



Home Health Care & Nursing Services

**Annual  
Training**

**Community  
Health Choices**



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

# Adult Protective Services

- The Adult Protective Services (APS) Law (Act 70 of 2010) was enacted to provide protective services to adults between 18 and 59 years of age who have a physical or mental impairment that substantially limits one or more major life activities
- Funding first provided during state fiscal year 2012-13
- Act 70 is the bridge between CPSL and OAPSA and mirrors OAPSA in many ways

# To Report Abuse



## Child Protective Services

- For individuals under 18 years of age
- Contact ChildLine at 1-800-932-0313

## Adult Protective Services (APS)

- For individuals 18 years of age or older but under 60 years of age
- Contact Protective Services Hotline at 1-800-490-8505

## Older Adult Protective Services (OAPSA)

- For individuals 60 years of age and older
- Contact Protective Services Hotline at 1-800-490-8505

- Prior to April 1, 2015, there was a Memorandum of Understanding (MOU) between the Department of Human Services (DHS) and the Pennsylvania Department of Aging (PDA) to provide interim APS coverage prior to completion of the competitive bidding process
- Effective April 1, 2015, Liberty Healthcare Corporation (Liberty) is the statewide contracted provider of protective services



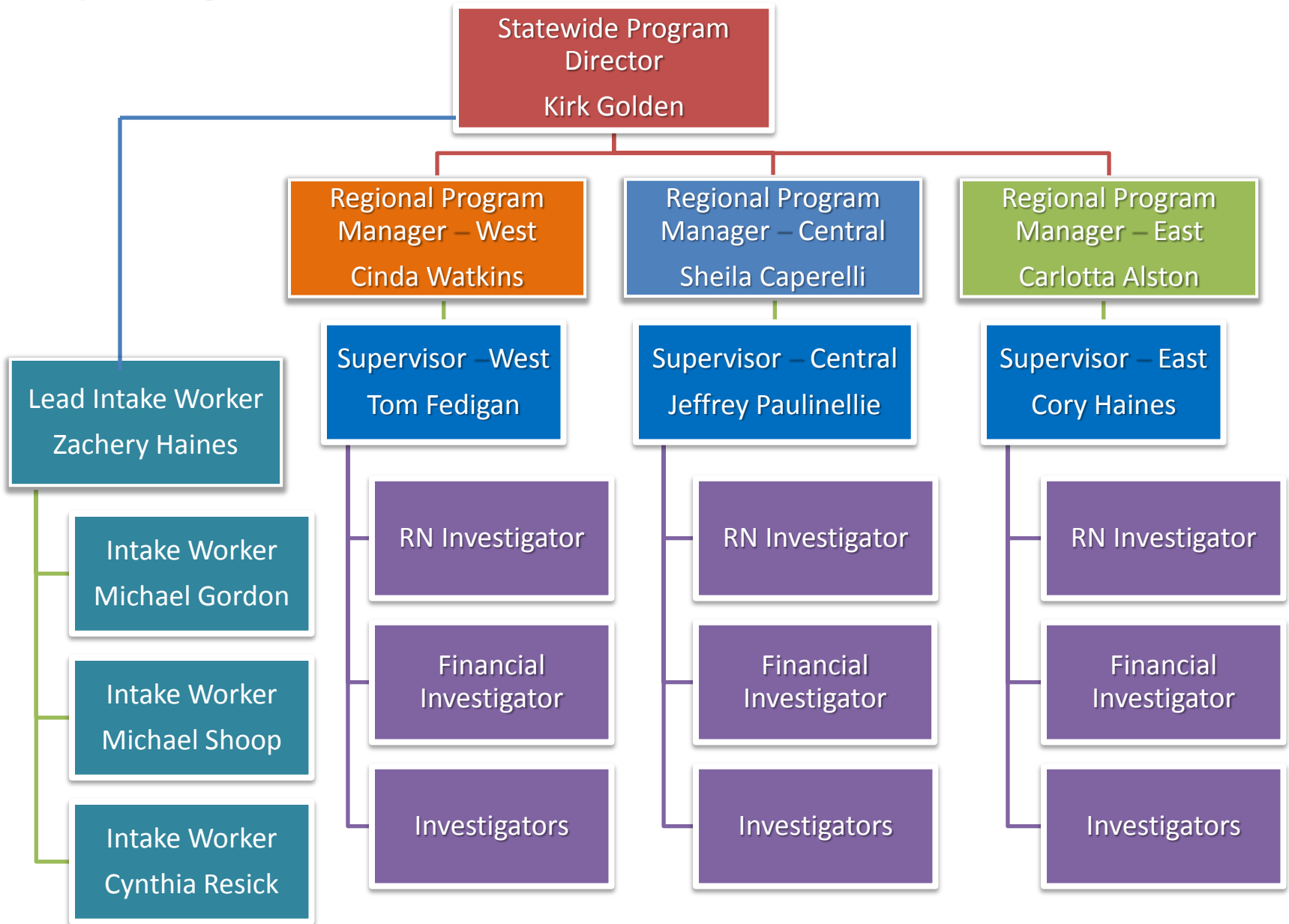
- Adults have the right to make choices, subject to the laws and regulations of the Commonwealth, regarding their lifestyles, relationships, bodies and health, even when those choices present risks to themselves or their property.
- Adults have the right to refuse an assessment.
- Adults have the right to refuse some or all protective services.
- Where there is clear and convincing evidence that, if protective services are not provided, the adult is at imminent risk of death, serious injury or serious bodily injury, the agency may petition the court for an emergency order to provide the necessary services.



## What is the APS Agency (Liberty Healthcare Corporation) required to do?

- Investigate allegations
- Determine if individual is at imminent risk and if protective services are necessary
- Cooperatively develop a service plan
- Provide protective services to adults who voluntarily consent
- Provide services in the least restrictive environment and the most integrated setting
- Provide Guardianship as needed

