



# Maryland

## DEPARTMENT OF HUMAN SERVICES

Wes Moore, Governor · Aruna Miller, Lt. Governor · Gloria Brown Burnett, Interim Secretary

<b>Policy Number:</b>	SSA/AS #26-01
<b>Policy Title:</b>	Screening Reports of Maltreatment and Service Requests of Vulnerable Adults
<b>Release Date:</b>	March 17, 2026
<b>Effective Date:</b>	April 1, 2026
<b>Approved By:</b>	Dr. Alger Studstill, Jr.  Executive Director Social Services Administration
<b>Revision Date(s):</b>	N/A
<b>Supersedes:</b>	All provisions relating to Adult Services in the "Screening Reports of Child and Vulnerable Adult Abuse/Neglect and Requests for Services, SSA-CW #21-10" policy and all provisions relating to screening procedures in the "Adult Protective Services Program Manual, February 2005, 4 <sup>th</sup> Edition"
<b>Originating Office:</b>	SSA- Office of Adult Services
<b>Summary of Change:</b>	This is a new policy that establishes protocols for LDSS staff screening reports of Adult Abuse, Neglect, Self-Neglect, and Exploitation, and Requests for other Adult Services
<b>Required Actions:</b>	The LDSS screens reports of adult maltreatment, refers certain cases to other state agencies, and makes appropriate referrals for other adult services.
<b>Key Words:</b>	APS, abuse, neglect, self-neglect, exploitation, Long-term care, vulnerable adult
<b>Related Federal Law and Regulations</b>	<a href="#">Older Americans Act, PL 89-73</a> <a href="#">Supporting Older Americans Act of 2020, H.R.4334.</a> <a href="#">15 U.S.C. Chapter 94-Privacy, Subchapter - Disclosure of Nonpublic Personal Information § 6802(e)(3)(A through E)</a> <a href="#">45 CFR Part 1324, Adult Protective Services Functions and Grants</a> , effective June 7, 2024
<b>Related State Laws</b>	<a href="#">Md. Ann. Code, Corporations &amp; Associations Article § 11-307;</a> <a href="#">Md. Ann. Code, Criminal Law Article § 3-604 (a)(2)(i).</a>

	<a href="#">(ii)</a> <a href="#">Md. Ann. Code, Family Law Article §§ 14-101 - 309</a> <a href="#">Md. Ann. Code, Financial Institutions Article § 1-302</a> <a href="#">Md. Ann. Code, Financial Institutions Article § 1-306</a> <a href="#">Md. Ann. Code, Health-General Article § 10-101 (g)(1)</a> <a href="#">Md. Ann. Code, Health-General Article § 19-301</a> <a href="#">Md. Ann. Code, Health- General Article § 19-401</a> <a href="#">Md. Ann. Code, Health General Article § 19-1801</a> <a href="#">Md. Ann. Code, Health General Article § 19-1809</a>
<b>COMAR</b>	<a href="#">COMAR 07.02.15.03.</a> <a href="#">COMAR Chapter 07.02.16.</a> <a href="#">COMAR 10.07.14.02.</a>
<b>State Plan Implications?</b>	No

### **Purpose And Summary**

This policy establishes procedures for all Local Departments of Social Services (LDSS) when screening reports of maltreatment of vulnerable adults. This policy also provides direction on how LDSS are to make referrals for general adult services that are not specifically protective in nature in coordination with LDSS Adult Service Programs and other State departments serving vulnerable adults.

**This policy is consistent with the following statements of purpose for all Adult Protective Services (APS) programs:**

1. APS provides specific time-limited services to eligible adults.
2. APS bridges the gap between the immediate service needs of a vulnerable adult and a safer or more stable future state.
3. APS must always balance the duty to protect the safety of the vulnerable adult with the adult's right to self-determination.
4. APS prioritizes services to eligible adults who are the most vulnerable and the most at-risk.
5. APS actively pursues the involvement of other significant adults in planning for, and providing, ongoing care of the vulnerable adult.
6. APS provides services to vulnerable adults impacted by maltreatment that are not provided by other federal, State, or private agencies in Maryland.

*Updated: January 12, 2026. Replaces all provisions relating to Adult Services in the "Screening Reports of Child and Vulnerable Adult Abuse/Neglect and Requests for Services, SSA-CW #21-10" policy and all provisions relating to screening procedures in the "Adult Protective Services Program Manual, February 2005, 4<sup>th</sup> Edition".*

## Related Laws And Regulations

The [Older Americans Act](#), which became law in 1965, established grants to states for services, research, and personnel training related to the needs of older persons. The [Supporting Older Americans Act of 2020, H.R.4334](#), the most recent reauthorization of the Older Americans Act, modernizes definitions and programs provided through grants to states' Departments of Aging (DoA). Federal Regulations at [45 CFR Part 1324, Adult Protective Services Functions and Grants](#), enacted on June 7, 2024, are the first federal regulations governing policy and practice for APS programs.

[Md. Ann. Code, Family Law Article §§ 14-101 - 309](#) is the primary statutory authority for providing Adult Protective Services (APS) through the Department of Human Services (DHS). [Md. Ann. Code, Financial Institutions Article § 1-302](#) authorizes financial institutions to disclose certain information to DHS and specifically addresses such disclosure in the case when APS is investigating claims of financial exploitation of certain adults. [Md. Ann. Code, Financial Institutions Article § 1-306](#) addresses financial abuse and financial exploitation of elderly adults and the financial institutions' role in reporting such abuse. [Title 19 of the Health - General Article of the Maryland Annotated Code](#) outlines individuals' rights in certain health care facilities, including hospitals, nursing facilities, and other related institutions.

## Definitions

[Abuse](#) - the sustaining of any physical injury by a vulnerable adult as a result of cruel or inhumane treatment or as a result of a malicious act by any person.

[Activities of daily living \(ADL\)](#) - includes two levels of tasks of everyday life. Basic tasks include eating, dressing, getting into or out of a bed or a chair, taking a bath or shower, and using the toilet. Instrumental tasks are complex activities related to the ability to live independently in the community and include managing finances and medications, food preparation, housekeeping, and laundry.

[Adult Protective Services \(APS\)](#) - is a social services program to assist vulnerable adults who are unable to provide for their basic living needs or access necessary professional services, or protect their own interests and are subject to abuse, neglect, exploitation, or self-neglect. Service provision is normally limited to 6 months, in which time risk is reduced. Adult Protective Services makes every effort to stabilize the vulnerable adult in the adult's own home within the community through community support services that reduce risk factors.

*Updated: January 12, 2026. Replaces all provisions relating to Adult Services in the "Screening Reports of Child and Vulnerable Adult Abuse/Neglect and Requests for Services, SSA-CW #21-10" policy and all provisions relating to screening procedures in the "Adult Protective Services Program Manual, February 2005, 4<sup>th</sup> Edition".*

[APS Investigation](#) - a determination of whether an individual is a vulnerable adult and whether there has been abuse, neglect, exploitation, or self-neglect.

[Assisted living facility](#) - a residential or facility-based program that provides housing and supportive services, supervision, personalized assistance, health-related services for two or more residents that meets the needs of individuals who are unable to perform or need assistance in performing the activities of daily living or instrumental activities of daily living. These facilities are regulated by the Maryland Department of Health (MDH) under [COMAR Chapter 10.07.14](#), and monitored by its Office of Health Care Quality (OHCQ).

[Caller](#) - see reporter.

[Child Juvenile & Adult Management System \(CJAMS\)](#) – the approved online case management system for all Maryland child and adult welfare cases.

[DDA-licensed Facility](#) - a facility licensed by the Developmental Disabilities Administration (DDA) that provides services to individuals with developmental disabilities, including facilities funded by DDA and other sources.

