

2016 Kentucky Elder Abuse Annual Report



Cabinet For Health
And Family Services
Department For
Community Based
Services

Contents

| | |
|---|-----------|
| Kentucky Elder Abuse Committee | 2 |
| Membership..... | 3 |
| Partnering Agencies | 4 |
| Local Coordinating Councils on Elder Abuse..... | 12 |
| Kentucky Caregiver Misconduct Registry | 14 |
| Adult Protective Services Trainings | 15 |
| Federal APS Initiatives | 18 |
| Statewide APS Data for SFY 2011-2016..... | 19 |
| <i>Kentucky Adult Protection Data for SFY 2011-2016 (Ages 18-59).....</i> | <i>19</i> |
| <i>Kentucky Adult Protection Data for SFY 2011-2016 (Ages 60+).....</i> | <i>20</i> |
| <i>Statewide OIG/Division of Health Care Data for SFY 2009-2016.....</i> | <i>21</i> |
| Patient Abuse/Neglect Medicaid Fraud and Abuse Control Division Data | 22 |
| Administrative Office of Courts, Research and Statistics | 23 |
| DCBS Adult Protective Services Process Map | 23 |
| LCCEA Map | 24 |
| RESOURCES | 25 |

Kentucky Elder Abuse Committee

Established through House Bill 298 in the 2005 legislative session, Kentucky Revised Statute (KRS) 209.005 provided the Cabinet for Health and Family Services (CHFS or cabinet), law enforcement, prosecutors, advocates, and the courts with the tools needed to better prevent maltreatment of elders and protect them from abuse, neglect, and exploitation. Effective implementation required the guidance and direction of a statewide Elder Abuse Committee (EAC or committee), which was concurrently mandated. This committee gives technical assistance to the cabinet as it partners with the General Assembly, service providers, and vulnerable elders in the Commonwealth.

The committee's most critical work falls into two categories:

- To inform policy-makers of changing trends and future needs as it relates to elder maltreatment on a statewide level; and
- To provide recommendations to the cabinet regarding potential changes in adult protective services (APS) practices designed to more effectively meet the needs of an aging population.



As data are collected and community partnerships are enhanced, the committee, cabinet, advocacy community, and legislature have an improved capacity to discern trends and anticipate future needs of the vulnerable adult population in the Commonwealth.

The committee's three primary areas of focus are:

- Education and public awareness of elder maltreatment;
- Review of written protocols and practices to ensure that a multidisciplinary investigative design is brought to bear in the provision of protective services; and
- Review and revision of the statewide Elder Abuse Resource Directory.

In 2016, the committee continued to track progress of the implementation of the Kentucky Caregiver Misconduct Registry (CMR) and related administrative hearing process and provide recommendations toward improving the process and regulatory framework. In addition, the committee considered Centers for Medicaid Services Civil Monetary Penalty (CMP) grant submissions designed to improve or promote positive outcomes for residents of long-term care throughout Kentucky, supported the newly created U.S. Department of Justice (USDOJ) Elder Abuse Task Force, and reviewed and supported Kentucky APS participation in the new National Adult Maltreatment Reporting System (NAMRS) developed by the U.S. Department of Health and Human Services, Administration for Community Living (ACL).

These issues related to quality outcomes for long-term care residents, APS perpetrator accountability, identification of APS competency-based training improvement, and support of federal APS initiatives are paramount in maintaining the APS infrastructure throughout the Commonwealth. Although APS services are federally mandated, there is little federal funding and moving forward the committee's role in helping guide the APS array will be instrumental. Looking ahead to 2017, a follow-up APS staff and supervisor training effort related to the CMR will be examined with continued participation in and support of the USDOJ Elder Justice Task Force and NAMRS.