# Liberty APS Organizational Chart



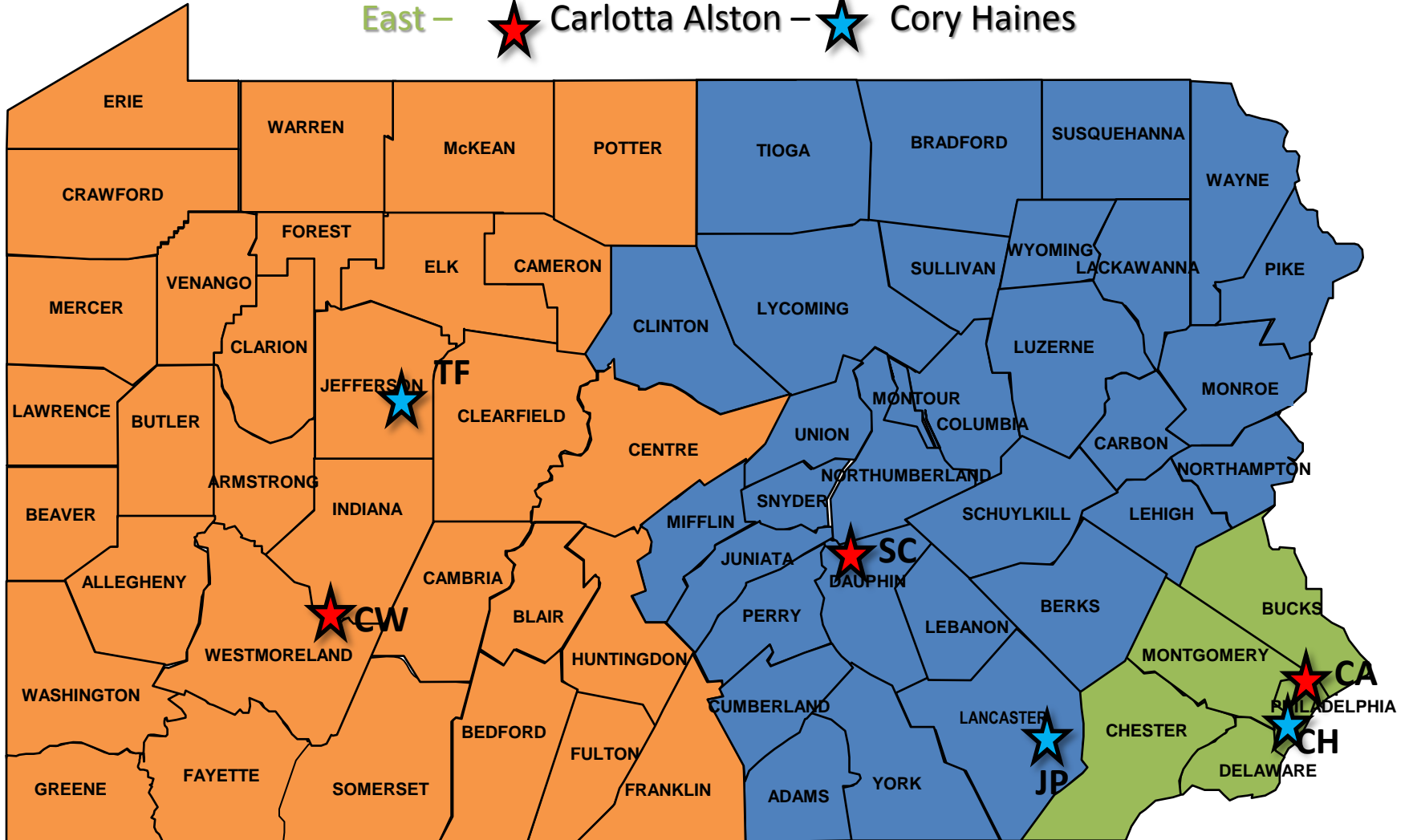


# APS Regions

West – ★ Cinda Watkins – ★ Tom Fedigan

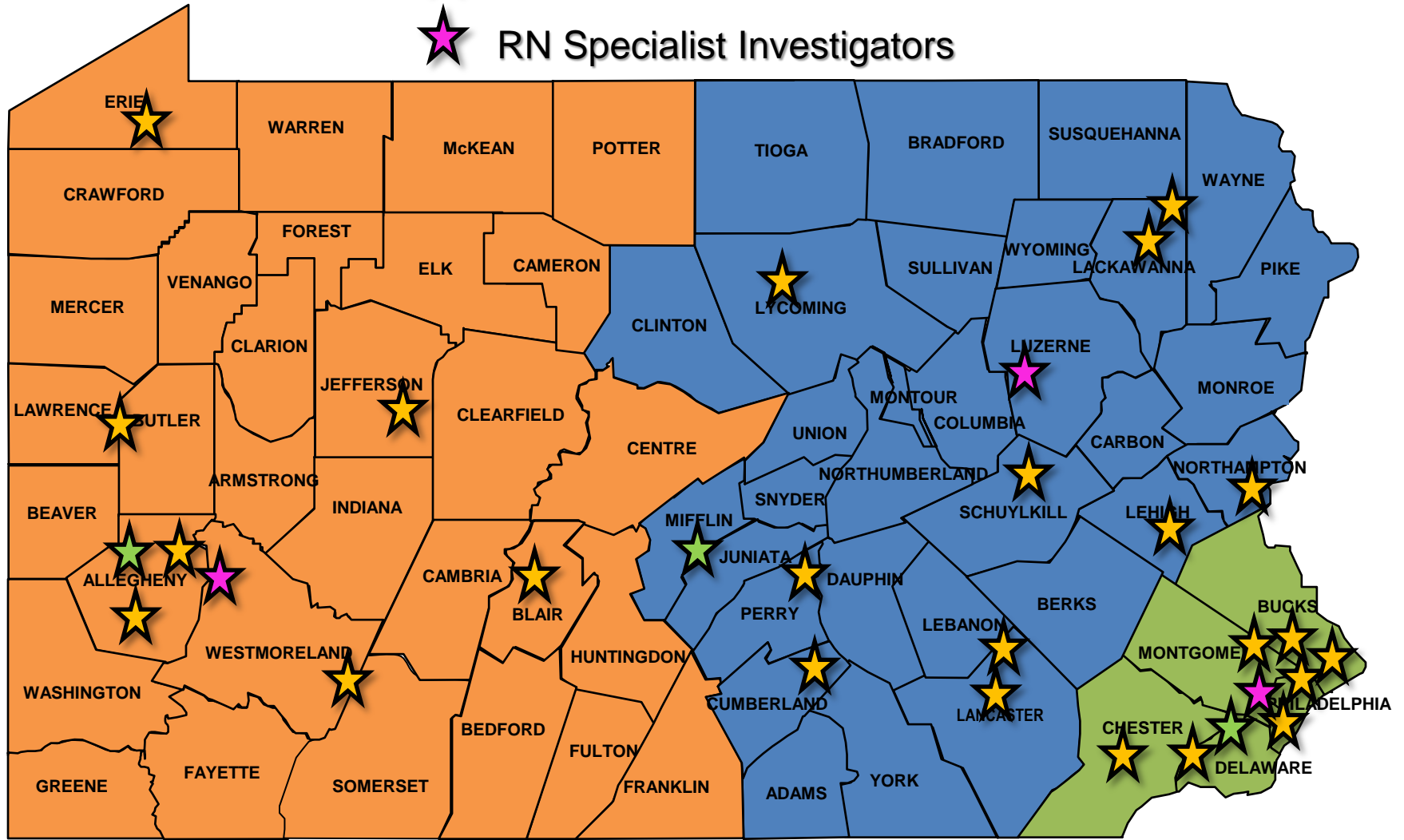
Central – ★ Sheila Caperelli – ★ Jeff Paulinellie

East – ★ Carlotta Alston – ★ Cory Haines



# APS Investigators

- ★ Investigators
- ★ Financial Specialist Investigators
- ★ RN Specialist Investigators





**Liberty Emergency After Hours Number : (888) 243-6561**

**Statewide Program Director**

Kirk Golden

[kirkg@libertyhealth.com](mailto:kirkg@libertyhealth.com)

(724) 774-6751

**Regional Program Manager - West**

Cinda Watkins

[cwatkins@libertyhealth.com](mailto:cwatkins@libertyhealth.com)

(267) 264-8652

**Protective Services Supervisor - West**

Tom Fedigan

[tfedigan@libertyhealth.com](mailto:tfedigan@libertyhealth.com)

(267) 449-4808

**Regional Program Manager - Central**

Sheila Caperelli

[scaperelli@libertyhealth.com](mailto:scaperelli@libertyhealth.com)

(267) 264-8761

**Protective Services Supervisor - Central**

Jeff Paulinellie

[jpaulinellie@libertyhealth.com](mailto:jpaulinellie@libertyhealth.com)

(267) 418-6436

**Regional Program Manager - East**

Carlotta Alston

[calston@libertyhealth.com](mailto:calston@libertyhealth.com)

(267) 264-8719

**Protective Services Supervisor - East**

Cory Haines

[chaines@libertyhealth.com](mailto:chaines@libertyhealth.com)

(267) 262-4698

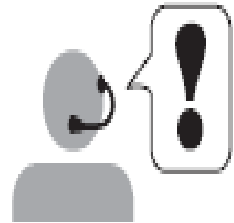
# Who is eligible to receive protective services?

- A resident of the Commonwealth
- An adult between 18 and 59 years of age with a physical or mental impairment that **substantially limits one or more major life activities**
- An adult who needs the assistance of another person to obtain protective services in order to prevent imminent risk to person or property

# APS Process



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DEPARTMENT OF HUMAN SERVICES



Call the Statewide Protective Services Hotline (1-800-490-8505) to report an allegation of suspected abuse, neglect, exploitation or abandonment of an individual between 18 and 59 years of age with a physical or mental impairment



Mandated Reporters must also contact **law enforcement and DHS** for cases of suspicious death, serious injury, serious bodily injury or sexual abuse.



Protective Services Hotline is answered by local Area Agency on Aging (AAA) who completes a Report of Need (RON) and documents the report in the Social Assistance Management System (SAMS)

# APS Process



The AAA notifies Liberty Intake staff via email that a RON is in SAMS.

Liberty Intake staff notify all appropriate licensing agencies of the Report of Need



Liberty Intake Staff evaluate information in the RON to determine if individual meets eligibility criteria and classify the case as either "Priority, Non-priority, or No Need"

Cases determined to be "No Need" will be reviewed by an APS Supervisor and DHS and may be referred for other services. Program Offices are also notified of all No Needs.



All cases classified as “Priority” or “Non-priority” are assigned to an APS caseworker for investigation. Investigations must be initiated within 24 hours for “Priority” cases and within 72 hours for “Non-priority” cases.



APS Caseworker initiates investigation within required timeframes, assesses risk, determines if individual is at imminent risk, and mitigates risk if necessary, by providing protective services.





If case is substantiated, APS may provide or arrange for protective services intended to ensure the adult's immediate safety and well-being.



Protective services provided must be in the least restrictive and in the most integrated setting.

**An adult can only receive protective services voluntarily. Protective services may not be provided to an adult who refuses consent or who, having previously consented, withdraws the consent, unless the services are ordered by a court.**



- Priority: Priority reports require immediate attention because specific details in the report indicate the possibility that the adult reported to need protective services **is at imminent risk of death or serious injury or serious bodily injury**. The investigation shall be initiated immediately for a priority report.
- Non-priority: A non-priority report does not appropriately fall within the priority category and, therefore, does not require immediate attention by the agency. These investigations must be initiated within 72 hours.

- No need for protective services: A report shall be placed in this category when the person reported to be in need of protective services meets either of the following criteria:

**(a) has the capacity to perform or obtain, without help, services necessary to maintain physical or mental health**

**(b) is not at imminent risk or danger to his person or property**

## **Summary of information requested:**

- Consumer's Demographic Information
- Social Security Number critical link to SAMS
- All Details/Specifics regarding the allegations
- Consumer's physical and health conditions
- Consumer's disabilities and mental conditions
- Consumer's physical environment, incl. dangers
- Consumer's financial or legal problems
- Identity of alleged perpetrator (s)
- Reporter's identity, affiliation, contact information



## Who is a mandated reporter?

- Assisted Living Facility
- Domiciliary Care Home
- Home Health Care Agency
- Intermediate Care Facility for Individuals with Intellectual Disabilities or with Other Related Conditions
- Nursing Facility
- Older Adult Daily Living Center
- Personal Care Home
- Residential Treatment Facility
- **An organization or group of people that uses public funds and is paid, in part, to provide care and support to adults in a licensed or unlicensed setting**

# General Reporting Requirements



1. An administrator or employee who has reasonable cause to suspect that a recipient is a victim of abuse, neglect, exploitation or abandonment will immediately make an oral report to the statewide **Protective Services Hotline by calling 1-800-490-8505.**
2. Within 48 hours of making the oral report, the administrator or employee will email a written report to Liberty Healthcare at the following address: [mandatoryon@libertyhealth.com](mailto:mandatoryon@libertyhealth.com) or fax the report to **484-434-1590**. The following written report forms may be used:
  - The mandatory reporting form found on the Department's website;
  - An administrator or employee of a nursing facility, licensed by Department of Health, may submit a PB-22 form;
  - An administrator or employee may submit a Home and Community Services Information System (HCSIS) incident report (Printable Summary) or an Enterprise Incident Management (EIM) report.
3. An administrator or employee of a facility will continue to follow all required incident management regulations, policies and procedures.



# MANDATORY ABUSE REPORT

DATE OF REPORT:

TIME:

NAME OF VICTIM / RECIPIENT/ CONSUMER (Last, First, M.I.):		FACILITY NAME:	
ADDRESS:		ADDRESS:	
CITY:	STATE:	ZIP CODE:	CITY: STATE: ZIP CODE:
PHONE:		PHONE:	COUNTY:
DATE OF BIRTH:	SEX:	FACILITY TYPE: (NH, PCH, DC, CLA, etc.)	
DATE AND TIME OF INCIDENT: DATE: / / TIME: : A.M. P.M.		FACILITY LICENSING AGENCY:	FACILITY LICENSE NUMBER:
DATE AND TIME OF REPORT TO LICENSING AGENCY: DATE: / / TIME: : A.M. P.M.		LICENSING AGENCY CONTACT AND TELEPHONE NUMBER: NAME: TELEPHONE #:	
<p align="center"><b>OAPSA (over 60)</b></p> ABUSE TYPE: (Check one) <input type="checkbox"/> ABUSE <u>not</u> involving sexual abuse, serious bodily injury, serious physical injury or suspicious death <input type="checkbox"/> SEXUAL ABUSE (rape, involuntary deviate sexual intercourse, sexual assault, statutory sexual assault, aggravated indecent assault, indecent assault or incest) <input type="checkbox"/> SERIOUS BODILY INJURY <input type="checkbox"/> SERIOUS PHYSICAL INJURY <input type="checkbox"/> SUSPICIOUS DEATH		<p align="center"><b>APS (under 60)</b></p> ABUSE/NEGLECT TYPE: (Check one) <input type="checkbox"/> ABUSE, NEGLECT, EXPLOITATION or ABANDONMENT <u>not</u> involving sexual abuse, serious injury, serious bodily injury or suspicious death <input type="checkbox"/> SEXUAL ABUSE (rape, involuntary deviate sexual intercourse, sexual assault, statutory sexual assault, aggravated indecent assault, or incest) <input type="checkbox"/> SERIOUS INJURY <input type="checkbox"/> SERIOUS BODILY INJURY <input type="checkbox"/> SUSPICIOUS DEATH	
DATE/TIME ORAL REPORT TO AAA:	NAME OF AAA CONTACTED:	AAA/APS AGENCY USE ONLY: DATE/TIME ORAL REPORT TO COUNTY CORONER: (if applicable)	AAA/APS AGENCY USE ONLY: NAME OF CORONER: (if applicable)
DATE/TIME ORAL REPORT TO LOCAL LAW ENFORCEMENT: (if applicable)	NAME OF LAW ENFORCEMENT AGENCY: (if applicable)	DATE/TIME ORAL REPORT TO PDA/DHS: (if applicable)	
CONTACT INFORMATION: (PLEASE CHECK APPROPRIATE BLOCK) <input type="checkbox"/> GUARDIAN <input type="checkbox"/> ATTORNEY-IN-FACT <input type="checkbox"/> NEXT OF KIN		ALLEGED PERPETRATOR NAME:	RELATIONSHIP TO VICTIM:
NAME:		ADDRESS:	
ADDRESS:		CITY:	STATE: ZIP CODE:
CITY:	STATE:	ZIP CODE:	PHONE NUMBER: AGE: SEX:
PHONE NUMBER:	RELATIONSHIP:	TYPE OF POSITION: (RN, LPN, CNA, etc.)	WORK SHIFT: DATE OF HIRE:

DETAILS AND DESCRIPTION OF ABUSE: (ATTACH ADDITIONAL SHEETS IF NECESSARY)

ACTIONS TAKEN BY FACILITY, INCLUDING TAKING OF PHOTOGRAPHS AND X-RAYS, REMOVAL OF VICTIM AND NOTIFICATION OF APPROPRIATE AUTHORITIES. (ATTACH ADDITIONAL SHEETS IF NECESSARY)

OTHER PERTINENT INFORMATION, COMMENTS OR OBSERVATIONS DIRECTLY RELATED TO ALLEGED ABUSE INCIDENT AND VICTIM:

NAME AND TITLE OF REPORTER:  
(PLEASE TYPE OR PRINT)

NAME:

TITLE:

SIGNATURE OF REPORTER:

REPORTER CONTACT INFORMATION:

TELEPHONE NUMBER:

EMAIL ADDRESS:

DATE:

NAME AND TITLE OF PERSON PREPARING REPORT:  
(PLEASE TYPE OR PRINT)

NAME:

TITLE:

SIGNATURE OF PERSON PREPARING REPORT:

PERSON PREPARING REPORT CONTACT INFORMATION:

TELEPHONE NUMBER:

EMAIL ADDRESS:

DATE:

## Additional Reporting Requirements



If the case involves sexual abuse, serious injury, serious bodily injury or suspicious death, in addition to the previous steps, an employee/administrator must **also**:

1. Make an immediate oral report to law enforcement.
2. Make an immediate oral report to the DHS staff responsible for the Adult Protective Services Program at **717-265-7887, select option #3.**
3. Within 48 hours of making the oral report, submit a written report to law enforcement. This written report can be the mandatory reporting form found on the Department's website, the PB-22, a HCSIS incident report, or the EIM report form.

**Please see the written guidance provided to employees and administrators of facilities for specific details and definitions.**



## **Abuse:**

- Infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish
- Willful deprivation by a caregiver of goods or services which are necessary to maintain physical or mental health
- Sexual harassment, rape or abuse as the term is defined in 23 Pa.C.S. § 6102

**Neglect:** The failure to provide for oneself or the failure of a caregiver to provide goods, care or services essential to avoid clear and serious threat to the physical or mental health of an adult

**Exploitation**: An act or course of conduct by a caregiver or other person against an adult or an adult's resources, without the informed consent of the adult or with consent obtained through misrepresentation, coercion or threats of force, that results in monetary, personal or other benefit, gain or profit for the perpetrators or monetary or personal loss to the adult

**Abandonment**: The desertion of an adult by a caregiver

## **Serious bodily injury:**

- Injury that:
  - (1) creates a substantial risk of death; or
  - (2) causes serious permanent disfigurement or protracted loss or impairment of the function of a body member or organ

## **Serious injury:**

- An injury that:
  - (1) causes a person severe pain; or
  - (2) significantly impairs a person's physical or mental functioning, either temporarily or permanently



## **Sexual abuse:**

- Intentionally, knowingly or recklessly causing or attempting to cause rape, involuntary deviate sexual intercourse, sexual assault, statutory sexual assault, aggravated indecent assault or incest, as defined by 18 Pa.C.S. (relating to crimes and offenses)

## Sexual Harassment:

- Sexual harassment is unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature.
- Sexual harassment is an abuse that requires reporting to the Protective Services Hotline; however, it is not sexual abuse which requires additional reporting responsibilities.

# Reporting Guidelines



- DHS' intention is not to discourage appropriate reporting, but rather to encourage providers to exercise judgement and discretion in deciding what is and is not reportable, by using these guidelines, and contacting APS for help/guidance, if needed
- Evaluate all incidents in terms of the statutory definitions in the APS law, in order to determine whether or not a specific incident is reportable
- When deciding whether or not to report abuse that occurred years ago, determine if there is continued contact between victim and alleged abuser, and the nature, frequency, and extent of continued contact

# Reporting “Do’s” and “Don’t’s”



- Call 911 **immediately** for any life-threatening emergencies, prior to calling APS
- Call crisis intervention for any mental health emergencies requiring immediate attention
- Follow up with your supervisor or administrator to ensure that APS has been contacted—reporting upward does not end your reporting responsibility
- Do **not** wait to call APS pending completion of the certified investigation—call immediately if you have “reasonable cause” to suspect abuse, neglect, etc.

- Anyone who has “reasonable cause” to suspect that an adult is the victim of abuse, neglect, exploitation, or abandonment can call the protective services hotline at:
  - **1-800-490-8505**





- Bruises, black eyes, welts, lacerations, and rope marks
- Broken bones
- Open wounds, cuts, punctures, untreated injuries in various stages of healing
- Any physical signs of being punished or restrained
- The individual reports being hit, slapped, kicked, or mistreated



- Bruises around the breasts or genital area
- Unexplained venereal disease or genital infections
- Unexplained vaginal or anal bleeding
- Torn, stained, or bloody underclothing
- The individual reports being sexually assaulted or raped



- Being emotionally upset or agitated
- Being extremely withdrawn and non-communicative or non-responsive
- Unusual behavior usually attributed to dementia (e.g., sucking, biting, rocking)
- Nervousness around certain people
- The individual reports being verbally or mentally mistreated



- Dehydration, malnutrition, untreated or improperly attended medical conditions, poor personal hygiene
- Hazardous or unsafe living conditions (e.g., improper wiring, no heat or running water)
- Unsanitary living quarters
- Grossly inadequate housing
- The individual reports being mistreated or not being cared for properly

# Possible Signs of Exploitation



- Sudden changes in bank account or banking practice, including unexplained withdrawals
- Adding additional names on bank signature cards
- Abrupt changes in a will or other financial documents
- Unexplained disappearance of valuable possessions
- Forging a signature on financial transactions or for titles
- Sudden appearance of previously uninvolved relatives claiming rights to possessions
- Unexplained sudden transfer of assets to a family member or someone outside the family



**NEXT SLIDES CONTAIN  
GRAPHIC  
PICTURES**

# Condemned Home



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# Hoarding



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# Photos Prior to Double Amputation



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# Decubitus Ulcer



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# Decubitus Ulcer



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# Paid Caregiver Neglect



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# Neglect



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# HOW TO REPORT

**1-800-490-8505**

Human Services Provider Directory  
<http://www.dhs.state.pa.us/search/top/provider/human-services-provider-directory/index.htm>

[Citizens](#) [Providers](#) [Partners](#) [Publications](#) [About DHS](#)



-  Report Abuse
-  Apply for Benefits
-  Find Facilities
-  Review Data
-  Enter Newsroom
-  Contact Us
-  Facebook
-  Twitter

### Top Issues

- Community HealthChoices
- KeepKidsSafe.pa.gov
- I IHFAP - Energy Assistance
- 1096-B Tax Form
- SNAP Work Requirements (ABAWDS)

### Priorities

- Increase Access to High-Quality Services
- Serve More People in the Community
- Focus on Employment
- Improve Customer Service
- Modernize Program Integrity

### Most Viewed

- HealthChoices
- Provider Enrollment Electronic Portal
- PA Child Abuse History Clearance(CY-113)
- Bulletin Search
- MA Fee Schedule

## Report Abuse

### CHILD ABUSE:

To report child abuse call **1-800-932-0313**.

If you are a mandated reporter go to [www.compass.state.pa.us/cwis](http://www.compass.state.pa.us/cwis). To learn more about protecting Pennsylvania's children from abuse and neglect go to [www.KeepKidsSafe.pa.gov](http://www.KeepKidsSafe.pa.gov)

### ADULTS WITH DISABILITIES ABUSE:

To report abuse for adults with disabilities call the 24-hour, statewide Protective Services Hotline at **1-800-490-8605**.

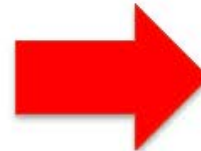
To learn more about reporting abuse, neglect, exploitation or abandonment, [click here](#)

### Elder Abuse:

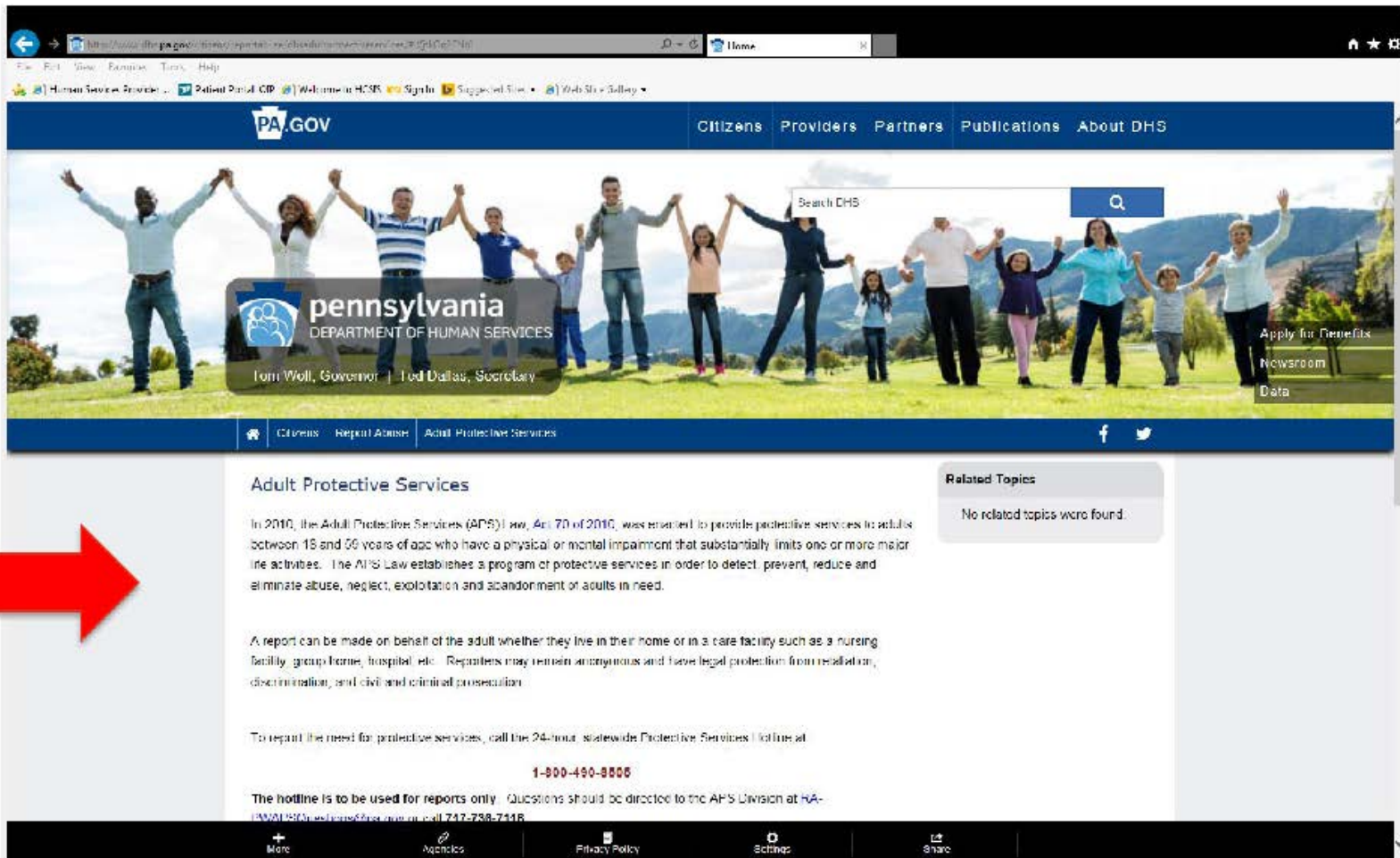
To report elder abuse, call the 24-hour statewide Protective Services Hotline at **1-800-490-8505**. [Learn more about reporting elder abuse.](#)