[Emergency](#) - any condition in which an individual is living that presents a substantial risk of death or immediate and serious physical harm to the individual or others.

[Exploitation](#) - any action that involves the misuse of a vulnerable adult's funds or property (financial) or person (sexual).

[Hospital](#) - an institution that:

1. has a group of at least 5 physicians who are organized as a medical staff for the institution;
2. maintains facilities to provide, under the supervision of the medical staff, diagnostic and treatment services for 2 or more unrelated individuals; and
3. admits or retains the individuals for overnight care.

[Law enforcement agency](#) - a State, county, or municipal department, bureau, or agency tasked with enforcing laws or investigating crimes within a jurisdiction.

[Long-Term Care \(LTC\)](#) - a broad range of medical, social, and personal support services used by individuals of all ages with chronic illness and disabilities to assist them with activities of daily living. The level of need for

*Updated: January 12, 2026. Replaces all provisions relating to Adult Services in the **“Screening Reports of Child and Vulnerable Adult Abuse/Neglect and Requests for Services, SSA-CW #21-10”** policy and all provisions relating to screening procedures in the **“Adult Protective Services Program Manual, February 2005, 4<sup>th</sup> Edition”**.*

LTC services varies, ranging from assistance with household chores to around-the-clock skilled medical care.

Long-Term Care Facility - a congregate care setting with two or more unrelated adults where the adults are provided long-term care. Long-term care facilities include licensed and unlicensed assisted living facilities, nursing homes, Developmental Disability Administration facilities, non-residential facilities, and adult medical day care.

Long-Term Care Ombudsman - individuals trained to help residents of long-term care facilities resolve issues and concerns, assist with resident complaints, and help improve overall resident care and quality of life. The Department of Aging's Long-Term Care Ombudsman Program consists of the State Office and 19 Local LTC Ombudsman Programs, located at Area Agencies on Aging and serving specific regions.

Maltreatment - is any type of abuse, neglect, self-neglect, or exploitation as defined in Md. Ann. Code, Family Law Article § 14-101 and COMAR 07.02.16.02.

Medicaid Fraud & Vulnerable Victims Unit (MFVVU) - the agency within the Maryland Office of the Attorney General that investigates claims of Medicaid fraud by health care providers; abuse and neglect against vulnerable adults; and improper drug usage by health care providers..

Mental health facility - any public or private clinic, hospital, or other institution that provides treatment or other services to individuals who have mental disorders. "Mental health facility" does not include facilities operated by the United States Department of Veterans Affairs.

Neglect - willingly depriving a vulnerable adult of adequate food, clothing, essential medical treatment, habilitative therapy, shelter, or supervision. However, "neglect" does not include providing nonmedical remedial care and treatment for healing injury or disease if the nonmedical care and treatment is recognized by State law and is done with the informed consent of the vulnerable adult.

Nursing home - a facility regulated by Maryland Department of Health (MDH) under COMAR Chapter 10.07.02 and monitored by the OHCQ.

Office of Health Care Quality (OHCQ) - the office within the Maryland Department of Health charged with licensing and monitoring the quality of care in Maryland's health care facilities and community-based programs.

Other Adult Services - a range of adult care services, including social

*Updated: January 12, 2026. Replaces all provisions relating to Adult Services in the "Screening Reports of Child and Vulnerable Adult Abuse/Neglect and Requests for Services, SSA-CW #21-10" policy and all provisions relating to screening procedures in the "Adult Protective Services Program Manual, February 2005, 4<sup>th</sup> Edition".*

services to adults, respite care, and in-home aide services, provided by the LDSS or through other agencies to adults who need services or support to enhance self-sufficiency and improve their quality of life.

Reporter - the person contacting the LDSS to report alleged maltreatment. The reporter is also referenced as the caller.

Risk of harm - an adult's increased susceptibility to harm from abuse, exploitation, neglect, or self-neglect due to a combination of personal characteristics and/or life circumstances.

Screeener - the LDSS staff person trained and assigned to screen reports of adult maltreatment or service requests.

Self-neglect - the inability of a vulnerable adult to provide the vulnerable adult with the services that are necessary for the vulnerable adult's physical and mental health, and the absence of which impairs or threatens the vulnerable adult's well-being.

Vulnerable adult - an adult who lacks the physical or mental capacity to provide for their daily needs (i.e., the activities of daily living). In the context of Adult Protective Services, a vulnerable adult refers to an adult who is at increased risk of harm or exploitation due to factors like increased age or a disability, or other circumstances or conditions that impair their ability to protect themselves and/or manage ADL.

## **Procedures And Timeframes**

### **1. LDSS Staffing and Intake Requirements**

- 1.1. LDSS must have trained service staff available 24 hours per day, 365 days per year to accept and screen calls of suspected maltreatment of adults.
- 1.2. LDSS must have supervisors trained and available to make decisions regarding maltreatment reports and service requests, and provide appropriate supervision to screeners 24 hours per day, 365 days per year.
  - 1.2.1. Trained staff are service staff and supervisors with the technical skills and knowledge to receive reports, gather information about the adults' needs, and knowledge of available adult services in order to make and approve appropriate recommendations to resolve the situation.
  - 1.2.2. Trained staff are required to participate in ongoing Adult Services training as directed by DHS.
- 1.3. LDSS must maintain an after-hours plan for screening and

*Updated: January 12, 2026. Replaces all provisions relating to Adult Services in the "Screening Reports of Child and Vulnerable Adult Abuse/Neglect and Requests for Services, SSA-CW #21-10" policy and all provisions relating to screening procedures in the "Adult Protective Services Program Manual, February 2005, 4<sup>th</sup> Edition".*

responding to reports of adult maltreatment and self-neglect. The plan must include trained supervisors who will review and make decisions on all screener reports.

- 1.4. After-hours workers must act immediately in response to reports of adult maltreatment when a vulnerable adult's life is at risk. ([Section 6. Screening for Immediate Risk](#)).
- 1.5. Calls to the LDSS screening phone line may not be directed to voice mail.
- 1.6. Reports of suspected adult maltreatment that come into other phone lines at the LDSS must be immediately directed to service staff trained to receive APS reports or to the APS Hotline.
- 1.7. LDSS staff receiving and screening reports of suspected adult maltreatment must have access to CJAMS 24 hours per day, 365 days per year.

## 2. The Screener's Role

The screener collects information that will be used by the supervisor to determine if the adult who is the subject of a report could meet the definition of vulnerable adult, if risk-of-harm could exist, and if the reported allegations could meet the definition of maltreatment.

Screeners must:

- 2.1. ask questions to clarify the reporter's concerns;
- 2.2. use simple, everyday language and open-ended questions to engage with and obtain information from the reporter;
- 2.3. avoid asking a list of predetermined questions;
- 2.4. document all information in CJAMS for review by the supervisor who will make the final decision as to whether a report will be screened in for an investigation, screened out, or whether additional information is needed; and
- 2.5. make the screening recommendation based solely on information the reporter provides and not on contact with anyone other than the reporter in an attempt to verify or clarify the reported maltreatment.
  - 2.5.1. If the reporter is able to provide details of the allegation but additional information is still needed to verify if the adult is vulnerable or that maltreatment occurred, the report should be screened in for an APS investigation.
  - 2.5.2. Screeners may contact partner agencies to verify whether the adult currently resides in the reported facility or to obtain or verify the location of an adult alleged to be maltreated.

