. ACL is currently reviewing all the submitted comments. ACL anticipates releasing the Final Voluntary Consensus Guidelines (“Final Guidelines”), along with a summary of the received comments, in October 2016. The Final Guidelines will not constitute a standard nor a regulation, will not create any new legal obligations, nor impose any mandates or requirements. They will not create nor confer any rights for, or on, any person.

In April 2016, ACL released an Interim Report on the progress of the APS Guidelines project. ACL is providing this document in conjunction with the Interim Report. The information in this document is presented in table format, and includes all the discrete comments identified by ACL during the preliminary review of comments in February 2016. The comments are sorted by the section of guidelines referenced in the comment, and includes identification of stakeholder group and state. Please note that this count may change depending on the final review of the data analysis team.

COMMENTS <sup>1</sup>	STAKEHOLDER GROUPS <sup>2</sup>										STATE	SECTION of DOC	
	APS	AGING	MINORITY AGING	DISABILITY	LEGAL	LAW ENFORCE	DV/SAVS	LTC	RESEARCH	HEALTH			GEN PUBLIC
<b>1. ADMINISTRATION</b>													
Recommend including "model" guidelines/policies for Program Administration. The states could decide whether or not to adopt the model policy, modify it or reject it entirely. Having a model would be helpful for those states creating or completely rewriting their procedure manuals.											x		1
<b>1A. ETHICAL FOUNDATION OF APS PRACTICE</b>													
Change to recommend these principles be incorporated into program rule to ensure a compliance mandate and can be reviewed during QA											x		1a
This represents a mix of ethical concepts (e.g., least restrictive alternative) and intervention approaches (e.g., trauma-informed care. It does not reflect the rich array of ethical concepts that must be considered in APS work, such as confidentiality, do no harm, and self-determination											x		1a
My experience tells me that often APS takes the position of the "family" vs. the "senior". If guardianship is being pursued they assume it will be a full guardianship and at that point seem to disregard the senior's rights such as the repeated desire of the senior stating "I want to go home." My opinion is that there is not enough advocacy for the senior's desires. Please consider a more comprehensive attempt to protect the rights of the senior.											x		1a
Requiring APS workers to sign a Code of Ethics for APS at the time of employment could create a legal liability. Incorporating the Code of Ethics in policy and training seem more appropriate. Policy guides workers.	x											AL	1a
Recommended that a code of ethics be developed and that all sign *should include informed consent about confidentiality of information APS staff receive during the investigation. <b>Need to explain that can share info with other agencies</b> , since client probably has no idea.										x		CA	1a

<sup>1</sup> NB: Where emphasis is shown in a comment (e.g., bolded or capitalized text), it is always that of the commenter and not of ACL.

<sup>2</sup> Full names of Stakeholder Groups: Adult Protective Services, Aging, Minority Aging, Disability, Legal, Law Enforcement, Domestic Violence/Sexual Assault/Victim Services, Researchers, Health, General Public, Other/Unknown.

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The overarching principle guiding APS workers should be that of compliance with the Olmstead mandate of the least restrictive setting. In no case should an adult be institutionalized involuntarily as a result of APS intervention				x									IL	1a
Encourage strengthening the section on key concepts for the Code of Ethics discussed on p. 18 for the Ethical Foundation of APS Practices.				x									NA T	1a
Recommend the inclusion of how the trauma-informed approach is defined with e1amples of how APS practice would “respond by fully integrating knowledge about trauma into policies, procedures, and practices” (see document for examples)								x					NA T	1a
Recommend that all assessments be directed by the tenets of self-determination which recognize that:  “Adults in the United States are generally assumed to function independently. Unless shown to suffer from a condition known to undermine independence, we understand that adults hold privileges such as the right to enter into legal contracts and the right to make decisions for her or his own person and property.  Acknowledge an adult’s ability to choose and control personal finances, wills and other legal decisions, independent living circumstances, medical decisions, driving functions and sexual relations.” ( <a href="http://www.asaging.org/blog/evaluating-vulnerable-populations-capacity">http://www.asaging.org/blog/evaluating-vulnerable-populations-capacity</a> )  Cultural responsiveness, Cultural Competence and Cultural Humility are the cornerstone to ethical	x												NA T	1a

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<p>treatment. Using the SAMHSA model, the Cultural Responsiveness and Cultural Competence are interchangeable, “with ‘responsiveness’ applied to services and systems and ‘competence’ applied to people, to refer to “a set of behaviors, attitudes, and policies that...enable a system, agency, or group of professionals to work effectively in cross-cultural situations”.</p> <p>. Culturally responsive services and culturally competent providers “honor and respect the beliefs, languages, interpersonal styles, and behaviors of individuals and families receiving services.... [C]ultural competence is a dynamic, ongoing developmental process that requires a long-term commitment and is achieved over time” (SAMHSA, 20x4)</p>														
<p>We support the development of a Code of Ethics for APS Practice, as we believe it will provide foundational guidance for response in challenging situations; and agree that the key concepts of Least Restrictive Alternative, Person-centered service, Trauma-informed approach, and Supported decision-making be incorporated into the ethical principles. We do incorporate here the suggestion by the National Association of State LTC Ombudsman Programs (NASOP) to re-define Person-centered service and recommend that you incorporate their revised definition into the Guidelines.</p>							x						NA T	1a

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1a: "Supported decision making" should be re-defined as "a series of relationships, practices, arrangement, and agreements, of more or less formality and intensity, designed to assist an individual with a disability to make and communicate to others decisions about the individual's life." - Robert Dinerstein, Implementing Legal Capacity Under Article x2 of the UN Convention on the Rights of Persons with Disabilities: The Difficult Road from Guardianship to Supported Decision Making, x9 Human Rights Brief 8, 10 (Winter 20x2). Based on the above definition, ACL should remove the last sentence under supported-decision making we do not see that as supported decision making. If ACL is trying to provide guidelines to APS workers, we think that a more refined recommendation should be included in the guidelines.				x									NA T	1a
Refer to the APS Code of Ethics which has existed and been disseminated to APS programs for over 10 years. Many states use it in their training. <a href="http://www.napsa-now.org/about-napsa/code-of-ethics/">http://www.napsa-now.org/about-napsa/code-of-ethics/</a>	x												NA T	1a
ACL should incorporate ethical principles associated with law enforcement and medicine into the key concepts that make up the ethical foundation for APS practice. The key concepts in the report reflect the ethical principles of social work. While the ethical principles of law enforcement, medicine and social work may counter one another, they are all important in identifying and intervening to stop maltreatment in older adults.									x		x		NA T	1a
Ethical Foundation on APS Practice, NASOP suggests amending the definition of Person-centered service to make it clearer, more person-centered, and person-directed: "Person-centered service refers to a plan of services that are responsive to an adult's needs, goals, preferences, cultural traditions, family situation, and values. Services and supports are consistent with the preferences of the individual receiving the care, and, when appropriate, his or her family; NASOP is supportive of language that recommends APS systems establish and adopt a set of ethical principles and codify these in their policies and program manuals. For many years, NASOP							x						NA T	1a

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has used a Code of Ethics for its members and local Ombudsman representatives. Attached as a reference, is the NASOP Code of Ethics that we freely share with our colleagues at ACL/AoA and APS as an example of a clearly delineated set of rules for Ombudsman ethical behavior.														
Include a Table of Authority providing citations to current federal laws applicable to adult protective service systems. Ethical Foundation of APS Practice “Least restrictive alternative” – In <i>Olmstead v. L.C.</i> , 527 U.S. 58x, the United States Supreme Court reinforced federal policy that encourages the delivery of supports and services in the most integrated setting. For individuals with disabilities who want to live in the community, federal initiatives such as Medicaid Home and Community Based Services waivers, Money Follows the Person, and the growth of federally funded housing options are expanding this possibility. As the country’s service systems continue to move away from institutional-based models to those that ensure greater independence and community participation, it will be necessary for APS to understand this legal precedence and enforce the rights of individuals to live in the community.				x									NC	1a
In this section, include a reference to <i>Olmstead</i> and the integration mandate found in the Americans with Disabilities Act. “Person-centered service” – In addition to the description provided, it is important for state APS systems to understand that person-centered services are meant to create a space for empowerment of an individual, allowing for personal preferences without unnecessarily restricting an individual’s freedoms and providing an equal opportunity to experience risk and failure. This may seem a common occurrence when an adult is not under a guardianship; however, there must be emphasis on the dignity in risk, particularly when a state or local government entity is appointed as the guardian of a person with a disability.				x									NC	1a
Regarding Ethical Foundations-we suggest that APS staff be required to have so many in-service hours a year that pertain to ethics. We also suggest that each state adopt a procedure for approving ethic hours	x												NH	1a

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Ethical Practice • Consider adding 'person first' language	x												WA	1a
And I think it's very important as we go along that people who work in the area of Adult Protective Services understand the philosophy of allowing that person to maintain their control over their life and their dignity and being able to do that in a way that assures their safety but lets them be the ones driving that safety.				x									IL	1a
When individuals are not placed in the least restrictive setting sometimes by default Child Protective Services get involved because the individual will lose their home placement and say a nursing home placement. And then by default there's no one to care for the child. The child is removed. So, they frequently end up being really kind of inseparable issues.				x									SC	1a
We strongly agree with using the least restrictive setting. The individual and family should have input into this decision. Person-centered services We strongly agree with the concept of person-centered planning and recommend the resources on Home and Community Based Services found at <a href="http://rwjms.umdnj.edu/departments_institutes/boggscenter/products/GettingtheCommunityLifeYouWant.html">http://rwjms.umdnj.edu/departments_institutes/boggscenter/products/GettingtheCommunityLifeYouWant.html</a> and the Person-Centered Planning Tool for individuals with disabilities found at <a href="http://www.nj.gov/humanservices/ddd/documents/Documents%20for%20Web/PCPT%203-x3-x3.pdf">http://www.nj.gov/humanservices/ddd/documents/Documents%20for%20Web/PCPT%203-x3-x3.pdf</a> . • Trauma-informed We strongly agree with the notion to "actively resist re-traumatization." This is where institutional abuse must be considered. Restraints, seclusion, and aversive intervention are not only ineffective but are experienced as trauma by those subjected to them, often in institutional settings, and it is our experience that too often institutional abuse against people with disabilities is not aggressively investigated. Supported decision-making We strongly agree with the use of supported decision-making and highly recommend this resource on the topic found at				x								NJ	1a	

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<a href="http://supporteddecisionmaking.org/">http://supporteddecisionmaking.org/</a> using the philosophy that “everyone has the right to make choices.”														
<b>1B. DEFINITIONS OF MALTREATMENT</b>														
Do not define self-neglect as abuse. Add resident to resident as an abuse type	x												OR	1b
<p>I’m a licensed registered family therapist. I’m also somebody who is currently taking care of two elders one of whom is 100 years old. I wanted to just highlight one thing about the definitions of the abuse. Something that’s really frustrated me being in California is the way there’s a lot of confusion about what abuse actually is so even amongst professionals.</p> <p>I noticed that you also kind of switched over into talking about maltreatment which I was kind of curious about whether maltreatment is a broader concept than abuse or if you really intend that to be one and the same. So that was kind of one question I had.</p> <p>But just in general one of the things that frustrates me about the definitions is I feel that for one it could be really confusing about whether it’s only abuse if there’s actual harm versus endangerment or a possibility of harm because of the circumstances that you’re creating for the person. So I felt that in this document that was still a question mark for me.</p> <p>Also I think the difference between acts of commission versus acts of omission or, you know, neglect I felt like that another concept that could be clarified a little bit more that, you know, at a federal level.</p> <p>And then finally something that is kind of related to I think what Linda mentioned is I feel that there is also violations of basic human constitutional rights that can happen.</p>												CA	1b	

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<p>And I think that it can be unclear for people to know whether someone right is being violated whether that's right to visitation or even a right to access to vote or not being given informed consent as far as medications go does that really rise to the level of abuse?</p> <p>I feel like that's a really big question mark that I would like to see a little more guidance on. I was really happy that you mentioned rights in the document but I still felt like it wasn't exactly clear like there was a place in the document said that all abuse violates rights. But I wasn't sure if violating rights is always abuse.</p>													
<p>It is important to include the misuse of medications to older adults and adults with disabilities as part of the definition of 'abuse' in the guidelines. For example, cases of dementia and other known medical conditions where anti-psychotic medications are misused...it is important to decipher when distribution of these medications are appropriate and when abuse of disseminating them have occurred.</p>											x		1b
<p>Definition of Maltreatment: include self-neglect; include incidents of competent individuals who choose to neglect self (reference Person Centered Planning).</p>	x												1b
<p>The definition of "exploitation" appears to include caregivers and non-caregivers. We need to be careful of our APS intended scope in investigating this maltreatment. The way it reads, I see it that APS is responsible for Jamaican and other countries lottery scams, granny scams and all forms of exploitation tactics employed by non-caregivers and people who do not hold a position of trust and confidence. APS does not have the capacity to investigate all exploitation cases.</p>											x		1b

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No variances in definitions to what is considered maltreatment.											x		1b	
Change "Referred to prosecutor" to "Referred to local law enforcement".	x												CA	1b
-Elder Justice Act defines "abuse" as KNOWING infliction of physical or psychological harm. W and I x5610.07 does not require knowledge on part of perpetrator. I think the result should govern whether it is abuse, though intent should come into play for prosecution.  -Categories still not very clear—omission (neglect) vs commission, actual harm vs. <u>endangerment</u>										x			CA	1b
-Provide more guidance on definition of emotional harm. Should the bar be so high as it is in CA—"severe emotional distress."										x			CA	1b
<b>Undue influence</b> not addressed. Even more important now with option of physician-assisted suicide, since we don't want people unduly influenced to choose this option.										x			CA	1b
While the practice is changing, some entities have limited the APS responses or the definition of elder abuse to only that committed by persons known to the senior, which excludes victims of strangers from receiving needed help and support of APS. A California example is the outdated term utilized in the old mandatory reporting statutes: "fiduciary abuse." This term has since been updated in the CA statutes to "financial abuse" which is more inclusive and includes the many abusers who do not have a personal relationship with the victim. In a similar vein, some entities define elder abuse as that committed by a person in a position of trust. This excludes attacks by strangers, etc. Elders who are victimized by strangers need the support of APS											x		CA	1b

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Professionals as much as elders abused by family members.														
Recommend that the categories be separated with definitions that are clear, stress cultural humility and include minimum threshold for involvement.								X					NA T	1b
We recommend that under Definitions of Maltreatment, "psychological" be included in the guideline alongside physical and emotional.				x									NA T	1b
We commend ACL for including self-neglect as a type of adult maltreatment, especially since self-neglect comprises much of APS workers' caseloads. However, guidelines should specify how self-neglect will be assessed, which we believe will necessitate home observation.									X				NA T	1b
ACL should add "suspicious injury" and "suspicious death" to the categories of maltreatment.		x											NA T	1b
Each state needs to have the ability to retain their own definitions	x												NH	1b
The Guidelines discuss the need for state and federal definitions of abuse, neglect, financial exploitation and self-neglect, but fail to suggest model definitions or suggest adoption of existing federal and state definitions, such as those found in the Elder Justice Act or existing federal child protection statutes				x									NY	1b
I had reported exploitation of my mother (Ohio) and was told they didn't investigate those types of claims. If a state does not follow guideline, they should be penalized! When I quoted the exploitation statement, they said they would see what they could do. I never received a report of the findings.												x	OH	1b
Definition of a Vulnerable Adult should be re-defined. An elder or disabled who has medical or mental conditions making them "vulnerable" even if they are not on state services or have a caregiver.		x											W A	1b
Yes one of the things about the guidelines that was concerning for me especially as it relates to self-neglect is the lack of cultural awareness or cultural norms embedded into the APS guidelines as we see changing population and both as recipients of care and as providers to those who need				x										1b

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<p>care. It seems like something we might want to think about. So what I found lacking in the APS guidelines is it didn't differentiate what we might find in different races and ethnicities around what is normative whether it may or may not be abuse or even if it is abuse if it's normative in that culture.</p> <p>It would be good to have some language around how APS workers and investigators can navigate that, how they can become more culturally aware using the trauma informed model. I think those are very important so that we don't re-traumatize our victims and also so that we can help change family dynamics.</p>													
<p>And the second one was around those who self-neglect and those who might have a physical disability. Again some of the language around self-determination is really - is more closely related to mental health and the aged. But it doesn't necessarily reflect some of the challenges that people who have a physical disability or such as a chronic illness how that may impact what self-neglect may or may not look like as opposed to there may be only a consolation of choices. So it would be nice if the guidelines were a little bit more clear and fleshed out</p>				x									1b
<p>And you included definition of self-neglect as an adult's inability due to physical or mental impairment or diminished capacity to perform essential self-care tasks including obtaining essential food, clothing, shelter, medical care as well as obtaining goods and services necessary to maintain physical health, mental health, or general (unintelligible) or managing their own financial affairs. Our struggle in a lot of our hotline calls that we receive are related to self-neglect in which the person does have capacity. They are just choosing to not make good decisions.</p>	x											M O	1b
<p>My second question is back to definitions. I think if you could put something in there about encouraging where we stumble all the time is not being able to perform tasks for yourself. And I think the key point is a lot of us cannot perform the tasks for ourselves but we have the capacity to direct that care.</p>				x								W V	1b

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And I think that is the key is that the individual has the capacity to direct their care more so than perform it themselves – this is a very strong distinction that would I think alleviate a lot of fear for people.														
Addressing the definition of Self-neglect) : “...to perform essential self-care tasks.” For many people with disabilities, they have lived their lives directing their services through personal care attendants. The question then becomes not whether the person can perform their self-care tasks independently, but whether they can successfully direct the services for their care. In the case of people with some types of disabilities, not being able to perform the tasks should not be the measure of self - neglect or be used to categorize that person as a vulnerable adult if they have the capacity to direct their own care.				x									NA T	1b
Definitions – Self Neglect. We agree with a number of comments that self-neglect should not be treated/defined as abuse or maltreatment and needs special consideration. Data appears to indicate that over half of the reports to APS are for Self Neglect, and these cases consume a tremendous amount of time and resources. Also, because there is no real perpetrator in these cases, and many such cases call for long-term casework rather than crisis intervention, we suggest that the role of APS be addressed separately. Here again, the principles of person-centered-planning and supported decision - making play an important role, and we believe special consideration and further consideration be given to the right of an adult to make lifestyle decisions that APS workers believe place that person’s health and longevity at risk. We know anecdotally that too many self-neglect cases result in APS filing for guardianship which is not the result for which we strive.					x								MI	1b
DEFINITIONS/SELF NEGLECT I believe that self neglect is not “maltreatment” or “abuse” (as implied in Background, I A and elsewhere). Rather it’s a critical related and contributing factor. As the Elder Justice Roadmap Report definition section explained, and the Frameworks Institute report confirmed, calling “self neglect” “abuse” is confusing and counterintuitive. This isn’t to say that APS shouldn’t address self-neglect; just											x		DC	1b

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that we shouldn't conflate the two.														
First let me make a note here that I, myself may be impacted by these guidelines in the near future. The AOA is a great program and is sorely needed. Is there a provision to assist those seniors affected by internet scams, especially those who have been severely impacted financially. This type of abuse is becoming more common and is a serious concern for many.										x				1b
Adult maltreatment is not an accurate phrase to describe APS clients. Younger domestic violence and sexual assault victims without disabilities are adults and yet they are not potential APS clients. Maltreatment implies an offender yet 60% of APS clients are often self-neglectors. Maltreatment minimizes and sanitizes sexual assault and violent physical assault.						x								1b
Comment about need for uniform statutory definitions: Guidelines should propose actual uniform definitions of the categories of maltreatment. Without more specific guidance, it is likely that states will continue to define and respond to adult abuse in different ways.											x		NA T	1b
Comment on Incapacity/Self-Neglect: Only a few states include self-neglect within their eligibility criteria, without the further requirement of exploitation or abuse. The Wells Fargo Advisors ECI Team will often attempt to submit reports to APS agencies for clients who show signs of significant financial incapacity when there is no trustworthy "other" such as an agent or family member who can help out. However, many state agencies will not investigate these cases unless there is also evidence of some sort of abuse. Federal leadership is needed to figure out the resources and systems required to deal with this very serious problem facing financial institutions whose clients can no longer manage their finances and who have not done the planning necessary to allow a fiduciary to take over.											x		NA T	1b
<b>1C. POPULATION SERVED</b>														
And I'm thinking that in the APS guidelines where at least in some cases people are inside hospitals or nursing facilities they could become aware of				x										1c

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disputes like that (over end of life treatment) and potentially make an effort to discern what the actual patient wants.														
We have had situations where a person should have been taken into custody but because they did not have Medicaid - custody was not taken. My concern is that the question of taking someone into custody is not an insurance decision but a safety decision - and making that decision based on whether they have that particular funding source is discriminatory. And needs to be addressed at a policy level within the agency.				x									NA T	1c
The draft guidelines are sufficiently vague and overly broad to the degree they should not be in conflict with regulatory requirements in most states. As one would expect, all of the relevant buzz-words are present in the guidance. Unfortunately, the guidelines fail to address the major issues associated with the provision of adult services (x) lack of clear regulations/definitions; (2) lack of legal/regulatory authority that can be used to address maltreatment; (3) stymied communication between often siloed systems that serve adults (mental health, developmental disabilities, substance use, etc.); (4) lack of mechanisms to hold perpetrators accountable and mitigate future instances of maltreatment; (5) utter lack of funding to provide useful services to those persons who are in need of protection. Of concern, the guidelines make multiple comparisons between adult protective and child protective services and that's a slippery slope... There is literally no comparison to be made between the provision of child protective services and adult protective services. Why? Because we can all agree on the definition of a child, but defining an "at risk adult" is an entirely different thing. Why? Because adults, regardless of the nature of any disease or defect they may have, are presumed competent unless a court has determined otherwise – children are not.										x				1c

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Change to a recommendation of x8+ vulnerable populations											x		1c
The terms of client, victim, and survivor are used interchangeably, but they are different and reflect different disciplines and systems and therefore problem approaches.											x		1c
I strongly support the recommendation to have APS serve clients age x8+ and determine vulnerability/risk criteria that would make someone eligible for APS services. I also think that a vulnerability/risk based eligibility criteria rather than an age criteria takes away some of the ethical quandary for healthcare providers in having to be mandated reporters.									x		x		1c
"Many states also serve the older adult population (either 60 or 65) without requiring and additional finding of vulnerability" - This can be very problematic. There is no way that some states could accommodate such policy due to the numbers. Maybe the states that have this, (what many believe is an outdated law), are experiencing very high caseloads. The truly vulnerable may be placed at higher risk if we are covering this non vulnerable population. ACL should strongly look at this issue. Many consider it an insult if you are 60 years old and considered an APS client. By the way - many of our senior staff are over 60 and they are, by far, not vulnerable and should not fall under APS purview. Given the improved technology for adults with disabilities, and improving health care practices for older adults who are living longer and healthier, ACL should update and revise the definition of elders and adults with disabilities, by pointing out older adults are not at risk simply due to age.											x		1c
Please consider adding location of where abuse occurred in figure one (eligibility requirements). In our County, if a victim was abused in a SNF, but then transferred to a hospital (prior to an APS visit), the case is not eligible for APS.											x		1c
I would like to see a Guideline set for accepting a referral based on either location of alleged victim or location of alleged abuse. When state procedures	x												1c