#### Related Topics

[Adult Protective Services](#)







PA.GOV Citizens Providers Partners Publications About DHS

Search DHS

Apply for Benefits  
Newsroom  
Data

Tom Wolf, Governor | Tod Dallas, Secretary

Adult Protective Services

Related Topics  
No related topics were found.

In 2010, the Adult Protective Services (APS) Law, Act 70 of 2010, was enacted to provide protective services to adults between 18 and 66 years of age who have a physical or mental impairment that substantially limits one or more major life activities. The APS Law establishes a program of protective services in order to detect, prevent, reduce and eliminate abuse, neglect, exploitation and abandonment of adults in need.

A report can be made on behalf of the adult whether they live in their home or in a care facility such as a nursing facility, group home, hospital, etc. Reporters may remain anonymous and have legal protection from retaliation, discrimination, and civil and criminal prosecution.

To report the need for protective services, call the 24-hour, statewide Protective Services Hotline at

**1-800-490-8806**

The hotline is to be used for reports only. Questions should be directed to the APS Division at RA- (717) 780-6100 or via email at [aps@pa.gov](mailto:aps@pa.gov) or call 717-758-7118.

More Agencies Privacy Policy Settings Share



**1-800-490-8505**

**The hotline is to be used for reports only.** Questions should be directed to the APS Division at [RA-PWAPSQuestions@pa.gov](mailto:RA-PWAPSQuestions@pa.gov) or call **717-736-7116**.

**Common Signs of Abuse May Include:**

- Bruises or Broken Bones
- Weight Loss
- Memory Loss
- Personality Changes
- Social Isolation
- Changes in Banking Habits
- Giving Away Assets such as money, property, etc.

**Webinar and Training Opportunities. Click below for registration information**

- [Adult Protective Services Webinar Opportunities](#)

**NEW**

**Information for Mandatory Reporters:**

- [Who is a Mandatory Reporter?](#)
- [Mandatory Reporter Informational Guidance](#)
- [Act 70 Mandatory Reporter Form](#)
- [Mandatory Reporter Form Instructions](#)
- [Webinar for Mandatory Reporters](#)
- [Mandatory Reporter Webinar PowerPoint](#)
- [Report of Need \(RON\) completed by the Area Agency on Aging \(AAA\)](#)

**Updated**

If you have questions about the APS program, please see our [Frequently Asked Questions \(FAQ\)](#).

If you have questions about the APS Law, mandatory reporting or protective services, please contact the Adult Protective Services Division at the Department of Human Services via email:

[RA-PWAPSQuestions@pa.gov](mailto:RA-PWAPSQuestions@pa.gov) or call **717-736-7116**.



- Questions or requests for additional information regarding the Adult Protective Services program can be sent to the following email address:

[RA-PWAPSQuestions@pa.gov](mailto:RA-PWAPSQuestions@pa.gov)

- If you do not have access to email, please call:

**717-736-7116**

PENNSYLVANIA DEPARTMENT OF AGING



AGING.PA.GOV

*Older Adults Protective Service Act*

*Denise Getgen, Director, Protective Services Office, PA Dept. of Aging*

# Older Adults Protective Services Act (OAPSA)

## Objectives:

- Understand Key Definitions
- How to Recognize & Identify Abuse
- Understand When, Where and How to Report Abuse

# The PA Older Adults Protective Services Act (OAPSA)

- ▼ Voluntary Reporting  
General Public
- ▼ Background Checks for LTC employees  
All get PA State Police checks  
Some get PA State **AND** FBI Checks
- ▼ Mandatory Reporting  
Facilities including home health providers  
Licensed individuals

# Roles of PA Department of Aging (PDA) and the Area Agencies on Aging (AAA)

## **PDA**

- Responsible for Oversight and Implementation of OAPSA
- Funds AAAs for Service Delivery
- Quality Assurance

## **AAA**

- Responsible for Intake, Investigation and Service Delivery
- Local Provider of Direct Services
- Quality Assurance

# Who is a Voluntary/Mandated Reporter?

## Voluntary:

§10225.301 -- **Any** person having reasonable cause to believe that an older adult is in need of Protective Services may report to the local Area Agency on Aging

## Mandated:

§10225.701 – An **employee** or an administrator (of a **facility**\*) who has reasonable cause to suspect that a **recipient** is a victim of abuse shall immediately make an oral report the AAA.

\* See facility definition on next slide



# Definitions (PA Code, Chap. 15)

## Facility

- A domiciliary care home
- A long-term care nursing facility
- An older adult daily living center
- A personal care home
- **A home health care agency** (definition on next slide)

Service Coordinators meet this definition  
See next 2 pages

# Definitions (PA Code, Chap. 15)

## Employee

- An individual who is **employed** by a **facility**.
- Including contract employees who have direct contact with residents or unsupervised access to their personal living quarters.
- The term also includes persons employed or contracted to provide **care** to a **care-dependent individual** for monetary consideration in the individual's residence.

## Administrator

- The person responsible for the administration of a facility. The term includes a person responsible for employment decisions or an independent contractor.

# Definitions (PA Code, Chap. 15)

## Care

Services provided to meet a person's need for personal care or health care.

Services, which are routinely provided unsupervised and require interaction with the care-dependent person may include:

- ✓ homemaker services
- ✓ assistance with activities of daily living
- ✓ Physical/occupational/speech therapy
- ✓ **social services**
- ✓ home-care aide services
- ✓ companion-care services
- ✓ private duty nursing services
- ✓ Respiratory/intravenous therapy
- ✓ in-home dialysis
- ✓ durable medical equipment services  
(The term does not include durable medical equipment delivery)

## Care-Dependent Individual

An adult who, due to physical or cognitive disability or impairment, requires assistance to meet needs for food, shelter, clothing, personal care or health care.

## Recipient

An individual of any age who receives care, services or treatment in or from a facility.

# How to Report Abuse

## ORAL REPORTING

### **WHO:**

- Employees
- Administrators

### **WHAT:**

- Any Suspected Abuse

### **WHEN:**

- IMMEDIATELY!

### **HOW:**

- By oral communication

### **WHERE:**

- Area Agency on Aging (AAA)
    - \*PA Dept. of Aging (717-265-7887 Option #2)
    - \*Law Enforcement (immediate)
- \*involving sexual abuse, serious physical injury, serious bodily injury or suspicious death

## WRITTEN REPORTING

### **WHO:**

- Employees
- Administrators

### **WHAT:**

- Any Suspected Abuse

### **WHEN:**

- Within 48 hours of Oral Report

### **HOW:**

- By written communication

### **WHERE:**

- Area Agency on Aging (AAA). \*AAA will fax reports to PDA (717) 772-2668
- Law Enforcement

# Reporting Abuse Summary

- **ALL** suspected abuse gets reported to the local Area Agency on Aging (AAA)
- **IF** the abuse is serious bodily or serious physical abuse, sexual abuse or suspicious death, then there are additional reporting requirements to:
  - **PDA (717) 265-7887**
    - » Consumers Over 60 – use Option 2
    - » Consumers Under 60 – use Option 3
    - » Make sure to leave a VM message
  - **Local law enforcement**
- **ALL** oral reports (to AAA and to law enforcement) get followed by a written report (within 48 hours)

# What is Abuse?

- The infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or **mental anguish**
- The willful deprivation by a caretaker of goods or services which are necessary to maintain **physical** or **mental health**
- Sexual harassment, rape or abuse, as defined in the Protection from Abuse Act

Example: Tying an older adult with dementia to their bed so they don't wander.

# What is Neglect?

The failure of oneself (self neglect) or the failure of a caretaker to provide goods or services essential to avoid a clear and serious threat to physical or mental health (caregiver neglect).

Example (**self-neglect**): Refusing to seek necessary medical attention or refusing to take necessary medication.

Example (**caregiver neglect**): Not repositioning a care dependent individual which resulted in significant pressure sores.

# What is Abandonment?

- When a person who has assumed responsibility for providing care to an individual, deserts that individual
- Leaving an adult with out essential care and/or services for extended periods of time

Example: A live-in caregiver to an older adult who has significant care needs goes on a weekend trip without making arrangements to ensure the older adult is being taken care of.



# What is Financial Abuse?

- When a person misuses or takes the assets of a vulnerable adult for his/her own personal benefit.
- One act or a course of conduct
- Frequently occurs without the knowledge or consent of an older adult senior or disabled adult, depriving them of vital financial resources for their personal needs.
- Consent obtained through misrepresentation, threats, coercion

Example: A caregiver who is given \$50 every week to grocery shop buys only \$20 worth of groceries and keeps the change without the older adults' consent.

# What is Sexual Abuse?

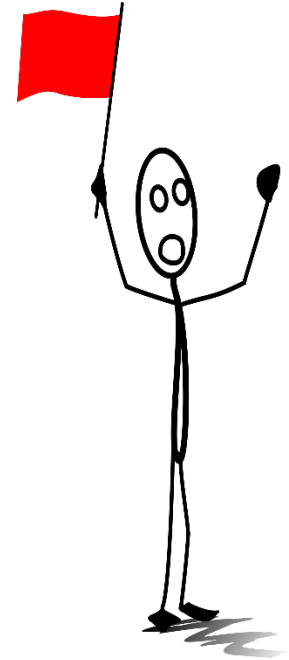
- Intentionally, knowingly or recklessly causing or attempting to cause:
  - Rape
  - involuntary deviate sexual intercourse
  - sexual assault
  - statutory sexual assault
  - aggravated indecent assault
  - indecent assault
  - Incest

**\*\*Sexual harassment does not fall under the definition of Sexual Abuse.**

Example: Caregiver is inserting their fingers into an older adult's rectum/vagina when there is no medical reason to do so.