*Updated: January 12, 2026. Replaces all provisions relating to Adult Services in the "Screening Reports of Child and Vulnerable Adult Abuse/Neglect and Requests for Services, SSA-CW #21-10" policy and all provisions relating to screening procedures in the "Adult Protective Services Program Manual, February 2005, 4<sup>th</sup> Edition".*

### 3. **Determining Eligibility for an APS Investigation**

Every report of adult maltreatment received by the LDSS must be screened to determine if the adult could be eligible for an APS investigation. Under [Md. Ann. Code, Family Law Article § 14–103](#) and [COMAR 07.02.16.03](#), an adult is eligible for an APS investigation if:

- 3.1. the adult could meet the definition of a vulnerable adult ([Subsection 5.2., Vulnerable Adult Details](#)); and
- 3.2. the adult is alleged to be a victim of maltreatment or is at risk of being susceptible to maltreatment ([Subsection 5.3, Risk-of-Harm Details](#)); and
- 3.3. in the case of reports of abuse, the report alleges abuse that OCCURRED IN A LOCATION OTHER THAN a hospital, nursing home, DDA-licensed facility, or mental health facility.

### 4. **The Adult Services Risk Screening Tool**

- 4.1. The screener enters information obtained from the reporter into the [Adult Services Risk Screening Tool](#) in CJAMS.
- 4.2. If the reporter does not know information requested by the screener, the screener must document the reporter's response as "unknown".
- 4.3. The [Adult Services Risk Screening Tool](#) provides an overall risk level regarding adult vulnerability and risk of harm along with narrative information regarding the allegation of maltreatment.
- 4.4. Upon receipt of the completed [Adult Services Risk Screening Tool](#) in CJAMS, the supervisor will use the information documented in the [Adult Services Risk Screening Tool](#) and their clinical decision-making skills to make the final screening determination.

### 5. **Information to Obtain from the Reporter**

#### 5.1. **Demographic Details**

The screener collects demographic information, including contact information about the adult who is the subject of the report, the alleged maltreater, and any other involved persons. Risks that may be encountered by an APS worker in responding to a report (e.g., presence of animals, weapons in the home, mold, etc.) are also obtained (see [Appendix A](#) for examples of specific questions).

#### 5.2. **Vulnerable Adult Details**

The screener collects information about whether the adult who is the subject of the report may be experiencing cognitive, physical and/or mental health conditions that may be affecting the adult's management of their ADL (see [Appendix A](#) for examples of

*Updated: January 12, 2026. Replaces all provisions relating to Adult Services in the "Screening Reports of Child and Vulnerable Adult Abuse/Neglect and Requests for Services, SSA-CW #21-10" policy and all provisions relating to screening procedures in the "Adult Protective Services Program Manual, February 2005, 4<sup>th</sup> Edition".*

specific questions).

- 5.2.1. The existence of a condition or disability does NOT, by itself, require that the adult be considered a vulnerable adult.
- 5.2.2. Behaviors that demonstrate the adult is unable to manage their condition or disability must exist to make the determination that the adult could be vulnerable.

### **5.3. Risk-of-Harm Details**

The screener identifies actual or potential circumstances that exist in the home and/or community that may put the adult at risk-of-harm for maltreatment such as:

- 5.3.1. the identity of an alleged maltreater (if known) and the alleged maltreater's ongoing access to the adult;
- 5.3.2. the condition of the adult's home as it relates to hazards that could lead to falls, fires, and other unintentional injuries; and
- 5.3.3. the safety of the neighborhood and community (see [Appendix A](#) for examples of specific questions).

### **5.4. Maltreatment Details**

The screener identifies signs of potential maltreatment, focusing on the adult's safety and well-being, and the adult's financial security. The screener also, to the extent possible:

- 5.4.1. identifies the dates, place, types of maltreatment, and the whereabouts of the alleged maltreater, if known;
- 5.4.2. explores whether other individuals are aware of or may have information about the alleged maltreatment;
- 5.4.3. identifies physical signs of abuse;
- 5.4.4. obtains financial exploitation-related information (if possible) such as banking information, whether a will or power of attorney exists, whether there have been recent changes in wills or trusts; and
- 5.4.5. explores the possibility of the existence of other types of maltreatment (see [Appendix A](#) for examples of specific questions).

### **5.5. Screening Out an APS Investigation and Referring to Other Adult Services**

Screeners must respond to reports referring potentially vulnerable adults for other adult services. ([Section 15, Screen-outs and Referrals to Other Adult Services](#)).

## **6. Screening for Immediate Risk**

The screener must initially **assess the immediate risk** to the safety or well-being of any adult about whom the LDSS receives a report.

*Updated: January 12, 2026. Replaces all provisions relating to Adult Services in the "Screening Reports of Child and Vulnerable Adult Abuse/Neglect and Requests for Services, SSA-CW #21-10" policy and all provisions relating to screening procedures in the "Adult Protective Services Program Manual, February 2005, 4<sup>th</sup> Edition".*

[Md. Ann. Code, Family Law Article § 14-303](#) requires a 24-hour emergency response if the adult is in a life-threatening situation such as lacking sufficient food or water or experiencing a medical emergency.

If the screener determines the risk of maltreatment poses an immediate threat to the adult's safety and well-being, the screener must:

- 6.1. call 911 to obtain immediate intervention for the adult unless emergency intervention is already in place (i.e., adult is at a hospital, law enforcement is involved. etc.); and
- 6.2. contact the supervisor and inform them of the urgent risk to the adult and the call made to 911; and
- 6.3. complete screening the report to assess whether the report must be screened in for an APS investigation and if so, whether an emergency response (24-hour response) or a non-emergency response (a five-business-day response) is needed.

## **7. Screening When the Adult Is Not at Immediate Risk**

If the screener assesses that the adult is not at risk of immediate harm, the screener must:

- 7.1. continue to collect information from the reporter as directed in [Section 5. Information To Obtain From The Reporter](#); and
- 7.2. assess whether the situation warrants investigations by other agencies as well.

## **8. Screening Reports in Long-Term Care (LTC) Facilities**

APS is responsible for investigating allegations in LTC facilities with the following exceptions. *APS has no authority to investigate alleged ABUSE that occurred in nursing homes, hospitals, DDA-licensed facilities, or mental health facilities.* The screener who receives a report of ABUSE that occurred in a LTC facility, must gather information regarding the type of LTC facility where the alleged maltreatment occurred.

### **8.1. Adults in All LTC Facilities Are Vulnerable Adults**

An adult living in a LTC facility is considered a vulnerable adult for the purposes of screening reports of maltreatment. This is due to the adult's need for assistance with ADLs, which is to be provided in the LTC facility.

### **8.2. Providing Information About LTC Facilities to Government Partners (MFVVU & OHCQ)**

Because other governmental entities are responsible for

*Updated: January 12, 2026. Replaces all provisions relating to Adult Services in the "Screening Reports of Child and Vulnerable Adult Abuse/Neglect and Requests for Services, SSA-CW #21-10" policy and all provisions relating to screening procedures in the "Adult Protective Services Program Manual, February 2005, 4<sup>th</sup> Edition".*

enforcing laws and regulations relating to LTC facilities, those entities must be informed about all reports that include allegations of abuse, neglect, or exploitation that are alleged to have occurred in any LTC facility, regardless of whether the report was screened in or screened out for an investigation.

- 8.2.1. The Office of the Attorney General's Medicaid Fraud & Vulnerable Victims Unit (MFVVU) has authority to prosecute abuse and neglect in LTC facilities. The screener must forward the Intake Summary to the MFVVU at [MedicaidFraud@oag.state.md.us](mailto:MedicaidFraud@oag.state.md.us).
- 8.2.2. The Maryland Department of Health's Office of Health Care Quality (OHCQ) is responsible for enforcing regulations relating to the operation of LTC facilities. The screener must inform OHCQ by using the [OHCQ Complaint Form](#) or by forwarding the Intake Summary to OHCQ by email (based on the type of facility):
  - 8.2.2.1. [nh.complaints@maryland.gov](mailto:nh.complaints@maryland.gov) (nursing homes);
  - 8.2.2.2. [al.complaints@maryland.gov](mailto:al.complaints@maryland.gov) (assisted living facilities);
  - 8.2.2.3. [dd.triage@maryland.gov](mailto:dd.triage@maryland.gov) (DDA facilities); and
  - 8.2.2.4. [ohcq.complaints@maryland.gov](mailto:ohcq.complaints@maryland.gov) (all other facilities).