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vary on this procedure the alleged victims do not get served. As an example - Recently while assisting our Intake team with processing referrals I came across a similar situation twice during a one week time span where the alleged victim was abused in our state but was currently residing in a neighboring state. Our policy for accepting a referral is that the alleged victim resides in the state. Consequently, the referrals were not accepted and when referrals were made to the neighbor states both were not opened due to the abuse happening in another state (I reported one on behalf of the alleged victim and the on the other referral, the alleged victim self-referred).														
We recommend that the Guidelines specify age alone (not subject to age + vulnerability) for mandated reporters that are reporting about allegations among <u>elders</u> . Mandated reporters should not have the burden of determining vulnerability among elderly populations. That could unintentionally discourage reporting.	x												CA	1c
Recommended that states use age plus some level of vulnerability as an eligibility factor since <u>age as a proxy for vulnerability is ageist</u>		x											CA	1c
Recommends that the definition of vulnerable adult be reexamined. The ombudsman program may view all residents in a facility as vulnerable because they are dependent on others for aspects of their care while APS and other agencies may not agree that the resident is vulnerable because of other criteria							x						M D	1c
Guideline: Develop criteria for determining eligibility . . . and then serve those adults Agree and recommend that a standard 'case criteria' be developed.											x Res		NA T	1c
Consumer Voice recommends that the Guidelines clarify that all vulnerable adults be eligible recipients of services from APS, regardless of whether they live in an institutional							x						NA T	1c

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setting or in a community based setting. There currently is lack of clarity, as well as wide inconsistency, within and among states, as to the population to be served by APS. Consumer Voice thinks it is important that APS recognize that ombudsmen are not mandatory reporters and are subject to strict confidentiality requirements established in federal law and regulation. As such, we recommend that the Guideline read, "... Exemptions to mandatory reporting requirements should be consistent with professional ethical principles, as well as established laws and regulations."														
Nine states serve older persons without vulnerabilities.	x												NA	1c
Delete "criteria" and expand to after develop "a standard protocol, based on their state statutes . . ."	x												NA	1c
ACL should clarify how data for specific ethnic groups will be categorized and collected by APS staff. For example, will Latinos be categorized as "Latinos," or as Mexican, Puerto Rican, South American, etc.?											x	Medi cal	NA	1c
APS systems should include persons with suspected cognitive impairment in their criteria for determining victim eligibility		x											NA	1c
Population Served by APS. NASOP recommends that any vulnerable adult, not just those who live in the community, should be eligible recipients of services from APS.							x						NA	1c
xc. Population Served The Administration on Community Living articulates that the goal of the guidelines is to assist in standardizing protections of individuals regardless of the jurisdiction in which they reside. ACL notes that those served through Adult Protective Services are individuals 60 years of				x									NJ	1c

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age or older and individuals with disability. However, "disability" is not defined within the guidelines. While Disability Rights New Jersey understands that the guidelines are voluntary and ACL cannot mandate states accept definitions, it would be helpful for ACL to provide some recommended definition for disability. DRNJ encourages ACL to recommend a definition that is not limited to people with developmental or intellectual disabilities but all persons with disabilities.														
The Guidelines should also include model eligibility criteria for adults receiving services through APS, just as federal law sets out eligibility requirements for CPS. These criteria should discourage or prohibit APS from categorically refusing to provide services to people with specific types of disabilities on the basis that another state agency also serve that population.				x									NY	1c
The guidelines speak to services for people under 60 as well as for those over 60. More needs to be addressed regarding how resources can be made available to serve that population – e.g. best practices – and to further define who should be eligible and covered for services. Ohio currently does not mandate APS for those under 60, primarily due to resources.	x												OH	1c
One of the things that I've seen recently is that certain APS offices -- we are mandated reporters under California law -- do not take our call when individuals are reporting abuse or neglect in hospital settings that are perpetrated by staff members and the reasoning is that are they the Department of Public Health Licensing Agency covered those issues.				x									CA	1c
Regarding the not necessarily kind of making a national definition about who is served in a protective factor might create some challenges in that, you know, in Connecticut we only serve for persons age 60 and older. And then, you know, we have child protection of course. And then in between there really is a gap unless you have intellectual disability and are served by our agency that supports that population. So, you know, we were kind of hoping actually that there would be kind of a mandate to kind of cover that population	x												CT	1c

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because we are one of the few states that have that gap that only serve folks that are elder in the realm of Adult Protective Services without cognitive impairment.														
There are people that may be outside of the age group in which my brother was 59. He would have been 60 on Halloween. Two years ago he would have been 60 but he was a liver transplant patient and I tell you everything imaginable happened to him while he was in the care of his caretaker.										x			MD	1c
Consider specifically mentioning adults with TBIs in Guidelines		x											ME	1c
Linking adult protective services to Older adult protective services is a disservice to older persons in need of protection. It is a distraction of older adult protective staff and a diversion of critical resources to have to now take reports concerning persons x8 years of age. The populations are significantly different, thus the linking of adult PS with older adult PS forces older adult PS staff to become less specialized and to have to dedicate time to learning about yet another group of persons (and their children), and about services for this other group (and their children). As a senior citizen and as a person who has worked for 5 decades with older persons in need of protection and with adults with disabilities I strongly oppose this effort to distract the "aging network" and to usurp aging resources. What is next? Will aaa's soon be taking all the reports of child abuse or neglect too? Each group deserves a system that is adequately specialized in its focus, so staff can have a reasonable amount to learn and so resources can be allocated and tracked in such a way that each group (children, adults, elders) know how much is dedicated to their needs.										x				1c
In Ohio APS exists only for people age 60+. As an advocate for people with disabilities, I have received calls from adults under 60, who are being neglected or abused by caregivers or family members. I hope that protection will be expanded to include these people in Ohio. There is very little that can				x									OH	1c

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be done except a "well check" by police, who are often turned away by the perpetrator and not even allowed to see the victim.														
Vulnerability should not be defined by age. As a 64 year old woman, I would not want the choice of an investigation and involvement of the criminal justice system taken away from me						x								1c
Population Served Guideline: Why not have a guideline that specifies minimum preferred eligibility requirements, e.g. those disabled adults age x8 years and older and those 65 years of age and older? A particular jurisdiction can include more adults than the suggested minimum if it so chooses. This particular guideline as stated above gives no real guidance.				x						x		CA		1c
I think it is very important for all people who are aging and people with disabilities to have the protection of Adult Protective Services System. I can think of one case in particular where I was receiving disability related services from a provider of was abusive. I felt like I was defenseless because I was dependent on this provider for disability related services and I felt like I had no way to get my problem address. Finally my physical therapist confronted the service provider and was able to get the abuse to stop. Before my physical therapist intervened I felt hopeless because there was nothing I could do. What if I hadn't been in physical therapy? What would have happened to me? Please extend this service to all of us.										x				1c
To my knowledge, there is nothing available or any group, state or federal organization in place to help those who fall through the cracks between being a senior citizen and yet not quite old enough for benefits and/or assistance. What does a person do, where to go for help, etc. When they are 63 years old, barely making ends meet, still trying to work full-time trying to make it to age 65 to qualify for Medicare, because health insurance is too expensive to even consider retirement before 65 and can't afford to be unemployed to apply for disability... and she has major health issues that has affected her quality of life and working abilities???										x				1c

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Why self-neglect almost invisible in this document? And the document focuses less on disability issues than older adults. 3. This document does not adequately explore the eligibility definitions and screening out that occurs in many states. Should APS investigate vulnerable adults? Everyone over age 60? All people with disabilities?							x								1c
Comment on need for uniform eligibility criteria: Same comment as for Guideline xb. Why shouldn't these Guidelines propose uniform criteria for eligibility? Without a Guideline to follow, states will very likely continue to define and respond to adult abuse in different ways without substantive justification for those differences.											x		NA T		1c
Population Served We were pleased to see recognition that "people with disabilities successfully manage their own lives and are capable of providing for their own care without assistance. They are not automatically defined as 'vulnerable adults' simply because of age or disability."				x									NJ		1c
<b>1D. MANDATORY REPORTERS</b>															
Need to include regulatory systems	x													OR	1d
I'm wondering if maybe part of our guidelines is how to make sure mandated reporters for vulnerable adults and elderly to make sure that they have what information they need and understand what it means to be a mandated reporter for the population.							x								1d
Veterinarians, humane investigators and animal control officers can be designated as mandated reporters of animal abuse											x		NA T		1d
I am the Executive Director of the Alzheimer's Outreach Center in Albany, Georgia. We provide day care and in-home respite services to those diagnosed with dementia. We deal with clients who live with relatives who are neglecting, financially abusing and mistreating them. When we report to APS, frequently the families quit using our services. Due to their dementia, our clients cannot speak for themselves sometimes. It is difficult for us to intervene for them without their abuser realizing we are the reporters. The		x											GA		1d

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current APS system in Georgia sometimes does not serve the adult with dementia effectively. I would like to see this situation addressed more effectively.														
Provide a specific list of professionals who, at a minimum, should be mandatory reporters. Provide guidelines to recommend mandatory reporting of all APS populations served and that reporting be made to either APS or law enforcement.											x			1d
I also think that if we require mandatory reporting of healthcare professionals than the criteria used by APS in determining vulnerability/risk needs to be made available to them. As currently most states mandatory reporters are expected to report vulnerable adult abuse but there are no guidelines on what would constitute someone as vulnerable (per APS standards).									x					1d
Mandated reporting for specific instances of Elder abuse for all those in human services											x			1d
It is important for APS to understand the ombudsman role in cases of abuse and neglect, that ombudsmen are not mandatory reporters, but do make reports to APS and work closely with APS on cases. MoUs can ensure that this issue is addressed.								x					M D	1d
Guideline: "require mandatory reporting of known and suspected vulnerable adult maltreatment by certain professionals" and develop "clear guidelines and mechanisms for making reports"  Recommend that all mandatory reporters be trained by APS on their responsibility to report abuse of vulnerable adults (e.g., CPS workers).  Recommend that all agencies involved in an abuse allegation and/or criminal investigations be required to cross report to APS.											x Res		NA T	1d

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Mandatory Reporters: The guideline should include an exception for attorneys and advocates working for attorneys when a mandatory reporting requirement would violate the attorney-client relationship or otherwise conflict with the ethical and confidentiality requirements of an attorney or anyone employed by a law firm, whether public or privately funded.				x									NA T	1d
Add at the end: "Immunity for good-faith reporting and the ability to anonymously report should be provided."	x												NA T	1d
The report should acknowledge variations in APS reporting requirements across states and explain how these guidelines can help create a more unified reporting system.									x				NA T	1d
Though states determine which professionals are mandatory reporters, ACL's guideline as written is vague. ACL should offer examples of "certain professionals" (e.g., health care providers), as well as additional explanation of "mandatory" and "non-mandatory" reporters. ACL should also provide examples of exemptions.		x											NA T	1d
Mandatory Reporting and in particular, guidelines and mechanisms for making reports from both mandatory and non-mandatory reporters. To take into account restrictions that limit the ability of LTC Ombudsman Programs to disclose resident information, NASOP suggests that the last sentence of the Guidelines in this section should read: "Exemptions to mandatory reporting requirements should be consistent with professional ethical principles as well as federal law and regulations."								x					NA T	1d
Mandatory reporting should be required by all with the exception of those that may have a professional privileged. Reporters should be encouraged to identify but in cases in which a reporter is unwilling, states should allow for the report to be made anonymously.	x												NH	1d
Mandatory Reporters – Our team felt that the document requires greater research and clarification regarding the success, or lack of success, in mandated reporting states. As New York State is currently considered the						x							NY	1d

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only state in the United States that does not have mandated reporting our Elder Justice Committee has attempted to do research on the various formats of mandated reporting with little or no success in determining what types have worked and what have not. Are those states that make everyone a mandated reporter more successful in dealing with the issue than those states that have no mandated reports or only a few designated reporters? What is the most successful method and how do we know this?														
I just wondered whether or not you had done any further research on, you know, the success or lack of success with mandated reporting and whether or not that had been part of the discussion on whether it made sense to, you know, make some sort of consistency between the states because I'm sure you're aware that every state kind of handles mandated reporting differently, you know, certain people are mandated in some states and not in others, et cetera. So I wondered if that was something that was discussed in a lot of detail?		x											NY	1d
So we didn't have the police response making the referral to adult protective nor the medical center making the referral to adult protective. New York is not a mandated state. NY is the last state that is, you know, definitely a problem, you know, that solely New York State.	x												NY	1d
As many have noted, there are concerns about the recommendation for mandatory reporting in all states. As they note, there is not sufficient data to support whether or not it is effective in identifying and supporting the individuals it is intended to serve. It may have significant unintended consequences including it may deter people from seeking help and services they need if they think the professional whose help they seek may be required to violate confidentiality and file a report with APS. We strongly agree with ACL in focusing on the overriding principles of person-centered-planning and supported-decision making throughout most of the Guidelines,					x								MI	1d

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however we would go further and suggest that those principles should be applied in considering the pros and cons of mandatory reporting. Historically, when states started adopting Elder Abuse/APS laws in the early x980s, nearly all patterned their laws on the child abuse model without sufficient consideration of the differences between the decision-making rights of children vs. those of adults. Unlike children, unless a court has determined otherwise, adults are presumed to have capacity to make their own decisions; we believe that mandatory reporting is not consistent with that right. Further, we suggest that mandatory reporting be considered within the context of the intervention it triggers.														
Include immunity from civil, criminal or administrative liability for reporters of cases to APS	x												NY	1d
However, we have some key concerns related to the recommendation for mandatory reporting in all states. There is insufficient data to support whether or not mandatory reporting is effective in identifying and supporting victims. In fact, there may be significant unintended consequences in requiring mandatory reporting including deterring help-seeking and violations of confidentiality and privacy. For victims of domestic violence, including elder abuse, confidentiality is often essential in helping to protect against further harm by an abuser. Federal laws governing domestic violence and sexual assault service providers, such as the Violence Against Women Act and the Family Violence Prevention and Services Act, explicitly include requirements that personally identifying information about adult victims not be disclosed without informed, time-limited consent. We are concerned that requiring mandatory reporting of elder abuse is in conflict both with these legal mandates around confidentiality and with the broader purpose and intent behind safeguarding victims' privacy. Furthermore, we know that for many victims, the possibility of mandatory reporting often dissuades them from accessing the help and services that are critical to their safety and physical and emotional well-being. Many victims do not wish to engage with systems						x						NA T	1d	

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like Adult Protective Services and perceive, often correctly, that APS may cause more harm and disruption in their lives. We also know that particularly for victims from marginalized communities, such as communities of color and LGBTQ communities, there is frequently even greater reluctance to engage with systems like APS and the criminal legal system. If mandatory reporting were required in all states, ACL risks deterring and preventing many victims from accessing needed services. At a minimum, we recommend that domestic violence and sexual assault service providers be exempt from any mandatory reporting requirements, in order to ensure that elder abuse victims have a safe and confidential place to seek help.														
MANDATORY REPORTING I believe that we lack any data to support Item xd. Despite the proliferation of state reporting laws, we haven't the slightest clue whether they redound to the benefit of the people they're intended to help. This issue has been the subject of review by the NCEA policy committee; the GAO; NCALL; elder abuse experts in NYC; and legal scholar Nina Kohn. There are important arguments going both ways, and many anecdotal examples of both the benefits and perils of mandatory reporting. We simply don't know; thus it's premature to endorse mandatory reporting in this document.											x		DC	1d
Mandatory Reporters Why not have a guideline that suggests specifically which "certain professionals" at a minimum should be mandated reporters? This particular guideline gives no guidance. I understand that it varies from state to state which professionals by law are mandated reporters, but it wouldn't hurt to give a list of suggested professionals, to give APS an idea what they should be advocating for.					x								CA	1d
I disagree that all states should require mandatory reporting. MR is to help find victims who may not know about resources. Victims who are working with ombudsman, civil attorneys, DV/SA programs etc. are engaged in services and do not need an investigation by a government agency.							x							1d

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Mandatory reporting should not include all professionals, especially not domestic and sexual violence service program staff. There needs to be some place older victims can go to reach out for help and not be forced into the criminal justice system.						x									1d
Mandatory Reporting We were pleased to see that “[f]orty-nine states have mandatory reporting.”				x										NJ	1d
<b>1E. COODINATION WITH OTHER ENTITIES</b>															
The APS program must ensure that the basic rights of the people it serves are appropriately protected. Pursuant to the recommendation in section one of the guidelines to collaborate with other organizations, we urge that the guidelines require coordination between the APS program and the state P&A and DD council.				x										NA T	1e
Comment: I work for an agency that provides direct support to individuals with disabilities. I participate in a regular team meeting with one of our local APS agencies to provide input on cases involving individuals with disabilities. I have found this to be very beneficial to eliminate some of the SILO effect you see in the human services field. I think the guidelines are an excellent idea as you see significant differences in level of support from APS agency workers that varies from each agency. I actually work with 3 separate APS agencies as it is all dependent on where the victim resides.				x											1e
Encouragement of interdisciplinary collaboration would be appreciated.		s												CT	1e
I feel that County APS has become a useless resource in ensuring the health and safety for adults at risk. When calling to make a report, the response time is not efficient, and when they do follow up, they generally are unable to provide any type of support. It would be beneficial for APS to establish relationships with other organizations in the community to learn the services/resources available, so that they can once again be a valuable resource in our community and help adults that are at risk and vulnerable.												x			1e

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Older adults and people with disabilities are also at risk after disasters and other significant events. I don't see this addressed in the document. There is very little awareness across volunteer agencies or federal agencies on the requirements by state to report any abuse, neglect or exploitation.											new		1e
Include language that speaks to relationships that states form with APS and law enforcement as well as Regulatory and Enforcement Agencies as well as the Bureau of Medi-cal Fraud.	x											CA	1e
Under cross-jurisdiction and inter-disciplinary cooperation specifically call out being able to discuss case investigation (FBI, IRS, social security, home land security as well as local law enforcement)	x											CA	1e
MDT meeting issue—who is entitled to share information, a designated person who attends meeting, or other staff members from the participating agencies.									x			CA	1e
That APS agencies should develop liaisons within partner agencies to ensure effective referrals, cross-reporting, and follow-up. In cases where a crime may have occurred there have been several instances of mis-communication or lack of follow-up from APS staff to local law enforcement. This has resulted in criminal investigations not receiving timely response by law enforcement or the loss of physical evidence. A liaison could be notified of cross-reporting between APS and partnering agencies and follow up to ensure that cases have been appropriately referred and/or accepted by those partner agencies.				x								CA	1e
In the section related to coordination with other entities, ARCA would urge the inclusion of an explicit recommendation regarding the inclusion of agencies that have an ongoing relationship with individuals in any investigations. The inclusion of ongoing service providers may help facilitate more effective				x								CA	1e

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communication with adults with disabilities.														
MDTs should bring together both state and private service providing agencies, law enforcement, district attorneys, the State Auditor, trauma response teams such as Sexual Assault Intervention Network (“SAIN”) Interviewers, Sexual Assault Nurse Examiner (“SANE”) Nurses, advocacy groups, and individuals with disabilities to address both specific allegations and systemic issues.				x									MA	1e
Recommends development of policies/procedures that include the ombudsman program when appropriate							x						M D	1e
Recommends the involvement of specialists for individuals with substance abuse disorders, neurological disorders, dementia, brain injury, and with complex medical histories that impact their decision making or care needs.							x						M D	1e
Guideline: “APS systems create policies and protocols to promote collaboration”  Support recommendation, but note that more research needed on team participation, composition, and impact on case outcomes.  Examples of collaboration are Multidisciplinary Teams (MDT) and Community Partnerships for Older Adults (CPFOA). Research shows us that MDT’s can provide assessments, assistance and resolution to difficult cases by utilizing “perspectives and resources from across disciplines, organizations and systems” (Ramírez, Eimicke, Kong, Silver, & Teresi, 20x2). Based on research and NAPSA Minimum Standards, we recommend the inclusion of specific language requiring the creation of a ‘structured’ community multidisciplinary team (MDT) as a mechanism for staff concerns and interventions/ prevention of harm to this population.  The CPFOA initiative funded by the Robert Wood Johnson Foundation								x				NA T	1e	

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focuses on “improving the critical relationships across social determinant arenas”. This was accomplished by creating community partnerships to “identify, prioritize, and implement local, community-based solutions to many of the long term care challenges we face as a nation—and to involve everyone in the process”. (Community Partnerships for Older Adults (CPFOA), 2009)														
Pursuant to the recommendation in section one of the guidelines to collaborate with other organizations, we urge that the guidelines require coordination between the APS program and the state P&A and DD council.				x									NA T	1e
We would also encourage the development of Memoranda of Understanding between APS and LTCOPs in order to further collaborative work on behalf of elder victims.							x						NA T	1e
Point out that the P&As can be a referral source for APS and work in collaboration with APS. It should also be stated that the P&A is also an independent overseer which can pressure APS towards x) the completion of timely and adequate investigations of alleged abuse and neglect of individuals with disabilities, and 2) when substantiated, take appropriate action.				x									NA T	1e
We were pleased to see that the Draft Guidelines recommend for states to establish facilitation of APS participation in interdisciplinary elder abuse teams (xe, Coordination with Other Entities).											x		NA T	1e
Policies and protocols should accommodate coordination with out-of-state entities, as many means of exploitation occur across state lines.		x											NA T	1e
We observed an inadvertent oversight which can be easily corrected. To create a truly integrated, comprehensive, multidisciplinary system supporting interagency coordination, we suggest that APS agencies should take into account the emotional support, individual and public health issues, and											x		NA T	1e

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environmental and safety risks presented by clients' pets. Interagency coordination between APS and animal services currently exists in several areas but has not been codified into a national guidelines. APS collaborations with other entities, as needed, should include veterinary and animal welfare and control agencies.														
We would like to see an interstate MOU that affords the ability to communicate with and help other states. Information on other jurisdictions should be easily accessible.	x												NH	1e
The Guidelines should specify which types of agencies APS should collaborate with, the scope of the collaboration and the responsibilities of each collaborator.				x									NY	1e
Strategic Directions • Establish interstate protocols to remove barriers to sharing information between states.	x												W A	1e
We work with people with DD. And we've tried to involve APS sometimes especially for people who are not yet receiving services who maybe have been found eligible but not in services yet. And APS will initiate an investigation. But, when they see that the DD system is involved, they'll say no they're already being taken care of and close out the case. And so while we obviously want to promote working with other agencies we don't want them to say well there's another agency involved so there's no rule for us there's nothing for us to do.				x										1e
Related to that it can be a time if a young man is ready to leave a residential facility and was going home with parent then the parent withdrew. And the facility was coming up on the end of the time they could legally hold the person. And APS attended but they said no he's not out on the street yet so we cannot be involved. So again another instance of at what point can APS appropriately be part of planning rather than say we have to wait until the person is truly out on the street?				x										1e

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Just to go back to - those MOUs are so incredibly important and we've - we have found issues too where someone is being served by the DD system, there's a crisis situation and then the DD system said is saying well no APS should handle this and APS is saying no the DD system should handle it. And the MOUs are silent to it. So, you know, they spend a lot of time creating an MOU that doesn't actually address the situation.				x										1e
And in our local community what we see is that if adult protection is involved with a family, how they're addressing the safety issues is by transporting that victim to the hospital and then they'll call those safety issues resolved because now the hospital is managing the safety. And that's usually where then the victim service provider becomes involved, because now they're in patient and the victim service provider is now sort of responsible for managing the safety issues ongoing. And APS disconnects from the case because now somebody else is managing that. So for our community it would be much more helpful if there was a more collaborative working relationship between our adult protection and the victim service providers before - like to maybe even avoid the hospitalization because that really doesn't resolve anything, it just sort of displaces the person.						x								1e
Does APS have any release forms that they use in order to be able to like if they wanted to refer and discuss a case with a community provider that they would send a release over in order to be able to discuss that openly? Do they use that at all or no?						x								1e
They have a multi-disciplinary model whereby it is policy that every single case that Adult Protective Services has is sent every single day by fax to the prosecutor's officer. And there's a designated officer there to receive the fax and scan it for possible cases that they could take forward. And then they						x								1e