Membership

Betsy Johnson, President

Kentucky Association of Health Care Facilities

Tim Veno

Leading Age Kentucky

Jimmy Pollard

Henry County Coroner

Pam Cotton, Director

DCBS Division of Protection and Permanency
Cabinet for Health and Family Services

Vacant

University of Kentucky

Bernie Vonderheide

Kentuckians for Nursing Home Reform

Lois Pemble

Kentucky Initiative for Quality Nursing Home
Standards

**Bari Lewis, Director of Community
Outreach**

Alzheimer's Association
Greater Kentucky and Southern Indiana
Chapter

Nancy Trentham

KIQNHS

Ron Bridges, State Director

AARP Kentucky

John Tilley, Secretary

Justice and Public Safety Cabinet

Jeff Edwards

Kentucky Protection and Advocacy

Jeff Abrams

Chief of Police, City of Frankfort

Sean Welch, Major

Justice and Public Safety Cabinet
Kentucky State Police, West Troop

Sherry Culp

State Long -Term Care Ombudsman

Vickie Yates Brown Glisson, Secretary

Cabinet for Health and Family Services

Adria Johnson, Commissioner

Department for Community Based Services

Sandra Brock, Executive Director Office of
the Ombudsman

Cabinet for Health and Family Services

Robert Silverthorn, Inspector General

Cabinet for Health and Family Services

Dr. Hiram Polk Jr., Commissioner

Department for Public Health

Wendy Morris, Commissioner

Department for Behavioral Health,
Developmental and Intellectual Disabilities

Deborah Anderson, Commissioner

Department for Aging and Independent Living

Vicki Green

FIVCO Area Agency on Aging and
Independent Living

Vacant

Lincoln Trail Area Agency on Aging

Michael Wright

Medicaid Fraud and Abuse
Office of the Attorney General

Partnering Agencies

Long-Term Care Ombudsman Program

First launched in 1972 as a demonstration program, the Long-Term Care Ombudsman Program today operates in all states as a provision of the Older Americans Act, administered by the federal Administration on Aging. “Ombudsman” [om-buh dz-muh n] is a Scandinavian word for advocate. A long-term care ombudsman is an advocate for individuals and their families that need the services of a long-term care facility. Since 1978, Kentucky ombudsmen have served residents of long-term care facilities in all 120 Kentucky counties.

The Nursing Home Ombudsman Agency of the Bluegrass (NHOA), based in Lexington operates the Office of the State Long-Term Care Ombudsman, the Kentucky State Long-Term Care Ombudsman Program (KLTCOP), and the Bluegrass District Long-Term Care Ombudsman Program. The State Long-Term Care Ombudsman (SLTCO), Sherry Huff Culp, became a certified long-term care ombudsman in 1996. The SLTCO is assisted by two Regional Long-Term Care Ombudsmen, Mark Burress and Jodi Holsclaw. NHOA’s award-winning ombudsman program was started in 1981 by a group of community volunteers. NHOA, an independent non-profit agency, celebrated its 35th year of service to long-term care residents and families in 2016. The mission of the NHOA is to improve the quality of care for residents living in long-term care facilities.

The KLTCOP consists of 15 local long-term care ombudsman programs with full-time and part-time staffs. During federal fiscal year 2015, there were 37.03 full-time equivalent Long-Term Care Ombudsmen working to serve over 34,000 Kentuckians living in nursing, personal care, and family care homes. There were 97 volunteers and 228 friendly visitor volunteers and advisory council volunteers. Over 4,600 volunteer hours were donated. Program representatives established relationships with residents and families designed to foster trust, which is key to effective resident driven advocacy.

The Administration on Aging (AoA) of the Administration for Community Living (ACL) within the U.S. Department of Health and Human Services (HHS) issued a final long-term care ombudsman rule in order to implement provisions of the Older Americans Act (OAA) regarding states’ long-term care ombudsman programs in 2015. Since its creation in the 1970s, the functions of the Long-Term Care Ombudsman Program were delineated in the OAA including:

- Advocate for and protect the rights of residents;
- Identify, investigate, and work to solve problems/complaints;
- Visit residents to build relationships, community, and monitor care;
- Recruit, train and support volunteers;
- Provide assistance and education to individuals and families in our communities;
- Educate providers of LTC; and
- Monitor government actions affecting residents.

