

# Department of Family Services

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LOB #117:

## **ADULT AND AGING SERVICES**

### **Purpose**

Adult and Aging Services encompasses multiple services and different funding streams for older adults and adults with disabilities. In general, these services maximize independence and enhance family and social supports with a focus upon helping individuals remain in their homes. The services prevent or stop abuse, neglect, and exploitation. Included in this LOB is Disability Services Planning and Development, which is part of the Adult and Aging division.

### **Description**

**Adult Protective Services** prevent and/or stop abuse, neglect, and exploitation of older adults age 60 + and incapacitated adults ages 18 to 59. Investigations are conducted in private homes, group homes, assisted living and nursing facilities, and hospital settings. The purpose of Adult Protective Services is to determine if the individual is in need of protective services and to provide those services, which may include linking with community and County services of home delivered meals, in-home assistance with personal care and housekeeping, family counseling and consultation, guardianship assessment, assistance with moving to safer living situations (assisted living/nursing facilities), etc. The service is provided by County staff from three offices, Annandale, Pennino, and South County during County business hours. Northern Virginia Family Service receives afterhours phone calls from the state hotline, and Adult Protective Services' supervisors rotate being on-call to respond to emergencies. In FY 2015, there were 1,047 Adult Protective Services' investigations.

**Adult Services** involves comprehensive services for older adults and adults with disabilities. Services include case management and care planning, assessment and authorization for home based care services, as well as assessments for auxiliary grant funded assisted living, Medicaid funded nursing facility, and Community Based Care Waiver services. The County Social Services Specialists providing the services conduct an assessment using a state tool, the Uniform Assessment Instrument (UAI), and they provide case management, counseling, and education regarding long term care services for individuals and their caregivers. One social services specialist is deployed to Lincolnia's senior living facility to provide casework for the residents of the assisted living facility. Another social services specialist manages a small adult foster care program and is also the liaison for Birmingham Green, the assisted living/nursing facility of which the County is one of five jurisdictional owners. Adult Services are provided by staff located in four offices, Annandale, South County, Pennino, and Cameron Glen.

**Aging, Disability, and Caregiver Resources** integrates intake services for the Adult Services, Adult Protective Services, and the Area Agency on Aging within the Adult and Aging division of the Department of Family Services. Front door services are also provided for callers seeking Department of Neighborhood and Community Services' senior centers and Health Department's adult day health. This service is performed by County staff during County business hours from the Pennino building. The public can also access information about services through the County webpage and can submit an on-line request for services. The state provides a 24-hour Adult Protective Services hotline, and the County phone rolls over to the state hotline when the County is not open. In FY 2015, there were 16,255 calls to Aging, Disability, and Caregiver Resources.

**Home Based Care** services assist with activities of daily living and are provided to eligible adults in their own homes. Home Based Care services primarily assist with bathing, housekeeping, and laundry, and recipients must meet functional and financial criteria. Respite services for eligible caregivers are also available. These services are provided by contracted home care agencies and approved private individuals. In FY 2015, approximately 1,100 unduplicated clients received services.

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**Burial Services** are provided when the deceased is unclaimed, or when it is determined that there are no resources for the family to pay for services. Both burial and cremation services are provided by a County vendor. In FY 2015, the County opened a cemetery located on Lincolnia Road. In FY 2015, there were 24 cremations and 17 burials.

**ElderLink** is a contracted service provided by Inova employees who are based in the Department of Family Services' Pennino office. This partnership has been in existence since 1991. The services are funded through the County general fund, the Area Agency on Aging's grant stream, and Inova. ElderLink provides care management, money management, caregiver support, as well as fall prevention and chronic disease self-management programs.

**Medical Respite** is a program for homeless individuals who are in need of short-term services to recover from medical conditions resulting from surgery, illnesses, and injuries. Services are provided in a partnership with four reserved beds in the Embry Rucker Shelter, care management from a Family Services' social worker, and medical oversight from a Health Department nurse practitioner. In FY 2015, 51 unduplicated adults were served.