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work together on those cases and ask more information and so on and whatnot.														
APS absolutely needs access to criminal history regarding suspects.	x												CA	1e
It would be very nice to see a mention of legal services programs in there. And by that I mean Title III programs of course, legal services and probably I should expand it to civil lawyers as well. So it could just be the entire civil justice system basically.					x								DC	1e
You have four calls of procedures for certain things. And under E you talk about legal action is being considered. I think we should just differentiate as to whether you're talking civil legal action or criminal legal action. Perhaps that provision could be clarified a little bit.					x								DC	1e
And just to that point, any references in the guidelines that talk about formalized collaboration between APS and legal providers would be good. Even some specificity in terms of what areas of collaboration. Areas in terms of referrals, training and, you know, issues related to confidentiality.					x								DC	1e
Our state could really use some help. And I don't know about any other state but we could really use some help with our law enforcement recognizing that the elderly population that exploitation is a crime that it's theft even if it is a family member. Trying to get anything through the legal system, and a court case, and having any repercussions or any outcomes, you know, for the crimes themselves is nearly nonexistent or hardly impossible in our state. And it would be a real help I think for ACL to be able to, you know, help with the law enforcement.	x												ID	1e
I would hope that APS programs have a close relationship with their Centers for Independent Living because those are the places where they can learn to understand the specific philosophy that people with disabilities adhere to as well as get probably some very good training on a variety of disabilities and particularly communicating with people with disabilities that require a different				x									IL	1e

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kind of communication															
Just in my little section that I manage which is x7 towns west of Boston I have x7 different police departments, x7 different boards of health everything. And I just I need a higher level of somebody coming in to say, you know, this is how you work with the Department of Mental Health, or with the Department of Developmental Services or whoever it may be that bigger, you know, it's - I can't do it all in the - at the grassroots level. So I want to do more of that but that the way needs to be paved with MOUs or whatever it may be.	x												MA	1e	
The only thing that I'd like to see that'd probably help us on our end is to have a better relationship with the individuals that will be working on these cases outside of the law enforcement duties, you know, as a social worker, case workers and everything else. We definitely would like to get to know them better and to form the relationships with them						x							M N	1e	
I'd like to see possibly just something where you know, if we do get cases for our different communities and different states and you know, some type of network thing that we could actually go on the Web site or see or something. I mean, just some way to help us build the relationships or at least learn the different functions that each department would work and how we can best complement each other, you know?						x							M N	1e	
So many years ago we actually created a model for lack of a better word, it's very similar to like an MOU, between law enforcement entities and adult protective services, and it's had mixed reviews. It's worked very well in those areas of the state that choose to use it. And others, it's still kind of a work in progress, but it definitely helps each party kind of understand where one stops and another one starts, but more so where they bridge the gap and the ability to have less trauma for the victim by having to have multiple interviews, that if the two entities can go in jointly, it really becomes a win/win situation for everyone but most importantly of course for the victim.							x						NC	1e	

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So I'm wondering if there could be additional guidance for the Older Americans Act that would include a no wrong door option for people who are experiencing elder abuse, either victims or those that may want to report it. It would give another avenue to people who want to report away for the information to get to the right resource, not that, you know, the area agencies would have to go out and do the investigation but just that they would provide a warm link from their organization to APS.		x											OH	1e
Which brings us to one of the challenges that we've identified and that is knowing or being involved in an initial APS investigation at an earlier stage. Often the APS investigator will go out, engage in an interview of a suspect or a victim or a witness and they're at that one point where they're able to collect that data or collect some evidence or information. And by the time we get the referral, many, many months have gone by perhaps. Evidence is stale or memories are stale, so we're trying to figure out ways we can get identified or get involved at an earlier stage to allow us to make a quicker determination as to when we can interact and take a case.						x							W A	1e
Yes, easier jurisdiction even if a person does live across the state line, that it allows for communication to occur in a little bit more of a seamless manner.	x												CA	1e
In most counties in my state APS is usually the only option and there is no shared responsibility between agencies. Referrals from banks come from institutions from across the country and the individuals making the referrals have no detailed knowledge to ascertain if the adult is incapacitated by a physical or mental disability. Hospitals use APS as a means to facilitate guardianship. Due to budget restraints and lack of resources APS has become the cure all for any allegations of abuse, neglect, exploitation.	x													1e
Coordination with Native American tribes in a government-to-government relationship shall ensue in respect of sovereignty of the respective tribe.			x											1e

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States shall designate a liaison in order to develop and maintain a relationship with members. The reason for the specific liaison is due to the history of mistrust of government due to historical trauma. The designated liaison will serve in the best interest of the specific tribal elder(s) by developing relationship with the tribe and its members by learning the customs, traditions, and beliefs of the members of such tribes. The liaison shall uphold and seek to follow the laws of the respective tribe with minimal state intervention. A relationship shall be maintained with the program and divisional management through a 7.0x agreement and regular quarterly meetings to ensure needs are met in accordance to the intent. Coordination of services through state and federal programs shall be standard practice in order to best serve the tribal community.													
Add "Tribes" specifically, to the list of cross-Jurisdictional and inter-disciplinary cooperation. -			x										1e
Tribal Aging Departments, Tribal Social Services, and relevant tribal departments or agencies need a formal agreement with County APS, a formal relationship that allows for the sharing of information to better serve abuse victims, increase prosecution, etc. - Develop or include in these standards (from the point of intake to the point of case closure) a way for County APS workers to include Tribes, Tribal Aging Units, and other relevant tribal departments or agencies in the process when handling cases involving Tribal Members			x										1e
When we report to states, one of the problems is that sometimes we make the report and then there's no follow-up with us because of privacy laws. So we lose track of what's happening with that elder and it's one of our elders. And that's something that is in the guidelines. We can look at it and make sure that the language, you know, at least speaks to sharing information with tribes as well.			x										1e

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One thing I wanted to bring up was in your environmental scan that you didn't utilize the Bureau of Indian Affairs APS Handbook that we have linked on our Web site. And that really does a good job talking about cross jurisdictional issues, and what laws kick in, and who should investigate and all of those kinds of things.			x										ND	1e
One of the issues that we have is that they can guide us through something, give advice but since there's no agreement on the reservation they can't like come to court or, you know, kind of support that way. So I'm kind of thinking that is there something that you're going to put together like a sample resolution or MOUs that we can present to our Tribal Council and get this so it will be okay.			x										ND	1e
<b>1F. PROGRAM AUTHORITY, COOPERATION, CONFIDENTIALITY AND IMMUNITY</b>														
Strongly agree. Specifying those records would be helpful.											x			1f
A major obstacle to investigating financial exploitation cases involving an elderly person, or an adult with disabilities is the inability for APS and law enforcement to obtain Social Security information relating to the client that may be needed to follow the money trail from the victim to the suspect. Many times the clients lack the capacity to give voluntary consent for a release of the records and in other cases the suspect is the actual re-payee. Changes need to be made at the federal level in order to resolve this problem.											x			1f
Why is it that APS doesn't inform family member who made complaint, that case is closed, when they have the contact information for the person? Almost a year had passed before I found out that case was closed. I received no letter, email or phone call notifying me of such! Valuable time had been lost when I wasn't informed case was closed												x		1f
If there is a way to recommend or request a caseload study for consistency that would be great. CFS has one study, however Child welfare emergency												x		1f

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response is always short-term, whereas in APS some cases are held up to 90 days or more and case management services are provided. This difference is likely substantial in terms of managing caseloads for APS social workers.														
Include the word "unannounced" before face to face interview.	x												CA	1f
Recommend that APS have authority to subpoena any records that clarify the mechanics of the abuse and can be used as documentary evidence for remedial and preventive services.	x												CA	1f
Make the definition of MDT clearer explanation. Specify that the MDT members should include legal and financial professionals and any law enforcement having jurisdiction (e.g. the IRS, Homeland Security, IHSS, FBI, etc), and to specify the actual joint effort for intervention (as opposed to only consultation).	x												CA	1f
Re: confidentiality: Please give us more specific guidelines. We would like to know who is entitled to receive information from APS; who may receive information from APS and under what circumstances.	x												CA	1f
Confidentiality should delineate what information can be shared with the reporting party, the victim, and other support people in the victim's life. Lack of information makes accountability difficult. It also decreases motivation to make abuse reports, since seems like the report just fell into the "black hole."										x			CA	1f
The delineation of the APS system's authority to work with other jurisdictions to investigate alleged maltreatment or to serve victims of maltreatment should include Protection and Advocacy (P&A) agencies within each state. P&A agencies frequently conduct their own investigations and coordination with APS systems can be a crucial part of the fact finding process.				x									CA	1f
In the section titled Program Authority, Cooperation, Confidentiality and Immunity, ARCA would urge the inclusion of a recommendation regarding the				x									CA	1f

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more fluid sharing of information regarding investigation outcomes with ongoing service agencies that are involved in individuals' lives. Sharing of this critical information may aid in service planning and ensure that necessary supports are in place to prevent future challenges regarding the individual's health and safety from arising														
Access to Criminal Records: APS needs direct access to criminal history regarding suspects. APS programs work with multiple law enforcement agencies and across multiple jurisdictions, some helpful, others not. APS requires this information to conduct thorough investigations and for victim. Federal legislation providing APS access of criminal records would ensure APS programs across the country can all access this information.	x												CA	1f
Confidentiality: Laws are not consistent from jurisdiction to jurisdiction regarding APS confidentiality during investigations. National institutions such as banks that practice across the country have to deal with different APS regulations depending on the state or county they are working with. Having clear, comprehensive, and consistent practices across the country, in particular on how APS works with financial institutions, would be helpful for both financial institutions and APS in serving the clients.	x												CA	1f
And some of agents - some guardianship offices and APS offices work together really closely and some of them even carry cases together, but some of them are completely separate and have a very difficult time serving the clients together. And I was wondering if that could be something that could be addressed in this because those are often the clients that are the most difficult for us to serve and that are at the most risk and in the most precarious situations. So it seems like it would be really nice if that's something written to help us reach out and help those clients more effectively and easily.	x												CA	1f
Recommend that the guidelines include language on immunity laws and confidentiality.											x Res		NA T	1f

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Add "routine" before access in first sentence of Guidelines; para b)	x												NA T	1f
NAPSA supports the recommendation to give APS subpoena power;	x												NA T	1f
Congressional authority is needed to allow states to enter into formal agreements with one another. Interstate compact legislation is needed	x												NA T	1f
Change to read "Create legal protections from prosecution and civil liability, and indemnify APS workers who are acting in good faith .	x												NA T	1f
Program Authority, Cooperation, Confidentiality and Immunity. In particular, we are pleased to see in the Guidelines, recommendations that APS systems have access to legal counsel with expertise in the legal issues the APS system may face. NASOP believes in the importance of legal counsel to advise APS agencies not only on the issues that APS confronts, but also on those of individual clients.								x					NA T	1f
If there could be something that's clear, overarching authority for APS so that we could just show maybe one regulation that gives APS that authority to access documents.  And especially when it's from the reporting parties because a lot of times we'll have banks or even medical professionals who are mandated reporters who will make reports of abuse but then when we contact them to follow through on the investigation they say that they can't release whatever information they have or whatever documents that they have that will allow us to further investigate. And so a lot of times if we don't get assistance from law enforcement or consent from the client we have to just sort of walkaway and close the case so it really cripples our ability to thoroughly investigate.	x													1f
Primarily what I've seen is, you know, obviously elderly people, you know, just						x								1f

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to the point of where they actually need someone else to come into the home. And I understand the wanting to them - maintain the independence. But when that's not possible the lack of resources is okay well now what are going to do? And, you know, everybody kind of points the finger at somebody else while the family should step in and take control of the situation or, you know, why isn't APS representative doing their job, you know? Why can't law enforcement, you know, force the issue? It seems to me that it's that case as well with a lot of child abuse neglect cases too.														
One of the areas that I find most challenging in being able to access records is the ones that are clients who are associated with mental health treatment where there is also substance abuse treatment being conducted because of some of the federal restrictions on releases of information again without having to have consent from the individual to be able to access those records as well as being able to work with those agencies to ensure safety so just to give you a real specific example.	x												AK	1f
Under program authority I would say first that APS needs funding to support legal counsel that has appropriate expertise.				x									DC	1f
I just had one comment on guardianship – those common legal issues that APS deals with including confidentiality, conflict of interest, guardianship/conservativeship and then parenthetically including alternatives to guardianship/conservativeship.  Since the present situation is that in many cases guardianship is the default mechanism generally informed by cognitive tests that are now being scrutinized in many realms as not really helping address someone's capacity and self-determination.  I'm wondering if the document might consider not including the language alternatives at which point it's more of an opt out situation but including language such as options to guardianship after exploring all potential										x			NY	1f

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alternatives including supported decision-making.														
I think the more information APS has, the better off they are. There's no doubt about that. One thing you're going to run into is you know, the different states have different rules on access to criminal justice records and so it may be quite a hurdle in some places to get that done. But I think it'd be a good suggestion anyway						x							WA	1f
My comment will probably cover a lot of people who have submitted complaints to APS and got absolutely NO response from them. I've even talked to the local supervisor who asked me to put the complaint on the hotline, someone would be in touch. That was 3 months ago and no one ever called. I had a running log of my relatives care regarding family visits seen by the OLC Investigator. I also was told by the former OMB that she contacted APS and OLC and neither responded. My relative passed away but it doesn't ease the pain of knowing there are people in positions getting paid by tax payer monies and no one knows what they do as they never respond.										x				1f
When concerns are confirmed by APS and the letter states that your loved one is in need of protection from a nursing home facility and APS is reporting the findings to the appropriate entity how does one find out if this has been followed through. And why doesn't a facility have penalties imposed to them.										x				1f
Program Authority, Cooperation, Confidentiality and Immunity Guidelines: APS, at the very least, should have access to legal aid services in their area, if available, and a representative from legal aid should be part of any APS multi-disciplinary team. Having access to legal counsel for tough APS cases is crucial.					x								CA	1f
Comment on Access to Information: It is critical to financial institutions that regularly submit reports to APS agencies that there be two-way communications between the reporter and APS. It is reasonable to assume that if banking and brokerage privacy rules permit reporting of suspected											x		NA T	1f

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abuse to APS, then APS rules should permit some information sharing with those reporters. Some APS agencies will not provide any information at all to reporters, and they also make it very difficult for reporters to provide APS with new information about a developing case. This lack of information can severely restrain a financial institution's ability to help protect a client's assets.														
Program Authority, Cooperation, Confidentiality and Immunity We understand the need for the "authority to access certain documents from individuals or institutions for the purposes of investigating." However, under the immunity section which covers APS workers acting in good faith, there also needs to be protections for others reporting suspected abuse, similar to the immunity under child abuse reporting. We agree under the confidentiality section the need to "Delineate the confidentiality of APS records..."				x									NJ	1f
<b>1G. PROTECTING PROGRAM INTEGRITY</b>														
Update subsection (c) to recommend a FBI and state fingerprint background check that is flagged for future notification of crimes committed after hire.												x		1g
I do not know if current APS policies already address Process for handling investigations when APS staff or contractors of the program have a personal relationship with an alleged perpetrator. If not, guidelines should address this.												x		1g
Conflict of interest should be expanded beyond just the caseworker to include the caseworkers knowing of family members, or of knowing or having a relationship with alleged perpetrators etc.				x									NA T	1g
According to section 1g, a conflict of interest occurs when an APS employee or contractor is the alleged abuser. This definition is too narrow. It should be broadened to include situations where an APS caseworker is a friend or relative of, or has another personal relationship with, the alleged abuser. Personal relationships between the two can also create unfair biases in favor of the alleged abuser. The law must consider them conflicts of interest to avoid threatening the integrity of state APS programs.				x									NA T	1g

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Change to read "Create a Process for handling investigations when the alleged perpetrators . . . persons affiliated with the agency in which the APS program operates, or in other potential conflict of interest situations."	x												NA T	1g
Recommend adding a section relative to protecting worker safety.	x												NA T	1g
A national, large scale caseload study is needed. Underfunded APS programs cannot do these separately all over the country. While important, studies are not a substitute for needed resources.	x												NA T	1g
Protecting Program Integrity. NASOP believes the section on conflicts of interest should be expanded to include situations where immediate family of the APS worker have a financial interest in the case or more explicitly, employment in the last three years by a long-term care facility that provides care for a client of APS. We also agree with the value and importance of screening potential APS employees.							x						NA T	1g
Protecting Program Integrity We strongly endorse this guideline. In North Carolina, it is not unusual to find an employee of APS who also serves as the guardian of a person and/or serves as the licensed facility specialist for the same home where alleged abuse may be occurring. This inherent conflict of interest allows for the perpetuation of isolation, segregation, abuse and neglect of individuals with disabilities.				x									NC	1g
Part of their recommendation was supervisor oversight throughout the case which was standard across the board. I'm it for the supervisor in the state of North Dakota. I supervise all the staff plus oversee the contracts. And so implementing that will be a little difficult as to how to, when to, what points of the case we want to have some oversight.	x												ND	1g
Have a review before the investigation is complete. Hold Qaulity Assurance Reviews. Provide a lot of education around what a finding means and doesn't	x												NH	1g

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mean															
The use of realistic job previews, structured oral interview which include at least three interviewers. Require meaningful reference and background checks. Also, have the applicant complete a writing sample.	x												NH	1g	
<b>Protecting Program Integrity:</b> Guidelines: Add e: Internal controls such as QA/QI.	x												OR	1g	
Comment: Policy for the improvement of State APS Systems specifically on "AGING SAFELY IN PA (STATE) AND THE USA": Establish in communities health and legal staff potentially working with APS comprehensive screening and continuing education with evidence-based minimum standards of training and experience. This policy is important because it provides the AoA a clear evidence and uniformity of screening, continuing education, and certification of future healthcare and service providers. Police reports and FBI clearances are not sufficient in recruiting a cadre of competent healthcare and service providers for our older adults.		x											PA	1g	
That whole section was very focused on conflicts of interest that APS workers may have, or the fact that in APS worker may be committing maltreatment. And I think that the conflict of interests that APS programs can face can go beyond those more individualized conflicts. And in my mind I compared it to the situation that the ombudsman program faced and that the New regulations did such a beautiful job of dealing with. And you could have an APS program housed in an umbrella human services agency that is also providing other home and community-based services. And they increasingly I think are being alleged to be exploitive or abusive in ways. So, you know, there's just broader structural institutional conflicts of interest that APS programs face that these guidelines didn't even mention. And at the very least I think it should mention that they exist and that they need to be assessed and dealt with as best as possible.					x								DC	1g	

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Comment on Right to Appeal: On occasion, the Wells Fargo Advisors ECI team has faced the problem of being unable to appeal to a supervisor or other manager of an APS program when ECI believes that the agency has wrongly screened out a case. Where APS functions are the responsibility of county administrators, we have had trouble identifying or communicating with a supervisor who is willing to review the situation. Furthermore, we have found no guidance in any state APS statute or on any APS website about how to escalate a concern to a supervisor about the agency's decision to screen out or to close a case.											x		NA T	1g
Comment on Lack of Confirmation to Reporters that APS Has Screened In a Case: In a significant number of states, the WFA Elder Client Initiatives Team is unable to get any sort of confirmation, written or verbal, that the APS agency has screened in or out a matter that ECI referred to them; or that a case that was being investigated has since been closed. At the very least, it would be helpful to receive some sort of written confirmation that the APS agency did receive the report. See Comment on Guideline 1f above for further discussion of the importance of 2-way communication for financial institutions.											x		NA T	1g
<b>1H. STAFFING RESOURCES</b>														
Staffing Resources – Our team felt that there was a great need for clarification of what exactly the ACL is defining as caseloads. In New York State there are clear guidelines, requirements and standards for casework that include mandated timeframes for responding, investigating, visitation, opening and reviewing cases. These timeframes, including monthly home visits to APS clients, drive the number of cases a caseworker can manage. Without greater clarification of what the caseload roles and responsibilities are of an APS caseworker this portion of the document lacks clarification of what staffing resources should be, including the ratio of workers to							x						NY	1h

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supervisor. What number(s) is the document recommending?															
We strongly advocate for resources to be allocated to support the implementation of the guidelines and to assist with providing consistency of implementation in all states. Protection from abuse is important and our citizens deserve the ability to move across the nation and experience the same level of attention and concern regardless of the locality.		x												PA	1h
I note that there's some discussion about the variety and the range of staffing and supervision staff to supervise a ratio and client to staff ratio. The guidelines offer considerations but I was - I think it would be helpful to spell out the recommended guidelines											x				1h
Set recommended staffing guidelines. Define caseload average and the maximum standard. Recommend no more than 25:x cases/caseworker and no more than 6:x worker/supervisor.											x				1h
Strengthen language that CPS workers should not be doing APS work											x				1h
Creating guidelines for nationwide response and effectiveness is a great idea, however, our experience with APS is that they have great intentions and are effective when available but they are extremely under staffed and unavailable after hours and on weekends. Abuse doesn't only happen M_F 9-5 pm, so availability is essential for effectiveness. Funding for APS must be addresses for these guidelines to be effective.											x				1h
Staffing ratios should be standardized across counties											x				1h
xh appears to recommend each state conduct its own caseload study. While individual State studies would be ideal, a national study incorporating the factors listed in the guideline would be considerable help to States as a beginning point.	x													AL	1h
Recommend a maximum of 7 social workers	x													CA	1h
Caseload should specify how many cases that a worker carry on an on-going basis. This should differentiate between NEW cases and on-going cases. The guidelines should recommend between 10-13 New cases, per	x													CA	1h

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worker, per month. These guidelines are in line with SB 2030 standards for Child Welfare.														
States should provide adequate infrastructure to rural areas so that the same level of services are provided statewide		x											CA	1h
APS Worker Caseload Averages: Caseload counts need to distinguish ongoing caseload averages from the number of New cases assigned to a worker each month. A worker who is assigned 20 New client cases a month for six months, but maintains an average of 20 open cases, has worked x20 cases despite having an average caseload of 20 open cases a month. A worker who has carried a caseload of 20 for the same group of clients over a six month period has worked 20 cases.	x												CA	1h
A CPS colleague had informed me of the Child Welfare League's recommendation that APS Investigation units (short term, 30-60 Days) have x:5 or 6 Supervisor to Investigator ratios, thus ensuring proper clinical supervision, oversight and QA on these challenging, and quick turn-over cases.	x												M D	1h
Recommends that caseloads not just related to a ratio, but also the types of cases							x						M D	1h
Urge adding a recommendation that APS investigators work in the APS program only.	x												NA T	1h
The Guidelines should address how APS can maintain an adequate number of qualified staff. They should make recommendations for how the federal government, state legislatures and APS agencies should navigate the issue.				x									NY	1h
APS shouldn't be asked to do its own caseload studies in your various jurisdictions but could it be that there would be funding for someone to do a caseload, and APS caseload study, that with an informed the whole field.	x													1h
Often we read about caseload, there's no distinction made between the client's cases is an ongoing client's cases. So a social worker can receive 20 New client's cases each month over a six-month period and work x20 cases	x												CA	1h