# Red Flags of Abuse

- Bruises/unexplained injuries
- Change in behaviors (unpaid bills, isolation, fear)
- Failing to maintain personal hygiene
- Weight loss
- Wounds
- Financial changes (POA or will changes)
- New “friends” – example: handyman is now POA, computer friends, cleaning person now borrowing money



# Elder Abuse Statistics

For every one case of  
elder abuse that comes  
to the attention of a  
responsible entity...

1

another twenty three  
cases never come to  
light.

23

Source: NYS Elder Abuse Prevalence Study; Weill Cornell Medical College, NYC Department for the Aging; Lifespan; (2011)

# What can **YOU** do?

- Report all suspected abuse to your local AAA
- Ensure direct care workers/caregivers know what to report
  - Refusals of care
  - Non-compliance with care plan
  - Changes in condition
  - Concerns
- Explain programmatic expectations thoroughly
  - Voluntary program
  - Compliance with care plan
  - Backup plan in place
- Create a Care Plan and back up plan that can be consistently implemented
- Have all individuals involved sign the Care Plan and ensure they understand their role and responsibilities

# What can you expect from OAPSA?

- Report will be taken and taken seriously
- Report will be categorized and confirmed by a PS worker; appropriate referrals will be made
- A Comprehensive and unbiased investigation within required timeframes – may be joint with OLTL
- Confidentiality and Safeguards for cooperation
- Assistance/Services offered to consumer/family if substantiated



**WHERE TO REPORT:**

**Local Area Agency on Aging (AAA)  
OR  
1-800-490-8505**

# QUESTIONS?

**Contact: Denise Getgen**  
**(717) 772-0184**  
**[dgetgen@pa.gov](mailto:dgetgen@pa.gov)**



### **POLICY**

Preferred Home Health Care & Nursing Services shall establish a Continuous Quality Improvement program to continually measure, assess, and improve the performance of clinical and operational processes. The program will be designed to improve client outcomes and perceptions about the quality and value of services provided.

### **KEY ELEMENTS OF THE CQI PROGRAM**

1. The Continuous Quality Improvement (CQI) program is organization-wide and covers all services and programs offered, including those provided under contract or arrangement.
2. The organization defines the outcomes and measures that are included in the Continuous Quality Improvement (CQI) program and the data that will be used to support performance improvement (PI) activities.
3. The agency maintains documentary evidence of its quality assessment and performance improvement program and can demonstrate its operation.
4. The CQI program will select quality indicators, including adverse patient events, and other aspects of performance that enable the organization to assess processes of care, services, and operations. Indicators focus on high-risk, high-volume, or problem-prone areas and consider incidence, prevalence, and severity
5. The program can show measurable improvement in indicators related to outcomes, patient safety, and quality of care.

### **OBJECTIVES OF CONTINUOUS QUALITY IMPROVEMENT (CQI)**

To administer and coordinate the Agency's CQI program, which is designed to ensure all quality improvement activities are implemented.

1. To evaluate the delivery of well-coordinated care to clients.
2. To provide and validate a comprehensive, optimal level of safe and effective care/services at reasonable cost.
3. To evaluate the appropriateness and outcome of care provided by agency staff.
4. To monitor and ascertain compliance with agency policies and procedures and all rules and regulations.
5. To identify problems, establish a corrective action plan, and take action to resolve, reprioritize if necessary, and reevaluate results.
6. To evaluate staff performance, delivery of care, documentation, and client outcomes, and the Agency's mechanism for addressing them.
7. To evaluate client and staff education.
8. To determine client and physician satisfaction for rendered services.
9. To identify opportunities to improve client care using ongoing collection and screening and evaluating information about the outcome of customer satisfaction surveys.

## 1.15 – CONTINUOUS QUALITY IMPROVEMENT (CQI)

10. To oversee the effectiveness of the program and detection of trends, patterns of performance, or potential problems that may affect different areas of the Agency.
11. To develop effective information systems to communicate quality assessment and improvement activity outcomes to Agency staff and committees.
12. To evaluate the scope, organization, and effectiveness of the quality improvement program ensuring that actions taken are within the goals of the Agency.
13. To identify the need for revisions in client care, policies, and procedures.

### RESPONSIBILITY FOR THE CQI PROGRAM

#### Board of Directors

The Board of Directors assumes overall responsibility for the legal and financial operations of the Agency. Therefore, it is responsible for the oversight of the CQI program. The specific functions of the Board include:

1. Recommending corrective actions
2. Enforcing existing standards
3. Implementing new or revised standards
4. Providing opportunities for staff education and training
5. Requiring and supporting quality improvement activities
6. Delegating authority and appropriating funds to support quality improvement

#### CQI Program Participants

This group will assume responsibility for creating and supporting the CQI program. A quarterly report of CQI findings and actions will be presented to the Board of Directors.

#### Committee Members

Skilled professionals participate in the organization's Continuous Quality Improvement (CQI) program.

1. The Board of Directors shall designate a group of professional personnel to conduct the CQI activities for the agency.
2. The agency will determine the skilled professionals that participate in the CQI program.
  - a. The agency will assure that the selection of individuals reflects the scope of services offered.
3. The corporate clinical director is responsible for the CQI program.

#### Meetings

1. The CQI program members will meet at least twice yearly.
2. The chair of the group will coordinate and conduct meetings.
3. The chair will maintain written minutes of all meetings, which will be forwarded to the Board of Directors.

### CQI PROGRAM ACTIVITIES

The responsibility of the CQI Committee is to carry out the stated objectives and activities of monitoring and evaluating as identified in the CQI Plan.

## 1.15 – CONTINUOUS QUALITY IMPROVEMENT (CQI)

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The agency's Continuous Quality Improvement (CQI) program is designed using quality indicator data, including measures derived from the Outcome and Assessment Information Set (OASIS), **where applicable**, and other relevant data.

1. The agency defines the outcomes and measures that are included in the Continuous Quality Improvement (CQI) program and the data that will be used to support performance improvement (PI) activities.
2. The agency will, through the CQI Program, analyze quality indicator data based on the measures defined in the Continuous Quality Improvement (CQI) program.
3. The agency will monitor and assess results.
  - a. Findings from the analysis are used to identify and support the implementation of performance improvement projects.
4. The Committee will:
  - a. Analyze and evaluate data from CQI activities: Reports from activities listed in “**Specific Program Activities**” below.
  - b. Review staff assignments and client care provided to ensure that the clinical decision is made with the client's care and welfare in mind and that the clinical decision-making is not endangered when incentives are provided to staff.
  - c. Report results of CQI activities to the Corporate Clinical Director, Board of Directors and field personnel through written reports and staff meetings.
  - d. Maintain all data regarding CQI in a confidential manner and ensure the absence of individual client identification reports.
5. The Agency is responsible for utilizing the findings and recommendations to take appropriate action in Agency planning and staff development to improve the quality of service and enhance home health services in the community.
6. The agency's performance improvement activities lead to an immediate correction of any identified problem that directly or potentially threatens the health and safety of patients.

### SPECIFIC PROGRAM ACTIVITIES OUTLINED

1. **Required Performance Improvement Activities**
  - a. The agency implements performance improvement (PI) projects based on the analysis of quality indicator data and measures its performance and progress.
  - b. The number and scope of distinct improvement projects conducted annually reflect the scope, complexity, and past performance of the organization's services and operations.
  - c. The Continuous Quality Improvement (CQI) program focuses on indicators or measures related to improved outcomes including, **at a minimum**:
    - i. Use of emergent care services;
    - ii. Hospital admissions and readmissions; and

## 1.15 – CONTINUOUS QUALITY IMPROVEMENT (CQI)

- iii. Performance across the spectrum of care, including the prevention and reduction of medical errors.

### 2. Clinical Record and Utilization Review

- a. Clinical record review is a method of systematic evaluation of the documentation in the clinical record. Its purpose is to ensure that:
  - i. Service is provided according to the treatment plan.
  - ii. Professional and client care policies are followed in giving care.
  - iii. Needs of the client are being met both quantitatively and qualitatively.
  - iv. Continuity of care is provided within the Agency, among agencies, and with physicians.
  - v. Components of services that are not available within the Agency and/or community are identified.
  - vi. Services are provided economically and effectively to promote, achieve, and maintain the individual's optimum state of health and function.
- b. The clinical record review shall occur at least quarterly and shall include review of a sampling of active and closed cases to assure that established policies are followed in providing services.
- c. The sample size must constitute a minimum of 10% of the average daily census of clients receiving service offered during the previous year (a minimum of 5 records will be reviewed quarterly).
- d. The records shall be selected by random sample from the active and inactive files.
- e. Audited records shall carry some notation that they have been audited and show the date.

### 3. Review of records requested by peer review

- a. An agency participating in peer review shall, in addition to quarterly record review, conduct a clinical record audit in accordance with agency procedures on each record requested by peer review.

### 4. Client Satisfaction Surveys

- a. Client satisfaction surveys of services received will be conducted on an ongoing basis. The Agency will provide the survey document with a return envelope to the client. Surveys will be returned to the Agency for evaluation.
- b. Surveys will be used to determine the level of satisfaction with services provided, as well as the perceived value of the service offered.
- c. Surveys will be reviewed and analyzed by the CSQO, and shared with the Professional Advisory Committee as part of the ongoing analysis of quality and performance.

### 5. Complaint Management

- a. On a quarterly basis, the Agency will conduct a review of complaints.
- b. The following will be reviewed and reported as part of the CQI process:
  - i. Analyze the number of complaints that have been resolved to the client's satisfaction.
  - ii. Analyze the number of complaints that have no been resolved to the client's satisfaction.
  - iii. Measure the number of complaints that were referred to the contracting entity.

## 1.15 – CONTINUOUS QUALITY IMPROVEMENT (CQI)

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- c. Agency will develop a corrective action plan when the numbers of resolved complaints are less than the number of complaints that are unresolved.

### 6. Incident and Event Reports

- a. **Please see policy 2.18 – Adverse Event (Incident) Reporting** for detailed outline of the Agency process for reporting and evaluating these events.
- b. Adverse client events are analyzed to determine their causes, and preventive actions are implemented.
- c. Corrective action or performance improvement plans will be developed as needed to address performance expectations and standards of care, as discovered through the event (incident) reporting and review process.
- d. The results and recommendations will be presented to the Professional Advisory Committee for their review and action.

### 7. Staff Orientation, Competency Training and Evaluation, and Continuing Education

- a. **Please see policy 2.19 – Staff Supervision and Evaluation** for detailed explanation of the Agency’s orientation and ongoing education of new and existing staff.
- b. The Agency will routinely evaluate the effectiveness of the on-boarding and education programs and make adjustments as needed to meet the needs of any performance improvement activity.
- c. The Agency will assure initial and ongoing assessment of staff performance through education, supervision of care, annual competency, and annual evaluation of performance.
- d. These activities will be documented and placed in the employee’s personnel record.
- e. Personnel records are reviewed quarterly, as part of the ongoing audit efforts of the Agency.