### **8.3. Screening Reports of Neglect in LTC Facilities**

The screener receiving a report of alleged neglect in a LTC facility must:

- 8.3.1. screen for the existence of any risk-of-harm factors; and
- 8.3.2. screen for signs of neglect including, but not limited to:
  - 8.3.2.1. denial of medical treatment including dialysis;
  - 8.3.2.2. missed medication;
  - 8.3.2.3. missed medical appointments;
  - 8.3.2.4. bruising that could be the result of falling or inadequate care;
  - 8.3.2.5. denial of food or water; and
  - 8.3.2.6. denial of necessary assistance to the adult in managing ADL; and
- 8.3.3. screen the case in for an APS investigation if there are indicators of neglect and the adult's health or safety is at risk.

If, based on the reporter's information, there are NO indicators of neglect and the adult's health or safety is NOT at risk, the screener must:

- 8.3.4. inform the caller that the report will be screened out because the report does not meet eligibility criteria for an

- 8.3.5. APS investigation;
- 8.3.5. refer the reporter to the local [Long-Term Care Ombudsman Program](#) to address any quality of care issues the reporter may have with the LTC facility;
- 8.3.6. screen-out the report in CJAMS; and
- 8.3.7. note in the Intake Summary that the reporter was referred to the local Ombudsman Program.

#### **8.4. Screening Reports of Exploitation in LTC Facilities**

The LDSS must screen all reports of exploitation occurring in all LTC facilities, including allegations of financial exploitation or sexual exploitation. Examples of potential exploitation include:

- 8.4.1. Misuse of the finances of the resident adult by facility staff, including a facility's director, who is serving as power of attorney for the resident;
- 8.4.2. Misuse of the finances of the resident adult by a friend or family member of the vulnerable adult who is taking advantage of the power of attorney role while the individual is a resident in a facility; and
- 8.4.3. non-consensual sexual contact between the adult and facility staff or any visitor.

#### **8.5. Screening Reports of Abuse in LTC Facilities**

When the LDSS receives a report of abuse of an adult residing in a LTC facility, the screener must gather information to determine if the LTC is a licensed nursing home, DDA facility, hospital or mental health facility.

- 8.5.1. If the LTC facility is a licensed nursing home, DDA facility, hospital, or mental health facility, and the allegations relate only to abuse that occurred in the facility (not prior to the adult's arrival at the facility), the report must be screened out, and the screener must complete tasks outlined in [Subsection 8.6](#).
  - 8.5.1.1. If the allegation of abuse occurred prior to arrival at the licensed nursing home, DDA facility, hospital or mental health facility, the LDSS must complete the screening process outlined in [Subsection 8.7](#).
  - 8.5.1.2. If the LTC facility is not a licensed nursing home, DDA facility, hospital, or mental health facility, the LDSS must complete the screening process outlined in [Subsection 8.7](#).

#### **8.6. Screening Out Reports of Abuse in Hospitals, Nursing Homes, DDA-Licensed Facilities or Mental Health Facilities**

*Updated: January 12, 2026. Replaces all provisions relating to Adult Services in the "Screening Reports of Child and Vulnerable Adult Abuse/Neglect and Requests for Services, SSA-CW #21-10" policy and all provisions relating to screening procedures in the "Adult Protective Services Program Manual, February 2005, 4<sup>th</sup> Edition".*

When the adult resides in a licensed nursing home, DDA facility, hospital, or mental health facility, the screener must:

- 8.6.1. collect contact information about the facility (i.e., name, address, phone number, website);
- 8.6.2. obtain the name, age/birthdate if known, race, gender of the adult alleged to be maltreated;
- 8.6.3. identify what type of abuse is alleged to have occurred and by whom (if known);
- 8.6.4. record the contact information of the reporter unless the reporter chooses to remain anonymous;
- 8.6.5. inform the reporter that the report falls outside the APS purview for investigation but that the details will be submitted by the LDSS to OHCQ, MFVVU and local law enforcement for follow-up ([Section 12, Reporting Maltreatment to Other Government Agencies](#));
- 8.6.6. forward the Intake Summary to the MFVVU at [MedicaidFraud@oag.state.md.us](mailto:MedicaidFraud@oag.state.md.us);
- 8.6.7. notify OHCQ by using the [OHCQ Complaint Form](#) or forwarding the Intake Summary to OHCQ via email (based on the type of facility):
  - 8.6.7.1. [nh.complaints@maryland.gov](mailto:nh.complaints@maryland.gov) (nursing homes);
  - 8.6.7.2. [al.complaints@maryland.gov](mailto:al.complaints@maryland.gov) (assisted living facilities);
  - 8.6.7.3. [dd.triage@maryland.gov](mailto:dd.triage@maryland.gov) (DDA facilities); and
  - 8.6.7.4. [ohcq.complaints@maryland.gov](mailto:ohcq.complaints@maryland.gov) (all other facilities).
- 8.6.8. refer the reporter to the local [Long-Term Care Ombudsman Program](#) to address any quality of care issues the reporter may have with the LTC facility;
- 8.6.9. note in the Intake Summary that the information contained in the report was provided to OHCQ and MFVVU, and whether the reporter was referred to the local Ombudsman Program; and
- 8.6.10. submit the case for supervisory review and approval.

### **8.7. Screening Reports of Abuse in Other LTC Facilities**

If the alleged abuse occurred at a LTC facility such as an assisted living facility, adult medical day care program, or other program or facility that provides long-term care (other than a licensed nursing home, DDA facility, hospital, or mental health facility), the screener must:

- 8.7.1. assess whether any risk-of-harm factors exist; and
- 8.7.2. identify signs of abuse including:

- 8.7.2.1. injury caused by any other person regardless of severity;
- 8.7.2.2. injuries of unknown origin; and
- 8.7.2.3. bruises, cuts, or fractures, especially in unusual areas;
- 8.7.3. inform the caller that the LDSS will send the Intake report to OHCQ and MFVVU for those agencies review and action ([see Section 12, Reporting Maltreatment to Other Government Agencies](#));
- 8.7.4. forward the Intake Summary to the MFVVU at [MedicaidFraud@oag.state.md.us](mailto:MedicaidFraud@oag.state.md.us);
- 8.7.5. notify OHCQ by using the [OHCQ Complaint Form](#) or forwarding the Intake Summary to OHCQ via email (based on the type of facility):
  - 8.7.5.1. [nh.complaints@maryland.gov](mailto:nh.complaints@maryland.gov) (nursing homes);
  - 8.7.5.2. [al.complaints@maryland.gov](mailto:al.complaints@maryland.gov) (assisted living facilities);
  - 8.7.5.3. [dd.triage@maryland.gov](mailto:dd.triage@maryland.gov) (DDA facilities); and
  - 8.7.5.4. [ohcq.complaints@maryland.gov](mailto:ohcq.complaints@maryland.gov) (all other facilities).
- 8.7.6. refer the reporter to the local [Long-Term Care Ombudsman Program](#) to address any quality of care issues the reporter may have with the LTC facility;
- 8.7.7. note in the Intake Summary that the information contained in the report was provided to OHCQ and MFVVU, and whether the reporter was referred to the local Ombudsman; and
- 8.7.8. submit the case for supervisory review and approval.

## **9. Screening Reports of the Death of an Adult**

If the screener receives a report of an adult who has died, the screener must screen out the report for an investigation because there are no services to provide to the deceased adult. However, the screener may need to take additional action if the death was (or may have been) a result of maltreatment or if there are other potentially vulnerable adults who may be at risk of maltreatment in the residence or LTC facility.