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per client or they could just have 20 ongoing cases but it kind of looks the same. And I just think it would be helpful if we distinguished between that.														
I'm wondering if part of these guidelines and recommendations could be that there be more studies encouraged her funding toward studies to look at caseloads.	x												CA	1h
And then finally and attached to that is the worker client ratios. You know, at least in the states I've been in sometimes it's been handled, sometimes it's not been handled. But I think there really needs to be a standard.	x												CT	1h
Our state is in the Process of looking at APS reforms. Our state has funded its own caseload study because there wasn't any kind of peer-reviewed guidance out there related to caseloads. So, that would be one thing, some kind of national caseload study.		x											IN	1h
So continue your work in terms of sort of the middle ground or recommended caseloads but also supervisor to investigator ratio would be appreciated.	x												M D	1h
This is Kathy in South Dakota and we have some of the similar issues there. And one of the other things that I was looking at too is, you know, getting that resources together, you know, the professionals and things like that. We're such a rural state that some of the areas in the state are so sparse with population and those types of services that will be a difficult thing to reach especially like Northwestern South Dakota and things like that.		x											SD	1h
One thing I like in these guidelines is staffing ratios and really studying that if just how effective - and, you know, I know that funds are very, very tight for everybody. But this is a very critical, you know, area of protecting the vulnerable people.		x											TX	1h
I was really pleased to see the part where you're talking about bringing in people that have specific expertise especially like in the area of finances. Because I don't think there's been enough emphasis on that in the past.		x											TX	1h
Encourage APS national guidelines to model CPS in terms of supervisor to	x												OR	1h

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worker allocation and case distribution (workload vs caseload). In Oregon Child Welfare the staffing ratio of supervisors to protective service workers is x supervisor for each 6 child protective service workers														
Staffing Ratios We understand that the average caseload was 26-50 but are concerned with states that have over 100 cases per worker as cases would not be handled efficiently or effectively.				x									NJ	1h
<b>1I. ACCESS TO EXPERT RESOURCES</b>														
Access to Expert Resources Under Background for this section please consider adding the following after “Over half xiof the states...nurses and physician assistants.”: The “20x5 NAPSA Survey of Nurses in APS” revealed that the most common ratio of nurses to social workers was one nurse to x-4 social workers (as reported by 43% of nurses participating in the survey). Under Guidelines for this section please consider adding the following: It is recommended that APS systems routinely include nurses as part of their staff. APS systems should thoughtfully determine the scope of the nurse’s role within the team, and how best to use the specialized skills nurses bring to the investigation, prevention and remediation of abuse/neglect.											x			1i
Thank you for taking a vital step towards providing national standards and best practices for APS. While many of these guidelines are not feasible without increased funding and resources, it is a step in the right direction and may provide a platform to advocate for increase funding. I encourage AoA to add Area Agencies on Aging to the list of entities mentioned in "Access to Expert Resources." Also, while being worked on at various levels at the federal and state level, the importance of a registry of elder abuse offenders like is available for sexual offenders is critical. This is not necessarily a responsibility of APS but is something that involves their cooperation.												x		1i
<u>xi</u> should be broadened to include access to expert resources on an individual case basis as needed.	x												AL	1i

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Although proposed guidelines mention civil legal resources, it does so almost in passing. I believe that the Voluntary Consensus Guidelines For State APS Systems should show greater emphasis on calling for the development of collaborations with civil attorneys. I believe civil attorney can and should be playing a greater role, especially in instance of financial elder abuse. Civil litigators are limited in what they can accomplish, but in certain instances they are able to play a vital role in helping individuals favorably resolve their situation. With the dramatic rise in the number and kinds of elder abuse that is occurring it is important to have "more tools in the box." The proposed guidelines should therefore include language that encourages APS caseworkers to direct victims of abuse to civil attorneys. The most appropriate referral to a civil attorney is through the state bar certified lawyer referral services panels.					x								CA	1i
The ACL's recommendation for consistent access to legal expertise pertaining to court interventions for APS is also a key component in the guidelines from Iowa's perspective. Iowa struggles with attorneys and judges having varying interpretations of codes which can lead to added challenges for APS workers. The guidelines help support adult protective practice and can potentially serve as a training tool for legal professionals. Perhaps the guidelines could also contain a provision in the section regarding access to expert resources.	x												IA	1i
Agree with respect to all categories of expertise; consider adding expertise on addictions.								X					NA T	1i
Under Guidelines add environmental health, housing, zoning, aging and disability groups, animal experts and substance abuse experts	x												NA T	1i
We strongly agree with the need for APS to access expert resources to allow for expert consultation	x												NA T	1i

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Program Administration xi. Access to Expert Resources Under background for this section PLEASE CONSIDER adding the following after "Over half of the states...nurse and physician's assistants.": The "20x5 NAPSA survey of Nurses in APS" revealed that the most common ratio of nurses to social workers was one nurse to x-4 social workers (as reported by 43%of nurses participating in the survey). Under guidelines for this section PLEASE CONSIDER adding the following: It is recommended that APS systems routinely include nurses as part of their staff. APS systems should thoughtfully determine the scope of the nurse's role within the team, and how best to use the specialized skills nurses bring to the investigations, prevention and remediation of abuse/neglect.	x												NA T	1i
APS systems should develop relationships with Alzheimer's Association chapters and include in its training materials the Association's 24/7 helpline: 800-272-3900.		x											NA T	1i
Veterinary and animal welfare officials can be included as expert resources											x		NA T	1i
A staff member who works for or is affiliated with both Agencies (APS & Tribal Aging) to encourage cooperation, facilitate the sharing of information, improve case outcomes, and better meet the needs of Native American Tribes. Add a requirement that APS Agencies whom regularly serve Native American populations or whom operate in Native American Communities are required to work with tribes in a cooperative agreement to better serve Tribal People. It would be ideal if Tribes/Tribal entities were involved in every step of the Process, in cases involving a Tribal member, from intake to case closure.-			x											1i
ASSESSMENTS One of APS's most fundamental challenges is correctly assessing cognitive capacity (esp. as entwined with mental & physical health) and decision-making ability. For example, if a client is confused, how does the APS worker know if it's temporary or permanent, if it's caused by dementia, delirium, infection, a thyroid problem or medication issues? Such											x		DC	1i

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assessments are beyond most APS workers' expertise. Yet section xi Guideline does not include geriatric or neuro-psych experts among those with whom it's critical for APS to partner. Such experts should be included in the list of partners, at the least														
<b>1J. CASE REVIEW-SUPERVISORY PROCESS</b>														
Be more specific and recommend that the supervisor reviews and approves the investigation, assessment, case/service plan, and case closure for every case.											x			1j
Strongly support the guidelines vis-à-vis supervisor involvement and case reviews.	x												NA T	1j
In e) add "If civil or criminal" action is being considered.	x												NA T	1j
We agree that access to various disciplines is important to the Process of investigation, service planning and intervention, but urge ACL to provide more information about when a worker should consult a different discipline and who to consult. ACL should clarify how he or she should determine whether or not to follow a given recommendation.									x				NA T	1j
I think it's irresponsible on the part of states to just send people out with a social work background without having the medical part somehow accessible to address the root causes.	x												CT	1j
I would strongly encourage the addition of going - and I don't mean just for brand New workers but ongoing periodic interview observation as part of supervision.	x												CT	1j
We'd love to have a forensic account. And I think that should be part of the requirements...	x												NY	1j
I think adult protective services should be thinking about is having people on staff that are trained to do forensically sound interviews so that you don't end up in a situation where three or four different agencies are going out and interviewing.						x							W A	1j

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<b>TIME FRAMES</b>													
<b>2A. RESPONDING TO THE REPORT</b>													
Set a specific recommendation for responding to a report and needs to define what that response is and a specific time frame. Recommend 24 hours for emergency and non-emergencies in five working days or less											x		2a
Under guidelines for timeframes for responding to APS reports it suggests a response can be by telephone depending upon the risk. However, in the next paragraph, it suggests best practice is a face-to-face meeting. I agree, face-to-face is always best. I do believe that the suggestion that an initiated response of up to ten days depending upon the severity, is possible, is woefully lacking. 10 days is far too long. I suggest no longer than three days.											x		2a
Responding to a Report: - ...may be in person or by telephone depending on the risk...." - This is not acceptable as a national guideline. APS systems need to have the mandate and capacity to assess their clients face to face. If this is not possible, then screen the call and or refer to another entity											x		2a
When there is a sense of urgency, especially after one has called the APS Hotline, why does APS drag their feet in responding to complaint? What is the purpose of having an APS Hotline when it takes weeks before anyone investigates complaint? Why doesn't APS return phone calls from people filing complaints just to check the status of complaint?											x		2a
<u>2a</u> provides for responding to a report by telephone depending on the risk assessed. AL policy requires face to face contact with the alleged victim. Face to face contact has proven critical to accurately assessing the protective service needs.	x											AL	2a
Less immediate response should be 10 days. Please specify a recommended response time instead of a range.	x											CA	2a
Recommend that a state have standards for when a face to face visit does	x											CA	2a

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not occur.														
A face-to-face visit is essential; not just a best practice. Require it on every case unless circumstances make it impossible.	x												NA T	2a
Support APS establishing timelines for initial visits, investigations and case closures.	x												NA T	2a
I went to APS and Prince Georges County. I actually called the hotline I mean in total distress begging them to please help me because my brother was in imminent danger. And they dragged their feet on it. And by the time the APS case worker got there she claimed that the first time she went no one answered the door, the second time she went my brother had expired. And I tell you it's just been totally disappointing to me. Now I really applaud what you all are doing. I am so glad to see that someone looked at this, you know, these guidelines and realized we need some fine-tuning here.										x			M D	2a
Comment on Severe Risk: "Imminent and severe risk" should be expanded to include risk of financial ruin, risk of loss of entire life savings. Financial institutions are often aware of the possibility of these risks for their clients, but Wells Fargo Advisors' ECI Team has learned that many APS agencies do not respond as rapidly to these risks as to risks of physical abuse and risk to the client's health or safety.											x		NA T	2a
Time Frames 2a. Responding to the Report We strongly agree that for imminent risk the response must be within 24 hours but that a less urgent response could occur later. However we think that 48-72 hours should be a sufficient response time and that 10 days is far too long.				x									NJ	2a
<b>2B. COMPLETING THE INVESTIGATION</b>														
Thorough and complete documentation is critical to ensuring quality case work has been conducted and the case can stand up in court. Complete data is critical to being able to support budget requests and legislative initiatives. Add specific guidelines on the timeliness of this documentation to preserve the integrity of the case note. Recommend documentation be completed											x			2b

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within three days of the interview/event														
Please specify a time frame; 30-45 days is reasonable.											x			2b
Regardless of what the child welfare council recommends- APS should have at least 60 days to complete the investigation. 30 days is not feasible for adults. There are death investigations and complex financial exploitation investigations that routinely require more than 30 days, not to mention adults that actively avoid APS finding them!											x			2b
CPS guidelines of 30 days to complete an investigation are too short for complex APS investigations. For example, it can take over 30 days to identify, locate, and obtain financial, legal, or medical documents or obtain medical evaluations.	x												CA	2b
Recommend that guidelines go beyond having systems create policy – but that all states establish a timeframe – make the guidelines more definitive.  Recognize that completion of an investigation is distinct from the time needed to provide protective services when indicated and complete a case plan for internal use by APS and/or a referral to another service provider.											x Res		NA T	2b
Completing the Investigation – While we strongly agree that there should be a timeframe for completing the investigation we believe that following the child services guidelines does not allow adult services to fully investigate and put in place a plan that may not require an open case for APS. New York State has resolved this issue by a completion date for the initial investigation of 60 days. This timeframe allows caseworkers adequate time to resolve the issues that may be resolved within that timeframe and/or they may open the case earlier if it is a clearly a protective service case.						x							NY	2b
Should states provide a timeframe to working or calendar days for substantiation	x													2b
Hi everyone this is Heidi Richardson from Sacramento County Adult	x												CA	2b

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Protective Services. And I have a comment about the CPS guidelines of 30 days to complete an investigation. I believe that's too short for APS. I think it takes over 30 days especially in cases involving financial abuse where documentation needs to be tracked down or if a client presents with evidence of a neurocognitive or other type of impairment helping them access medical appointments and ongoing follow-up can take way over 30 days.														
We also think due to the seriousness of this topic, all investigations should be closed in 30 days.				x									NJ	2b
<b>2C. CLOSING THE CASE</b>														
Define a reasonable length of time for MOST APS cases to be resolved and closed.												x		2c
Closing the case: - Add another criteria to the guidelines to include a second level supervisory review prior to closing the case												x		2c
It would be optimal to have outcome measures that helped the APS Worker determine when the situation was stabilized, protective plan is working, and safety risks have been reduced. We don't have specific recommendations for outcome measures, but it is an important issue that should be considered.	x												CA	2c
Recommend outcome measures to know when the situation is stable or safety risks have been reduced. These need to be developed. Add the following criteria for closing: The client has been referred to other services that have accepted responsibility for the client and protective issues have been resolved. Client moves out of the APS agency's jurisdiction, and if appropriate has been referred to another APS agency or investigative agency. Client dies Client is unavailable for services due to permanent long-term care placement.	x												CA	2c

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Some of the barriers or needs that I found with APS services is that in part due to high case volumes and also due to policy barriers, in cases of reported abuse of an elderly, the APS S.W. would do one home visit and provide the elderly person with flyers and numbers to contact in case they decided to initiate an eviction with the perpetrator (who was often a close family member). Older Adults would need much more "hand holding" or Processing any guilt about evicting the abusing family member in order for them to be able to act on an eviction. Again, it would require more engagement of a victim by a provider via home visits to help victims accept change.											x	CA	2c
Agree that there should be case reviews scheduled at regular intervals, however, the frequency of review, and the information to be collected at the time of the review should take into account the flexibility to keep cases open if needed.								x				NA T	2c
Background: Add Most before APS systems; some APS programs stay involved with clients for extended periods.	x											NA T	2c
Add to the criteria for case closure: client died; client left the jurisdiction; the criteria should mirror those in NAMRS.	x											NA T	2c
ACL should provide examples of "reduced" safety risks. ACL should add "client referral to another agency" to case closure criteria for consistency with guideline 5c.		x										NA T	2c
Closing the Case • We do agree that 30 day case closure is an appropriate goal, but can be unrealistic in some cases.		x										TX	2c
And the other comment had to do with closing cases. And you might want to make some suggestion in fact I think is there once 90 days or something? But I think it would be helpful to have something like that where you can then look at if lots of cases are open a lot longer than 90 days what's the reason? Are the cases really complex or are they open a really long time because the caseloads are just too big and you can't get to everything, or again is it just a question of, you know, it's not those things and so then it's just well maybe							x					GA	2c

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we need to work on trying to close our cases faster.														
<p>Re: closing the case. So I hate to put any hard and fast solid deadlines on cases because we don't want staff to hurry-up and go too fast and close it before they're done. Also in our statute we can't get any more information once we close the investigation. We might be into protective services but we don't have the legal right then to keep asking more questions.</p> <p>So the longer we can keep the investigation going, I mean, as necessary, we don't want to intrude in people's lives too long but we need that timeframe to get the information that we need and sometimes it's a while coming trying to get those records especially again in these financial cases.</p>	x											M N	2c	
<b>3. RECEIVING REPORTS OF MALTREATMENT</b>														
<b>3A. INTAKE</b>														
Intake. Add to the guidelines that the intake has to have a means to locate the victim. APS does not have the capacity for locating people - and if the reporter does not know where the victim is, it should not be accepted but referred to law enforcement.											x			3a
<u>3a</u> should be modified to delete the word "directly" in the following: "A hotline or other service that directly receives reports 24 hours a day...". Such modification would allow for 24 hour on-call access through law enforcement without incurring additional cost for 24 hour staffing of APS.	x												AL	3a
Whether APS ultimately decides to investigate a call or intake, ALL mandated reporter complaints must be accepted so as to discharge the legal liability that attaches to a covered individual under state mandated reporting statutes. The inquiry whether the case falls within APS jurisdiction or whether it will be opened for investigation should not have any bearing on the acceptance of a				x									CA	3a

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report.															
It is imperative that Hotline operators or other frontline staff be trained in receiving relay calls, talking with someone who uses augmentative communication devices or is difficult to understand.				x									NA T	3a	
Section 3 of the guidelines recommends that APS phone data intake Processes should be accessible to disabled clients and witnesses by means of TTY services. However, the guidelines do not mention the use of Augmentative and alternative communication (AAC) devices, interpreters, or other auxiliary aids and services when interviewing clients and witnesses who permanently or temporarily require these auxiliary aids or services for effective communication. We request that state APS programs be required to provide AAC devices, ASL interpreters, and other communication supports to these clients and witnesses when collecting information about their experiences. In the case of someone with a communication disability for whom a form of assistive communication cannot be identified, every effort should nevertheless be made to understand the individual's desires and preferences. These preferences may be expressed through facial expressions, behavior, sounds or signs. APS should consult with those familiar with the individual, who often have important information about how the individual communicates.				x									NA T	3a	
Section 3 of the guidelines recommends that APS phone data intake Processes should be accessible to disabled clients and witnesses by means of TTY services. However, the guidelines do not mention the use of Augmentative and alternative communication (AAC) devices, interpreters, or other auxiliary aids and services when interviewing clients and witnesses who permanently or temporarily require these auxiliary aids or services for effective communication. We request that state APS programs be required to provide AAC devices, ASL interpreters, and other communication supports to these clients and witnesses when collecting information about their experiences.				x									NA T	3a	

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Add to list after a): b) Well-trained intake personnel knowledgeable about adult abuse and APS, especially where APS does not control the intake line; c) A system to quickly notify APS of all reports taken; d) The capacity to respond to emergencies with trained APS personnel; and add to the New para f) An explanation . . . and the strict confidentiality guidelines by which it must abide.	x												NA T	3a
The Coalition strongly agrees that systems must have a 24/7 hotline for reporting abuse that is fully accessible for adults with disabilities and for those who may not be fluent in English. We would also encourage implementation, where possible, of web-based reporting.											x		NA T	3a
APS systems should share widely how mandatory reporters can report abuse (e.g., hotlines, e-mail). Non-mandatory reporters should be allowed to report anonymously.		x											NA T	3a
Intake and Screening, Triaging, and Assignment of Screened in Reports – Our team felt there was a greater need for clarification of the timelines that were being recommended for intake, screening, triage and assignment of APS cases. In addition, our group shared grave concerns about mandating 24-hour, 7 day a week referral without adequate funding to each community/state to insure proper funding of the services							x						NY	3a
Requirements for initial screening processes, including specific risk factors that APS intake staff and case workers must consider should be included.				x									NY	3a
The Guidelines should recommend the availability of a wide range of communication methods. Strongly support the recommendation that there be 24-hr staffed hotlines and email inboxes to receive reports of maltreatment. Further guidance is needed on how APS can set up infrastructure that allows the use of other forms of communication such as text messages and online chat platforms				x									NY	3a
I'm calling through a sign language interpreter. I just wanted to make a comment. I'm talking about filing a complaint or any kind of issue like that with				x										3a

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APS. I think it's important again that staff can understand and communicate with sign language because many deaf people don't understand written English. So sometimes if we have some a complaint or something that we need to file we'll need help with the language and we'll need to see that in American Sign Language so that we can express ourselves. I think it's important that we have clear communication whether that means an interpreter there or somebody who is fluent in sign language. It's really important that we have someone to help us look at through the language and staff that are well-trained and well versed in communicating with deaf adults.													
We have a, you know, we have a hotline and we will make calls to our local APS hotline and we couldn't even have to, like, leave a message and trust that they're going to call us back. So we haven't had the greatest experience with it. I don't know if that helps but I'm just trying to get some conversation started.						x							3a
Like right now they're - they don't have the staff to be able to answer their hotline 24 hours a day. So they do it for their peak hours and then it's an online request during the hours where they've had the least amount of calls just simply because there's not as many resources currently put in. But I really think it's a good model to say this has worked well in another system and how can we strive to learn from what they have done and be successful.						x							3a
I really believe that staff who take intake reports should be well-trained social service or mental health professionals knowledgeable about adult maltreatment and adult protective services.	x												M N 3a
The 24/7 access, you know, the call line or the receiving of reports that's also going to be a big hurdle for us. We don't have the staff to man that right now nor do we have funding to get more staff to man something like that	x												ND 3a
As the parent of a disabled adult (severe mental health diagnosis) we have helped other disabled adults seek local APS help. The KEY, PRACTICAL elements to providing help to her and her friends: a live person at the end of										x			3a

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the APS phone (no need to push extra #s), rapid response from someone who can actually organize and track needed assistance.														
Intake: Under guidelines we think that ACL should include that intake staff have training and skills, and be appropriately supervised, to communicate with individuals with ID/DD or other cogitative impairments or who have difficulty communicating, such as individuals with CP, Parkinson's or other disabilities that impair the speech of the individual.				x									NA T	3a
Getting a 'translator' for individuals who communicate in ways other than verbal, is another critical area of rule making										x				3a
Comment on Centralized Intake: In order to encourage more widespread reporting, the Guideline should encourage states to adopt program infrastructure that permits state-wide coordination of Intake, through the use of a Hotline or an online reporting form. It is considerably more difficult to submit reports in some states than in others, due to lack of centralized intake. At a minimum, mandatory reporters should be provided with an online reporting tool. There are also problems with many states with long wait times on the phone in order to make a report.											x		NA T	3a
Comment on Police Officers and Anonymity of Reporters: When an APS agency makes a referral of a case to the police or sheriff for further investigation, the concept of reporter anonymity often becomes lost. As a criminal model of APS investigation becomes more prevalent, it will become increasingly important for the police to be more vigilant about preserving the reporter's anonymity. Financial institutions who report suspected financial abuse usually have, and want to preserve, an on-going business relationship with their clients. If their reporting is not protected by anonymity (which is promised in the APS statutes), that is a threat to what has otherwise been a trusted and valued relationship, and that loss of anonymity will make banks											x		NA T	3a

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and brokerages think twice before reporting suspected abuse.															
Comment on Time It Takes to Get Through to Some Hotlines: The ECI Team experiences 30 to 45 minute wait times when contacting some state-wide intake reporting telephone hotlines, which is an excessive amount of idle time for a small group that (Elder Client Initiatives) is attempting to file many reports a day.												x	NA T	3a	
We think that all states should have 24 hour access				x									NJ	3a	
Although we agree with “[p]rotection of the reporter’s identity, unless otherwise ordered by a court,” we would like clarification on when this could occur and implications. Unfortunately, we are aware of situations where abuse allegations have been made by institutional staff against parents in cases where parents threatened to contact protective services because of institutional abuse.				x									NJ	3a	
<b>3B. SCREENING, TRIAGING, AND ASSIGNMENT OF SCREENED IN REPORTS</b>															
Risk factors are not ordinarily (if ever) the basis for elder abuse reporting. Rather examples and signs are.												x		3b	
Move the NAPSA Minimum standards from the Background section to Guidelines. Strengthen the guidelines by making them more specific.	x												CA	3b	
In MA on Cape Cod; I am a licensed social worker. When we report a case the screening often feels arbitrary. I believe the agencies often screen in/out according to caseload sizes. Example our PS here just lost funding they lay off a worker or two; then the next thing you know cases are screened out. This has been happening here on/off for years! Does anyone review the screening decisions?		x											MA	3b	
APS systems should use multiple tools that are appropriate and those tools should allow investigators to note if they suspect cognitive impairment and whether there is an identifiable caregiver who is not reported as the suspected abuser		x											NA T	3b	
Screening reports should identify presence of abused, dangerous or hoarded												x	NA	3b	