### 8. Infection Control

- a. **Please see policy 2.11 – Infection Control Policies (and related attachments).**
- b. The agency Infection Control program is an integral part of its Continuous Quality Improvement (CQI) program.
- c. The CQI program will review and evaluate the effectiveness of the Infection Control program as part of the CQI process.
- d. Performance improvement activities will be established based on the analysis of these reports.

### ANNUAL AGENCY EVALUATION

The Agency will evaluate all key aspects of agency operations, care, and service annually to assure client care is appropriate, adequate, effective, and efficient. The CQI results will be summarized by the Corporate Clinical Director and will be included as part of the annual agency evaluation.

### RESOURCE/CONTACT

Please contact the Corporate Clinical Director with any questions about this policy.

## Reporting of Critical Incidents

**What is the definition of a critical incident and will the definition be the same for all CHC-MCOs?**

- A. All CHC-MCOs are required to use the same critical incident definition. Critical incidents are defined as:
- I. Death (other than by natural causes);
  - II. Serious injury that results in emergency room visits, hospitalizations, or death;
  - III. Hospitalization except in certain cases, such as hospital stays that were planned in advance;
  - IV. Provider or staff misconduct, including deliberate, willful, unlawful, or dishonest activities;
  - V. Abuse, which includes the infliction of injury, unreasonable confinement, intimidation, punishment, mental anguish, or sexual abuse of a participant. Types of abuse include, but are not necessarily limited to:
    - i. Physical abuse, defined as a physical act by an individual that may cause physical injury to a participant;
    - ii. Psychological abuse, defined as an act, other than verbal, that may inflict emotional harm, invoke fear, or humiliate, intimidate, degrade or demean a participant;
    - iii. Sexual abuse, defined as an act or attempted act, such as rape, incest, sexual molestation, sexual exploitation, or sexual harassment and/or inappropriate or unwanted touching of a participant; and
    - iv. Verbal abuse, defined as using words to threaten, coerce, intimidate, degrade, demean, harass, or humiliate a participant;
  - VI. Neglect, which includes the failure to provide a participant the reasonable care that he/she requires, including, but not limited to, food, clothing, shelter, medical care, personal hygiene, and protection from harm.
  - VII. Seclusion, which is the involuntary confinement of an individual alone in a room or an area from which the individual is physically prevented from having contact with others or leaving, is a form of neglect;
  - VIII. Exploitation, which includes the act of depriving, defrauding, or otherwise obtaining the personal property from a participant in an unjust, or cruel manner, against one's will, or

without one's consent, or knowledge for the benefit of self or others;

- IX. Restraint, which includes any physical, chemical or mechanical intervention that is used to control acute, episodic behavior that restricts the movement or function of the individual or a portion of the individual's body. Use of restraints and seclusion are both restrictive interventions, which are actions or procedures that limit an individual's movement, a person's access to other individuals, locations or activities, or restricts participant rights;
- X. Service interruption, which includes any event that results in the participant's inability to receive services that places his or her health and or safety at risk. This includes involuntary termination by the provider agency, and failure of the participant's back-up plan. If these events occur, the provider agency must have a plan for temporary stabilization; and
- XI. Medication errors that result in hospitalization, an emergency room visit or other medical intervention.

**Critical incidents are to be reported to the office immediately.**

# COMPLAINTS & GRIEVANCES

**COMMUNITY HEALTHCHOICES (CHC)** is Pennsylvania's mandatory managed care program for individuals who are eligible for both Medicaid and Medicare (dual eligibles), older adults, and individuals with physical disabilities.

## CHC offers protection to participants

if they disagree with the CHC managed care organization's (CHC-MCO) decisions to deny, decrease, or approve a service or item different than the service or item requested, or if a participant is dissatisfied with the CHC-MCO or a provider, the participant can file a complaint or grievance. The process for filing a complaint or grievance is detailed in the participant handbook for each CHC-MCO. Because there are timeframes related to filing a complaint or grievance, it is important the participant does not delay in taking action.

## WHO CAN FILE A COMPLAINT OR GRIEVANCE?

A complaint or grievance can be filed by a:

- Participant
- Participant's representative
- Provider

» If filed by a representative or a provider, the participant must provide written consent for the representative or provider to be involved or act on the participant's behalf.

Complaints and grievances can be filed orally or in writing.

- If in writing, the complaint or grievance can be mailed or faxed to the CHC-MCO.
- A participant can write a letter or use a complaint/grievance request form.

## COMPLAINT

A complaint is an unresolved dispute or objection filed with the CHC-MCO regarding a participating health care provider or the coverage, operations or management of the CHC-MCO. For example, a complaint may be filed about the following:

- A denial because the requested service or item is not a covered service;
- The failure of the CHC-MCO to provide a service or item in a timely manner, as defined by the Department of Human Services (department).

## TIMEFRAME

If pertaining to one of the following, the complaint must be filed within 60 days of the date of the incident or the date the participant receives notice of a decision:

- A denial because the service or item is not covered;
- The failure of the CHC-MCO to provide a service or item in a timely manner, as defined by the department;
- The failure of the CHC-MCO to decide a complaint or grievance within the specified timeframes;
- A denial of payment after the service or item has been delivered;
- A denial of a participant's request to dispute a financial liability.

For all other complaints, there is no time limit for filing. From the date the complaint was received, The CHC-MCO has 30 days to decide the complaint and send written notice of the decision to the participant.

Participants who file a complaint to dispute a decision to deny previously covered services must continue to receive the disputed service at the previously authorized level pending resolution of the complaint if the complaint is filed within 10 days of the date of the notice of decision.



## GRIEVANCES

A grievance is a request to reconsider a plan's decision that a service or item is not medically necessary. A grievance may be filed regarding the CHC-MCO's decision to:

- Deny, in whole or in part, payment for a service or item;
- Deny or issue a limited authorization of a requested service or item, including a determination based on the type or level of service or item;
- Reduce, suspend, or terminate a previously authorized service or item;
- Deny the requested service or item, but approve an alternative service or item;
- Deny a request for a Benefit Limit Exception.

## TIMEFRAME

Participants who file a grievance to dispute a decision to discontinue, reduce, or change a service or item that they have been receiving must continue to receive the disputed service or item at the previously authorized level pending resolution of the grievance if the grievance is filed within 10 days of the date of the notice of decision. All grievances must be filed within 60 days from the date the participant receives written notice of the CHC-MCO's decision about the medical necessity and appropriateness of a covered service. The CHC-MCO has 30 days to decide on a grievance and send written notice to the participant.

## EXPEDITED REVIEW OF A COMPLAINT/GRIEVANCE

If a participant's health could be harmed by waiting 30 days for a decision, the participant can ask the CHC-MCO for a faster review. The CHC-MCO must conduct an expedited review if a participant submits a letter from the participant's doctor explaining why waiting the usual amount of time for a decision could harm the participant's health, or if the CHC-MCO determines that waiting the usual amount of time for a decision could harm the participant's health. The CHC-MCO must issue a decision within either 48 hours of receiving the provider letter, or 72 hours of receiving the request for expedited review, whichever is shorter.

## FAIR HEARINGS

A hearing conducted by the department's Bureau of Hearings and Appeals (BHA) or a representative designated by the department.

## PROCESS FOR A FAIR HEARING REQUEST

Participants must first go through the CHC-MCO complaint or grievance process. The CHC-MCO will decide on the complaint/grievance and send a notice of the decision to the participant. If a participant still has concerns, they may request a fair hearing with BHA — not all complaints may be the subject to a fair hearing. If the complaint is about one of the reasons listed under the "Timeframes" of the "Complaints" section of this fact sheet, the participant may request a fair hearing and/or an external complaint review by the Department of Health or the Insurance Department. A participant may request a second-level complaint with the CHC-MCO after receiving a notice of decision on the first-level complaint.

### • Standard Fair Hearing

The participant, or the participant's representative, may request a fair hearing within 120 days from the mailing date on the written notice of the CHC-MCO's first-level complaint or grievance decision. Participants may submit standard fair hearing requests to the Office of Long-Term Living (OLTL) in writing. Participants must submit the following information:

- › Signed fair hearing request form or letter;
- › The reason the participant is asking for a fair hearing; and
- › A copy of the CHC-MCO's decision notice.

BHA will issue a decision within 90 days of the date the participant filed for a first-level complaint or grievance, not including the number of days between the date on the written notice of the CHC-MCO's first-level complaint or grievance decision and the date the participant requested a fair hearing.

### • Expedited Fair Hearing

BHA will conduct an expedited fair hearing if a participant, or participant's representative, provides the department with a signed, written certification from the participant's provider that indicates the participant's life, physical or mental health or ability to attain, maintain or regain maximum function would be placed in jeopardy by following the regular fair hearing process, or if the provider presents testimony at the fair hearing which explains why using the usual timeframes would place the participant's health in jeopardy. A request for an expedited fair hearing may be filed in writing or orally.

### • External Review

An external review is a review of the record by a doctor chosen by the Pennsylvania Department of Health. The external reviewer must issue a decision within 60 days of the request for external review.

- › Requests for an external review must be filed within 15 days from the date on the grievance decision.
- › Participants can ask for an external review and a fair hearing at the same time. If either is decided in the participant's favor, the CHC plan must approve the service.
- › Participants who file a request for an external grievance review that disputes a decision to discontinue, reduce, or change a service or item that they have been receiving must continue to receive the disputed service or item at the previously authorized level, pending resolution of the external grievance, if the request for external grievance review is filed within 10 days of the date of the CHC-MCO's grievance decision.
- › Participants can also request an external review of a second-level complaint.

# Elder Financial Abuse Prevention

# Toolkit

“One of the most important jobs of government  
is protecting older Pennsylvanians.”  
- Governor Wolf

Produced by:



With support  
from:



## About

The Pennsylvania Department of Banking and Securities has been protecting Pennsylvanians for more than 100 years. One of our top priorities is protecting Pennsylvania's seniors from elder financial abuse. To do that, we have partnered with the Pennsylvania Department of Aging and various other national, state, and local organizations to offer innovative, ground-breaking programs to Pennsylvania professionals.

The goal of these partnerships is to create a state-wide safety net of professionals who can identify and report suspected Elder Financial Abuse.

Elder financial abuse has skyrocketed to be the #1 issue reported and verified to Adult Protective Services staff – and that is only the tip of the iceberg, as so much abuse goes unreported. The ripple effect is devastating to seniors, families, and the entire community. Your participation as a professional leader is critical to expanding awareness of the issue.

Research shows that elder Americans are at serious risk for being victims of elder investment fraud, particularly those with mild cognitive impairment (MCI). The results of a recent national survey indicate that as many as 20 percent of older Americans have already experienced financial fraud or are very concerned about becoming victims of fraud.

Learn more about us on the Department of Banking and Securities [website](#), or through this brief video, [here](#).

## Free Training and Education

The Elder Investment Fraud and Financial Exploitation (EIFFE) prevention program is a groundbreaking initiative that trains frontline professionals how to spot financial abuse targeting senior citizens and where to report and make appropriate referrals if abuse is suspected.

