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INTRODUCTION

1.1 Definitions

When used in this chapter, the definitions below shall have the following meaning, unless the context clearly indicates otherwise:

Term	Definition
Adult	An individual 18 years of age or older, or under the age of 18 if legally emancipated (§ 51.5-144 of the Code of Virginia).
Adult	Any person 60 years of age or older, or any person 18 years of age or older who is incapacitated and who resides in the Commonwealth; provided, however, “adult” may include qualifying nonresidents who are temporarily in the Commonwealth and who are in need of temporary or emergency protective services (§ 63.2-1603 of the Code of Virginia). Note: This definition is used related to the provision of Adult Protective Services.
Adult Abuse	The willful infliction of physical pain, injury, or mental anguish or unreasonable confinement of an adult (§ 63.2-100 of the Code of Virginia).
Adult Exploitation	The illegal use of an incapacitated adult or his resources for another’s profit or advantage (§ 63.2-100 of the Code of Virginia).
Adult Foster Care	Room and board, supervision, and special services to an adult who has a physical or mental condition. Adult foster care may be provided by a single provider for up to three adults (§51.5-

Term	Definition
	144 of the Code of Virginia).
Adult Neglect	Adult neglect means that an adult is living under such circumstances that he is not able to provide for himself or is not being provided services necessary to maintain his physical and mental health and that the failure to receive such necessary services impairs or threatens to impair his well-being. However, no adult shall be considered neglected solely on the basis that such adult is receiving religious nonmedical treatment or religious nonmedical nursing care in lieu of medical care, provided that such treatment or care is performed in good faith and in accordance with the religious practices of the adult and there is a written or oral expression of consent by that adult (§ 63.2-100 of the Code of Virginia).
Adult Services	Services that are provided by local departments of social services to an adult with an impairment (§ 51.5-144 of the Code of Virginia).
Adult with an impairment	An adult whose physical and mental capacity is diminished to the extent that he needs counseling or supervisory assistance or assistance with activities of daily living or instrumental activities of daily living (§ 51.5-144 of the Code of Virginia).
Auxiliary Grants	Cash payments made to certain aged, blind, or disabled individuals who receive benefits under Title XVI of the Social Security Act, as amended, or would be eligible to receive these benefits except for excess income (§ 63.2-100 of the Code of Virginia).
Department	The Department for Aging and Rehabilitative Services (§ 51.5-116 of the Code of Virginia).
Domestic Violence	A pattern of behavior in which one person uses violence to control others in the context of an intimate relationship. The pattern of violence may include physical violence, sexual violence, and/or emotional violence such as threats, intimidation, or isolation.
Family	Any individual adult or adults or children related by blood, marriage, adoption, or an expression of kinship who function as a family unit. (See Chapter 3, Adult Services Case

Term	Definition
	Management, for additional information on case composition.)
Incapacitated Person	Any adult who is impaired by reason of mental illness, mental retardation, physical illness or disability, dementia, or other causes to the extent that the adult lacks sufficient understanding or capacity to make, communicate, or carry out responsible decisions concerning his or her well-being. This definition is for the purpose of establishing an adult's eligibility for adult protective services and such adult may or may not have been found incapacitated through court procedures (22 VAC 30-100-10).
Local Department	The local department of social services (LDSS) of any county or city in this Commonwealth (§ 63.2-100 of the Code of Virginia).
Virginia Uniform Assessment Instrument (UAI)	The standardized multi-dimensional questionnaire that assesses an adult's social, physical health, mental health, and functional abilities. The UAI is used to gather information for the determination of an adult's care needs and service eligibility, and for planning and monitoring the adult's care across various agencies and long-term care services. The UAI is composed of 12 pages. There is a shorter, 2-page version of the UAI for private pay individuals applying to reside in or living in assisted living facilities (ALF).

1.2 Organization of the department

The Commissioner of the Department for Aging and Rehabilitative Services (DARS), who is appointed by the Governor, directs the Adult Protective Services (APS) Division including Adult Services, APS and the Auxiliary Grant (AG) Programs at the state level.

The Home Office, located in Richmond, develops policies, procedures, regulations, training, and standards for the APS Division. It is responsible for the monitoring and evaluation of these programs, and it allocates and manages funding to the local departments of social services (LDSS). The APS Division programs are state supervised and locally administered.