### **9.1. Screening Out a Report of Death Resulting from Maltreatment in any LTC Facility**

Reports of the death of an adult in a LTC facility due to maltreatment must be screened out, but the screener must also:

- 9.1.1. inform the reporter that a copy of the LDSS Intake Summary will be forwarded to the MFVVU and to OHCQ for any follow-up deemed necessary by both agencies;

*Updated: January 12, 2026. Replaces all provisions relating to Adult Services in the "Screening Reports of Child and Vulnerable Adult Abuse/Neglect and Requests for Services, SSA-CW #21-10" policy and all provisions relating to screening procedures in the "Adult Protective Services Program Manual, February 2005, 4<sup>th</sup> Edition".*

- 9.1.2. forward the Intake Summary to the MFVVU at [MedicaidFraud@oag.state.md.us](mailto:MedicaidFraud@oag.state.md.us)
- 9.1.3. notify OHCQ by using the [OHCQ Complaint Form](#) or forwarding the Intake Summary to OHCQ via email (based on the type of facility):
  - 9.1.3.1. [nh.complaints@maryland.gov](mailto:nh.complaints@maryland.gov) (nursing homes);
  - 9.1.3.2. [al.complaints@maryland.gov](mailto:al.complaints@maryland.gov) (assisted living facilities);
  - 9.1.3.3. [dd.triage@maryland.gov](mailto:dd.triage@maryland.gov) (DDA facilities); and
  - 9.1.3.4. [ohcq.complaints@maryland.gov](mailto:ohcq.complaints@maryland.gov) (all other facilities).
- 9.1.4. notify local law enforcement and the local State's Attorney *if there is any reason to believe* a crime may have been committed;
- 9.1.5. screen-out the report in CJAMS;
- 9.1.6. document in the Intake Summary that the report was provided to the MFVVU, OHCQ, local law enforcement, and the State's Attorney (as applicable); and
- 9.1.7. consider if other adults in the facility may be at risk of harm and, if so, determine whether additional action is warranted as detailed in [Subsection 9.3](#).

**9.2. Screening Out Reports of a Death of an Adult NOT in a LTC Facility**

Reports of the death of an adult residing in a setting other than a LTC facility due to maltreatment must be screened out but the screener must also:

- 9.2.1. Obtain information regarding the death of the adult to determine if there is a possibility that maltreatment occurred and whether a crime may have been committed; and
- 9.2.2. If the screening supervisor determines there is a possibility that a crime was committed, the supervisor must provide, or direct the screener to provide, the screened-out Intake Summary report to local law enforcement and the local State's Attorney in a manner consistent with the procedures agreed to in a Memorandum of Agreement (MOA) between the LDSS and local law enforcement; and
- 9.2.3. Consider if other adults in the facility may be at risk of harm and, if so, determine whether additional action is warranted as detailed in [Subsection 9.3](#).

**9.3. Screening In Reports Regarding Other Potentially Vulnerable Adults following the Death of an Adult**

If the LDSS supervisor has reason to believe that the death of an

adult may have been connected to potential maltreatment of the adult and that other adults in the residence or LTC facility *may also be at risk of harm* of maltreatment, the supervisor should screen-in those other adult(s) in the residence or LTC facility for investigation(s) under their own name(s) and contact information. The reason for such a decision (e.g., report of death in a LTC facility due to alleged abuse or self-neglect in a residence) must be included in the screening decision in CJAMS.

**TABLE A: Responsibility to Investigate Maltreatment**

<b>Location of Maltreatment (Residence Type)</b>	<b>State Agencies to Investigate</b>	<b>Type of Maltreatment</b>
Private Residences Project Home & Adult Foster Care Settings Other Community Settings	<b>DHS/APS</b>  MFVU (if vulnerable adult is a Medicaid recipient)	<b>ALL</b>
Nursing Homes Hospitals DDA-licensed Facilities Mental Health Facilities	<b>DHS/APS</b>  MFVU  OHCQ	<b>Neglect &amp; Exploitation</b>  <b>ALL</b>
Assisted Living Facilities (licensed and unlicensed) Adult Day Care Medical Day Care Other Congregate Care Settings for Adults	<b>DHS/APS</b>  MFVU  OHCQ	<b>ALL</b>

**10. Submitting the Intake Summary to the Supervisor**

The screener must complete the Intake Summary in CJAMS including a written narrative in the adult screen and send the completed Intake Summary to the supervisor. The supervisor may accept the Intake Summary as submitted, or reject the Intake Summary, and send the Intake Summary back for corrections.

10.1. The CJAMS timer that tracks the timeframe to begin the investigation starts when the screener sends the Intake Summary to the supervisor in CJAMS. However:

10.1.1. If the screener needs supervisory guidance during or

*Updated: January 12, 2026. Replaces all provisions relating to Adult Services in the "Screening Reports of Child and Vulnerable Adult Abuse/Neglect and Requests for Services, SSA-CW #21-10" policy and all provisions relating to screening procedures in the "Adult Protective Services Program Manual, February 2005, 4<sup>th</sup> Edition".*

after screening a report, the screener may use the **“SUPERVISORY REVIEW”** request in CJAMS to send the Intake Summary to the supervisor for review. Using the “Supervisory Review” designation DOES NOT start the timer.

- 10.1.2. Guidance may be sought through any means available but must occur during or immediately following the screening process. Supervisory guidance may not be postponed until daytime hours or the next business day.

## 11. Making the Screening Decision

The LDSS supervisor makes the final decision to screen a report in or out for an APS investigation, to refer an adult for other adult services, or to obtain more information from the screener.

### 11.1. Supervisory Review

If the screener sends the Intake Summary to the supervisor by using the **“SUPERVISORY REVIEW”** request in CJAMS, the supervisor must assist in resolving the screener’s questions as quickly as possible so the report can be resubmitted to the supervisor for a final screening decision.

### 11.2. Screening a Report In

When the supervisor determines that the adult who is the subject of a report of maltreatment could be vulnerable, and risk-of-harm could exist, and the available details of the alleged maltreatment could be consistent with the statutory definitions of abuse, neglect, exploitation or self-neglect, the report must be screened in for an APS investigation.

- 11.2.1. If the reporter is unable to provide some relevant information (e.g., whether there is a mental health diagnosis, whether the adult has assistance in performing ADLs, whether the alleged maltreater continues to have access to the adult, etc.), the supervisor must consider whether the information that is known is sufficient to recommend an APS investigation.
  - 11.2.1.1. Lack of information is not a sufficient reason for screening a case out unless the missing information prevents the LDSS from contacting the adult alleged to be maltreated.
  - 11.2.1.2. If the additional but missing information is critical to determining if maltreatment occurred, the supervisor must screen the case in.

- 11.2.1.3. The supervisor must determine if a 24-hour emergency response or five-business-day response is required (see [Section 6: Screening for Immediate Risk](#)).

### **11.3. Screening a Report Out**

The supervisor must screen-out a report of maltreatment if:

- 11.3.1. the adult is not suspected of being a vulnerable adult (see [Subsection 5.2. Vulnerable Adult Details](#)); or
- 11.3.2. the adult is not at risk of maltreatment (see [Section 5.3. Risk of Harm Details](#)); or
- 11.3.3. the report does not include allegations of abuse, neglect, self-neglect, or exploitation; or
- 11.3.4. the details of the alleged maltreatment are inconsistent with the legal definition of any or all forms of maltreatment as defined in this policy, or
- 11.3.5. the adult is in a hospital, nursing home, mental health facility, or DDA-Licensed facility AND is alleged to have been abused while a patient in such a facility ([Subsection 8.4. Screening Reports of Abuse in LTC Facilities](#)); or
- 11.3.6. The contact information needed to identify and locate the adult alleged to be maltreated is missing or inaccurate and cannot be obtained or corrected.