**Disability Services Planning and Development** serve persons with sensory and physical disabilities, including people with acquired or traumatic brain injuries, people who are blind or have low vision, people who are deaf or hard of hearing, people with spinal cord injuries, or anyone who develops an impairment due to a chronic medical condition or traumatic injury. County staff located in the Pennino Building supports the Disability Services Board and administer contracts with Northern Virginia Resource Center for the Deaf and Hard of Hearing, Brain Injury Services, and Legal Services for Northern Virginia. Northern Virginia Resource Center provides specialized community education and outreach for people who are deaf or hard of hearing to enhance independence, community integration, and vocational outcomes; Brain Injury Services of Northern Virginia provides case management to maximize community living; Legal Services of Northern Virginia's Legal Services for Persons with Disabilities Program provides legal assistance for persons who face discrimination due to their disabilities or to assist with the appeal process for Social Security.

Disability Services Planning and Development staff provide management and oversight of a summer internship program for college students with disabilities and are annually involved in a disability mentoring program where students are matched with County mentors for job shadowing and career exploration opportunities. Staff are leaders in the Disability Awareness and Action Network (DAAN) and the Building for All Committee. Individuals who are living in institutions are educated about and connected with home and community-based services. Disability Services Planning and Development provide education, outreach, and information about County resources through: in-person and phone consultation to over 400 individuals per year; a comprehensive disabilities website and Facebook page that receive more than 41,000 visits and nearly 54,000 views; an electronic newsletter with a readership of 2,000 per week; as well as by speaking engagements about disability rights and laws, disability etiquette, accessibility standards and universal design. Through support of the Disability Services Board, the staff provides an annual award for community employers that demonstrate a strong commitment of the full inclusion of people with disabilities in the community.

### Benefits

Services offered by Adult and Aging prevent abuse, neglect, and exploitation and assist people with living safely in the community. In FY 2015, 90 percent of clients remained in their homes for at least one year. The annual cost of keeping clients in their own homes was \$4,161 per client. The annual cost of taxpayer funded Medicaid nursing home care is over \$73,000, and the cost of a taxpayer funded auxiliary grant for assisted living is about \$17,000.

The Adult and Aging Division of the Department of Family Services integrates many of the County's aging services within one department. The public can access services from one department through the Aging, Disability and Caregiver Resource phone number. The Aging, Disability and Caregiver Resource line also offers front door services for the Health Department's adult day health centers and Neighborhood and Community Services' senior centers.

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The Social Services Specialists who answer the Aging, Disability and Caregiver phone number are experts in aging and disability services. For fiscal years 2014 and 2015, the number one reason for calls to the Resource line was for consultation about County and community services. For the two past years, there were a total of 6,605 calls for consultation out of 32,510. Consultation provides information and assistance to individuals, caregivers, and families, who may, as a result not need formal services from the County.

Disability Services Planning and Development help people with disabilities improve their quality of life through advocacy, public education, and referral. Individuals are educated about their rights and services providers about their responsibilities under federal, state and local laws in the areas of housing, employment, transportation, public accommodation, and accessing home and community-based services.

Having the Area Agency on Aging, Adult Services, and Adult Protective Services in one division results in efficiencies of services that would not be easily achieved if there were a separate Area Agency on Aging as in some other Virginia communities. Eligible clients receive a package of services (home based care, home delivered meals, and volunteer services) to help them live in their own homes or with family members.

In 2005, home based care services were changed from an hourly model to a task based model, with the typical client receiving assistance with bathing, housekeeping, and laundry purchased from private vendors. Home delivered meals and volunteer services supplement the purchased services. The package of services has saved millions of dollars for the County. From FY 2010 to FY 2014, the home based care budget was reduced by \$2.3 million with no resulting waiting list.

ElderLink, the partnership between Inova and the Department of Family Services has resulted in efficiencies in staffing for the County and direct connections to services for persons being discharged from the hospital to their homes. ElderLink and the Adult and Aging division staff have collaborated to offer computer connections in a few clients' homes for the purpose of tele-social work and reduction of isolation for lonely elderly persons. ElderLink partners with the Health Department, faith communities, and other County and community agencies to offer fall prevention and the evidence based chronic disease prevention programs.