APS Division Regional Consultants evaluate local programs, serve as resources in the areas of planning, organization, budgeting, and monitoring, and provide training, consultation, and technical assistance to local staff.

LDSS are the setting for direct contact with individuals requesting services. LDSS can assist individuals through benefits and services programs. The latter are administered by service workers, while eligibility workers handle benefit programs. LDSS determine eligibility for participation in service and benefits programs, authorize payments to individuals and vendors for services, and provide direct services to individuals. LDSS use federal, state, and local funds to deliver services.

1.3 Adult Protective Services Division programs

DARS administers the following programs through the APS Division:

- Adult Services
- Adult Protective Services
- Auxiliary Grants Program

1.4 Mission of Adult Protective Services Division programs

The mission of the APS Division programs is to serve adults through programs that:

- Protect older adults and incapacitated adults from abuse, neglect, or exploitation.
- Prevent the abuse, neglect, or exploitation of older adults and incapacitated adults.
- Prevent the inappropriate institutionalization of the elderly and impaired adults.
- Assist when necessary with appropriate placement.
- Maximize self-sufficiency.

1.5 Purpose of Adult Services

Adult Services (AS) are designed to allow the adult to remain in the least restrictive setting and function as independently as possible by establishing and/or strengthening appropriate family and social support systems or by supporting the adult in self-determination.

Adult Services are provided to impaired adults age 18 or older, and to their families when appropriate. Adult Services may include the provision of case management, home-based care, transportation, adult day services, nutrition services, placement services, and other activities to aid the adult.

1.6 Purpose of Adult Protective Services

Adult protective services (APS) are designed to establish and/or strengthen appropriate family and social support systems in order to protect adults at risk of abuse, neglect, or exploitation and to prevent the occurrence of abuse, neglect or exploitation.

APS consists of the identification, receipt, and investigation of complaints and reports of adult abuse, neglect or exploitation (or the risk thereof) as related to adults 60 years or older and incapacitated adults age 18 or older. This service also includes the provision of case management to alleviate the risk of abuse, neglect or exploitation. If appropriate and available, APS may include the provision of or arrangement for home-based care, transportation, adult day services, meal services, legal proceedings, and other activities to protect the adult.

1.7 Distinction between AS and APS

- Provision of AS to eligible adults
 - When there is no valid report of abuse, neglect, or exploitation or the risk thereof, and the adult requests services; or
 - Following APS intervention when the adult continues to need ongoing services but is no longer at risk of abuse, neglect, or exploitation.
- Provision of APS to eligible adults
 - When the LDSS receives and investigates a valid report.
 - The investigation determines the adult needs and accepts protective services or the court orders protective services.

1.8 Philosophy of AS

The following principles are inherent to the provision of AS:

- The worker is an advocate for the adult.
- The adult is the focus of service delivery, and the worker shall preserve and protect the adult's right to self-determination even when there is a community or family request for the LDSS to intervene.
- The least restrictive and least intrusive intervention necessary to stabilize the situation is the most appropriate.

- The adult has the right to make decisions on his or her own behalf until he or she delegates that responsibility voluntarily or the court grants that responsibility to another individual.
- A family-based approach to service delivery enhances services which support and strengthen the adult's informal support system.
- Coordination and combination of formal and informal support systems provide the most effective delivery system.

1.9 Philosophy of APS

The following principles are basic to the planning and delivery of APS:

- Proper protection of adults may require an APS worker to advocate for the right of the capable adult to make his or her own choices even when the community or family may oppose these choices.
- The least restrictive and least intrusive intervention necessary to protect the adult and stabilize the situation is the most appropriate.
- The adult has the right to make decisions on his or her own behalf until he or she delegates that responsibility voluntarily or the court grants that responsibility to another individual.
- Adult abuse, neglect, and exploitation are social problems and their resolution, for the most part, should be sought through the provision of social services and medical services.

However, the legal system often plays a role in remedying adult abuse, neglect, and exploitation and preventing further maltreatment. When appropriate, it is important for APS to partner with legal system representatives, such as law enforcement personnel, during investigations and service delivery.