## **12. Reporting Maltreatment to Other Governmental Agencies**

### **12.1. Reporting to Local Law Enforcement and State's Attorney**

[Md. Ann. Code, Family Law Article § 14-305](#) and [COMAR 07.02.16.07 A\(1\)](#) requires the LDSS to notify local law enforcement and the local State's Attorney of a report of maltreatment or exploitation in any setting if there is a possibility that a crime was committed against an alleged vulnerable adult, regardless of whether the report was screened in or screened out for an APS Investigation. This notification should occur according to procedures outlined in a Memorandum of Agreement (MOA) between the LDSS and local law enforcement.

- 12.1.1. If the supervisor is unsure whether the alleged maltreatment could be a crime, they must err on the side of reporting the incident to local law enforcement.
- 12.1.2. The supervisor may use discretion in determining the timing of when the report of alleged maltreatment will be

*Updated: January 12, 2026. Replaces all provisions relating to Adult Services in the "Screening Reports of Child and Vulnerable Adult Abuse/Neglect and Requests for Services, SSA-CW #21-10" policy and all provisions relating to screening procedures in the "Adult Protective Services Program Manual, February 2005, 4<sup>th</sup> Edition".*

made to law enforcement and the State's Attorney to avoid exposing the vulnerable adult to retaliation or subsequent abuse by the alleged maltreater.

- 12.1.2.1. The report to local law enforcement and the State's Attorney must be made no later than the date the investigation is closed and the reason for delaying the report to law enforcement must be documented in CJAMS.
- 12.1.2.2. The LDSS must also consider filing for an order of protection on behalf of the adult and must document the decision to file or not file in CJAMS.

## **12.2. Reporting to the Medicaid Fraud & Vulnerable Victims Unit (MFVVU)**

The LDSS must report all allegations of adult maltreatment of residents in LTC facilities to the MFVVU regardless of whether the report was screened in or screened out for an APS Investigation.

Additionally, the LDSS must report all allegations of adult maltreatment or exploitation involving individuals who may be recipients of Medicaid regardless of whether the report was screened in or screened out for an APS Investigation. Reports are made by forwarding a copy of the Intake Summary to the MFVVU at [MedicaidFraud@oag.state.md.us](mailto:MedicaidFraud@oag.state.md.us).

## **12.3. Reporting to the Office of Health Care Quality (OHCQ)**

The LDSS must report all allegations of adult maltreatment involving residents of LTC facilities to OHCQ regardless of whether the report was screened in or screened out for an APS Investigation. Reports are made to OHCQ by using the [OHCQ Complaint Form](#) or forwarding the Intake Summary via email (based on the type of facility) to:

- 12.3.1. [nh.complaints@maryland.gov](mailto:nh.complaints@maryland.gov) (nursing homes),
- 12.3.2. [al.complaints@maryland.gov](mailto:al.complaints@maryland.gov) (assisted living facilities),
- 12.3.3. [dd.triage@maryland.gov](mailto:dd.triage@maryland.gov) (DDA facilities), and
- 12.3.4. [ohcq.complaints@maryland.gov](mailto:ohcq.complaints@maryland.gov) (all other facilities).

## **12.4. Reporting to Professional Boards**

If the report involves allegations of maltreatment by a licensed provider, a certified nursing assistant, geriatric nursing assistant, certified medication technician, nurse or physician, or a licensed social worker, the LDSS must report the allegation to the appropriate professional board (i.e. [Board of Nursing](#), [Board of Physicians](#), [Board of Social Work](#)).

*Updated: January 12, 2026. Replaces all provisions relating to Adult Services in the "Screening Reports of Child and Vulnerable Adult Abuse/Neglect and Requests for Services, SSA-CW #21-10" policy and all provisions relating to screening procedures in the "Adult Protective Services Program Manual, February 2005, 4<sup>th</sup> Edition".*

### **13. Multiple Reports and Reports on Open Adult Cases**

If multiple concurrent reports are made regarding an adult who is allegedly maltreated, the additional reports are to be included in the initial report. Concurrent reports are not screened as separate cases and are documented in the original Intake Summary in CJAMS. If the original report was closed in CJAMS, the LDSS must open a new case.

Reports of maltreatment on open adult service program cases must be screened as any other new report of maltreatment. The screener must inform the caseworker and supervisor for the open adult service program case of the new report.

### **14. Multijurisdictional Reports**

When more than one jurisdiction is involved in a report of maltreatment, the LDSS must manage the report as follows:

- 14.1. The screener receiving a report alleging adult maltreatment that has occurred in another jurisdiction must obtain necessary information about the adult and the alleged maltreatment and do either of the following:
  - 14.1.1. If the report involves immediate danger to the adult, the screener must obtain the necessary information and immediately notify their supervisor of the situation; AND the screener or supervisor must call 911 and/or local law enforcement in the jurisdiction where the adult resides and forward the case in CJAMS to the appropriate jurisdiction, OR
  - 14.1.2. If there is no apparent immediate danger to the adult, the screener must obtain the necessary information and forward the case in CJAMS to the appropriate jurisdiction; and
- 14.2. The supervisor must directly contact the supervisor in the receiving jurisdiction to ensure they are aware of and have received the referral for screening.
- 14.3. If the maltreatment is occurring in multiple jurisdictions, the jurisdiction that first learns of the maltreatment will open the case in CJAMS and coordinate the investigation among all relevant jurisdictions through at least one interjurisdictional staffing to ensure all involved jurisdictions:
  - 14.3.1. notify local law enforcement and the State's Attorneys in the involved jurisdictions;
  - 14.3.2. notify OHCQ and MFVVU as applicable; and
  - 14.3.3. coordinate the provision of services to eliminate

*Updated: January 12, 2026. Replaces all provisions relating to Adult Services in the "Screening Reports of Child and Vulnerable Adult Abuse/Neglect and Requests for Services, SSA-CW #21-10" policy and all provisions relating to screening procedures in the "Adult Protective Services Program Manual, February 2005, 4<sup>th</sup> Edition".*

redundancy and prevent gaps in needed services.

## **15. Screen-outs and Referrals to Other Adult Services**

When an APS investigation is not warranted, referring the adult to other services or providing information about other services can meet the adult's service needs and avoid the possibility of future APS investigations.

- 15.1. The adult needing services or another legally authorized individual (i.e., the adult's legal guardian or person with power of attorney) may call and request other adult services; or
- 15.2. The screener may screen out a report for an APS investigation and determine the adult may benefit from other adult services. The screener must decide whether the adult could be eligible for other adult services by assessing the specific service needs of the adult.
- 15.3. Courts or family members may call with questions about adult guardianship. This includes a family member or friend wanting to petition the court to become the guardian of an alleged vulnerable adult; or a request of a circuit court for a guardianship assessment. Any inquiry involving guardianship should be sent to an Adult Protective Services supervisor.
- 15.4. Services may be provided directly by the LDSS or through other local or state agencies, based on the adult's needs and which agency provides the needed services. See [Appendix B: SUMMARY OF ALL LDSS ADULT SERVICES PROGRAMS](#) and [Appendix C: OTHER STATE RESOURCES FOR ADULTS](#).
  - 15.4.1. The screener documents the referral for other services in the Intake Summary in CJAMS for review and approval by the supervisor.
  - 15.4.2. The screener may use the IHAS Functional Assessment Tool in CJAMS to assist in determining if a referral to Adult Foster Care (i.e., Project Home) or IHAS/SSTA services is appropriate.
  - 15.4.3. The CJAMS Adult Screen "Referrals For Services" may also be used for referrals to other adult services

### **Documentation**

Screening details must be recorded in the Intake section in CJAMS regardless of whether the report is screened in, screened out, or referred elsewhere. All verbal approvals and decisions made about a report taken after-hours, on weekends or holidays must be documented in CJAMS.