**This LOB supports the following County Vision Elements:**

## **Maintaining Safe and Caring Communities**

- Protect personal safety of residents
- Promote services for a particularly vulnerable segment of the community
- Promote partnerships that provide human services to the community

## **Maintaining Healthy Economies**

- Enable residents to become more self-sufficient
- Enable residents to increase their skills to improve their marketability

## **Creating a Culture of Engagement**

- Promote community dialogue
- Encourage volunteers to support County initiatives
- Promote advocacy through the legislative process

## **Exercising Corporate Stewardship**

- Provide responsive support to County departments

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## Mandates

Adult Protective Services, Virginia Code §§ 63.2-1603 - 63.2-1610. Adult Protective Services. Each local board to the extent that federal or state matching funds are made available to each locality, shall provide, pursuant to regulations and subject to supervision of the Commissioner for Aging and Rehabilitative Services, adult protective services for adults who are found to be abused, neglected or exploited and who meet one of the following criteria: (i) the adult is 60 years of age or older or (ii) the adult is 18 years of age or older and is incapacitated.

Adult Services, Virginia Code §§ 63.2-1600 – 63.2-1602. Adult Services. 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...Subject to the supervision and in accordance with regulations of the Commissioner for Aging and Rehabilitative Services as provided in Article 4., each local board shall: 1. Participate in nursing home pre-admission screenings of all individuals pursuant to 32.1-330;2. Provide assisted living facility assessment of residents and applicants pursuant to 63.2-1804; 3. Participate in long-term care service coordination pursuant to 51.5-138...

Burial Services, Virginia Code §§ 32.1-309.1 – 309.2. Disposition of Dead Human Bodies. Identification of decedent, next of kin; disposition of claimed dead body. Disposition of unclaimed dead body; how expenses paid.

Disability Services Planning and Development, Virginia Code § 51.5-1. Persons with Disabilities. Declaration of policy.

It is the policy of the Commonwealth to encourage and enable persons with disabilities to participate fully and equally in the social and economic life of the Commonwealth...

## Trends and Challenges

Between 2010 and 2013, Fairfax County projects a dramatic increase in its older population, with the 50 and older population estimated to increase by 19 percent, the 65 and over population by 51 percent, and the 70 and over population by 55 percent. With the growing older adult population are an increasing number of persons who request assistance to remain living safely in their homes.

An indicator of people wanting to live in their own homes is an increasing number (by 15 percent from FY 2014 to FY 2015) of Medicaid pre-admission screenings being conducted by Adult Services social services specialists and Health Department nurses (local screening teams). For persons who are income and functionally eligible (meet nursing home level of care), Medicaid pays for in-home personal care, adult day health, respite, and PACE. Virginia's eligibility criteria for Medicaid funded services are among the most stringent in the country, but there are state concerns about the cost of Medicaid funded long term care services. As a result of Virginia Legislative action, JLARC is conducting a comprehensive study of Medicaid, including long term care. Across the country, states are implementing managed long term care, and Virginia has implemented a partial coordinated long term care plan. It is not known how managed Medicaid long term care will impact local services. If the services are not appealing, eligible persons may opt out and rely upon local services. There is currently no local match for Medicaid funded Community-Based Care, and the participation of individuals in Medicaid funded services frees local dollars for those who are not eligible for Medicaid.

As the number of older adults increases, there are more people vulnerable to abuse, neglect, and exploitation. Financial exploitation has captured the attention of the federal and state governments with educational and prevention material being offered by the Securities and Exchange Commission and the Consumer Financial Protection Bureau. The Department of Justice now has an Elder Justice website. The 50+ Action Plan has an initiative for the prevention of exploitation with public education being a key component.

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Those who are at risk of abuse and neglect, including self-neglect, may be in situations that require their needing safe places to stay. In Montgomery County, a public-private partnership has resulted in a safe haven at a private continuing care community for older adults at risk of abuse, neglect, and exploitation. Fairfax County has a reserved bed for Adult Protective Services at Mondloch House shelter, and in emergency situations contracts with private vendors to provide protection for older adults at risk.

The 50+ Community Action Plan also recognizes the need for specialized services for older individuals who are homeless, and who have medical conditions. In FY 2015, there were 214 requests for Medical Respite services and 51 were served. There are currently only four beds to serve a growing vulnerable population.