- Services that support and strengthen the adult's informal support system are vital to the protection of adults who are at risk of abuse, neglect, or exploitation.
- Legal action is considered only after all other alternatives have been explored. When legal intervention is required, the least restrictive means of intervention shall be used.

1.10 Target populations for AS

Target populations served by the LDSS fall into three categories:

- Those required to be served.
- Those encouraged to be served to the extent that funds are available.
- Those served at the option of the LDSS.

1.10.1 Required to be served

The target population **required** to be served includes the following:

- An adult with an impairment who is in need of preadmission screening (PAS) for nursing facility placement, Medicaid home and community-based waiver services, or assisted living facility assessment.
- An adult with an impairment who has a low income who is in need of home-based services, to the extent that funds are available.
 - Each local board shall provide for the delivery of home-based services that include homemaker, companion, or chore services that will allow individuals to attain or maintain self-care and are likely to prevent or reduce dependency, to the extent the funds are made available to each locality.

1.10.2 Encouraged to be served

The target population **encouraged** to be served to the extent that funds are available include the following:

- An adult with an impairment who, upon emancipation from custody of the LDSS, is in need of services.
- An adult with an impairment who is in need of alternative living arrangements to avoid institutionalization and who requests services.
- Any adult who is in need of community-based care to avoid institutionalization and who requests services.

1.10.3 Served at the option of LDSS

- The target population to be served at the **option** of the LDSS includes any family with no minor children in the home that requests services.

1.11 Target populations for APS

Each LDSS, to the extent that funds are available, shall provide adult protective services for adults who are found to be abused, neglected, or exploited and who are:

- 60 years of age or older; or
- 18 years of age or older and incapacitated.

The requirement to provide such services shall not limit the right of any individual to refuse to accept any of the services so offered, except as provided in § [63.2-1608](#). (§ [63.2-1605](#) of the Code of Virginia).

1.12 Service workers as mandated reporters

Service workers in an LDSS are mandated reporters pursuant to § [63.2-1606](#) of the Code of Virginia. Even if the adult is currently receiving services, if the worker believes that an adult is abused, neglected or exploited, or at risk thereof, he shall report this to the appropriate staff in the LDSS.

1.13 Confidentiality

Section [63.2-104](#) of the Code of Virginia requires that an adult's information be kept confidential. With certain exceptions, an individual shall give written permission before information may be obtained from other sources or given to an individual or an agency. See Chapter 6 for additional information regarding confidentiality of an individual's information. Also see the Government Data Collection and Dissemination Practices Act (§ [2.2-3800 et seq.](#) of the Code of Virginia), and the Freedom of Information Act (§ [2.2-3700 et seq.](#) of the Code of Virginia).

See Chapter 2, Adult Protective Services, regarding confidentiality in Adult Protective Services cases.

1.14 Documentation and record retention

The APS Division uses a computerized web-based case management system called ASAPS to record and maintain case management forms and functions needed to document the activities of the service worker. ASAPS is the case management system of record for all AS and all APS cases. Service workers are required to use all of the ASAPS screens to document APS reports and investigations and the provision of services. All other required forms and documents should be maintained in the adult's case record. The combination of ASAPS and the adult's case record provide the required documentation of the activities of the service worker, the services provided to

the adult and that the worker has met the requirements concerning frequency of case contact and other policy requirements.

The LDSS shall maintain an adult's case records in accordance with accepted professional standards and practices. All records shall be complete, accurate, accessible, and systematically organized according to requirements. All record entries, including forms, purchase of services orders, provider/vendor agreements, etc., shall be signed with name and professional title of the author and dated with the month, day, and year.

The Record Analysis Services (RAS) unit at the [Library of Virginia](#) is responsible for ensuring that public records are maintained and available throughout their life cycle. RAS publishes Records Retention and Disposition Schedules to assist localities and state agencies with the efficient and economical management of their public records. The [record retention and disposition schedule](#) for county and municipal governments social services records (GS-15) is available online on the Library of Virginia's website.