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animals in the home.													T	
Screening Tools • Consider having examples of assessment/risk assessment tools from different states on a national website.	x												W A	3b
I run an adult day program. That's very similar to what we used to see years ago when abused women would make reports and then take it all back when it came to go to court because they'd made up and he was being nice in this kind of stuff. So requiring that the investigation continue is a huge thing because these people are already in a precarious situation. And it's very easy for someone to change their mind or force them to take it back and that kind of stuff. So I was very impressed to see that this was going to be the investigative apart at least was mandatory.													NC	3b
Just on the intake and screening and assignment of reports we talked a little bit about the 24 hour seven day week referral. And it probably ties in with one of the earlier comments because it really has to do with funding. Today our ACS is not a 24 hour service seven days a week. We think the idea is important. But the implementation piece was where we had a concern.	x												NY	3b
I would hope that we'd make sure as we're trying to prevent harm to people with disabilities we wouldn't be imposing harm on other people with disabilities or members of marginalized communities.													NY	3b
And one of the things that I noticed in the screening, triaging and assignment of screened in report that I really was pleased to see is the guideline when establishing standards of practice included the acknowledgment that accepting Adult Protective Services is voluntary but the investigation of the maltreatment is not because that's something that we encounter is in making a referral to Adult Protective Services if the person is deemed by the phone call to be - to have full capacity then they will not conduct the investigation. And that's been a very critical source of frustration for us as an organization a referring organization.		x											OH	3b
And, you know, even though they're now caregivers those parents have				x									OR	3b

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violent tendencies. Is there a way to preemptively weed those types of people out so that abuse is minimized within the adults with disabilities community?														
<b>4. CONDUCTING THE INVESTIGATION</b>														
I don't have time to read the entire document, however, have seen a number of both children and adults enter the protective systems with no interview during the Process due to their use of assistive technology. There are not attempts to find people who can use a Dynavox or other technology so the Process is very flawed because it leaves the person at issue out of the communication. I see this as access to translation services. Would we do this if the person spoke Spanish or used sign language? I hope you are able to find language that would deal with this bad and common practice on my behalf. Thank you.											x			4
The Guidelines do not offer state agencies practical policies and procedures despite evidence cited in the Guidelines that structured tools and procedures increased outcomes (citing Carter, "Improving child protection..." ACL should offer model policies, protocols and procedures for evaluations, investigations, documentation and closure of cases.				x									NY	4
US Virgin Islands is operating separate units for APS: one for investigation and one for social services. Model to consider.		x											US VI	4
Unfortunately, this document doesn't identify or address structural design problems with current APS practice. Law enforcement sends a front line officer out to conduct an initial investigation. Then the case may be handed over to a detective for further investigation. Advocacy and victim support is handled by victim advocates; not the front line officer. Why do we expect APS workers to handle investigations and offer to services? Is it ethical for APS workers who have talked to the victim, offender and others to also offer case management services? What is confidential and what isn't? Is the investigation confidential? Are the services? Both/neither? What can only APS do and do well? What other activities should be best handled by other						x								4

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agencies? Should there be specialists in self neglect and other specialists who focus on SA or FE? Thank you for your work to improve the APS system. Many dedicated local workers are trying to do their best with limited resources and often lack of training and support. APS has the potential to provide a valuable role in responding to cases of abuse. But much work needs to be done to improve the problems with the current system design.														
We agree that the "initial interview with the client should be unannounced and private." We support that "[w]hile acceptance of APS services is voluntary, the investigation of maltreatment is not" which is similar to domestic violence guidelines.				x									NJ	4
<b>4A. DETERMINING IF MALTREATMENT HAS OCCURRED</b>														
Strongly agree that investigation should be mandatory												x		4a
On subsection (d), New mistreatment identified during the investigation should be noted AND investigated												x		4a
Often the initial visit should be announced in order to be more successful in gaining entry, to reflect respect for the older adult, and to be consistent with ethical concepts around APS intervention. p. 33 The older adult being investigated should be given written and oral notice as to the purpose of the visit in language understandable to that older adult.												x		4a
Determining if Maltreatment has Occurred: Need recognition that our investigation may end in cases involving competent adult who refuses to cooperate with investigation (need to consider factors of victim's capacity, undue influence, a/n/e severity and safety/risk of further harm).	x													4a
We agree that the investigation of the maltreatment is not voluntary. APS Workers must exercise due diligence to try to investigate. But the investigation may not be able to be completed due to a variety of factors including the unwillingness of the client to cooperate.	x												CA	4a
Recommend the following change – Indicators of any type of maltreatment, whether alleged in the report or not	x												CA	4a

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should be noted "and investigated".														
The following items are recommended for inclusion in Section 4a.  Specify what constitutes due diligence to locate a client?  Specify documentation standards around Evidence that is collected during the investigation.	x												CA	4a
Specify that the investigation must include an interview with Alleged Abuser.	x												CA	4a
Guidelines should specifically state that a bio-psychosocial assessment should go beyond an evaluation of the allegations that were reported.	x												CA	4a
While acceptance of APS services is voluntary, the investigation of maltreatment is not; The investigation of the maltreatment is not voluntary. APS Workers must due their due diligence to try to investigate. But the investigation may not be able to be completed due to a variety of factors including the unwillingness of the client to cooperate. d) (page 33) Indicators of any type of maltreatment, whether alleged in the report or not should be noted "and investigated". (add "and investigated to the guideline) add section about what constitutes due diligence in locating a client (document all earnest attempts and the risk level of the report should be considered in the intensity of the search for the client).	x												CA	4a
When law enforcement has been notified because a crime may have occurred, the notification should be clearly noted in the client's APS case file.				x									CA	4a
One portion of the ACL guidelines recommends an initial unannounced visit to the home of the client. IDHS does not require unannounced visits keeping in mind what will be the least disruptive and traumatic for the person we are serving. An initial unannounced visit requirement is not conducive to the social service, person centered approach of the program for assessments of	x												IA	4a

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self-denial of critical care. An unannounced visit might be necessary but attempting to contact the person first in these cases may lay a better foundation. IDHS would support an initial unannounced visit pertaining to those intakes requiring evaluations of abuse with an alleged perpetrator.														
Related to the Section 5b problem is the recommendation in Section 4a that acceptance of APS services be voluntary but that the investigation not be voluntary. We believe that, absent a court order to the contrary, the adult must be allowed to refuse investigatory services as well as other interventions				x									IL	4a
We further take issue with the provision in Section 4a that would authorize unannounced visits. We agree that the initial interview with the adult should be private, but we are concerned that the intrusiveness of an unannounced visit would be intimidating, even frightening, and thus counterproductive				x									IL	4a
Terrific draft! Thorough and right in line with my experience being a worker, then supervisor, then manager in two different states' APS agencies. Just one thing stuck out as needing further discussion: "While acceptance of APS services is voluntary, the investigation of maltreatment is not." There is a strong argument to be made that if an APS client retains cognitive capacity, they should have the right to deny consent to an investigation, as well as interventions. In my current state, Massachusetts, APS clients can refuse an investigation as long as they are capable of making that decision.	x												MA	4a
Recommends that APS be involved with cases of financial exploitation in all settings.								x					M D	4a
Determining if maltreatment has occurred. Where possible when investigating if maltreatment has occurred, use both research based and standardized procedural methods to determine measures of abuse, neglect, and exploitation when collecting evidence that will allow for comparability across programs and increased chances for a successful intervention.									x				NA T	4a
Under guidelines a) suggest that special consideration in the initial interview with the client must be taken for adults with ID/DD and mental health issues				x									NA T	4a

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who may be suspicious of the APS worker. We thank ACL for recognizing the need for appropriate training for different populations as contained in (h).														
Add after g) History – New paragraph: APS programs should train workers on how to conduct competent investigations, and should implement a standard investigation protocol to guide workers through the Process.	x												NA T	4a
Guidelines: Change 2nd para. of a) to read: “While acceptance of APS services is voluntary, the investigation of maltreatment is not, in most states. Some states allow clients to refuse.	x												NA T	4a
Add “and investigated” at the end of c	x												NA T	4a
ACL should provide guidelines outlining how to proceed if workers have difficulty accessing clients									x				NA T	4a
Conducting the Investigation Determining if Maltreatment Has Occurred Background: APS's response to a report of maltreatment is complicated and involves numerous inter-related tasks that happen concurrently. For the purposes of providing guidance, in this document we have separated the Process of gathering information relevant to determining if the abuse occurred (determining a finding) and the Process of gathering information as part of a psycho-social assessment. PLEASE CONSIDER: Assessment of APS clients is not restricted to the realm of psycho-social assessment; a case worker may find it necessary to ask about medical/surgical history, medical providers, and medications. Consider alternate verbatim, "the Process of gathering information as part of a bio-psycho-social assessment.	x												NA T	4a
Persons with dementia may be agitated by unannounced visits from unknown persons. They may not be accurate or reliable reporters due to their dementia, so investigators may need to include other sources of information in these investigations.		x											NA T	4a
Conducting Investigations Vulnerable pets, as well as other vulnerable adults, who are victims of possible maltreatment should be identified and assisted.											x		NA T	4a

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We believe that each situation should be carefully considered and unannounced visits should only be done under certain circumstances.	x												NH	4a
Determining if Maltreatment Has Occurred – Our team was extremely impressed with this portion of the document, most especially the guideline bullet “While acceptance of APS services is voluntary, the investigation of maltreatment is not.”						x							NY	4a
The Guidelines recommend that APS agencies include alleged victims’ families...”when appropriate,” but provide no details on what “appropriate” means. The Guidelines should recommend protocols for determining whether it is appropriate to have a victim’s family participate in the intervention planning.				x									NY	4a
These recommendations should specify how APS agencies should approach investigations when the alleged victim has a guardian, particularly when the guardian has allegedly committed or acquiesced to abuse...				x									NY	4a
So we really need to encourage case workers to not only be familiar with ASL but also be familiar with augmentative communication and to really seek out input from this first and whole community on how the person communicates how to communicate with that person instead of simply assuming that a person who doesn’t speak doesn’t have anything to say in making decisions of about their lives without their involvement.				x										4a
I mean it seems similar to kind of like mandatory arrest policies or polices where somebody’s going to get arrested for a domestic violence assault regardless of whether or not the victim is wanting to cooperater or particpate?						x								4a
In California the regulations allow the client to decline services but not an investigation if a violation of the Penal Code was alleged. I think it’s important that we be allowed to investigate. Law enforcement doesn’t need a victim’s permission. Victims are often in denial. They’re under the control of the suspect. And I think we have to be careful but I don’t think we should walk	x												CA	4a

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away from an investigation.														
The guidelines as currently written say if indicators of abuse beyond that those alleged by the reporter are observed, they should just be noted in the report. And I can't help but wonder why that doesn't say they should also be investigated. So I think separating out the issue of the voluntariness of investigation versus services. If you are doing an investigation into the alleged victim is - has, you know, agreed to that, is cooperating with the investigation. I think if APS sees financial exploitation indicators when only physical abuse has been reported, they most certainly should be investigating the financial as well. We know that multiple forms of abuse normally occur. And I was quite surprised to just see that it says that they should be noted in the report.					x								DC	4a
So I think the statement is overly broad and unclear because an adult protective service is investigation. So there's this distinction being made between the investigation phase and the then provision of services as substantiation occurs. And I'm not so sure that's a real distinction or a legal distinction.					x								DC	4a
And the second was in section 4A determining if maltreatment has occurred. The sentence while acceptance of APS services is voluntary the investigation of maltreatment is not. We love that statement and we're stealing it to put in our training going forward.	x												NY	4a
Perhaps national questions that have to be included on every assessment that would allow you to analyze and collect data across the state that is the same that would give us a more accurate picture of elder abuse here in America especially with the growing baby boomer population.		x											OH	4a
In most states, a report triggers an investigation by APS within a specified period of time, and the investigation itself can be a significant intrusion on the right to privacy and self-determination. Thus we disagree with the recommendation in 4.a. that acceptance of an APS investigation is not					x								MI	4a

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voluntary, while it is recommended that other forms of intervention should be voluntary														
<b>4B. CONDUCTING A PSYCHO-SOCIAL ASSESSMENT</b>														
Please consider: Assessment of APS clients is not restricted to the realm of psycho-social assessment; a case worker may find it necessary to ask about medical/surgical history, medical providers, and medications. Consider alternate verbiage, "the Process of gathering information as part of a bio-psycho-social assessment.											x			4b
Recommend mobile technology allows workers to capture case notes in the field. This ensures more accurate documentation and that the case record is always current											x			4b
Conducting a Psycho-Social Assessment...Would appreciate examples of screening tools here. There are many out there and I question the ability to screen accurately.														4b
Conducting a Psycho-Social Assessment Background: APS is primarily a social services program and the psycho-social assessment is key in collecting information about the client's overall situation. Health and Functional Ability a. Physical health - Determine emergency medical needs Please consider: Change 4b. to "Conducting a Bio-Psycho-Social Assessment" . Physical health is (very appropriately) addressed under this listing and yet excluded by the title "Psycho/Social Assessment". Please consider: APS clients can have significant health issues and abuse/neglect is a health and safety issue not restricted to the psycho-social realm. Consider alternate verbiage below "Background"; "APS is primarily a social service program and the Bio-Psycho-Social assessment is key in collecting information about the client's overall situation".											x			4b
Thank you for the opportunity to comment. Many of the comments are ones with which I would agree. Given my 22 years of experience working with APS I think 1) more attention needs to be given to the issue of capacity - assess	x													4b

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this in the community; don't wait for a senior to be admitted to a hospital and request the capacity declaration at that time.														
In rural and remote areas specialized assessments typically are hard to come by at best because of the lack of professionals locally to do them. Suggest alternatives.												x		4b
Who should determine capability? When an issue is presented, the case should be investigated regardless of whether the reporting agency feels the person is capable or not. APS should make that determination based on the investigation. The reporting agency is making the referral based on what they have observed or have been told, they are not the appropriate agency to determine outcome. Capability does not always determine whether it should or should not be investigated. Some people are capable however are intimidated, have a fear of retaliation or are capable sometimes other times not.												x		4b
Psycho-social assessment should be removed from Domain 4 Investigation. Assessment is a separate activity apart from Investigation and should not be included under the umbrella of this domain. This will also strengthen the investigation piece by separating out the two activities.	x												CA	4b
Change "Psychosocial" Assessment to "Bio-psychosocial" Assessment.	x												CA	4b
Recommend adding - "APS is primarily a social services program and the bio-psychosocial assessment is key in collecting information in the clients functional abilities and within the clients' environment such as caretakers and significant others"	x												CA	4b

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<p>Recommend adding – “APS systems create and apply systematic, competency-based bio-psychosocial assessment methods to conduct and complete a needs/risk assessment that assists in understanding the client’s mental status, ability to protect himself/herself, willingness to be involved in the problem solving Process, identification of problems and issues related to the client’s need for protective intervention, to evaluate immediate an ongoing risk factors, and identification of personal strengths and resources available to the client and or client’s family that could alleviate the risk to the client. The bio-psychosocial assessment goes beyond looking at only the current reported abuse allegation. The bio-psychosocial assessment uses information obtained from the client and collateral interviews to determine the client’s ability to live independently, the support systems in place and additional services needed to sustain that independence. It provides information about a client’s social, emotional, spiritual, behavioral, mental, medical, environmental and financial status. The bio-psychosocial assessment is used to develop an integrated, comprehensive service plan. At minimum, the bio-psychosocial assessment should be related to these domains: (Follow with NAPSA Domains)</p> <p>-Include a domain under assessment about advanced legal planning (or specify this under the Financial domain).</p> <p>-Include a domain under assessment for substance abuse and family violence (or specify this under the Social Interaction and Support)</p> <p>-Specify that the assessment should include a medication review under Domain x.</p> <p>-include a domain to assess the spiritual needs and value system of the</p>	x											CA	4b

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client														
-Bring the NAPSA domains from background to the Guidelines.														
A bio-psychosocial assessment is only needed when the investigative findings validate that there is maltreatment or a substantial likelihood of maltreatment.	x												CA	4b
IDHS supports the concept that “while acceptance of APS Services is Voluntary, the investigation of maltreatment is not.” Balancing this premise with a person centered approach and supported decision making xcan be a substantial challenge. IDHS would recommend one alteration which is to state that all allegations of abuse should be assessed and evaluated, not just those one "happens upon."	x												IA	4b
Guidelines: “alleged perpetrator to be assessed to determine if they pose danger to victims”  Currently there is insufficient information gathered on the perpetrator and we recommend a more holistic approach that goes beyond merely determining whether the perpetrator poses an immediate danger to the victim and/or APS staff.  Research indicates that gathering data on the perpetrator motives and patterns is crucial to creating effective prevention and intervention tools. For example, using a ‘lifetime recurrence rate’ model (pulling in data across systems of contact) provides a clear and effective means to address maltreatment and abuse. Further, research supports the premise that abuse does not occur in a vacuum, but rather along a continuum.  Therefore, we recommend gathering perpetrator data that allows for a more								x					NA T	4b

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complete perpetrator profile to support APS work in the tracking of abuse patterns. By increasing APS' ability to capture these maltreatment trends across familial generations as well as service systems over time, it provides a mechanism for APS to create more effective evidence based prevention and intervention tools.														
Change to psycho-social-health assessment.	x												NA T	4b
Add under Guidelines, after victim: "including if they lack the capacity to care for the client even if well-intentioned." Guidelines should recognize that many APS "perpetrators" are themselves vulnerable adults in need of services.	x												NA T	4b
Conducting a Psycho-Social Assessment Background APS is primarily a social services program and the psycho-social assessment is key in collecting informatiion about the client's overall situation. x. Health and Functional Ability a.Physical health-Determine emergency medical needs PLEASE CONSIDER: Change 4b. to "Conducting a Bio-Psycho-Social Assessment".Physical health is (very appropriately) addressed under this listing and yet excluded by the title "Psycho-Social Assessment". PLEASE CONSIDER: APS clients can have significant health issues and abuse/neglect is a health and safety issue not restricted to the psycho-social realm. Consider alternate verbage below "Background"; APS is primarily a social service program and the Bio-Psycho-Social assessment is key in collecting information about the client's overall situation.	x												NA T	4b
ACL should include "cognitive" in the minimum areas for assessment and the assessment should account for caregiver needs if s/he is not the suspected abuser.		x											NA T	4b
Case workers should identify the presence and impact of pets in psycho-											x		NA	4b

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social assessments. Pets may serve as clients' social support system, or present health and safety hazards, or may be vulnerable due to clients' incapacity to provide adequate care.													T	
Include language indicating that part of considering an adults needs includes allowing opportunity for risk and failure				x									NC	4b
<p>Thus, for any older adult confronting decisions about their health, finances or home life, especially a decision that involves risk, an important first step for an Adult Protective Services (APS) caseworker is to gather information regarding the older adult's capacity to make these decisions and make intervention decisions based on those findings. The need to conduct this important work is reflected in the ACL's APS Voluntary Guidelines, including but not limited to, 4a, 4b, 5a, 5b, 5c, 6a and 6b.</p> <p>The core of this work involves assessing the person's decision-making abilities.x There are tools to guide this assessment in real world settings, like The Assessment of Capacity for Everyday Decision-making (the ACED),<sup>2</sup> developed by Drs. Lai and Karlawish, but APS caseworkers, clinicians and others who assist these individuals have not been routinely trained to use them and the tools have not been adapted to the unique work that APS conducts.</p> <p>Unfortunately, APS workers often use tools such as the Folstein Mini-Mental Status Examination (MMSE). But the MMSE does not assess capacity. It, like other measures of cognition, simply assesses global cognitive functioning. It cannot substitute for measuring a person's ability to perform specific tasks. It cannot elicit the person's desires or preferences. Measures of cognition are</p>									x			NY	4b	

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<p>highly influenced by educational background and occupational status, factors that simply should not be part of a capacity assessment.</p> <p>Also, APS caseworkers in NYC and throughout the country have not received formal training on how to gather such information – nor has a standardized interview tool been developed to capture client decision-making ability data.</p> <p>In response to these problems, the NYC Elder Abuse Center (NYCEAC) is working with Dr. Jason Karlawish and other leading experts to develop an evidence-based, ethically sound, semistructured interview tool for use by APS caseworkers, and pilot training in its use, in NYC. (The New York Community Trust generously provided for this project.) The training imparts conceptual knowledge about decision-making capacity, provides experiential training necessary to support APS caseworkers in gathering information about clients' decision-making abilities, encourages triaging capacity referrals to psychiatry for further assessment and supports supervisors in their oversight of caseworkers' provision of these services. The importance of this initiative is recognized nationally, and the project results provide insight into the benefits, complexities and challenges of standardizing how APS caseworkers assess decision-making capacity.</p>														
<p>Conducting a Psycho-Social Assessment – "...Please note: unless specifically qualified or authorized by state law, an APS worker does not carry out clinical health or capacity assessments, but rather screens for indications</p>	x												W A	4b

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of impairment and refers the client on to qualified professionals to administer thorough evaluations.” This is a great acknowledgement of the limitations on our APS staff. It provides an approach for APS investigators to have a screening role rather than being ill-qualified to be the assessor of impairment.														
A psycho-social assessment tool would help with the screening of vulnerable adult status and in developing an investigation approach. The downside is it will take time to do if it becomes a standard to every investigation which may not be necessary in every case.	x												W A	4b
So part of the screen for adult protective needs to be what are you providing for Mr. (Smith)? This is what he needs? What’s the condition of his hair, his nails, his eyes, his teeth, his skin? Those to me are very much indicators		x											FL	4b
The one thing that I would like to have clarification on is very often and once a case is accepted into adult protective in order to have a proper service plan or intervention what I haven’t seen clarification of is competency, especially an elder in the community who is residing alone perhaps with a family caregiver. So that was - my question was can we consider maybe moving up the mental health evaluations because I don’t really - you know, I can’t really understand how someone makes a determination either, you know, that the person has intact capacity or not or the ability to understand harm and to be able to thwart that harm and protect themselves versus to have a self-determination. And it seems that that is at the heart of adult protective.										x			NY	4b
A related point is the huge variability in APS methods for assessing capacity. It might be useful to include guidance about which tools are best suited to APS use and which ones should be avoided given reliability issues.											x		DC	4b
Comment on Capacity Assessments: Any evaluation or assessment should be evidence-based. Capacity assessments must be developed that are appropriate for victims of scams (romance, lottery, etc.), who frequently do not appear to lack financial capacity, and who as frequently refuse protective services, leaving them vulnerable to total financial ruin.											x		NA T	4b

