

## Archive of APS Program Responses to COVID-19

**NOTE:** This document contains an archive of information collected up to November 6, 2020. For more comprehensive information on state response to COVID-19, see the report titled “Adult Protective Services Study on the Impact of COVID-19” at <https://apstarc.acl.gov/COVID>.

Below are highlights from an analysis of 17 state responses to a request for program policy and practice changes related to the COVID-19 pandemic. Responses include FAQs, fact sheets, and formal changes to policy via memos, and are summarized below. Exact counts of the number of states are not provided as this summary will be updated regularly and only a subset of states have responded so far. The descriptions below are summaries of multiple state actions.

Response summaries are divided among the categories listed below.

The APS TARC has received additional information from several states since the original summary from April 2020 below. Analysis reveals no significant change in state guidance submitted. The additional guidance received reflected that many states are only conducting face-to-face visits on certain types of alleged maltreatment (e.g., physical abuse); when there are immediate client safety needs; and for clients without access to phone service or where an investigator is unable to reach the client by phone.

### Resources/Inputs

- Remote Work: Most APS workers, including intake workers where applicable, are working remotely.
- Most programs encourage or provide, and some require, the use of personal protective equipment (PPE), if it is available.
- A few states have explicitly indicated APS workers are considered “essential” personnel.
- State APS administrators report the number of new intakes initially dropped significantly. Recently, state administrators have reported the number of new intakes has either returned to pre-COVID levels or surpassed those levels, some significantly.

### Intake

- COVID-19 screening questions:
  - A few state states have added questions to intake assessments.
  - One county-administered state explicitly directed that intake NOT ask screening question because individuals with COVID-19 can be asymptomatic.
  - Many states have investigators conduct a screening phone call prior to determining whether to make a face-to-face visit.
- A couple of states have relaxed timeframes or provided "waivers" for case initiation deadlines.

### Investigation

- The predominant issue identified is whether to conduct face-to-face visits with alleged victims or other collaterals. Some states report that a supervisor must authorize all in-person visits while others report a supervisor must authorize if no in-person visit is to be conducted.

- Many states are conducting home visits only in specific scenarios such as those noted below.
  - Specific types of maltreatment (e.g., physical or sexual abuse).
  - Evidence of significant or imminent risk.
  - Staff are unable to reach the client by phone.
- Some states are requiring a face-to-face visit before case closure.
- Many states outlined technology alternatives and provided guidance on how and when to use alternatives to face-to-face interviews.
- For programs that investigate in long-term care facilities, generally the APS program deferred to the facility's or state's protocols regarding visits, meaning that for most programs they are not conducting face-to-face visits in facilities.
- Many states provide information to their staff – either directly in the materials sent out or through reference to other published materials – about safety protocols for visits.
- States generally did not change timeframes and requirements for investigations and monitoring contacts. A few explicitly reminded staff about these requirements.
- A few states indicated that staff may need to, or must, increase collateral contacts as a substitute for face-to-face visits.
- A few states provided additional instructions on how to conduct and document assessments in the absence of face-to-face contacts.

### Post-Investigation Services

- A couple of states specified changes for how to complete client visits, and the frequency of monitoring requirements, particularly when not able to conduct them face-to-face.
- One state liberalized the direct purchase of goods and services by workers, including allowing online purchases and purchasing personal protective equipment (PPE).

### Quality Assurance

- Many states require increased consultation with supervisors, particularly regarding whether to make face-to-face visits.
- Several states have added tracking of COVID-19 cases to their case management systems.
- Many states outline case documentation requirements related to decisions such as whether to conduct face-to-face visits.