



West Virginia Department of Health and Human Resources
Adult Protective Services Mandatory Reporting Form

Use this form to report suspected abuse, neglect, financial exploitation or an immediate risk of serious injury or death - press firmly.

Once a referral is made to Centralized Intake, the Mandatory Reporting Form MUST be FAXED to your LOCAL DHHR office.

Referral Number: _____ Date referral was made to Centralized Intake: ____/____/____

Alleged Victim Information: Information about person who is being abused/neglected/financially exploited or risk of serious injury or death. A separate form is required for each victim.

Name: _____ Age/Date of birth: _____
Address: _____
Phone: _____
Current location & directions: _____
Facility name: _____
Type of facility: _____
Describe physical/cognitive/emotional functioning of the alleged victim: _____
Substitute decision maker (type, name, address and telephone): _____

Alleged Perpetrator Information: Information about person who is abusing/neglecting/financially exploiting or causing serious injury or death of an adult.

Name: _____ Age/Date of birth: _____
Home mailing address: _____
Current location and directions: _____
Title/relationship to victim: _____
Phone: _____

Allegations: Information about the incident of abuse/neglect/financial exploitation or serious injury or death.

Date of incident: _____ Time of incident: _____ Date this report completed: _____
Where incident occurred: _____
Describe incident/injuries: _____
Describe action(s) taken to prevent further abuse/neglect: _____
Was treatment outside facility required? Yes ___ No ___ If yes, provider of treatment: _____
Why is the adult unable to protect themselves? _____
How long has the abuse/neglect/financial exploitation existed? _____
Is anyone else aware of the incident? If yes, list the name(s) & relationship to alleged victim: _____
Are there witnesses to the incident? If yes, list the name(s) & relationship to alleged victim and contact information of all witnesses: _____

Check here if additional pages attached

A copy of this report must be filed with the following parties by the person completing the form (within 48 hours).

- 1. Original (top sheet) to: Adult Protective Services Unit - local Department of Health and Human Resources office.
2. Copy to:
Office of Health Facilities Licensure & Certification if alleged victim is resident of a nursing home or residential facility
State or Regional Long-Term Care Ombudsman if alleged victim is resident of a nursing home or residential facility
Facility administrator if alleged victim is resident of a nursing home or residential facility ** [see instructions on back]
Local law enforcement agency when applicable - e.g. violent crime, domestic violence, serious injury, death
Local prosecuting attorney when applicable - e.g. violent crime, domestic violence, serious injury, death
Local coroner or medical examiner in case of death
Medicaid Fraud Control Unit if alleged victim is a resident of a nursing home, residential facility, board and care facility, or a hospital in-patient

Reporter information is confidential and must ONLY go to DHHR Adult Protective Services according to WV State Code 9-6-8. Reporter identity must NOT be shared if this form is faxed.

Reporter Information:

Name: _____ (Preferred) Phone #: _____
Address: _____
Title/relationship to victim: _____

Instructions for Completing the APS Mandatory Reporting Form

The APS Mandatory Reporting form was developed by the West Virginia Department of Health and Human Resources (DHHR) as a result of a change to the law in 2000, WV Code §9-6-11. The form is to be used by mandatory reporters for reporting to Adult Protective Services (APS) and/or other appropriate entities. Colored carbon copies of this form are to be sent, as appropriate, to:

White (original)	Pink	Yellow	Green	Gold	Blue
DHHR- APS	OHFLAC	Ombudsman	Facility Administrator	Law Enforcement	Prosecuting Attorney, Coroner/ME, Medicaid Fraud

WHO/WHEN TO COMPLETE:

All individuals identified as *Mandatory Reporters* of abuse, neglect and financial exploitation of incapacitated adults and residents of nursing homes or residential facilities are required to complete this form as part of the APS reporting process. Incidents of abuse/neglect must be reported immediately to DHHR's Centralized Intake. As follow-up to the immediate report, mandatory reporters are required to provide a written report to the local APS unit within 48 hours. This form will serve as the required written report. **Mandatory reporters include:** medical, dental or mental health professionals, Christian Science practitioners, religious healers, state and regional ombudsmen, social service workers, law enforcement officers, county humane officers and any employee of a nursing home or other residential facility.

Complete this report as thoroughly as possible. While anonymous reports will be accepted, the reporter is encouraged to provide personal information in the event additional information/follow-up is needed. If more space is required, additional pages may be attached. If so, mark the appropriate box to indicate that there is an attachment. On the attached page, indicate the section of the form that is being continued. Finally, be sure to include a copy of the attachment with all copies distributed to various parties.

REQUIRED FILING:

The person completing this form is responsible for filing a copy of the completed form with all appropriate parties. Appropriate parties are determined based on the circumstances of the allegation. It is not necessary to send a copy to all parties in all cases.

****Note: West Virginia state law requires that this form be filed with the APS agency (DHHR) and other parties, including the facility administrator (when applicable), within 48 hours. However, state and federal reporting requirements for facilities that are certified to receive Medicare or Medicaid funds have not changed as a result of implementation of this form. Filing of this form *does not* replace other applicable reporting requirements.**

MAILING ADDRESSES:

Reports that are to be filed with the Office of Health Facilities Licensure & Certification (OHFLAC), the Long-Term Care Ombudsman Program (LTCOP), and Medicaid Fraud Control Unit (MFCU) are to be mailed to the appropriate state entity. Mailing addresses for these agencies are:

**West Virginia Department of Health and Human Resources
Office of Health Facilities Licensure & Certification**
OR
**Medicaid Fraud Control Unit
408 Leon Sullivan Way
Charleston, West Virginia 25301-1713**

**West Virginia State Long-Term Care Ombudsman
Bureau of Senior Services
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305-0160**

Reports that are to be filed with the APS agency (DHHR), law enforcement, prosecuting attorney and coroner/medical examiner are to be sent to the appropriate local entity.

To request additional copies of this form:

Additional copies of this form may be obtained by submitting a written request to the West Virginia Department of Health and Human Resources.

**West Virginia Department of Health and Human Resources
Materials Management
900 Bullitt Street
Charleston, West Virginia 25301
Phone (304) 558-3417 or FAX to (304) 558-1524**