The Pennsylvania Department of Banking and Securities collaborates with the Pennsylvania Department of Aging to bring this training session to professionals in various fields, including social services, medical, legal, and accounting.

Our agencies are jointly fighting elder financial exploitation by raising awareness that this problem exists and that it is growing. Together, we can help prevent this abuse. Through education and training, we can build a safety net in Pennsylvania for the growing senior population.

We offer an opportunity for you to earn continuing education (CE) credits through a presentation that includes an introductory nine-minute video giving an overview of how financial regulators and Adult Protective Services are tackling this problem. It is available for FREE distribution. If you are interested in learning more about the EIFFE program or would like to host a training session, please contact Department of Banking and Securities at [informed@pa.gov](mailto:informed@pa.gov).

EIFFE is just one of the programs offered by the Pennsylvania Department of Banking and Securities. To learn more, read our "[A Well-Informed Marketplace](#)" guide, or email us at [informed@pa.gov](mailto:informed@pa.gov).

## What Can You Do To Help?

By bringing the EIFFE program and the resources in this toolkit to your organization, you can help address an issue your employees and clients are almost certainly confronting. The program is free, presented by both financial and aging professionals, to enhance clarity and resources. This program can be purely informational, or for CE credits – we have had great success with many professions in providing CE credits, including ethics credits!

## How We Can Help Your Group, Organization, or Agency

From building awareness to training, there are no shortage of opportunities to help. These are just a few ways we can help:

- **Conference plenary sessions** – this is an issue everyone needs to understand. And we have great presenters
- **Conference breakout sessions** – we can work with your professionals to customize the message to address specific groups of individuals
- **Workforce development** – from staff meetings to annual meetings, we can help your workforce understand and respond to this issue
- **Newsletter content** – we will share our articles, op-eds, and other resources so you can reprint and publish them (see pages 12-15)
- **Social media content** – we will share our social media posts, and even provide instructions (see pages 5-11)

## Resources

On the following pages, you will find talking points, video and publications, social media posts (and instructions), photographs, and newsletter articles.

## Talking Points

These startling statistics help draw support, whether in-person, in letters, or online.

- Nearly nine out of 10 experts (86 percent) say elderly investment fraud/financial exploitation is getting worse today, with about half (49 percent) saying that it is getting “much worse” today.
- A nearly unanimous 96 percent of those surveyed see a link between mental comprehension issues and elderly victims of investment fraud/financial exploitation.
- More specifically, more than four out of five (81 percent) say their experience is “very” or “somewhat” consistent with a 2008 study which “found that about 35 percent of the 25 million people over age 71 in the U.S. either have mild cognitive impairment or Alzheimer’s disease, making them especially vulnerable to financial exploitation, including investment fraud.”
- 68 percent say that medical professionals can play a “very important” role in spotting and reporting signs of elderly victims of investment fraud/financial exploitation.
- Additional key details:

- 81 percent say Adult Protective Services workers can play a “very important” role in spotting and reporting signs of elderly victims of investment fraud/financial exploitation.
- At 86 percent, “shame on the part of victims” is seen as the #1 reason most elderly investment fraud/financial exploitation goes unreported.
- About three out of five (59 percent) of those surveyed deal with elderly victims of investment fraud/financial exploitation “quite” or “very” often.

*(Source: Investor Protection Trust 2012 survey)*

## Publications and Video

- “The Violet Video,” as we have come to know it, is an essential tool for developing a basic understanding the problem and issues surrounding elder financial abuse.  
[https://www.youtube.com/watch?v=toti7cQU\\_F0&index=1&list=PLPptG\\_EW3WhTnLvEmSt3CzHjx6YXFbyv](https://www.youtube.com/watch?v=toti7cQU_F0&index=1&list=PLPptG_EW3WhTnLvEmSt3CzHjx6YXFbyv)
- Elder Financial Abuse Prevention Guide. Designed specifically for professionals, this resource is a great “take away” from the training, recapping the essentials.  
<http://www.dobs.pa.gov/Documents/Publications/Brochures/ElderAbuseGuide.pdf>
- Senior \$afe Guide. A handout for professionals to provide seniors and caregivers to help them navigate the resources.  
<http://www.dobs.pa.gov/Documents/Publications/Brochures/SeniorSafeWeb.2017.pdf>
- Clinician’s Pocket Guide. Designed for medical professionals, this guide fits conveniently in the pocket of a lab coat.  
<http://www.dobs.pa.gov/Documents/Publications/Brochures/Clinicians%20Pocket%20Guide.pdf>
- EIFFE Prevention Guide. Designed as a handout for medical professionals to provide to patients.  
<http://www.dobs.pa.gov/Documents/Publications/Brochures/Elder%20Investment%20Fraud%20Prevention.pdf>

## Social Media Guide

### **Facebook Posts To Share:** (see instructions on page 6)

- Senior \$afe  
<https://www.facebook.com/PAInvestorEducation/posts/656085464583614>
- Elder Investment Fraud and Financial Exploitation  
<https://www.facebook.com/PAInvestorEducation/posts/658535411005286>
- Scams – Protect Yourself. Protect Your Money.  
<https://www.facebook.com/PAInvestorEducation/posts/638905246301636>
- Protecting Your Nest Egg  
<https://www.facebook.com/PAInvestorEducation/posts/638473953011432>
- Protect your money from scams and ID theft  
<https://www.facebook.com/PABankingAndSecurities/posts/1368821549862302>
- Do you know how to protect yourself from financial exploitation?  
<https://www.facebook.com/PABankingAndSecurities/posts/1367737016637422>
- Learn to protect yourself from senior financial exploitation  
<https://www.facebook.com/PABankingAndSecurities/posts/1365969333480857>
- Elder Financial Abuse Prevention Guide  
<https://www.facebook.com/PABankingAndSecurities/posts/1365263326884791>

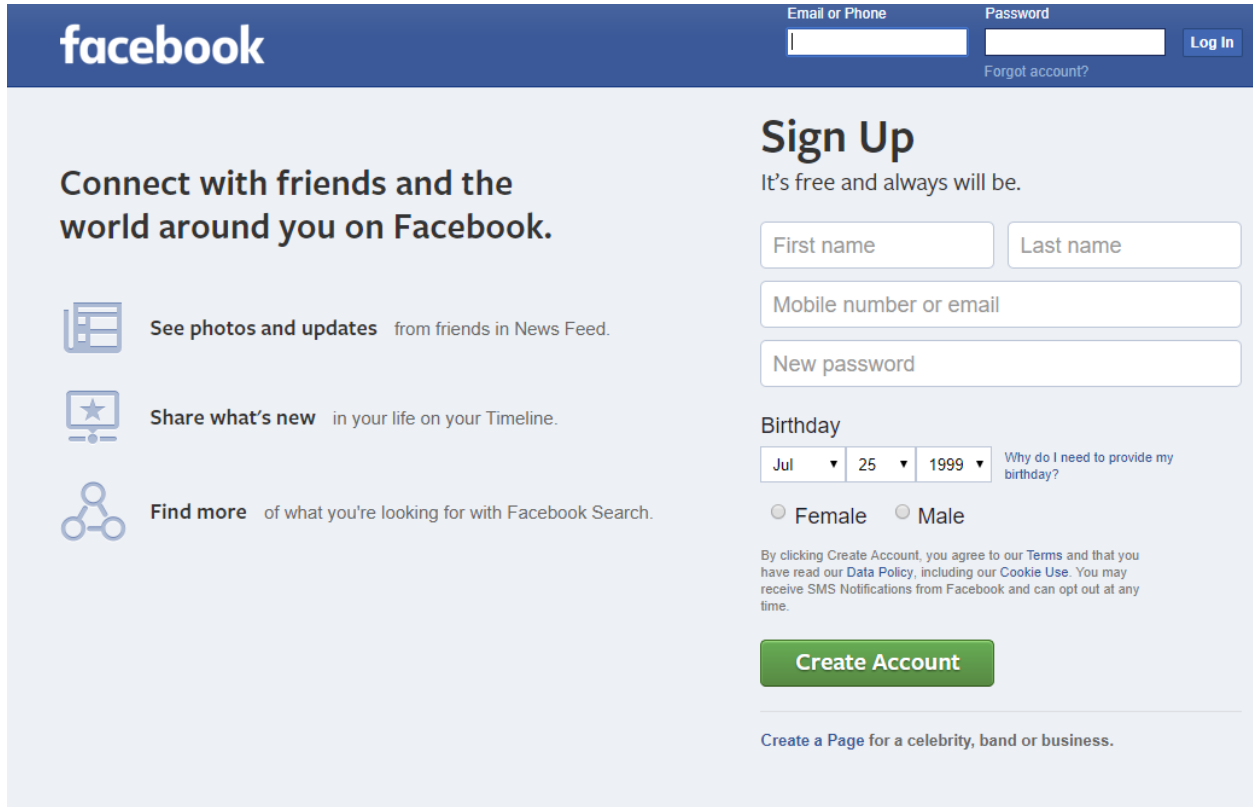
### **Tweets to Retweet:** (see instructions on page 9)

- Are you doing your part?  
<https://twitter.com/PAFinancialReg/status/869610725181968384>
- Elder Financial Abuse Prevention Guide  
<https://twitter.com/PAFinancialReg/status/872557304616542210>
- Protect your money (and the money of your loved ones!) from scams and ID theft! <https://twitter.com/PAFinancialReg/status/872949869559898112>
- Senior Safe helps professionals identify signs of elder financial abuse  
<https://twitter.com/PAFinancialReg/status/873156504207097856>
- Do you know how to protect yourself from financial exploitation?  
<https://twitter.com/PAFinancialReg/status/875435319042220033>
- WEAAD17 – Seniors lose \$36B per year to fraud  
<https://twitter.com/PAFinancialReg/status/875435656834686978>
- EIFFE Prevention Program  
<https://twitter.com/PAFinancialReg/status/875389217718890496>
- Senior Safe <https://twitter.com/PAFinancialReg/status/875358505968041985>
- Prevention Guide  
<https://twitter.com/PAFinancialReg/status/875300616901468160>
- Learn to Protect Yourself  
<https://twitter.com/PAFinancialReg/status/873947187419459585>

## Instructions on How to Share Posts on Facebook:

### Step 1:

Log into your account



The screenshot shows the Facebook homepage. At the top, there is a blue navigation bar with the Facebook logo on the left and login fields on the right. The login fields include 'Email or Phone' and 'Password', with a 'Log In' button to the right. Below the login fields is a link for 'Forgot account?'. A green arrow points to the 'Log In' button. Below the navigation bar, the page is split into two columns. The left column has the heading 'Connect with friends and the world around you on Facebook.' and three icons with text: 'See photos and updates from friends in News Feed.', 'Share what's new in your life on your Timeline.', and 'Find more of what you're looking for with Facebook Search.'. The right column has the heading 'Sign Up' and the text 'It's free and always will be.' Below this are several input fields: 'First name', 'Last name', 'Mobile number or email', and 'New password'. There is also a 'Birthday' section with dropdown menus for month (Jul), day (25), and year (1999), and radio buttons for 'Female' and 'Male'. At the bottom of the sign-up section is a green 'Create Account' button. Below the button is a link for 'Create a Page for a celebrity, band or business.'