The state's requirements for client information to be entered into multiple data systems presents administrative challenges. In July 2015, the state initiated a requirement that all Medicaid pre-admission screenings be submitted into a Department of Medical Assistance Services data system. These same screenings were previously submitted on handwritten forms. Locally, the division uses Harmony as its case management system and as a means to integrate services across Adult Services, Adult Protective Services, and the Area Agency on Aging. The state has its own system for Adult Services and Adult Protective Services and another system for the Area Agency on Aging. Locally, information is entered into the state Adult Services and Adult Protective Services' system, and there is an interface between Harmony and the state Area Agency on Aging system. The state plans to replace the Adult Services and Adult Protective Services system with the one used by the Area Agencies on Aging, but there is not state funding for licenses. Lack of state funding led to the development and implementation of the separate Department of Medical Assistance system.

## Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
<b>LOB #117: Adult and Aging Services</b>			
<b>FUNDING</b>			
<u>Expenditures:</u>			
Compensation	\$5,520,509	\$5,705,254	\$5,992,443
Operating Expenses	4,577,566	3,967,174	4,303,272
Capital Equipment	29,599	0	0
<b>Total Expenditures</b>	<b>\$10,127,674</b>	<b>\$9,672,428</b>	<b>\$10,295,715</b>
General Fund Revenue	\$2,186,874	\$2,216,050	\$1,755,995
<b>Net Cost/(Savings) to General Fund</b>	<b>\$7,940,800</b>	<b>\$7,456,378</b>	<b>\$8,539,720</b>
<b>POSITIONS</b>			
Authorized Positions/Full-Time Equivalents (FTEs)			
<u>Positions:</u>			
Regular	83 / 83	83 / 83	83 / 83
<b>Total Positions</b>	<b>83 / 83</b>	<b>83 / 83</b>	<b>83 / 83</b>

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## Metrics

Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Percent of clients residing in their homes after one year of service	83%	85%	90%	80%	80%
Number of Adult Protective Services Investigations	993	1,031	1,047	1,047	1,047
Percent of investigations completed within 45 days	98%	98%	98%	90%	90%
Percent of clients satisfied with home based care services	93%	92%	91%	90%	90%
Number of calls received by Aging, Disability and Caregiver Resource Line	15,394	16,159	16,255	16,255	16,255

The percent of clients residing in their homes after one year of service has remained consistently in the middle 80s for many years. The goal of services provided in the division is to help people remain in their homes. It is recognized; however, due to individuals' circumstances that goal is not possible for all. In the year 2000, a doctoral student from George Mason University provided consultation on the measure. With consideration of the age and medical conditions of those being served, it was determined that to keep someone in the home for a year after initiation of services was the creditable goal, rather than measuring whether someone stayed in the home for the duration of services, even when services for some individuals exceeded one year. Helping people stay in their homes requires a variety of services that are determined by assessments by staff and developing individual plans with the recipients and when appropriate, their families. Feasibility of living in one's home is influenced by social supports, affordability and availability of housing, physical and emotional health, and transportation.

The number of Adult Protective Services investigations has increased since FY 2013 by 5 percent. This is likely reflective of the growing older adult population in the County. The average individual assessed by Adult Protective Services is a female over the age of 60 living in her own house or apartment. Most of Adult Protective Services investigations involve allegations of neglect, either self-neglect or neglect by a caregiver. The vulnerability of older adults to financial exploitation has gained the attention of the state and federal governments and financial institutions. FY 2013, 154 situations involving financial exploitation were reported, and 59 were substantiated. In FY 2015, 201 situations involving financial exploitation were reported, and 80 were substantiated.

The percent of Adult Protective Services investigations completed within 45 days has remained consistent. The state requires that 90 percent of investigations be completed within 45 days. This goal reflects that there may be extenuating circumstances involving the clients that prevent meeting a 100 percent target. Meeting the goal requires sufficient staff and tracking of deadlines by staff and supervisors with checklists and data systems.