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<b>4C. INVESTIGATIONS IN CONGREGATE CARE SETTINGS</b>														
Specify that APS programs investigate no matter where the mistreatment occurs. No setting should be exempt from APS investigation.												x		4c
4c recommends developing formal agreements and protocols with entities involved in congregate care settings. It would be helpful to add “unless duties and responsibilities are specified by State statute”.	x												AL	4c
Specify that APS Workers should only be responsible for investigating cases of abuse as they are related to an individual client. APS programs should not be responsible for handling regulatory investigations of facilities.	x												CA	4c
In congregate and acute care settings where a maltreatment allegation triggers both an APS and a licensing agency response, APS should always retain jurisdiction and conduct its own investigation regardless of the actions of the licensing agency. APS should not defer cases to the licensing agency because its role is not that of a protective agency. The role of a licensing agency is to investigate regulatory violations of the licensed congregate care setting. The timeframe within which a licensing agency is required to act, the focus of its investigation, and the scope of the corrective actions it can impose to an incident of maltreatment is vastly different from that of APS. It is therefore important that APS make the independent assessment whether action is needed without the consideration that a licensing agency may share joint jurisdiction.				x									CA	4c
We support the inclusion of people in institutional settings as recipients of APS services with a goal of transitioning to the community.				x									IL	4c
Recommends that the role of APS be clarified in assisted living settings.								x					M D	4c
Recommends that APS assist and provide placement for individuals that are displaced because of the closure or relocation of a long term care facility.								x					M D	4c
APS workers should understand the needs and behaviors of persons with		x											NA	4c

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dementia as many of these individuals live in residential care settings. They should also be familiar with facilities as possible resources to which to refer families.													T	
Investigations in Congregate Care Settings. NASOP believes that APS should have responsibility in all congregate care settings. All vulnerable adults and elders should be eligible to receive protective services from APS. Residence in a long-term care facility does not create a presumption that individuals are any less vulnerable, nor any less entitled to the protections afforded to vulnerable adults and elders in the community.							x						NA T	4c
This needs to be explained a little more.	x												NH	4c
Investigations in Congregate Care Facilities While ACL recommends that APS work with other entities that may be investigating cases of abuse and neglect in these settings, it fails to specifically name the protection and advocacy organizations. DRNJ sees this as an opportunity to promote communication, if not collaboration, between the APS and protection and advocacy programs.				x									NJ	4c
4c. Investigations Congregate Care Settings – In New York State the investigation of congregate settings is the responsibility of the New York State Office of Children and Family Services Adult Protective Services Division. Our team agreed that there is a need for this type of “training, supervision, and consultation to their staff on the special and complex issues that can be involved in those abuse cases” this should not be the responsibility of APS caseworkers. Again, our review team was very impressed with the work done by the ACL team and the professional standards being recommended. We do, however, have strong concerns about the possible demands this document may place on local agencies. Is this a prelude to a take over of local services provision? Will this result in unfunded demand for more services (Example: 24-Hour referral systems).						x							NY	4c
Feedback on LTC need to focus on facility and not caregiver/client neglect	x													4c

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Comment on Confusion about Roles of APS and Ombudsman: The division of responsibilities between APS and the Long-Term Care Ombudsman to provide protective services for elders/vulnerable adults who have suffered financial abuse while residing in an institutional setting needs to be clarified so that financial institutions understand who to contact in which situations.											x	NA T	4c
Investigations in Congregate Care Settings We strongly agree that investigations in group settings must include “when an abusive employee, resident, or visitor” is involved. Further, there needs to be data collection on the use of restraints (including chemical restraints), seclusion, and aversive interventions to look at patterns of inappropriate use with the goal towards elimination. (In fact, these should be prohibited!)				x								NJ	4c
<b>4D. COMPLETION OF INVESTIGATION AND SUBSTANTIATION DECISION</b>													
Add a specific standard for substantiation of allegations/perpetrators and add that to the guidelines. Recommend preponderance of evidence.											x		4d
Comment: There is no mention in the guidelines about expectations after the investigation. Some APS units work very well with the prosecutor and law enforcement, some do not. Guidelines may help facilitate that relationship to promote more criminal charges when appropriate. Furthermore, in those instances where criminal liability is not triggered, what role might there be for APS to help from a systemic, policy, or even individual advocacy perspective? Guidelines addressing post-investigation options might help clarify what role APS units would have in addressing abuse and neglect that is not referred for criminal prosecution. For example, can APS work with licensing agencies to hold providers accountable, can APS publish public reports? Are there options greater than just substantiating and referring to the prosecutor and connecting the person with services? Is there a Process to enable APS to address systemic issues when appropriate? Guidelines on this issue would help to clarify APS's role.											x		4d
It is recommended that APS systems create and implement a systematic	x											CA	4d

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<p>method to make a case determination and record case findings including protocols for standards of evidence applied. APS case findings are:  A reflection of the investigation and the information gathered pertaining to the essential defining elements of the alleged abuse;  A combination of both judgment and a reasoned approach.  The evaluation of those facts by the APS worker using his/her expertise, experience, and training in consultation with supervisor and experts as necessary  Based upon the social worker's evaluation of the credible information gathered as to whether or not abuse has occurred;  Based on community standards rather than client's perspective in determining self-neglect.  Not tied to services or resources offered  Not subject to determining or providing the intent of the suspected abuser  Not subject to the state's or agency's political issues  Not influence by possible repercussions for a suspected abuser as a consequence of the finding  Not influenced by the possibility of a future abuser registry  Not influenced by law enforcement's response to the finding</p> <p>Specify that investigations should include contacts with collaterals and findings are based on these contacts as well as evidence around the allegations.</p> <p>Specify the defining criteria for Confirmed, Inconclusive, and Unfounded.</p>													
<p>Recommends that referrals be made to ADRCs and ombudsman programs and other resources especially if APS is not conducting follow-up. Too often vulnerable adults who do not meet APS eligibility requirements are not</p>							x					M D	4d

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referred and do not know about resources available.															
ACL should recommend the NAPSA Minimum Standards.		x											NA	4d	
<b>5. SERVICE PLANNING AND INTERVENTION</b>															
Our agency works with the Adult Protective Service system in Illinois. And one of the issues that comes up which provides us with a lot of consternation and I did not see that the guidelines really address it is what to do with individuals that have in particularly like the aging population where sometimes the person has good days and bad days, or sometimes they're better in the morning rather than the evening, or if they have transient capacity, they have partial capacity I don't - didn't see anything in the guidelines that spoke to addressing that particularly that issue				x									IL	5	
<b>5A. VOLUNTARY INTERVENTION</b>															
Establish a monthly face-to-face visit recommendation for ongoing cases. Recommend, at a minimum, that all services identified as needed for health/safety be included in case plan.												x		5a	
The case plan needs to have specific steps for connection to services and a way to verify goals have been achieved (due to staffing or a need for case closure some seniors have been left without much needed resources and follow up).	x													5a	
Provide sufficient funding to the APS SW to use their discretion to purchase goods & services that will support seniors and adults with disabilities as they cope with changes that will be made.	x													5a	
Since the acceptance of Adult Protective Services is determined by client's decisional abilities: voluntary verses involuntary we need to focus on more defined consistent interview and case documentation relating to capacity. This step is crucial when other family members are reporting neglect since case notes may come into play in a subsequent guardianship proceeding. Misidentifying decisional capacity prolongs suffering /further endangers the												x		5a	

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client and complicates successful court intervention.														
Be clear that some clients do not want services and are capable of making such a decision even if that means living at continuing risk. Provide guidance on how to deal with this not infrequent occurrence.											x			5a
Voluntary Intervention: include self-neglect include incidents of competent individuals who choose to neglect themselves (reference 1b – Definitions of Maltreatment).	x													5a
Nursing homes should be taken out of the formula for APS as they usually put people into great depression and are not in compliance with community settings.										x				5a
I would like to see more guidance on the EMERGENCY relocation requirements for APS Systems, especially focused on reducing transfer trauma when disabled adults are relocated to New accommodations due to facility closures. Many times in California, residents are forced to relocate to MORE restrictive levels of care because a community placement closes (due to sale, foreclosure, bankruptcy, enforcement action, etc.) If the APS System is contacted, there needs to be both a practical and financial mechanism and guidance for states that will mitigate trauma AND also comply with Olmstead.											x		CA	5a
Guidelines: “monitor the plan” Recommend that the Guidelines include the individual’s perceptions of competence, their intrinsic motivation for voluntary intervention, and willingness to work with APS. In Related Comments and Concerns addition, we recommend that the means for monitoring voluntary services involve regular direct contact with the client.									X				NA T	5a
Voluntary Intervention: The list of the NAPSA Minimum Standard for development of the Service Plan is good. But we think that ACL should include referrals as necessary to appropriate civil legal service agencies such as the P&As, legal services for the elderly, or other legal services or legal aid programs serving the area.				x									NA T	5a
In the report, service delivery would not be mandatory as service plans would									x				NA	5a

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"respect the integrity and authority of victims to make their own life choices." Similar to the guidelines for investigations, this right should be waived for seniors who lack the mental capacity to do so.													T	
The report should provide a more detailed description re: how to define and measure the client's decision-making capacity									x				NA T	5a
If the caregiver is not the suspected abuser, APS systems should include the caregiver in the development of the client's voluntary service plan		x											NA T	5a
Service Planning and Intervention -The service plan may include referrals to community animal resources (veterinarians, animal shelters, animal control) and identification of pet-friendly housing options.											x		NA T	5a
I think it is very difficult to provide "supportive services" when you have mandated investigations in peoples' lives. Hard to build a trusting relationship with victims when their choices are being taken away from them. Unsure how you fix that, but I do think it will be a problem. Most families do not feel CPS is supportive, only an intrusion in their lives.							x							5a
<b>5B. INVOLUNTARY INTERVENTION</b>														
For making decisions such as whether to provide involuntary services, how does APS define consent? Is it the same standard as for medical consent? Important to realize that just because a person has a ACHD or even a conservatorship does not mean that medical treatment can be provided against the person's will....										x			CA	5b
The APS system must have a clear Process in place to determine if or when involuntary intervention is appropriate. This must be a practice of last resort only to be utilized in emergency situations. The Process must include clear delineation of the limitations to the involuntary intervention.				x									CA	5b
As one of the signators on the letter submitted by the Autistic Self Advocacy Network (ASAN), we endorse the positions stated therein. In particular, we agree with ASAN that the inclusion of an involuntary intervention option in Section 5b is highly problematic. We would go further than ASAN and urge				x									IL	5b

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that this section cannot be remedied solely by “clear standards” but should be eliminated altogether and that intervention should remain exclusively voluntary as set forth in Section 5a. We support the concept of “dignity of risk,” which requires respect for every person’s autonomy and right to make choices, even if those choices may appear to APS workers to place health or longevity at risk.														
This area needs to have the protections sections strengthened. Exploration of the ethical issues is not enough. Must be clear guidance.				x									NA T	5b
<p>Guidelines: “incorporate ways for the individual to participate in the decision-making Process”</p> <p>Recommend language that clearly states involuntary intervention should “adopt a person-centered approach where the older persons’ own preferences and needs are in focus, in order to enhance their possibilities to exercise self-determination [to the greatest extent possible].” (Hammar, Dahlin-Ivanoff, Wilhelmson, &amp; Eklund, 20x4)</p> <p>In order to support self-determination to the fullest extent possible, these wishes should be documented, including more individualized forms of outcomes measures (i.e. case resolution or risk alleviation), and allow for differentiation of needs across client populations. – a need for some form of evaluation measure that can track individualized measures of change</p> <p>To support these aims, we recommend creating a standardized evaluation with which to measure and track individualized change as well as a means to include supportive persons to the individual in the plan (i.e. whenever feasible and safe), as family/friends can play a significant supporting role in an individual’s ability to maintain self-determination. Further, that when family and/or friends</p>								X				NA T	5b	

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commit to playing a significant role in safety, caseworkers should document this in the case plan and follow-up and hold them accountable for their accepted responsibilities.															
<p><b>Clarify the standards for “involuntary intervention” and “self-neglect” and make the individual the center of the decision-making Process.</b></p> <p>These guidelines attempt to make APS programs more accessible, more efficient and more effective at pursuing cases of abuse and neglect on aging individuals and people with disabilities. However, without clear standards for involuntary intervention, these New guidelines also risk establishing paternalistic government interventions in the lives of disabled people who neither want nor need such service. While the voluntary intervention clause of Section 5 urges deference in many APS operations to the wishes of the client in many APS operations, there is also an involuntary intervention clause which allows an APS caseworker to make housing and other life decisions for a client if the caseworker does not feel that the client is competent enough to make those decisions on their own. The involuntary intervention clause may invite APS caseworkers who disapprove of a person’s actions to classify those actions as a form of “self-neglect” which warrants coercive intervention. An exploration of the “...ethical issues in the decision to use involuntary intervention” is not enough to ensure that individuals’ autonomy is appropriately preserved. There must also be a requirement to explore and use less restrictive interventions, including interventions that respond to findings of serious danger to health and safety.</p>				x								NA T	5b		
Therefore, the guidelines should recommend that states require their APS programs to identify all of the assistance and/or accommodations that a client needs in order to make their own life decisions. APS programs must identify and offer all the assistance and accommodations that the client needs, but must not provide assistance that the client does not want.				x										NA T	5b
Involuntary Intervention: Recognize the need in some cases for involuntary				x										NA	5b

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intervention where the person is threatened or at risk of harm and cannot take action to stop, prevent, or ameliorate the threat or harm, but that great care needs to be taken when APS employs involuntary intervention to avoid unnecessary intrusion on the individuals independence, such as imposition of a plenary guardianship. Working to establish appropriate supported-decision making mechanisms should be considered as part of an involuntary intervention plan. We think ACL should also include in guidelines information about ending involuntary intervention/services.													T	
Change 1st sentence to read “. . . lacks capacity and cannot consent . . .”(not “or”)	x												NA T	5b
ACL should define “capacity.” Many persons with cognitive impairment lack the capacity to make sound decisions but have not been legally adjudged so. Thus, APS systems should apply a broad definition of “capacity.”		x											NA T	5b
I appreciate how careful we have to be with involuntary interventions and have good standards, ethics and practices for our workers. The part that concerns me, and I don’t have a solution, but it concerns me, is where it says in order to provide an involuntary intervention, APS obtains legal standing, either by going to court with legal counsel or by involving another agency that has legal jurisdiction. So I think is a reality is that APS has to act before we can get that (often). At least in California, it’s very time-consuming to get legal standing. I just don’t see our court Process being very quick at all and so we have people in high risk because they’re not capable of participating. And so some help or coverage for APS and that when you’re in that in between spot, we’re having to act somewhat and provide intervention but you don’t have the legal standing yet.	x												CA	5b
Emphasize need for access to specialized services for assessing capacity which plays such a critical role in determining involuntary actions and other aspects of an APS service plan	x												NY	5b
Involuntary Intervention We strongly agree that even involuntary planning for				x									NJ	5b

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someone “who lacks capacity in some areas,” that the “principles of supportive-decision making are utilized.” We agree that clear guidelines must be established in this area. There also needs to be consideration if others have legal authority for temporary incapacity, for example a durable power-of-attorney for mental health that can be revoked once capacity is restored														
<b>5C. CLOSING THE CASE</b>														
Closing the Case: define “case” more clearly to specify (something to the effect of... )“Case opened as a result of hotline investigation” which we define as “Protective Services Case”	x													5c
APS programs should develop outcome measures to identify the change in the client’s status at the time of closure. Ideally these outcome measures would be evidenced based.	x												CA	5c
Guidelines: “the elements listed above should be included and clearly documented”  b. Risk ameliorated or reduced  Include use of same measure of abuse used at intake to determine risk reduction (see comments on 4a). Recognize that respecting the competent client’s refusal of protective services as a valid and appropriate reason for case closure.											x Res		NA T	5c
Consumer Voice recommends that upon closing a case investigation, APS communicate with the individual who filed the allegation of abuse with the disposition of the case. Without this communication, individuals filing complaints have no idea if APS responded or followed up in any way. We have heard from several about frustrations with not getting any sort of response.							x						NA T	5c
ACL should not rely too heavily on child welfare laws, especially with regard to legislation on closing a case, because the variables are often more varied									x				NA T	5c

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in complex social situations involving older adults.														
The Guidelines should specify best practices for case closure and transfer. Specificity is needed regarding: when APS should transfer responsibility for implementing a service plan; what office(s) should receive these cases and under what circumstances; how this should occur given different agencies' eligibility requirements and procedures; and what APS should do if they do not have the resources to handle a specific case.				x									NY	5c
I think we have to stand-up for best practices and it doesn't mean we have to do it. We can just, I mean, you can stay within the limits of your available resources but it is a best practice to look at, have a supervisor look at the case closings. We used to look at every single report that came in and we can't do it anymore because when you have x3,000 and you only have, you know, a couple of supervisors, it's impossible but that doesn't mean that you can't do just some random samples and that that we should be doing.	x												M N	5c
Move the NAPSA Minimum Standards from the Background to the Guidelines section.	x												CA	5c
Recommend adding that a case should be reviewed by a supervisor before closure.	x												CA	5c
<b>6. TRAINING</b>														
<b>6A. CASE WORKER AND SUPERVISOR MINIMUM EDUCATIONAL REQUIREMENTS</b>														
We agree that APS caseworkers must have relevant academic credentials. However, the academic backgrounds of APS caseworkers must be diverse, not only in terms of the caseworkers' fields of study but also in terms of their expertise and experience in addressing the needs of people with disabilities. Diversity of academic specialties and diversity of experience with the needs of people with a range of disabilities is critical to ensure that the APS program effectively serves individuals with disabilities.				x										6a

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I would recommend a MSW or other related Master's level education for all Adult Protective Social Workers (minimum level of education) unless there is a hardship for communities to attract this level, then a waiver could be submitted to hire at the bachelor degree level.												x		6a
Glad you indicated a preference for Master's Level APS Practitioners. While BA level practitioners are exceptional in many ways, there is a difference between BA and Master's level practitioners (although we all know extraordinary BA level people who outperform Master's level practitioners). The additional experience gained in Master's level field placements and the ability to juggle expertise in many areas at once (domestic violence, neglect, financial abuse, mental illness, criminal statutes, civil statutes, cognitive impairment, undue influence, substance use disorders, medical conditions, etc.) and not just a few areas, may be what distinguishes Master's level practitioners from BA level practitioners.	x													6a
6a recommends Supervisors have a college degree and a minimum of 2 years' experience in APS. While experience in APS is ideal, it may not be feasible in certain geographic areas. Adding a statement that APS experience is preferred would be helpful.	x												AL	6a
Specify that a best practice is to hire Master's level staff with education in social work, gerontology, public health, or other related fields.	x												CA	6a
Case Worker Initial and Ongoing Training Initial training should also include familiarity with state mandated abuse reporting laws, investigative fact finding training, and competency training on interviewing clients with communication or cognitive disabilities. Advanced training should include de-escalation techniques for clients in behavioral crisis and familiarity with mental health resources in the local jurisdiction.				x									CA	6a
Recommend that at minimum, APS workers should have an undergraduate degree, and preferably, this degree be in social work, human services, or gerontology.								X					NA T	6a

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Preference should be given to APS applicants with significant on-the-job experience.		x											NA T	6a
We recommend it be required for all staff have at minimum an undergraduate degree in social work, gerontology, public health or other related fields. Staff with the proper education are aware of the many challenges a client could face and are educated on preventative measures to be taken.		x											TX	6a
So there seems to be a tension between two of the things that are discussed in the guidelines on the one hand promoting high educational qualifications for staff which will necessarily reduce the number of people eligible to work in these positions and the need for higher staffing to make sure that people can have reasonable caseloads. I can see that being an issue especially for more rural areas that might have difficulty attracting people with high credentials. And I'm wondering if there would be some way for ACL to address this or suggest how states might?				x									NY	6a
We strongly agree that "APS workers should have an undergraduate college degree. Supervisors should have an undergraduate college degree and a minimum of two years of experience in APS. When possible, a preference should be given to those with a Masters..." More educated and better trained workers will more accurately identify concerns and solutions. However, in cases of self-advocates and family members of people with disabilities who are interested in APS work, there should be some allowance for life experience and professional development as a replacement for at least some of the formal educational requirements.				x									NJ	6a
<b>6B. CASE WORKER INITIAL AND ONGOING TRAINING</b>														
Training guidelines in Section 6 should also include disability etiquette, legal requirements under the Americans with Disabilities Act, Affordable Care Act, and Rehabilitation Act, accessibility and accommodations, and principles of independent living. We also agree with a number of commenters that training				x									IL	6b

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should include the subject of domestic violence taught by a DV professional.															
We support ACL's emphasis on training, but suggest: (1) Training be more robust on issues that challenge workers, including geriatric syndromes, common diseases and capacity recognition; (2) Workers be trained to know when a disorder or behavior could result in premature death; (3) Baseline and ongoing training should be conducted both by elder abuse experts and practitioners in health care and related fields; (4) Guidelines detail culturally and linguistically sensitive approaches in training, reporting and investigating cases. Translators and community liaisons are needed to ensure that these services are appropriate.									x				NA T	6b	
So the comment about having APS caseworkers go to include the training about how, you know, domestic violence that level or victimization, financial exploitation -- all those things -- how people are groomed and they become to rely on that individual and then of course they become afraid if that individual says, "I'm going to leave you and if you say anything they're going to put you in a nursing home."	x												NY	6b	
In subsection (3) provide a specific number of hours for continuing ed. Recommend minimum of 40 hours per year											x			6b	
The initial training should cover state APS law and its requirements.											x			6b	
I am a professional in the field of domestic violence services and work in partnership with our local APS teams. I would like to stress the importance of APS workers receiving training on domestic and sexual violence FROM A DOMESTIC VIOLENCE PROFESSIONAL, not from someone in their own or another field. I also want to support a continuing relationship with DV advocates through MDTs and other methods. These relationships and acknowledgement of the unique expertise each service field brings is crucial to addressing DV among elders, particularly as we our elder population grow and more intimate partner violence within that community come to light.						x								6b	
6b recommends establishment of an APS worker certification Process and	x												AL	6b	

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that workers be supported in in achieving certification within 2 years of employment. It is important to ensure that achieving certification is not a cumbersome Process. As written, certification appears to be State APS regulated. Federal funding to establish this Process would be very helpful as well enabling States to provide some monetary incentive to workers to achieve certification.														
States should require a certain number of annual training hours for those APS Workers that have already received certification to maintain certification.	x												CA	6b
The DPPC encourages ACL through the Guidelines to provide a specific Process by which to issue training material or facilitate the sharing of training material across the states. Furthermore, the DPPC requests that any training material incorporate a trauma-informed approach by investigators in their investigations and protective services recommendations.				x									MA	6b
Currently, the DPPC's jurisdiction does not include the investigation of reports of financial abuse/exploitation. However, there is legislation pending in Massachusetts which seeks to extend the DPPC's jurisdiction into this area. While the Guidelines touch on the topic of financial abuse, the DPPC requests that ACL consider supplementing this area to provide information and guidance on investigating this unique type of abuse. As the DPPC prepares for the possibility of a jurisdictional expansion into financial abuse allegations, the DPPC welcomes ACL's knowledge and expertise in this area.				x									MA	6b
Where assisted suicide is legal, an heir (someone who stands to inherit from the patient) or abusive caregiver may steer someone towards assisted suicide, witness the request, pick up the drugs and, since no disinterested witness is required at the death, even give the lethal dose. APS workers should be educated about these statutes so that can be alert to cases of coercion and abuse and, hopefully, prevent resulting harms to an older or disabled individual				x									NA R	6b