*Updated: January 12, 2026. Replaces all provisions relating to Adult Services in the "Screening Reports of Child and Vulnerable Adult Abuse/Neglect and Requests for Services, SSA-CW #21-10" policy and all provisions relating to screening procedures in the "Adult Protective Services Program Manual, February 2005, 4<sup>th</sup> Edition".*

**Table B. Completing Referral Information in CJAMS** provides instructions on documentation. LDSS also have access to the “How To” Guide for entering data in CJAMS, available at [Adult Services eLearning Materials](#).

**TABLE B. Completing Referral Information in CJAMS**

<b>INTAKE REFERRAL INFORMATION</b>	<b>WHERE DOCUMENTED</b>
Person Card information, including Collateral, Quick Person History and Other.	Person Tab
Confirmed demographic information for all persons relevant to the case, whether they are members of the household, and if known, their relationship to others in the case.	Person Tab
Complete a detailed narrative of the reporter’s concern.	Narrative Tab*
Accurate contact information for the reporter (unless the report is made anonymously).	Narrative Tab
All allegations that meet criteria for investigation. (These are populated from the Adult Screen.)	Service/Sub-Type
All uploaded documents received by the screener receiving the report (e.g.: faxed referrals, photographs, etc).	Document Tab
Document reporting maltreatment to local law enforcement and the local states attorney when the maltreatment is possibly a criminal act.	Intake Summary

\* *The Narrative Tab will populate this information into the Adult Services Risk Screening Tool*

### **Forms And Attachments**

[AdultScreenTool screenshot.pdf](#)

[OHCQ Complaint Form](#)

*Updated: January 12, 2026. Replaces all provisions relating to Adult Services in the “Screening Reports of Child and Vulnerable Adult Abuse/Neglect and Requests for Services, SSA-CW #21-10” policy and all provisions relating to screening procedures in the “Adult Protective Services Program Manual, February 2005, 4<sup>th</sup> Edition”.*

## Related Information

### APPENDIX A

#### SCREENING QUESTIONS GUIDE

See below for sample questions screeners may use for obtaining information from the person reporting maltreatment.

#### **DEMOGRAPHICS**

1. The name, telephone number, and home address (or agency/organization address if the reporter is a professional) of the reporter unless the reporter requests to remain anonymous.
2. The name, age, gender, race, ethnic background, telephone number, and home address of the adult alleged to be maltreated;
3. the current whereabouts and current phone number of the adult (if different than what is reported in "a.");
4. the name, phone number and home address of the person or facility responsible for the care of the adult as applicable;;
5. the names and contact information of any other adults who may have information about the adults' safety and well-being; and
6. the adult's primary spoken language and whether other languages are spoken by others in the adult's household or who provide support to the adult.

#### **VULNERABILITY**

1. Does the adult have a suspected or diagnosed mental illness, cognitive deficit, or a physical impairment or disability? Have any recent behavioral or cognitive changes been observed?
2. Is there any reason to suspect the adult is unable to make their own decisions? If yes, what is the reason for this suspicion? Is there a Power Of Attorney (POA)/surrogate decision-maker/guardianship in place?"
3. How does the adult manage their ADL appropriate to their living arrangement, such as taking their medication, regular bathing, toileting, dressing, paying bills, preparing meals, maintaining housekeeping and laundry tasks, etc.?
4. Are there any activities of daily living that the adult is unable, or unwilling to manage, either with or without assistance?
5. If the adult is physically immobile, do they have consistent assistance to manage daily mobility needs (e.g., toileting, feeding, dressing, etc.).

#### **RISK OF HARM**

1. Is the adult financially dependent on others for basic food and living

*Updated: January 12, 2026. Replaces all provisions relating to Adult Services in the "Screening Reports of Child and Vulnerable Adult Abuse/Neglect and Requests for Services, SSA-CW #21-10" policy and all provisions relating to screening procedures in the "Adult Protective Services Program Manual, February 2005, 4<sup>th</sup> Edition".*

- costs?
2. Are others (e.g., family members, house-mates, etc.) financially dependent on the adult?
  3. Does the adult live alone? in a high-crime area? in a residence with structural defects or deficiencies ?
  4. Are social services, food markets, pharmacies, churches or other community supports near-by?
  5. Does the reporter know if the adult complies with treatment for mental health disorders or physical health disabilities?

### **MALTREATMENT INFORMATION**

#### ***For all types of maltreatment***

1. Is there evidence that the adult is currently at risk of further maltreatment and if so, what is the nature of that evidence;
2. what type of maltreatment is alleged (i.e., neglect by others, physical abuse, financial exploitation, sexual exploitation) or is the allegation self-neglect?
3. When and where did the maltreatment occur?
4. When did the maltreatment start and is the maltreatment repeated; frequent? On-going?
5. How did the reporter learn of the maltreatment?
6. Who was/is involved in the maltreatment (i.e., inflicting the maltreatment) or is aware of the maltreatment/self-neglect?
7. Are there safety concerns that place the adult or an investigating caseworker at risk in the home or facility (e.g., presence of weapons, pets, environmental hazards, etc.).

#### ***For Self-Neglect***

1. Is the person at risk of homelessness, unable to pay their bills, experiencing increased medical problems, or other imminent danger?
2. Does the adult wear inappropriate clothing for the season or weather, wander and/or unable to find their way home?
3. Are there unexplained cuts, bruises, or other injuries not due to abuse by others?
4. Does the adult suffer from poor hygiene (unpleasant body odors, soiled clothing), malnutrition, dehydration?
5. Is the home unsafe or unsanitary due to the animal feces, dangerous clutter, nonworking or poorly working appliances or fixtures (e.g., toilet, no running water), home safety hazards?
6. Has the adult withdrawn from social activities or is there other evidence of a decline in contact with others (e.g., no longer attends church, community activities, rarely if ever leaves the home).

*Updated: January 12, 2026. Replaces all provisions relating to Adult Services in the "Screening Reports of Child and Vulnerable Adult Abuse/Neglect and Requests for Services, SSA-CW #21-10" policy and all provisions relating to screening procedures in the "Adult Protective Services Program Manual, February 2005, 4<sup>th</sup> Edition".*

### ***For Financial Exploitation***

1. Is the person at risk of homelessness, unable to pay their bills, losing their medical insurance, or other imminent danger due to the severity or long-lasting nature of the alleged maltreatment;
2. Who other than the adult, helps manage or has access to the adult's bank accounts or other financial documents (i.e., stocks, retirement accounts, social security accounts)?
3. Has the adult made frequent or large contributions to a caregiver or a charity?
4. Has activity in the adult's bank account changed or is it unusual?
5. Is the adult missing personal belongings or have they lost ownership of large items such as a car or title to a home?
6. Are there threats to hurt the adult or place the adult in a nursing home if they do not do what is asked (e.g., turn over management of financial resources; change the beneficiary of bank accounts, the house, etc. upon the adults death.
7. Are there unusual changes to legal documents such as a will, advance directives, trusts, power of attorney?

### ***For Abuse (including sexual exploitation/abuse)***

1. Are there unexplained cuts, bruises, or other injuries not due to self-neglect?
2. Does the adult report being hit, slapped, kicked?
3. Are there incidents of fractures, broken glasses or frames, rope marks?
4. Has the adult withdrawn from social activities or is there other evidence of a decline in contact with others (e.g., no longer attends church, community activities, rarely if ever leaves the home)?
5. Does the adult exhibit signs of new or heightened fear or depression?
6. Is there vaginal or anal bleeding, or torn clothing?
7. Are there bruises or pain around the breasts or genital area?
8. Are there other adults in the home who do not allow the vulnerable adult to be interviewed alone?