- Adult Services cases that do not contain an APS report, an ALF assessment, or a PAS shall be retained for three years after the last case action.
- Adult Services cases and APS cases with an APS report shall be retained five years after case closure.
- *The Department of Medical Assistance Services (DMAS) requires that adult PAS records be retained for six years after the date of case closure. Most PAS records are to be entered into ePAS. Any PAS paperwork not entered into ePAS may be stored in a hard copy file.*

Note: *Child PAS records shall be retained for at least six (6) years after such minors have reached **21** years of age. Child PAS records are not to be entered into ASAPS. LDSS may maintain child PAS records that are not stored in ePAS in a hard copy file.*

- Approved Adult Services Providers Records shall be retained 3 years after last action.
- Records or cases that have been retained for the appropriate time frame shall be destroyed according to number 8 on the first page of the GS-15.

ASAPS case records are purged automatically according to the requirements described above. The LDSS is responsible for purging hard copy records including non-ASAPS client records (e.g. scanned documents).

1.15 Legal basis – Code of Virginia

The following serve as the legal basis for AS, APS and the AG Program. Full text of each of the Code sections is available by accessing the [Legislative Information System website](#).

1.15.1 Responsibility of the Department for AS

Section [51.5-145](#) of the Code of Virginia gives the Department the responsibility for the planning and oversight of adult services in the Commonwealth.

1.15.2 Homemaker, companion, or chore services

Sections [51.5-146](#) and [63.2-1600](#) of the Code of Virginia authorizes the provision of companion, chore, or homemaker services that will allow individuals to attain or maintain self-care and are likely to prevent or reduce dependency. Such services shall be provided to the extent that federal or state matching funds are made available to each locality.

1.15.3 Authority to provide adult foster care services

Sections [51.5-146](#) and [63.2-1601](#) of the Code of Virginia authorizes each local board of social services to provide adult foster care services that may include recruitment, approval, and supervision of adult foster care homes.

1.15.4 Criminal history check for agency approved providers of services to adults

Section [63.2-1601.1](#) of the Code of Virginia requires each local board to conduct a criminal background check on agency-approved providers as a condition of approval.

1.15.5 PAS, ALF assessment, and other relevant sections

Sections [51.5-146](#) and [63.2-1602](#) of the Code of Virginia requires each local board of social services to participate in PAS for admissions to nursing homes, assessment for assisted living facilities; long-term care service coordination with other local agencies; provide social services, as appropriate, to individuals discharged from state facilities or training centers and participate in other programs pursuant to state and federal law.

Pursuant to [§ 32.1-330](#) of the Code of Virginia, all individuals who will be eligible for community or institutional long-term care services as defined in the state plan for medical assistance services shall be evaluated to determine their need for nursing facility services as defined in the plan. The DMAS requires a PAS of all individuals

who, at the time of application for admission to a nursing facility, are eligible for medical assistance or will become eligible within six months following admission. This includes PAS for:

- Nursing facility.
- Programs of All-Inclusive Care for the Elderly (PACE).
- Elderly and Disabled with Consumer Direction (EDCD) waiver.
- Technology Assisted (TA) waiver.
- Alzheimer's Assisted Living (AAL) waiver.

The community-based screening team (CBT) shall consist of a nurse, social worker, or other Department-designated assessor (i.e. family services specialist) and a physician who are employees of the local health department (LHD) or the LDSS.

The Virginia Department of Health has oversight and responsibility for child PAS in Virginia. LDSS may opt in or opt out of participating in child PAS.

Pursuant to [§ 63.2-1804](#) of the Code of Virginia, "Uniform Assessment Instrument," in order to receive an AG while residing in an ALF, an adult shall have been evaluated by a case manager or qualified assessor to determine his or her need for care. A uniform assessment instrument setting forth an individual's care needs shall be completed for all individuals upon admission and for all individuals residing in an ALF at subsequent intervals regulations promulgated by the Commissioner of the Department for Aging and Rehabilitative Services.

Pursuant to [§ 37.2-837](#) of the Code of Virginia, "Discharge from State Hospitals or Training Centers, Conditional Release, and Trial or Home Visits for Consumers," the provision of social services to the individual discharged from a state hospital shall be the responsibility of the appropriate LDSS pursuant to regulations adopted by the State Board of Social Services.