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Advanced training: This information should include cultural competency on serving people with disabilities and this training should be provided by professionals with expertise in the disability field outside the APS system.				x									NA T	6b
We urge APS to ensure that staff members are trained in health care decisions laws and issues so that they are able to protect elders and adults with disabilities from having their lives ended by others in violation of their rights.				x									NA T	6b
APS workers should receive continued training on disability rights and the Americans with Disabilities Act, including attendance at disability rights related conferences and use of consultants who have a background in disability from a rights-based perspective.				x									NA T	6b
Additionally, we encourage AoA to include worker safety and security training earlier in the training Process. While we appreciate that worker safety is included as part of an advanced training curriculum for APS workers, workers are in the field and potentially encountering dangerous or hazardous situations prior to receiving advanced training. Including worker safety training earlier in the training Process may mitigate some of that risk to APS workers and better prepare them to respond effectively and safely when they begin doing field work.		x											NA T	6b
Include reference to the NAPSA/CA core competency trainings <a href="http://theacademy.sdsu.edu/programs/master/">http://theacademy.sdsu.edu/programs/master/</a> .	x												NA T	6b
NAPSA supports call for an APS worker certification Process.	x												NA T	6b
We also appreciate the inclusion of training of caseworkers in cultural competency in the Draft Guideline for Case Worker Initial and Ongoing Training (6b). We were also pleased to see an emphasis on cognitive disabilities and mental health issues in the Draft Guideline on Training (6b). Finally, we also appreciate the inclusion of self-neglect as a separate topic in the Training Guideline (6b).											x		NA T	6b

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ACL should include dementia in its examples of areas of worker training. Dementia likely affects a substantial number of APS clients and working with persons with dementia is different from working with persons with intellectual disabilities or mental health issues.		x											NA T	6b
Training should include signs of cognitive impairment, referral options for clinical assessment, dementia-related behaviors, and the degenerative nature of dementia. A client with a dementia may decline during the months or years of case management and the case worker should be prepared accordingly. Initial training should also include intake Processes.		x											NA T	6b
Inclusion of animal-related issues should be considered core competencies for case workers' initial and continuing education.											x		NA T	6b
The Guidelines should include research and recommendations on protocols specific to various types of abuse and neglect (esp., sexual abuse and financial exploitation)				x									NY	6b
Staff training on person-centered planning should include information on how to assess an alleged victim's capacity, taking into account things such as alternative and augmentative communication and how trauma can affect a person's ability to function.				x									NY	6b
Adequate training on how to properly conduct psychosocial assessments		x											TX	6b
A separate supervisor training and an advanced training for APS workers are good ideas	x												W A	6b
Suggest that ACL provide trainers to address specific topics free of charge to states	x												W A	6b
Certification Process should be in black & white for workers like CPS.	x													6b
Guidelines on who should facilitate training for APS workers should be knowledgeable of APS	x													6b
We need to make sure that APS workers if - let me say what I understood you to say is that we need to make sure that APS workers are familiar with deaf culture and that there's some people who are trained in sign so they can				x										6b

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communicate with those who use sign language.														
So I had a couple of points. One is that in the autism community we're seeing a bit of an epidemic of APS investigations of suspected Munchausen's by proxy.				x										6b
I think another thing that it would be useful to train people in as far as handling situations are the dynamics of abuse and abusive relationships. Our agency had one experience with an individual who's aging mother was not allowing him to leave the house, he had intellectual disabilities, he wasn't being allowed to work, they had no groceries in the house and he was being told not to answer the phone. And when we called APS they said well he's not locked in the basement or anything, he can choose to leave. So we're not going to do anything about it. And APS really seemed ignorant of the reality of the abusive relationship both from a general standpoint and for somebody with a disability that might affect his decision making and his ability to resist external pressure.				x										6b
I think it would be helpful for a training to include how to reach out to the victim service community, nonprofit organizations that can be referral sources.						x								6b
I will say that in the area of training the - I mean some of the stuff that you had in the second level of training I really think needs to be in the first.	x												CT	6b
For instance under training, it seems to only talk about legal counsel in terms of what I was talking about, that is, keeping the APS worker out of trouble, which includes issues like confidentiality, conflicts and whatever. But I also think there should be a provision there that talks about being able to train APS workers on what legal services, civil legal services can do for their clients.					x								DC	6b
There's a lot of other legal issues that caseworkers need training on, not just guardianship and confidentiality. They need to learn about housing options. They need to learn about civil protection orders. They need to learn about the					x								DC	6b

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role of civil legal services and private remedies for financial exploitation and other forms of abuse so that they can make better referrals to other services. So just way more than what's in that list currently. And in Section 3, which is it the advanced training, I would like to see added working with at the civil justice system or the comparable for working with the criminal justice system. And I think civil justice is equally important.														
I can imagine wanting to make sure was added was that APS staff gets trained on what the, you know, what are the laws in that state related to the relationship between board and care owners, nursing home owners and others and the consumers that they serve, what is allowed and what is not allowed. APS should know to be looking for these things that are inappropriate that even though the owner per se is not entering into a fiduciary relationship that they have somebody in their families doing that.				x									IL	6b
I mean some of the things that are really good that we're just really working on revamping our program here in North Dakota so getting training that's going to be a huge cost for us. We don't have a formalized training program for our APS workers.	x												ND	6b
I would also agree with the funding thing, not necessarily for our programs, per se, but funding so that we can send staff to conferences and things like that would be very helpful.	x												NE	6b
I wanted to make another comment about potential training things that should be included. First of all because of what especially what was just talked about, about kind of presumption of incompetence, I would suggest that there be a New recommendation that agencies train people specifically in things like supporting decision making and alternative and augmentative communication. The tools that would be needed to get staff to see even people who are nonverbal, people with intellectual disabilities, et cetera, as being incompetent. Another population would be people with dementia and other cognitive disabilities.				x									NY	6b

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And I think that it really is important for people to be able to identify some things very quickly about a situation because financial abuse happens so quickly. So we're going to have more inexperienced APS workers than we've had in the past. And I have a real concern about the timeliness and being able to identify things - issues quickly. APS workers need training on assessing risk, including risk of financial abuse.		x											TX	6b
A thing that we've discovered I think that's important is at least in our state what we have found is that a lot of the APS workers they work really hard and they do a great job at what they do, but they're not familiar with criminal laws and criminal investigations and so just educating them on what is needed for a criminal case and what the elements of the crimes are has been helpful.						x							W A	6b
I have a suggestion that training be provided by competent people in the field if it's a mental health training it needs to be provided by a mental health professional not just someone within their own staff that's going to download something and this is your training for the day.				x									W V	6b
I would include training on trauma response to the list of mandated training for APS staff.						x								6b
The APS workers as well as supervisors need to have substantial training just like our Child Protective Services Counterparts. Each state with APS needs to prioritize training each APS SW before a case needs to be handled.	x													6b
APS staff should have training on supported decision-making as an alternative to taking full guardianship in all situations.										x				6b
We strongly support worker training which would include "working with nonverbal clients, with clients with intellectual disabilities, with clients with mental health issues, with residents of institutions, or with minority populations." (We note that, in our experience, families and people with disabilities do not like use of the term "client.")				x									NJ	6b
In fact, we believe that the training should prioritize alternatives to guardianship such as supported decision-making). We support training in the				x									NJ	6b

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"types of maltreatment covered by their state's statute." In addition we strongly support training on "[i]nteracting with clients with cognitive disabilities." Lastly we strongly agree with the importance of providing "culturally competent service," which includes awareness of disability culture as well.														
Training for APS Workers that serve Native American Populations on cultural awareness & cultural sensitivity -APS Training for staff at Tribal Aging Unit's on the APS Process, procedures, policies, and local laws			x											6b
If the APS agency serves Native American, Hispanic, or other ethnicities, the training they receive for culturally competent services should include training specific to those populations. The training should go beyond a mere "overview" and provide and in-depth training on the specific needs of those populations to be served. Special attention should be given to tribes as there are over 500 federally recognized tribes, over 200 state recognized tribes, and a number of tribal groups that hold neither state nor federal recognition. Each nation has its own unique cultural values and traditions. The training received will vary widely by geographic area and population served. Working directly with the tribe(s) that a local APS agency serves will be the most effective approach in providing culturally competent services to Native American People.			x											6b
ACL should recommend minimum intervals at which "ongoing" training should occur (e.g., annually) for both case workers and supervisors.		x											NA T	6b, 6c
<b>6C. SUPERVISOR INITIAL AND ONGING TRAINING</b>														
6c provides for specific supervisory training for APS Supervisors. Financial resources are needed for development and implementation in order to be effective.	x												AL	6c
Specify that Supervisors should complete the NAPSA Core Competencies or complete the Certification Process.	x												CA	6c
Support call for supervisor training; suggest adding in the 3rd para. list: c)	x												NA	6c

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Emerging issues and resources in vulnerable/elder adult abuse and d) Effective, evidence-based management systems.													T	
<b>7. EVALUATION/PROGRAM PERFORMANCE</b>														
Also, the guidelines were not clear on data collection and reporting across APS units (even within states). Data can be a powerful tool to help inform change, but without consensus and guidelines, there can be confusion both with how to collect that information but also in what to collect, and how best to report that information and to whom.												x		7
While I feel guidelines are a good step in the collaboration of efforts I feel that providers could be hesitant to self report cases of maltreatment of adults in their care in the NAMRS project. If the intent of this system is to collect comprehensive data across states (even if results will be reported as final in the aggregate), I encourage there to be language in the guidelines that will encourage providers to add their data and ensure them that they will be protected from possible prosecution in order to increase participation.												x		7
The minimum recommended performance measures are minimal and too worker-oriented. Suggest those that are client-oriented as well.												x		7
APS programs should work to develop evidence-based outcome measures.  Include measures that speak to performance such as compliance with response times on a per worker and program wide basis.  APS programs should develop partnerships with local research institutions to assist them to refine and develop performance and evidence based outcome measures.	x												CA	7
Tracking outcomes is crucial information. One recommendation would be to include language under the program evaluation and performance section on	x												IA	7

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how to evaluate effectiveness across states. The data would be helpful to determine the impact of the federal guidelines on practice.														
<p>We find the recommendations for this section to be insufficient and recommend that this section be significantly expanded. We have included our recommendations below.</p> <p>Use model guidelines for APS programs collaborating with external researchers (researchers may include academic institutions, research organizations, think tanks, and consultants). See NAPSA-NCPEA Research Committee “Stages of Research Collaboration with Adult Protective Services (APS) Organizations,” available at this link.</p> <p>Allocate funding for quality assurance research to support partnerships between APS programs and external researchers to support on-going, systematic, and rigorous program performance evaluation and outcomes studies.</p> <p>This research should include analysis of conflicts between program performance goals and standards and those related to individual client outcomes (for example, support for client autonomy and choice versus protection from risk), studies of effective caseloads, case mix, and staffing requirements.</p> <p>Conduct systematic, rigorous, and comparative evaluations of innovative APS program models and interventions, for example, trauma informed practice.</p> <p>Conduct analyses of APS program outcomes and performance from state/local APS data collection initiatives to inform changes and guide standardization.</p>								x				NA T	7	

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Evaluation: We recommend that data on number of investigation, substantiation, and outcome should be included in the guidelines.				x									NA T	7
Add to list in 1st para.: a) The number of reports by abuse type; b) Characteristics of victims and perpetrators, and c) APS Workload, including caseload ratios.	x												NA T	7
Follow-up after case closure would help ensure that these guidelines and corresponding outcomes standards produce the intended results. •ACL should focus on and follow a few meaningful outcomes that are common to multiple programs. •A needs/risk assessment should include not only the construct of elder maltreatment but also other key determinants and outcomes in order to systematically examine the Process and evaluation of APS outcomes successes or failures									x				NA T	7
We recommend that APS systems collect and report on de-identified, demographic data such as age, type of residence (community vs. institutional), and presence of cognitive impairment, among others. These types of data can guide policymakers and state agencies in conducting needs assessments, evaluating victims, and directing resources.		x											NA T	7
Evaluation/Program Performance: Add research, continuous improvement, prevention	x												OR	7
Evaluation/Program Performance • WA State is in the Process of revising its quality assessment tool to ensure compliance with statute, policies and procedures statewide. The tool identifies strengths and areas of improvement. • We suggest that part of the quality assessment Process include fatality and near-fatality reviews.	x												W A	7
I have a comment. One of the things that I noticed is not really listed out very much is expectations for outcomes for APS. I see sections on case closure, and substantiating and not substantiating but whether there are expectations or best practices or guidelines for APS to do anything with those				x										7

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investigations once they're done whether that's pursuing criminal charges or working with licensing agencies to, you know, get corrective action plans in place things like that so I wonder if you could speak to that?														
We would also want to track our demographics and some characteristics of the perpetrators on our cases just to see who is perpetrating the abuse, neglect or exploitation so we could better track that as well.	x													7
I just had a suggestion -- and this is for Section 7 on the evaluation program performance. In trying to figure out program performance you might want to consider a couple of things one of them is substantiation rates. And the reason to look at them or to potentially look at them is if you're not substantiating a lot of the cases it could be that there's a screening issue, or it could be that there is a training issue for folks, or it could be that it's a public awareness kind of thing.							x						GA	7
I've taken a look at the guidelines and I hope I haven't overlooked my concern. Is there anything related to recidivism within the guidelines?		x											LA	7
Another factor that would be interesting to take a look at is what type of criminal or legal intervention ensued because that kind of helps us sort through those different types of perpetrators that we have. And those who are just, you know, in need themselves or impaired, who need support themselves versus those who willfully and intentionally criminally harm vulnerable adults and how effective our system is in picking-up on controlling the perpetrator. If we don't control the perpetrator, we have to control the victim so...	x												M N	7
I would think you would want the information about the reported victims and the perpetrators and gender or age, relationship, those kinds of things would be important for not just to provide for information to the public but also where you may want to look to ascertain resources.	x												NH	7
Is there - in terms of having the - these guidelines is there any research to show that perhaps states with ABC guidelines have more positive outcomes	x												NY	7

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at alleviating or preventing abuse than states that use xYZ guidelines?														
When I read this, and particularly when I go to the section about evaluation of program performance, my mind immediately goes to the Institute of Medicine who put out a publication years ago regarding real people, real problems. It was an evaluation of long-term care ombudsman programs. They provided actual tool to evaluate programs, individual programs, you know, where you are in the country as well as they categorize best practices, you know, using terms like exemplary and, et cetera. And I know that that resource is still considered very relevant today in the ombudsman program. And, you know, just a suggestion or maybe it was considered.	x												OH	7
I would say that breaking it down by the types of cases would be really helpful and then also some of the characteristics that are involved in each case so for example if you broke it down in regard to substance abuse, domestic violence, any unique characteristics to each one of those cases like abuse, neglect so that way you could track that and see if additional training is needed. I also think it would be possible to track the types of mandated reporters so where those reports are coming from so we can also seek-out and better train our community members of how to respond to the elder abuse and, you know, how to report that.	x												OH	7
I suggest including a review of APS from the perspective of those who are receiving the help. A community assessment that includes a mapping of the systems responding in these cases. Much like what Praxis International does with domestic violence						x								7
Quality Assurance It was reassuring that “over 70 percent of states have case review systems,” but this should be necessary for all states				x									NJ	7
” However, we think that reporting should include data broken down by category (e.g. type of maltreatment) to establish patterns identifying systemic issues				x									NJ	7
<b>COMMENTS ON THE BACKGROUND SECTION</b>														

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<p>The problem of Adult Maltreatment</p> <ul style="list-style-type: none"> <li>•The Elder Justice Act does not include emotional harm in the definition of abuse. These draft voluntary guidelines should incorporate emotional as well as physical and psychological harm.</li> </ul> <p>I.B. Responding to Maltreatment The Adult Protective Services System</p> <ul style="list-style-type: none"> <li>•It would be helpful in this work if empirical data was presented for the line, “for most older adults and adults with disabilities APS will be the first to respond to reports of suspected maltreatment.” This is not widely known and would best serve the community if supported by data.</li> <li>•In figure x, adults with disabilities should be included along with older adults.</li> <li>•While in some cases a guardian with specific powers may be warranted, we suggest that APS should work to avoid the imposition of a guardian.</li> </ul> <p>I.C. Federal Efforts to Address Maltreatment – We would like to see a better definition of P&amp;A network in this section.</p> <ul style="list-style-type: none"> <li>•We think it would enhance this work if adult maltreatment was not classified as a “phenomenon.” There are years of evidence based research that would negate this statement.</li> <li>•We would like to see a clarification in the definition of the DD Act that states: The P&amp;A system is charged with investigating incidents of abuse and neglect of persons with ID/DD, as well as monitoring the compliance of the rights and safety of individuals with ID/DD.</li> </ul>				x								NA T	Bckg rnd

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<ul style="list-style-type: none"> <li>•In reference to PAIMI, it should state that the P&amp;A programs are linked. The ACL bullets on PAIMI and PAIR are not clear on the fact that the entity is the same for the DD Act. This section should also include the monitoring role under PAIMI, which is the same as under the DD Act.</li> <li>•NDRN would like to see this bullet on PAIR be rewritten as follows: Amendments in x993 to Title V of the Rehabilitation Act created the Protection and Advocacy for Individual Rights which extended the ability of the P&amp;A system to investigate suspected incidents of abuse and neglect and advocate for the protection of rights to all persons with disabilities.</li> </ul> <p>I.D. New Federal Stewardship for Adult Protective Services: The Administration for Community Living</p> <p>II.APS Voluntary Consensus Guidelines Project II.A.1. Project Methodology II.A.2. Literature Review</p> <ul style="list-style-type: none"> <li>•In this statement: “[i]n two studies, having a social work background affected performance in different ways.” It would be great for data analysis to provide the ways the performance was affected by having a social work background.</li> <li>•We think that ACL either provide a justification for limiting the literature review, or include qualitative/case study articles as part of the review. If not this may cause other to question the limitation to of a literature review to “quantitative data analysis or involved a systemic literature review.” The definition of how an article is a “systemic literature review.” And what was the analysis of articles that were classified as a “systemic literature review.”</li> </ul> <p>II.A.3. Comparative Protective Services Systems</p>												

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<p>•It appears that this statement under Casework Education has a contradiction in its result.</p> <p>“Requiring a social work education background led to higher investigation and substantiation rates. Investigation rates were significantly higher when the state required that staff have a social work degree, but substantiation ratios were significantly lower in these same states.”</p>													
<p>Comment: I do not agree with the New standards and procedures set up by DHS. My feelings are shared with other area Chiefs of Police and this is yet another example of law enforcement getting the brunt of things again. The majority of these complaints should not be coming to law enforcement but rather screened out to other agencies. I am more than willing to do our part and investigate a criminal act but the overwhelming majority of these cases should not come to us. Information supplied to law enforcement is limited and vague most of the time. I have relayed my frustrations with DHS but was given the same response, LEGISLATION. The system is flawed and needs repairing.</p>					x								Bckg rnd
<p>Finally, I have a number of page-identified suggestions or comments. These follow: p. 9 APS eligibility criteria often include residence (geographic locale) and setting (since some APS laws exclude those in institutional settings) pp. x4, 35 In addition to perpetrator accountability, include perpetrator rehabilitation (if possible and indicated), which may include services like counseling, substance abuse treatment, alternative housing arrangements, and education. p. x7 Why only review the literature published 200x-x4 when some of the earlier literature on APS may be particularly useful?</p>										x			Bckg rnd
<p>As a general comment - in some parts of the guidelines the term "people" with disabilities is used. And in other "adults" with disabilities. It should be "adults" in all instances.</p>										x			Bckg rnd

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APS Process for Addressing Alleged Abuse: In states where there is a central abuse hotline, APS is not the entity that receives and screens all intakes. It is the Central intake staff that do this. Of course the criteria for accepting or not accepting a report is developed in conjunction with APS. The chart could explain both scenarios.											x		Bckg rnd
It uses the term "older adults" as a target population for APS. What is an older adult? Again, we are in charge of protecting people who cannot provide for their own care and protection - not all people that may be consider to some as "older adults". There are many "older adults" who work and play and live independently and are not considered vulnerable. We in APS need to emphasize who is our target population.											x		Bckg rnd
Last paragraph on this vision section - ACL should emphasize the need to expand community based services to prevent nursing home placements. We all know what the current limitations are in providing in-home services either through Medicaid or Medicare - and we know that nursing home care is fully available and more costly in most cases. The system needs to shift its priorities to funding services in the home and not nursing homes. A goal could be a 50/50 allocation of all long term care federal funds split between the two options.											x		Bckg rnd
I.D.3. 3rd bullet: Address current abuse and prevent further abuse											x		Bckg rnd
I am concerned that you are using a "softer" term, adult maltreatment. Why not state abuse? I may not understand the reason for the term maltreatment but I think there's strategy in calling it abuse.											x		Bckg rnd
BACKGROUND Problem of Adult Maltreatment Suggestion: Add "financial abuse" to the definition: "Adult maltreatment is a significant public health and human rights problem. The most recent data available on the prevalence of adult maltreatment suggest that at least 10% of older Americans – approximately 5 million persons – experience emotional, physical, financial					x							CA	Bckg rnd

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abuse, or sexual abuse and neglect each year, an many of them experience it in multiple forms. Suggestion: Incorporate “negligence” into the definition of Abuse The Draft’s definition of abuse is being a “knowing” act. However, abuse may also occur through negligence. I suggest that the Draft be change to reflect this. The definition can be changed to read as follows: • Abuse: “The intentional or negligent infliction of physical or psychological harm or intentional or negligent infliction deprivation of goods or services that are necessary to meet essential needs or to avoid physical or psychological harm”.														
Suggestion: Adding to the definition of “exploitation” The proposed definition of “exploitation” uses the terms “fraudulent or otherwise illegal” These are legal determinations that require the existence, and knowing of specific elements of actual state and/or federal statutes. It might be suitable to add the words “wrongful use”, which express the same activities but without requiring any legal determinations. The definition of exploitation could be changed to read as follows: • Exploitation “the wrongful, fraudulent or otherwise illegal, or improper act or process of an individual, including a caregiver or fiduciary that uses the resources of an elder for monetary or personal benefit, profit, or gain, or that results in depriving an elder of rightful access to, or use of, benefits, resources, belongs, or assets”.				x									CA	Bckg rnd
Literature supports the difficulties often encountered by people with disabilities due to attitudes. It is recommended that something be added that talks about the social norms (generally accepted views) of people with disabilities in the general public that impact how people who have disabilities are subsequently viewed. While we understand that the majority of people seen by APS nationwide are elderly – there are specific views of people with disabilities that we fight against and have fought against the majority of our lives. These are the very reasons why the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973 were needed, to advance the civil rights of people with disabilities.				x									NA T	Bckg rnd

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Specifically, we would encourage AoA to incorporate sensitivity to community dynamics and demographics in developing the final guidelines. For example, APS systems, resources, practices and even the situations encountered may vary widely between urban and rural areas. Guidelines that are appropriate for systems operating in population-dense areas may be too prescriptive or impossible to implement in locations where older adults are more spread out and where APS staff and key partners may not be as accessible or available.		x											NA T	Bckg rnd
Change all references to “national” guidelines to “federal” guidelines	x												NA T	Bckg rnd
Clearly state that the guidelines apply to all APS programs regardless of administrative setting; i.e. state, county or other.	x												NA T	Bckg rnd
Recommend adding references to informing clients about civil legal remedies and in I.B., 3rd bullet, add “state bar referral services.”	x												NA T	Bckg rnd
Recommend making guidelines consistent with NAMRS terminology and requirements.	x												NA T	Bckg rnd
Our greatest concern about the report is that it does not acknowledge the importance of and need for healthcare professionals, such as geriatricians, geriatric psychiatrists and neuropsychologists. The first medical school/APS collaboration—formed between 1995 and 1997—and numerous publications have demonstrated the benefits to clients of involving medical teams when appropriate									x				NA T	Bckg rnd
The literature review is missing up-to-date literature. Guidelines should address reports from the Senate Committee on Aging and the GAO. Also, they should explore the racial/ethnic differences in elder maltreatment.									x				NA T	Bckg rnd
I just kind of have a general observation that kind of runs throughout. For me, I would find it more helpful if there could be more specific explanation of the differences between the various laws state to state and also the elder justice that. Just in terms of, you know, some states are very specific that this is for					x								MI	Bckg rnd