### Step 2:

Copy and paste the provided url into the address bar of the webpage

Secure | <https://www.facebook.com/PABankingAndSecurities/posts/1367737016637422>

**Step 3:**

Once the post is opened, click the “Share” arrow

 **PA Banking and Securities**  
Published by Buffer [?] · June 14 · 

Do you know how to protect yourself from financial exploitation?  
#WEAAD2017 <http://buff.ly/2sfAOLK> [PDF]



**Elder Investment Fraud and Financial Exploitation**  
investment fraud can take many forms, including unsuitable investments, fraudulent offerings, unregistered products, unlicensed advisers/brokers or theft or misappropriation of funds.  
DOBS.PA.GOV

44 people reached **Boost Post**

 Like  Comment  Share  



**Step 4:**

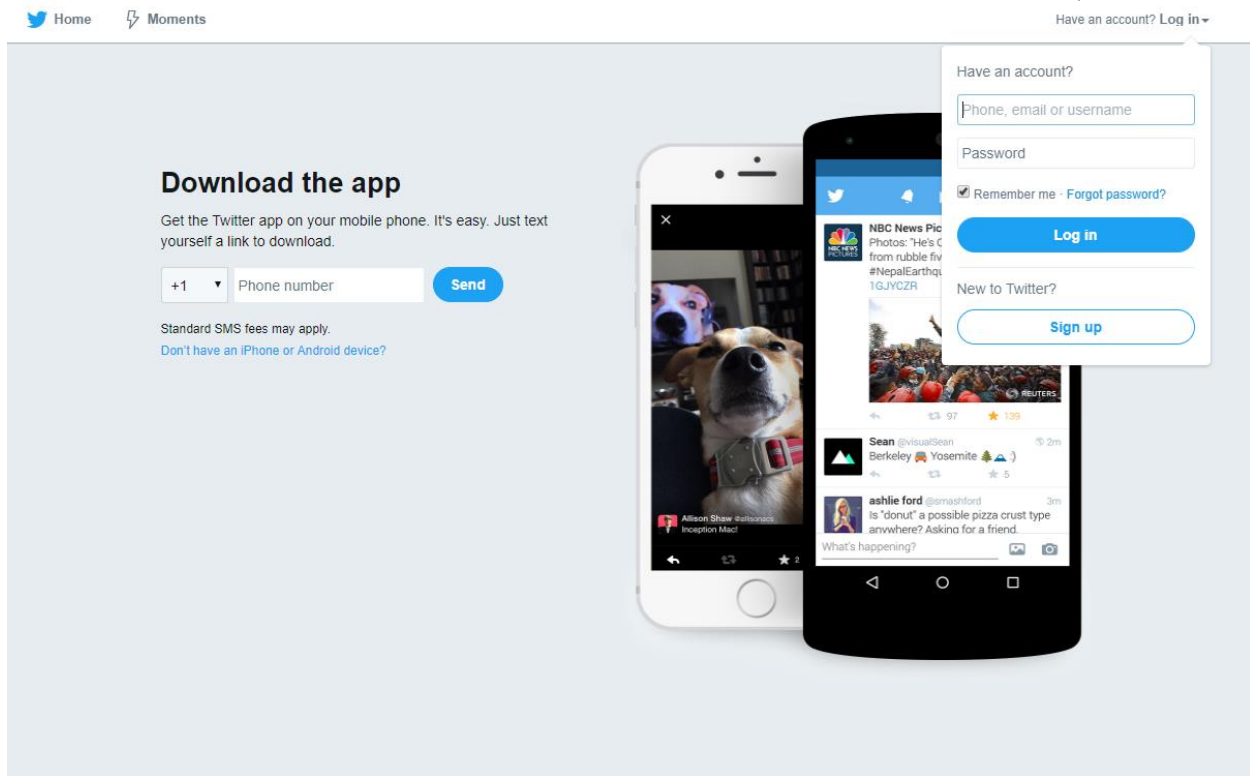
Once the “Share” window is opened, you can add your original content in the “Say something about this” field to accompany the Pennsylvania Department of Banking and Securities content. When finished, click on the blue “Post” button at the bottom of the window.

The screenshot shows a social media sharing window. At the top, it says "PA Banking and Securities" with a dropdown arrow, followed by "Posting as" and another "PA Banking and Securities" dropdown. Below this is a text input field labeled "Say something about this..." with a green arrow pointing to it from the right. To the right of the input field is a smiley face icon. Below the input field is a checked checkbox labeled "Include Original Post". The main content area shows a post from "PA Banking and Sec." with a "Collapse" button. The post text reads: "Do you know how to protect yourself from financial exploitation? #WEAAD2017 <http://buff.ly/2sfAOLK> [PDF]". Below the text is a photograph of an elderly couple sitting in lawn chairs on a grassy field, holding hands. Under the photo is the title "Elder Investment Fraud and Financial Exploitation" and a short paragraph: "investment fraud can take many forms, including unsuitable investments, fraudulent offerings, unregistered products, unlicensed advisers/brokers or theft or misappropriation of funds." Below the paragraph is the URL "DOBS.PA.GOV". At the bottom of the window is a toolbar with icons for adding people, location, and emojis, a globe icon with a dropdown arrow, and two buttons: "Cancel" and "Post". A green arrow points to the "Post" button from the right.

## Instructions on How to Retweet on Twitter:

### Step 1:

Log into your Twitter Account



### Step 2:

Copy and paste the provided url into the address bar of the webpage

 Twitter, Inc. [US] | <https://twitter.com/PAFinancialReg/status/872557304616542210>

### Step 3:

Once the post is opened, select the retweet icon  at the bottom of the post



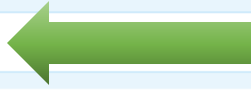
### Step 4:

Once the "Retweet" window is open, you can add your original content in the "Add a comment" field to accompany the Pennsylvania Department of Banking and Securities content. When finished, click on the blue "Retweet" button at the bottom of the window.

Retweet this to your followers?



Add a comment...



**Pennsylvania DoBS** @PAFinancialReg · Jun 7

Help protect #seniors, both personally & professionally with the Elder Financial Abuse Prevention Guide [buff.ly/2rVcBdp](http://buff.ly/2rVcBdp) #WEAAD2017 [pic.twitter.com/NBqFog9Mkv](http://pic.twitter.com/NBqFog9Mkv)

Retweet



## Articles

### Is your client vulnerable to financial exploitation or fraud?

As a professional who may interact with senior citizens, you may notice a number of factors that may clue you in to whether one of your clients is at a greater risk for being the victim of financial exploitation or fraud. Evaluating whether any of the following risk factors applies to someone you are working with can help you better assess where they fall on the “vulnerability scale.”

Do any of these apply to your clients?

- Recent loss of a spouse or partner
- Social isolation
- Dependent on someone for care, transportation, or other services
- Financially responsible for an adult child, grandchild, or other family member
- Recent change in health
- Frequent mistakes in managing finances or expressing feeling overwhelmed in managing finances
- Worrying too much about finances
- Running out of money regularly at the end of the month
- Willing to listen to telemarketers or other unknown callers, attend “free lunch” seminars, or look into work-at-home opportunities or sweepstakes
- Pressure from children, caregivers, or others to share money or change will

If you suspect a client is at a high risk for financial exploitation, contact the Department of Aging’s hotline to report all forms of elder abuse, including elder financial abuse, at 1-800-490-8505. Consumers can also call Department of Banking and Securities consumer hotline (1-800-PA-BANKS) to file a complaint or ask questions about financial products, transactions, or companies.

The PA Department of Banking and Securities offers a **free** Senior \$afe training program to financial professionals, with co-presenters from the Department of Aging. To get Senior Safe training for your organization, email [informed@pa.gov](mailto:informed@pa.gov).

For more information on how you can help keep seniors safe:

<http://www.dobs.pa.gov/Documents/Publications/Brochures/SeniorSafeWeb.2017.pdf>

## Preventing Elder Financial Abuse: 11 Steps Your Clients Can Take to Protect Themselves

Tackling elder financial abuse can feel overwhelming at times, leaving senior citizens with the feeling that it may be inevitable or feeling powerless to stop it. However, you can take a number of actions to help protect the senior citizens under your care or to empower them to protect themselves from fraud and abuse:

1. Limit phone calls from strangers and register on the [Do Not Call Registry](#)
2. Never give out personal information to strangers in response to texts, emails, or calls regardless of who they claim to be
3. Never wire money to strangers under any circumstances
4. Review your financial account statements at least monthly and address any unauthorized charges or issues immediately
5. Monitor your credit report at least annually
6. Consider enlisting a trusted family member or reputable bill-paying service
7. Use caution when using joint accounts as a method of planning for incapacity or getting help paying bills
8. Execute a power of attorney only if you can appoint someone you completely trust and after consulting with an attorney (and only if necessary)
9. Never convey or quitclaim an interest in real estate without consulting an attorney
10. Use a document shredder for all discarded paperwork and credit card offers
11. Don't be a victim!

Help protect seniors from financial fraud and abuse. If you suspect a client is at a high risk for financial exploitation, contact the Department of Aging's hotline to report all forms of elder abuse, including elder financial abuse, at 1-800-490-8505. Consumers can also call Department of Banking and Securities consumer hotline (1-800-PA-BANKS) to file a complaint or ask questions about financial products, transactions, or companies.

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## Elder Financial Abuse: 4 Tips to Preventing Exploitation and Fraud

Senior citizens fall victim to illegal or improper use of their resources for another's profit or advantage more often than we may think. Here are four tips you can share with your older clients that can help them protect themselves:

1. Use caution utilizing joint account as a method of planning for incapacity, avoiding probate, or getting help with bill paying.
2. Don't talk to strangers and never share your personal information with them, regardless of who they claim to be!
3. Speak to a trusted professional adviser.
4. Protect your financial information.

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For more information on how you can help keep seniors safe:

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## Do you know the “red flags” of Elder Financial Abuse?

If you work with elderly clients, or as members of your own family age, it is important to understand and be on the lookout for signs of elder financial abuse. Have you noticed any of the following when it comes to a senior citizen in your life?

- Trouble paying bills or making financial decisions
- Feeling pressured for money or to make changes to their will
- Having accounts accessed by others or reporting missing money
- Inability to reach their financial advisor
- Others showing too much control and interfering with your communication with your client
- Showing signs of fear and anxiety
- Discussing a sudden financial windfall
- Showing signs of physical neglect or decline in physical appearance

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## Photographs

Need photographs for your social media posts or newsletter articles about preventing elder financial abuse? You can use these images! Please credit the Pennsylvania Department of Banking and Securities.



SIGNS TO WATCH FOR	
DATE/VITAL SIGNS	SYMPTOMS OF COGNITIVE DECLINE
BP	<ul style="list-style-type: none"><li>• Social isolation</li><li>• Made poor investments</li><li>• Changed their will</li><li>• Reduced ability to make decisions</li></ul>
HT	
WT	
BMI	
P	
T	
Q	DATE