Pursuant to [§ 37.2-505](#) of the Code of Virginia, "Coordination of Services for Preadmission Screening and Discharge Planning," local department of social services are required to serve on the preadmission and discharge planning team that is established by the local community services board. The team has responsibility for integrating the community services necessary to accomplish effective prescreening and pre-discharge planning for an individual referred to the community services board.

1.15.6 Establishment of APS Unit

Section [51.5-148](#) of the Code of Virginia authorizes the establishment of the Adult Protective Services Program in Virginia.

1.15.7 Adult Protective Services

Sections [63.2-1603](#), 63.2-1605 through 1606 and 63.2-1608 through 1610 of the Code of Virginia authorize provision of protective services to adults 60 years of age or older and to adults who are 18 years of age or older and who are incapacitated.

1.15.8 AG Program

Section [51.5-160](#) of the Code of Virginia requires an adult who is applying for AG to be evaluated by a case manager or qualified assessor to determine his or her need for care.

1.15.9 Community services boards; local government departments; and behavioral health authorities; powers and duties

Sections [37.2-504](#) and [37.2-605](#) of the Code of Virginia require local boards of social services to enter into a written agreement with community services boards or behavioral health authorities to specify what services will be provided to individuals. Annual review of the agreement is required.

1.16 Legal basis – department regulations

The following serve as the regulatory legal basis for the Adult Services/Adult Protective Services Program. The full text of regulations can be accessed via the [Legislative Information System website](#).

22 VAC 30-80	Auxiliary Grants Program
22 VAC 30-100	Adult Protective Services
22 VAC 30-110	Assessment in Assisted Living Facilities
22 VAC 30-120	Adult Services Approved Providers
22 VAC 40-780	Elimination of Financial Eligibility Criteria for Direct Social Services
22 VAC 40-910	General Provisions for Maintaining and Disclosing Confidential Information of Public Assistance, Child Support Enforcement and Social Services Record

1.17 Service Appeals

Pursuant to § 51.5-147 of the Code of Virginia an applicant for or recipient of home-based and adult foster care services may appeal the local board's decision in granting, denying, changing, or discontinuing services within 30 days after receiving written notice of the decision. An applicant or recipient aggrieved by the failure of the local board to make a decision within a reasonable time may also appeal to the Commissioner.

The adult may use the "Appeal to Department for Aging and Rehabilitative Services" form available on the VDSS [internal website](#) and on the VDSS [public website](#) to request an appeal. Additional information on appeals is located in Chapter 9, Appeals.

1.18 APS Division Program report

Each year the APS Division compiles an annual report of statistical data on each of its programs. This report also includes AS/APS contacts in each locality. The report is located on the VDSS [internal website](#), the VDSS [public website](#), and on the *DARS public website*.

1.19 APS Minimum Training Standards

Section 51.5-148 of the Code of Virginia, requires the establishment of minimum training standards for APS workers in the Commonwealth. APS workers shall complete the required training within one year from the date of implementation of the minimum training standards, within the first year of their employment or within the first year of their being assigned to work in APS.

Continuing education after the first year of training is also required as a part of the minimum training standards plan.

1.19.1 Courses required to be completed within the first year

- ADS1000: Adult Services/Adult Protective Services New Worker Policy Training
- ADS1031: Assessing Capacity
- ADS2013: Investigating Self-Neglect
- ADS2141: APS Facility Investigations

1.19.2 APS on-call workers

CPS workers and others who are responsible for APS on-call or APS intake activities but do not conduct APS investigations, must take **ADS 5052: APS for On-**

Call Workers, an online course offered through the Knowledge Center. This online course is in lieu of the full curriculum of required APS core courses.

1.19.3 ADS 5011 Uniform Assessment Instrument (UAI)

NOTE: All qualified assessors for public pay individuals who are seeking admission to or continued stay in an assisted living facility must complete this course in order to conduct appropriate assessments. ADS 5011 is not mandated for individuals who worked in APS in 2004 or earlier. If the worker was employed in APS after 2004, regulations require that the worker complete ADS 5011.

This course provides the skills and techniques necessary for implementation of the UAI in field or office settings. Participants learn methods to obtain complete assessment of the individual's strengths, needs, and family and community resources.