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the elderly. And other states it's for vulnerable adults. And I just kind of caught myself as I was going through this trying to figure out now how would that work in a state that has one kind of law or in a state that has a different kind of law.														
I got about 15 pages into this document then just quickly scanned through the rest. I found it to be large and overly complex. I believe it would place an unreasonable burden upon local senior protective services organizations. Additionally, striving to implement these guidelines will suck up a great deal of taxpayer funding before any benefit comes of them, if ever. I am uniquely qualified to attest to the fact that guidelines have a tendency to evolve into enforceable requirements for compliance. Complying with the implied requirements of these guidelines would entail a mountain of non-value-added work, with little or no return on investment, and would likely even be counter-productive.										x			CA	Bckg rnd
AARP expresses its appreciation to the Administration on Aging and the state and local contributors that worked to develop the draft guidelines. We believe the draft guidelines represent an important step in developing standards for state APS systems around the country. Nationally, state APS systems face increased challenges as elder abuse caseloads are on the rise. Resources have not kept up with these increases, impacting state agencies' ability to adequately respond to elder abuse cases. In this landscape, we appreciate that the draft guidelines are voluntary in nature and we encourage the Administration on Aging to build on them as planned, but continue to be sensitive to state resource constraints. We are glad to see the draft guidelines address the need for more consistent definitions and program standards for APS. These draft guidelines will also help take important steps to improve on program administration, reporting, training standards, evaluation and program performance metrics. In particular, we are pleased that the draft guidelines promote the use of multi-disciplinary approaches to address elder abuse issues that cannot be effectively resolved by a single discipline and training		x											NA T	Bckg rnd

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for professionals from a variety of disciplines to improve detection, investigation, and enforcement regarding cases of abuse, neglect, and exploitation.														
The name should have more "teeth"- recommended "Guidelines for APS Programs"		x											CA	Bckg rnd
The guidelines assume a model that is state-administered; there are states, such as Ohio, where counties assume the responsibility for administration and the state supervises. It would be helpful to acknowledge these configurations and their challenges and opportunities as well.	x												OH	Bckg rnd
The guidelines reflect good understanding of the literature on and existing expectations of APS. They represent a step forward in improving APS practice and movement toward establishing a true national system of APS. However, there may be an over-reliance on what has been suggested by NAPSA and other comparable organizations as opposed to what might represent intervention improvements as indicated through research. In addition, many of the guidelines are very general and lack the specific guidance necessary for change or actual implementation.											x			Bckg rnd
We believe it is important in the introductory information in the guidelines to emphasize that according the Centers for Disease Control and Prevention (CDC), elder abuse is a significant public health problem experienced by 1 in 10 persons ages 60 and older who live at home. In 2013, the Institute of Medicine (IOM) held a workshop on Elder Abuse and Its Prevention, expounding on its 2009 proposed approach to global violence prevention, examining violence horizontally—from war and suicide, to child, gender, sexual, domestic, and elder abuse. The 2013 IOM workshop summary and its supportive research confirmed the CDC's stance that elder abuse is a significant and growing problem.								x					NA T	Bckg rnd
COST The Background section states that losses due to financial exploitation											x		DC	Bckg

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might be higher than \$2.6 billion if they included losses of people x8-64. There are also other reasons that number understates the costs.															rnd
CHART I found the pie chart at xD2 confusing; missing some categories; lumping together others that to me seem distinct.											x		DC	Bckg rnd	
BACKGROUND I.A. THE PROBLEM OF ADULT MALTREATMENT We strongly agree with the values of self-determination in decision-making, but recommend that the concepts of “person-centered planning” and “supported decision-making” be reflected in the guidelines. We were deeply concerned that “[a]dults with disabilities are 4 to 10 times more likely to become a victim of maltreatment than persons without disabilities.” Although we understand that “[l]egal definitions of adult maltreatment vary from state to state,” this definition must include institutional abuse. We understand that the defined areas of concern are:				x									NJ	Bckg rnd	
I.B. RESPONDING TO MALTREATMENT: THE ADULT PROTECTIVE SERVICES SYSTEM We appreciated the flow chart presented. However it is stated that the “case is assigned to an APS caseworker for investigation” and think that there needs to be a consistent timeframe nationally.				x									NJ	Bckg rnd	
We think that there must be more involvement and input from the P&As in the area of adult maltreatment				x									NJ	Bckg rnd	
I.D.3. STRATEGIC DIRECTIONS Establish a Federal Home for Adult Protective Services Although we understand that there is a newly “created [the] Office of Elder Justice and Adult Protective Services” it needs to be clear that this includes individuals with disabilities, not just eldercare.				x									NJ	Bckg rnd	
<b>NEW ITEMS FOR CONSIDERATION</b>															
Federal government should develop a statewide perp registry. Guidelines should imply that a registry be developed	x														New
APS should provide ongoing public awareness & community engagement piece	x														New
We want to echo the comments of Not Dead Yet. We are a disability rights				x									NA	New	

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organization and see many of the same abuses. We see it for elderly and at times by parents over their children.													T	
For many elders and people with disabilities pets are a very important part of their lives. In fact they assist in a variety of ways, including emotional well-being. Based on this here are my thoughts. I'm referring to the document "full guidelines with citations (PDF) On page 9 of 65, "services may include" add assistance regarding pets. On page x4 of 65 last paragraph add animal welfare. Page 26 of 65, c) cross-jurisdiction & interdisciplinary cooperation, add to other disciplines animal welfare organizations. Page 29 of 65 protocols to allow expert consultation add animal welfare experts. Page 33 of 65 in conducting investigation add conditions of pets. Add resources so that victims can care and keep their pets. On page 42 of 65 in advanced training add train on the link between animal abuse and people abuse. Thanks for the opportunity to give input.										x			NA T	New
Please include in your regulations that ANY ONE who seeks to be a guardian MUST PASS A VERY STRONG BACKGROUND CHECK TO INCLUDE whether the applicant guardian has a clear mental health and criminal background check cleared.										x				New
Additionally, ACL needs to include website with tools such as the "Domestic Violence Safety Planning tool"	x													New
Perhaps APS should become a federal program instead of a State program, to ensure consistency across the board. Also, this way there is not issues when the alleged victims and alleged perpetrators move to other states. If nothing else, the federal government needs to be funding the each State's APS. Funding and staffing for APS is pathetic when compared to Child Protective Services funding/staff.													IN	New

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All APS workers should be able to have protection by not having personal information available and accessible to the public and potential reported perpetrators in similar manner as police officers. This would include having driver's license address as work address/phone and the inability of the agency to release worker information when requested by press or other entities (as sometimes requested of a public agency).											x		New
People, especially with intellectual disabilities, need clear policies to service providers that any and all advocacy must be listened to and that retaliation for any advocacy will not be tolerated. Advocacy for needs of those who do not have the ability to advocate/communicate clearly for themselves is an accommodation under the ADA. Protections must extend to include freedom from fear of losing services that are often only provided by one provider in the individual's "home community". RETALIATION from service providers, and fear of it, must stop in order to end the emotional and mental abuse that prevents people from living a truly free and inclusive, quality life.											x		New
Executive Order x3347, Individuals with Disabilities in Emergency Preparedness. This... calls for a coordinated effort among Federal agencies to ensure that the Federal Government appropriately supports safety and security for individuals with disabilities in all hazard situations. Vulnerable adults are at great risk for personal and financial exploitation after emergencies. The HHS CMS, LTCOP and others have responsibilities related to emergency preparedness and assistance to people with access and functional needs. I suggest adding the topic of emergency preparedness, especially post disaster recovery response, to the APS voluntary guidelines.											x		New
Develop a section on Worker Safety	x											CA	New
Along with the recommended case closure criteria in the draft guidelines, APS should also develop a Process by which the client may obtain a copy of the service and/or protective plans generated for that particular individual.				x								CA	New

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Recommend that APS agencies fully participate in federal efforts to collect, understand, and utilize APS data for statistical reporting purposes.								x					NA T	New
Support collaborative research between APS programs and non-profits, other governmental entities, tribal councils, and organizations, among others.								x					NA T	New
<b>Add New domains:</b> Program/Policy: Operational decision making team and Safety: Policy and Operations	x												OR	New
Add info on Caseworker safety	x												OR	New
We have a have a housing specialist on our team that handles housing discrimination against people with disabilities. And she does know exactly who to get a hold of to run these problems. But it needs to be spread out even more. As many people as possible need to be aware of the fact that there is a lot of housing discrimination.				x										New
How about governmental abuse?	x			x										New
Maybe I'd add outreach to the list if you didn't already say. I might have missed it. But yes, I think we're missing such a large number of cases that I mean I doubt there's as much budget in many places for that though. But it's a noble thing if some of them are able to do that. Yes and maybe outreach can also include improvements to their Web site of course more noticing state agencies there's not a lot on their Web site and things like that but it varies I guess. I mean I think we have like one page or a couple pages online that describe the agency. But some might have more of a presence there that kind of explains providers then to the community what their Processes are and, you know, what it might look like if you're trying to decide whether to make the call about the neighbor that you year in distress or, you know, something like that. What's going to happen when I make this report maybe explaining that, having a nice robust Web site or other materials, you know, that they're						x								New

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able to provide the community and other providers describing themselves and what they do, that sort of outreach.														
And maybe another thing that could make them more helpful would be to have some sort of certification type Process that maybe I don't know if there'd be funding to support this sort of thing but to have people go through, you know, have agencies go through and say, you know, I'm certified as an agency that follows the ACL's, you know, guidelines.  And that might be kind of a neat thing to be able to say to their local legislators and decision makers and be proud of.							x							New
I think that the most difficult things that are faced by many are knowing who to call, when to call.							x							New
One of the things that I hear is that a lot of people don't want to tell anybody because they're worried about the mandated report and they're worried about losing their independence if the caregiver is the person who is assaulting them.  And so I don't know if there's a way for better resources around emergency personal care that people can continue to be able to independent in the community while they are, you know, trying to get another personal care attendant or get to get somebody else who can kind of help them with their day to day.							x							New
I also think along that thread with people not knowing Adult Protective Services and what it does the more transparency I think, you know, that each APS could be encouraged to have would be better for them. Because I think a lot of times in the DV-SA community and just in the public there's misunderstandings. Like, you know, I called APS and they, you know, this person that's being abused wasn't yanked from the house like I think they should have been or, you know, there's just, you know, there's expectations out there that sometimes don't match reality of the constraints that APS has							x							New

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to work upon. So then there's a lot of mistrust and, you know, dislike that happens because just the simple misunderstandings of the regulations that bind APS.														
We've developed a New data system that now allows us to really be able to go in and look at all cases and do reviews and provide feedback in real-time to counties and technical assistance. And I think just having that capacity to access the data. I don't know where other states stand in that. But we hadn't had that previously and it was a real problem. And now that we do it's enabled us to really, you know, help throughout the state, help counties that administer our program be able to improve the quality of the casework that they're doing and the documentation of that.		x											CO	New
And another issue related to workers is protective services like other difficult situations of, you know, it's a job that causes tremendous burnout. It's trauma after trauma after trauma witnessing it. And it deteriorates workers' capacity to assess not that they don't care but that they become hardened. And I don't know if there's somewhere in the document where somehow worker burn out and protecting people from becoming burnouts so they stay effective could be addressed.	x												CT	New
I understand that the guidelines have to be really general because obviously you're working across the whole nation that is very disjointed in terms of where policies are.  But anytime in your document when you just say like develop criteria or develop a policy and that throughout the whole thing I think states will be like well who has a good one right?  And maybe you have that all clear, maybe you have some examples in other places. But we're always asking ourselves - what should we model it after? Like I mean this gives us some really nice sort of ideas about that. But when you get down to the actual sort of criteria development it may be helpful to													DE	New

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have more specifics.															
The educational component once this thing is pretty much in place and then people have adopted it, you know, is there provisions for the states to go out and educate the public by however, whatever means and through things like this maybe?		x												FL	New
I was reading some history of the Ombudsman Program and, you know, years ago when it started they had a few states that had agreed to pilot. And I realized you're not trying to make this a mandatory thing either. But I wonder whether you might get a few states who would say we agree that we'll use these voluntary guidelines for a year and we'll report back to you how they helped us or what the problems were I mean I'm just wondering whether there might be a way for you to have some states maybe say we'd be willing to do this for you so that then you can kind of figure out from there what more can be done to help Adult Protective Services across the country be, you know, sort of more consistent.								x						GA	New
Discussion about many states having difficulty getting APS clients on to Medicaid. In Kansas, our Medicaid folks we have an exception that can be made that if APS had been involved, and the exploitation or fiduciary abuse was substantiated, and law enforcement had been involved that they could take a look and make a possible exemption for eligibility.														KS	New
I didn't see anything that would maybe specifically address policies and recommendations around worker safety and worker safety issues. That's one the, you know, we touch on when we do our initial training but I think it's something that's really important to do on an ongoing basis with the workers.	x													KS	New
Re: engaging the public about what is APS: I mean, we know what we do and how we do it. I think it's so important even though it's really a stretch for us to pull people off the street to go do these speaking engagements. But what I've done is I give each worker who's willing to do a presentation a pass on a case that they get assigned and then they do it so because I do think it's	x													M N	New

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that important.															
I think it's critical to be out in the community explaining and giving examples and trying to engage people and understanding what APS does. I think that not only can you tell them what we can do but you also need to be able to share what we can't do because there are expectations sometimes, especially people who had experience say with a child system that we can just go in and swoop people out of danger and the fact that we're dealing with adults and so on in self-determining adults, I think it's important to get that whole difference across and I find that we over the years had regular training. We were asked to come-in and train different areas of people in APS and nursing home staff, that type of thing and I just found it was invaluable for us as an agency to be able to establish that kind of relationship with the public.	x												NH	New	
One of the things that we are facing on the federal side is difficulties with APS is the elimination of the Title XX funding which our Adult Protective Services uses for in-home support. It's really one of the most productive things that gets done as far as Adult Protective Services goes from the federal level in our state. Because as we all know, you know, it's one thing to go out do an investigation and substantiate and another is to be able to provide some help based on that substantiated investigation. And so the concern that we have and currently, you know, the most productive thing that is done from the federal level is to support that in-home service that really makes Adult Protective Services worthwhile because we're able to do something to ultimately provide better outcomes to people.		x											N M	New	
We do teleworking as well for a lot of our caseworker staff. And I don't know that we've ever particularly looked at the efficacy related to caseloads but we have looked at timeliness of documentation which we had seen an increase in timeliness of documentation over the last several years related to what we call as you go documentation and related to telework.	x												TX	New	
And my other question is as well in this document I'm looking under	x												W	New	

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evaluation/program performance. I'm just wondering if there's anything that the guidelines addressed or have addressed in terms of a fatality review Process with Adult Protective Services?													A	
Suggest that all states give the ability for a person with a substantiated finding to challenge the finding.	x												W A	New
When we find people dead – Down time to Process.	x												AR	New
Should there be a problem with the county APS who does that get reported to?											x			New
Add into the guidelines a recommendation that states develop legislation to compel entities to provide APS with access to financial and legal records without the need to subpoena records.	x												CA	New
APS should develop the Process by which clients and victims may access the APS report or be updated on the disposition of an open case				x									CA	New
The HHS Office for Civil Rights along with the Departments of Justice (DOJ) recently issued a technical assistance document concerning the ADA obligations of local child welfare authorities toward parents and other caregivers with disabilities. Similarly, the ADA rights of adult care recipients, including the right to effective communication, freedom from discrimination, and community integration, must be fully respected. In addition, the ADA rights of adult caretakers with disabilities must be fully respected. It is imperative that the Administration for Community Living (ACL) pay attention to the technical assistance that HHS and the DOJ are providing in the context of the child welfare system so that it can inform future decisions. ACL must also issue its own technical assistance to clarify the ADA obligations of state APS programs.				x									NA T	New
Guidance or suggested protocols are also needed where a conflict prevents APS investigative involvement. Clarification on this point would prevent these agencies from referring cases to one another without taking action and encourage them to coordinate.				x									NY	New

COMMENTS <sup>1</sup>	STAKEHOLDER GROUPS <sup>2</sup>										STATE	SECTION of DOC		
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You know we talked a little bit about worker safety but you know, thinking about maybe setting some type of guidelines that states can use to adopt laws to protect workers in the field.	x												LA	New
I bring up the topic of safety for the investigator. We start asking the investigators about safety in the intake Process, asking questions about if there are dogs are weapons or anything at the house. And I think many of you do that. Is anything about safety going to fit somewhere logically or into a guideline?	x												LA	New
Was there a recommendation in the guidelines in terms of where the responsibility for Adult Protective Services should lie? It seems to me that it would - it should lie within the aging network primarily because they have an understanding of older adults and function and that's where I would see it lie. Although I will say I do recognize that it would also have to rely within the developmental disabilities and kind of how that structure plays out in the states and whether or not those become more combined with the ADRCs and so forth.		x											NC	New
I also appreciate that the recommendation to have protections for the APS worker. I know that I believe that that has been included at least in Ohio as a part of the Child Protection Services. I think they have protection of the worker. And I think that that's important because I do think that there's a fear on the part of workers that they may be faced with repercussions just by virtue of doing their job.		x											OH	New
One of the things that we're concerned about, and what you're guidelines are silent about, is the issue of perpetrator registries. Have you given any thought to providing some guidelines about that? This would be perhaps in cases where someone was not criminally prosecuted. We have a county-based system here and one of the biggest problems APS has is trying to get DAs to prosecute cases even when they're significant. And we had a number of fairly prominent cases where a perpetrator is operating in one county and they're	x												WI	New

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just moving from county to county and doing the same thing and leaving just a trail behind them, a big mess. And there was no way for, you know, another county to know that there have been problems.														
Add an element related to business operations, budget, marketing	x												OR	New
For APS programs and staff that provide guardianship services, programs should model their policies and practices on the standards promulgated by the National Guardianship Association.	x												NY	New
Please address SILO Thinking, Guardianship reform and the need for more Family Justice Centers with (EJC's), Elder Justice Committees.	x													New
Guardianship is a huge issue in our state. Guardians are reported to not take their role seriously or abuse it, direct service providers and/or their staff are awarded guardianship for those they service, due diligence is not provided to ensure least restrictive measures. There is no recourse to reverse guardianship once it has been established by a probate judge not familiar with least restrictive measures, therefore, it becomes a life sentence.				x										New
A judge should rule if there are reasons the individual cannot has typical freedoms in continuing life and seeing friends. Also need to know that even with guardianship, cannot stop friends, family and other forms of social media and communication from occurring under their guardianship. I am not sure where in the rules this may fit, but hope it does as people are being traumatized unnecessarily when the stress levels are already high.										x				New
Comment on need to revise Power of Attorney Statutes: No section in the Guidelines appears to address the urgent need for states to amend their power of attorney statutes (in line with the Model Power of Attorney Act which was published in 2006)to state that a third party has immunity for rejecting a POA when the third party has reason to believe that a good faith report of elder financial abuse has been made against the agent named in the POA. Without the protection of an express immunity, many financial institutions are reluctant to reject an otherwise valid POA document, even when there is											x		NA T	New

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suspected abuse. At present, only x4 states have included such an immunity provision in their Power of Attorney Act. APS agencies would have great credibility and influence in their own states to press for such an addition to the state law on powers of attorney.														
<b>PROCESS COMMENTS</b>														
Though I agree totally with the APS system, did anyone ever involve Law Enforcement in the creation and drafting of this program?						x								Process
Guidelines need to be stretched further... More detailed to provide the field what's needed	x													Process
Incorporate the NAMRS project so that the guidelines are fully comprehensive. In many of the specific guidelines I do not believe the ACL has gone far enough to specifically identify standards of practice. These guidelines are essentially telling states that they should "develop a Process". ACL should be very specific about expectations in some key concepts to start moving states into tighter alignment of basic program standards												x		Process
Recommended that ACL have the guidelines reviewed by as many partner agencies (esp. LE and DA) as possible.		x											CA	Process
ACL should consider broader stakeholder outreach to get further input on the Guidelines including older adults and adults with disabilities.				x									NY	Process
You referenced that the comment form will be assessable via Elder Rights section of ACL Web site. And I'm asking if that could be put under the Disability Section as well? I don't know that our population would think to go to the Elder Rights Section?				x									WV	Process
I think it is crucial to include the voices of diverse populations when creating any kind of community guidelines. The domestic violence movement learned that lesson the hard way and now have a system focused on a criminal justice response which has not been effective in serving all victims. This would have not happened if communities of color would have been listened to when we started looking at community response to victims of domestic							x							Process

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violence. Our best intentions turned out to leave many community voices out of the process. Learn from our mistakes														
Tribal jurisdictional issues should be considered by including the voices of tribal leadership in the process						x								Process
Voices of older survivors need to be at the table when designing what might work for the community. As well as the faith community, communities of color, immigrant community, rural communities, and the LGBTQ community.						x								Process
Overall, the document seems to focus more on the role and importance of ACL and the process used by the authors than the needs of the field. I had hoped to see more concrete, specific recommendations of minimum standards or model practices for states/local agencies to follow. That a policy on a certain topic is needed is not especially helpful.						x								Process
Our first concern is that it appears there was no representation amongst the contributors from the state Protection and Advocacy organizations (P&As), Centers for Independent Living (CILs), Councils on Developmental Disabilities, or their national membership agencies such as the National Disability Rights Network, Council on Independent Living, or Association of Councils on Developmental Disabilities. The “environmental scan” could have included information provided by P&As, CILs, and Councils on Developmental Disabilities. It is mentioned that there were “representatives from the disability network,” but we are unsure who this was.				x									NJ	Process
LITERATURE REVIEW In looking at Appendix x for the citations, we are concerned that most are related to elder issues, maybe 25% on child abuse, but no real citation on disability related issues; this needs to be addressed. People with disabilities have different needs than children or the elderly				x									NJ	Process
CONSENSUS-BUILDING PROCESS II.B.3.a.STAKEHOLDER ENGAGEMENT We understand there was a “Stakeholder Engagement Process,” a “series of ‘virtual’ listening sessions,” and targeted stakeholder including the “Disability Network,” but are deeply concerned that we were				x									NJ	Process

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unaware of these initiatives until this comment period. We feel that there were many other stakeholder groups missing, including caregiver groups														
I would have been happy to see an MD or nurse practitioner or something on the expert panel. That would be a criticism.	x												CT	Process
Just in general how to make it a more useful tool. Has any thought been given to like hyperlinks within the document that take you to more information about a particular reference?				x									DC	Process
<b>COMMENTS ON THE TITLE OF THE DOCUMENT</b>														
Change current title from “Voluntary Consensus Guidelines for State APS Systems” to “Guidelines for State APS Systems”	x												CA	Title
We also recommend that the final version (1) substitute the word “voluntary” with “recommended” to signal that the guidelines represent best practices and (2) that it be clear that they are to apply to all APS programs regardless of structure and administrative setting (e.g., state, county, local or tribal).									x				NA T <sup>3</sup>	Title

<sup>3</sup> NAT = comments made by a national organization regardless in which state that organization is based