The number of calls received by the Aging, Disability and Caregiver Resource line has increased by 6 percent since FY 2013. The phone number for the Aging, Disability and Caregiver Resource line is advertised on the County's Older Adults Webpage, as well in the various e-newsletters and print publications. The phone number provides an opportunity to receive consultation from experts in County and community services and is the link to the Department of Family Services for older adults and adults with disabilities as well as senior center services from Neighborhood and Community Services and adult day health services from the Health Department.

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The percent of clients satisfied with home-based care services has been consistent for the years shown in the LOBs matrix. In the past when there have been changes in the model of service delivery, or when there have been issues with how the services are delivered, the level of satisfaction has dropped. Home based care services are purchased from home care agencies and approved private individuals. The department conducts its own annual satisfaction survey of clients, and it is this measure that is reported in the budget. The home care vendor(s) are also responsible for monitoring satisfaction and resolving issues. Regular meetings are held with the vendor(s) to problem-solve individuals' concerns, and any day-to-day concerns are reported to the vendor(s) as the issues are learned by staff. Obtaining quality of services requires a multi-faceted approach involving the recipients, families, department staff, and the vendor(s).

<b>Service</b>	<b>Merit Positions</b>	<b>FY 2012</b>	<b>FY 2013</b>	<b>FY 2014</b>	<b>FY 2015</b>
Adult Protective Services Annual Investigations	19 Social Services Specialists, 3 Supervisors	1,040	993	1,031	1,047
Adult Protective Services Clients Needing On-Going Services	Provided by same staff noted above	440	447	472	550
Adult Protective Services Annual Financial Exploitation Cases	Provided by same staff noted above	172 cases reported 49 substantiated	154 cases reported 59 substantiated	171 cases reported 48 substantiated	201 cases reported 80 substantiated
Adult Services Case Management Avg. Monthly Cases	*29 Social Services Specialists, *5 Supervisors	1,111	1,086	1,132	1,198
Unduplicated Annual In-Home Services Clients	Performed by Adult Services	1,026	990	1,053	
Pre-Admission Screenings	Performed by Adult Services	952	950	1,118	1,288
Number of Calls Received by Aging, Disability and Caregiver Resources	6 Social Services Specialists, 1 Supervisor	12,843	15,394	16,159	16,255

\*3 Social Services Specialists and 1 Supervisor are funded by Grants.

Caseloads for Adult Protective Services Specialists and Adult Services Specialists are slowly increasing. The average monthly caseload for Adult Protective Services is currently around 20, which is the maximum number that can be carried and still provide quality services. Providing Adult Protective Services is intense and stressful for the staff, and the staff basically turns over every couple of years. The clients must be seen within five calendar days, unless the situation is an emergency, and then the response must be within 24 hours. The adults have not requested services, and though they are at risk of abuse, neglect, or exploitation, they may be angry and resistant to interventions. Adult Protective Services clients often have strained family relationships, and the family members may be neglectful caregivers and/or exploiting the at-risk adults. About half of the clients are neglecting themselves by not seeking or following medical treatment recommendations, and not caring for their persons or their living environments. Hoarding situations are common. Adult Protective Services specialists determine if the at-risk adults are in need of services and provide and arrange services to ameliorate the risk. Providing specialized financial exploitation investigations is something that is being considered by the program, as it requires a different type of expertise. The program receives consultation from a private nurse practitioner and a private psychologist. Work is being done to finalize a vetted risk assessment to guide case findings and planning.

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Based upon a state caseload study, an Adult Services specialist's caseload should be at 30. Fairfax County Adult Services caseloads average 41 at any given time, an increase from around 39 per Adult Services' specialist in FY 2012. As noted above, the number of pre-admission screenings for Medicaid funded services continues to increase, and in-home services' clients are increasing. These services help people remain living in their homes, and will likely continue to increase as the number of older adults grows. Adult Services specialists are meeting new requirements by the state to conduct and enter Medicaid pre-admission screenings into a new state data system within 30 days. The screenings are done in conjunction with Health Department nurses, and Fairfax County has the highest volume within the state. Fairfax is now completing the screening process in less than 20 days. As the screening requests continue to increase, however, caseload numbers will present responsiveness issues for all services.