### ***For Neglect (by others)***

1. Is there evidence medications are not dispensed as prescribed (e.g., too much/too little)?
2. Is there evidence that the adult is given medications not prescribed to them?
3. Is the adult experiencing dehydration, malnutrition, untreated bed sores, unexplained or excessive weight loss, or poor personal hygiene despite the presence of other adult caretakers in the home or facility?
4. Are there untreated health problems?

*Updated: January 12, 2026. Replaces all provisions relating to Adult Services in the "Screening Reports of Child and Vulnerable Adult Abuse/Neglect and Requests for Services, SSA-CW #21-10" policy and all provisions relating to screening procedures in the "Adult Protective Services Program Manual, February 2005, 4<sup>th</sup> Edition".*

5. Are there hazardous or unsafe living conditions/arrangements (e.g., improper wiring, no heat, or no running water)?
6. Are there unsanitary and unclean living conditions (e.g., dirt, fleas, lice on person, soiled bedding, fecal/urine smell, inadequate clothing)?
7. Is there a lack of food in the refrigerator or cupboards?

## **APPENDIX B**

### **SUMMARY OF ALL LDSS ADULT SERVICES PROGRAMS**

#### **SOCIAL SERVICE TO ADULTS (SSTA)**

SSTA is a program for vulnerable adults that builds on the strengths of the adult's community and family support system rather than replacing them. SSTA provides assistance to adults to remain or become self-supporting and self-sufficient and reduces unnecessary institutionalization or secures appropriate institutional care when necessary. This service is provided by applying to the LDSS in each jurisdiction.

#### **Eligibility**

Services are available to adults who have functional disabilities and are residents of Maryland. Other eligibility requirements are detailed at [COMAR 07.02.15.03](#) and include income requirements and a willingness to receive and participate in needed services.

#### **Services Provided**

*Information and Referral* – the LDSS makes a recommendation for services to connect the adult to an agency in their jurisdiction that may be able to provide assistance.

*Crisis Intervention* – up to 60 days, this service assists adults with managing crises or changes in their lives by providing intensive help and guidance.

*Case Management* – this service helps eligible adults to continue to live full and independent lives in the community, or to secure institutional care when appropriate. Together with the adult and the adult's support system, a Social Worker completes a comprehensive assessment of the adult's needs and resources, and develops an individualized plan of service.

#### **IN-HOME AIDE SERVICES (IHAS)**

IHAS provides in-home aide services to adults to support their ability to remain in the community and avoid unnecessary or premature moves to nursing homes or other facilities. Through nursing aides, certified nursing

*Updated: January 12, 2026. Replaces all provisions relating to Adult Services in the "Screening Reports of Child and Vulnerable Adult Abuse/Neglect and Requests for Services, SSA-CW #21-10" policy and all provisions relating to screening procedures in the "Adult Protective Services Program Manual, February 2005, 4<sup>th</sup> Edition".*

assistants, and contractors, this program provides personal care services that include dressing, bathing, grooming, eating and other ADL. The aides also help with chores including cooking, laundry, light cleaning and shopping.

### **Eligibility**

Adults who are receiving case management services through SSTA. Adults who have no willing or capable caregiver, are at risk of institutional placement, or are otherwise at risk of abuse or neglect are given preference for IHAS based on a ranking scale.

## **PROJECT HOME**

Project Home includes the Adult Foster Care Program and is a supportive housing program for persons with long-term physical, mental, intellectual, or sensory disabilities. Project Home provides an adult foster family model of care that provides stable, and often family-like living arrangements in the community that are less costly than nursing homes, psychiatric hospitals, or other institutional settings. Adults in Project Home are provided with opportunities for growth, stimulation, and change in the least restrictive environment. Where appropriate, the adult is encouraged to develop independent living skills. Case management services are offered to the adult linking them with appropriate community activities and support.

### **Eligibility**

Adults age 18 or over, who have a disability and who are willing and able to live in a Project Home setting are eligible to apply. Most residents receive financial assistance. Documentation of disability, income and functional capability is required. Residents who take medication must be able to self-administer their medications or be able to learn to self-administer their medications with cueing and coaching.

## **RESPITE CARE**

The purpose of the Respite Care Program is to provide short-term, periodic, and temporary care for individuals with developmental or functional disabilities to relieve the family or informal caregiver. This temporary care of the individual with a developmental or functional disability provides a period of rest and renewal for the individual or the family or informal caregiver while contributing to maintaining the individual in the community, enabling the individual to live in a family, or assisting the individual in achieving a greater level of independence. Respite care is

*Updated: January 12, 2026. Replaces all provisions relating to Adult Services in the "Screening Reports of Child and Vulnerable Adult Abuse/Neglect and Requests for Services, SSA-CW #21-10" policy and all provisions relating to screening procedures in the "Adult Protective Services Program Manual, February 2005, 4<sup>th</sup> Edition".*

provided at planned intervals, in a time of crisis, or on an as-needed basis. The program can be accessed statewide through a LDSS or through private non-profit agencies that are recipients of grants from the DHS.

## **ADULT GUARDIANSHIP**

Adult guardianship involves a legal procedure during which a court determines if an individual's ability to make decisions, including health and safety decisions for themselves and, in some cases, financial decisions, is so significantly impaired by disease, accident or disability that the adult is unable to make those decisions. If so, the court will appoint a guardian to act as a substitute decision-maker. Each adult guardianship case involves a public guardian, either an LDSS or an area agency on aging, depending on the age of the alleged disabled adult. In cases where there is no other suitable guardian available (no family members, friends, or loved ones) and the court determines guardianship is necessary, a court will appoint the public guardian as a last resort.

In Maryland, the LDSS is the public guardian of last resort for those aged 18-64 at the time the petition for guardianship is filed, and the local area agency on aging is the public guardian of last resort for those who are over the age of 65 at the time the petition is filed.

There are two types of adult guardianship:

1. A guardian of the person is authorized by the court to make decisions for the disabled person about their health care, shelter, or other daily needs.
2. A guardian of the property is a person or agency appointed by the court to manage the property of a disabled person. A public agency may not be the guardian of the property.

## **APPENDIX C**

### **OTHER STATE RESOURCES FOR ADULTS**

#### **DEPARTMENT OF AGING**

[MDOA website](#) - See Program and Services

[MARYLAND ACCESS POINT](#) (MAP) - is a locally-based DOA resource for services to adults. In addition to the online access to MAP, the Program may also be contacted through (1-844-627-5465) or [211 Maryland](#).

#### **DEVELOPMENTAL DISABILITY ADMINISTRATION**

*Updated: January 12, 2026. Replaces all provisions relating to Adult Services in the "Screening Reports of Child and Vulnerable Adult Abuse/Neglect and Requests for Services, SSA-CW #21-10" policy and all provisions relating to screening procedures in the "Adult Protective Services Program Manual, February 2005, 4<sup>th</sup> Edition".*

[DDA website](#)  
[DDA Provider List](#)

**OFFICE OF THE ATTORNEY GENERAL (OAG)**

[OAG website](#)  
[Medicaid Fraud & Vulnerable Victims Unit](#)

**OFFICE OF HEALTH CARE QUALITY (OHCQ)**

[OHCQ website](#)  
[OHCQ Licensee Directory](#)

Resources for other adult services may also be found in CJAMS under "[Intake Dashboard](#)" and the "Resources" tab.

*Updated: January 12, 2026. Replaces all provisions relating to Adult Services in the "Screening Reports of Child and Vulnerable Adult Abuse/Neglect and Requests for Services, SSA-CW #21-10" policy and all provisions relating to screening procedures in the "Adult Protective Services Program Manual, February 2005, 4<sup>th</sup> Edition".*