



Nice Speech Lady

HANDOUT-ABLE: Adult Protective Services Guide & Ideas (Description)

On occasion, as speech-language providers, the consideration of a referral to and communication with Adult Protection Services (APS) occurs.

The resource lists important information for SLPs to consider regarding APS.



HANDOUT-ABLE: Adult Protective Services Guide & Ideas (page 1)

Adult Protective Services' roles are to:

- investigate reports of negligence, abuse, or exploitation in adults -- particularly older adults and adults with disabilities,
- assess needs of clients they serve,
- communicate and initiate resources/services for adults impacted by negligence, abuse, or exploitation,
- pursue legal action against perpetrators -- when indicated, as well as:
- perform communication between agencies for performing activities toward the above ends.

It is important to note that APS programs vary from state-to-state, with differences in policies and practices.

More details include:

- Different states' laws describe different types of allegations that are to be reported.
- In general, reports of neglect, abuse or exploitation in the following areas are to be reported by any individuals who suspect it, for any reason:
 - physical,
 - emotional,
 - psychological,
 - sexual,
 - financial
 - self-neglect, or:
 - combinations of the above types of maltreatment.

Providers or other individuals in doubt of whether to report or not would need to err on the side of reporting any suspicions.



HANDOUT-ABLE: Adult Protective Services Guide & Ideas (page 2)

Other Tips for the Adult Protective Services-Reporting Process:

1. Health care providers are obligated to report, even if there is not 100% certainty of maltreatment (only suspicion is the criteria for making the call). Sometimes, it is more about “the big picture,” and providers may not be aware of all of the pieces of the puzzle (previous calls may be involved, outcomes of physical visits vs. multiple streams of information). As a reporter, referrers cannot control the outcomes of investigations; however, they are still obligated by law to report if a reasonable concern or suspicion exists in any area.
2. Depending upon the state, providers/caregivers may have the choice to call anonymously.
3. The [state’s APS-referring system](#) may be able to provide a reference to refer back to later. It might be helpful to reference this number in the patient’s electronic medical record (EMR).
4. When a provider/health care worker calls a state’s APS system, it helps to plan for access to the patient’s EMR for: the patient’s address, social security number, the contact information of close family/caregivers, medical history, presence/absence of property factors (such as firearms or animals), history of the concerns, etc. Other pieces of information may be queried.
5. It is most effective to anticipate 60-90 minutes with an operator if the report is via a call, in order to avoid rushing. It helps to provide as much documentation on the concern. If the caregiver or provider does not have an answer to a question, it is indicated to simply state this.
6. Letting a supervisor become aware of the plans for an APS call might be helpful, as well as the social worker on staff with the company.
7. Informing a supervisor if there are concerns about reporting to APS may want to be considered, especially if this may lead to an unsafe situation for any players (allowing for consideration of steps to provide for a caregiver’s own concerns or other factors).
8. Calling to speak to a supervisor if unsure of how to phrase concerns or suspicions may be indicated regarding any sort of abuse, neglect or exploitation -- or any factor involved.
9. APS may choose to address the report through phone calls, visits, or other means. On occasion, APS may choose to contact the referrer during investigations for more information (there is no guarantee of this). Sometimes, the investigation leads APS to not act.
10. Also, investigation response times vary. It is possible the referrer may not learn outcomes of investigations.



Nice Speech Lady

REFERENCES

[American Bar Association Commission on Law and Aging \(2022\).](https://www.americanbar.org/content/dam/aba/administrative/law_aging/2020-elder-abuse-reporting-chart.pdf)

https://www.americanbar.org/content/dam/aba/administrative/law_aging/2020-elder-abuse-reporting-chart.pdf

Ernst JS, Ramsey-Klawnsnik H, Schillerstrom JE, Dayton C, Mixson P, Counihan M. [Informing evidence-based practice: a review of research analyzing adult protective services data](#). J Elder Abuse Negl. 2014;26(5):458-94. doi: 10.1080/08946566.2013.832605. PMID: 24965804.

[National Adult Protective Services Association: Member Resources \(Guides and Reports\).](https://www.napsa-now.org/category/guides-and-reports/page/2/)

<https://www.napsa-now.org/category/guides-and-reports/page/2/>

[National Adult Protective Services: APS Program List.](https://www.napsa-now.org/aps-program-list/) <https://www.napsa-now.org/aps-program-list/>

Stiltz, Rebecca Ruth, ["Outcomes of adult protective service cases: Urban regions" \(2002\).](#) Theses Digitization Project. 2139. <https://scholarworks.lib.csusb.edu/etd-project/2139>