1.19.4 Responsibility of the LDSS

The LDSS director has the ultimate responsibility for ensuring that APS workers receive and document the completion of the required minimum APS training in accordance with these standards. The APS supervisor or the person managing the LDSS APS program shall maintain this documentation in the worker's personnel record.

For APS workers who have not completed the minimum training requirements, the person supervising or managing the APS program at the local department of social services will provide direct supervision (a close review of all investigations and disposition decisions made during the investigation, including documenting the supervisor's review). The supervisor will assure that the APS worker completes the required training within the given timeframes.

1.19.5 Continuing education after first year

After completion of the minimum training standards courses, APS workers shall continue professional development through a minimum of 20 hours of professional continuing education activities annually in the fields of APS, aging, and long-term care. *The LDSS APS supervisor or person managing the LDSS APS program should work in collaboration with the APS worker to identify learning activities that may count toward 20 hours of continuing education.* Continuing education activities may include organized learning activities from accredited university or college academic courses, continuing education programs, workshops, webinars, seminars, and conferences.

Documentation of continuing education activities is the responsibility of the LDSS.

APS workers are responsible for the management of their continuing education in the field of APS. They are responsible for discussing training with the APS supervisor and ensuring that appropriate documentation is placed in their personnel records.

Appendix A: Division Information on the web

APS Division materials including manuals, educational materials and reports are located on SPARK, the VDSS intranet system, and the VDSS [public website](#). The SPARK [home page](#), which is accessible only to LDSS staff and DARS APS Division staff, also provides information on other VDSS divisions and programs.

Information about AS, APS, and AG can be accessed from the home page by clicking on “Divisions, Partnerships and Initiatives,” then clicking the link to “DARS-Adult Services/Adult Protective Services/Auxiliary Grants or by using the [direct link](#).

1.19.6 Manuals, documents, and forms

AS, APS, and AG manuals and other documents are available on SPARK under the links “[Guidance, Procedures & FAQ](#)” and “[Manuals](#).”

APS Division forms are posted on SPARK and on the VDSS [public website](#). Forms are usually available in PDF and Word format. The worker can download these forms, as the APS Division Program cannot provide copies of forms.

1.19.7 Other VDSS forms

Other [VDSS forms](#) are also located on SPARK.

1.19.8 ASAPS Information

The ASAPS user’s manual (ASAPS-Robo Help), is found under the “Help” icon at the top of each screen in ASAPS. ASAPS-Robo Help is also located on SPARK on the “ASAPS” [webpage](#). ASAPS-Robo Help may be downloaded from that site. *The ASAPS page also contains an ASAPS FAQ.*

1.19.9 Brochures and educational materials

Brochures and educational materials are available on the [SPARK website](#) or on the VDSS [public website](#).

Additional educational [information for mandated reporters](#) is available on the VDSS public website.

1.19.10 Medicaid provider manuals and forms

The DMAS web [portal](#) has downloadable copies of all its program [manuals](#) and [forms](#). Once on this site, manuals may be viewed by selecting “Provider Resources” and then selecting “Provider Manuals.” Forms may be found by selecting “Provider

Services” and then selecting “Provider Forms Search.” Hard copies of Medicaid manuals are available for purchase through [Direct Mail Works](#).

The DMAS [website](#) also has information concerning the various Medicaid Waiver programs and other services offered by DMAS.

1.19.11 DARS Data Warehouse

LDSS may access monthly and quarterly AS and APS reports via the [DARS Data Warehouse](#). Adult detail (AD) reports contain client information and Adult Summary (AS) reports contain aggregate data for the particular LDSS. LDSS who are interested in obtaining regional and statewide summary reports may contact the APSD Home office staff or a regional consultant. The title of each report appears below:

- AS-1 APS Aggregate Management Summary (Quarterly)
- AS-2 Caseload Report
- AS-4 Adult Services Contacts
- AS-5 Unique Service Listing
- AD-2 Adult Management Details
- AD-3 APS Management Details Quarterly
- AD-4 Adult Visit Details
- AD-6 ASAPS/APS Cases Pending Purge

1.20 Appendix B: Adult Protective Services Division staff

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1.21 Appendix C: APS Division area assignments

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

The number in parentheses following locality name is the FIPS code; the number following the FIPS code is for the Planning District in which the locality is located.