However, regulations specifically focused on states' implementation of this program had not been promulgated. In the absence of regulation, there was significant variation in the interpretation and implementation of these provisions among states.

The Administration for Community Living clarified conflict of interest requirements within the OAA. In 2015, Kentucky resolved organizational conflicts of interest outlined in the new rule by moving the SLTCOP from the Cabinet for Health and Family Services to NHOA. Through this move, the Kentucky Department for Aging and Independent Living ensured that the long-term care ombudsman program can exercise independence in action free from significant influence by any organization which may interfere with an impartial investigation and/or resolution of complaints. In 2015, Kentucky began updating state regulations, policies, and procedures in order to operate the ombudsman program consistent with federal law and the final rule.

The Kentucky National Ombudsman Reporting System annual report reflects long-term care ombudsmen work in Kentucky for the federal fiscal year 2015. During that reporting period, long-term care ombudsmen targeted services to 28,030 residents in 314 nursing facilities and 6,294 residents in 204 personal and family care homes.

Long-Term Care Ombudsmen in Kentucky:

- Made 13,505 site visits to long-term care facilities to monitor care and advocate for residents;
- Assisted with Family Councils and Resident Councils on 1,045 occasions;
- Provided information or consultation to individuals and families about nursing facility placement, care planning, and questions about rights, abuse, Medicare, and Medicaid on over 10,726 occasions;
- Worked with the Kentucky Office of Inspector General surveyors on over 1,000 occasions (i.e., pre-survey, survey, and complaint survey collaborations);
- Provided 181 training sessions to facility staff on abuse prevention and rights promotion;
- Provided 1,261 community education sessions at state and local levels;
- Identified, investigated, and worked to resolve 7,424 complaints. Seventy-two percent of the complaints worked by the long-term care ombudsmen were resolved to the satisfaction of the residents.

| Top 10 Complaints about Long-Term Care | Number of complaints |
|--|-----------------------------|
| 1. Care: Failure to respond to requests for assistance | 499 |
| 2. Abuse, gross neglect, and exploitation | 443 |
| 3. Autonomy and rights: Dignity, respect-staff attitudes | 420 |
| 4. Dietary: Food service- quantity, quality, variation, choice | 332 |
| 5. Care: Personal hygiene | 311 |
| 6. Care: Medication administration | 297 |
| 7. Autonomy and Rights: Response to complaints | 256 |
| 8. Financial: Personal property lost, stolen, destroyed | 252 |
| 9. Care: Symptoms unattended, including pain, pain not managed, no notice to others of change in condition | 247 |
| 10. Autonomy and Rights: Exercise preference/choice/civil & religious rights | 239 |

Sherry Culp can be contacted at sherryculp@ombuddy.org or (859) 277-9215. NHOA is located at 3138 Custer Drive, Suite 110, Lexington, Kentucky 40517.

CHFS Department for Aging and Independent Living (DAIL)-Guardianship Services

This program serves Kentucky residents with various disabilities in all regions of the state. Clients enter the program after they have been declared “legally disabled” by the court, and when no other family or appropriate support person is willing or able to serve. There is no waiting list for this program as the agency serves at the pleasure of the District Court with no mechanism to defer entry. Guardianship services involvement in a client’s life is determined by the court, and it may include any combination of responsibilities from limited to full personal and financial decision making. This loss of self-determination clients face may include the right to: determine living arrangements; make decisions regarding medical care and procedures; vote; drive a car; sell property; and manage money or sign legal documents such as checks, marriage licenses, or wills.

Guardianship clients range from 18 to 103 years of age with differing levels of mental, physical, and developmental disabilities. Clients are frequently the victims of abuse, neglect, and exploitation and need protection of their person as well as assets. An additional and increasing population served is criminal clients with no place to go who might also need intervention to prevent future crimes or to ensure safety of the communities where they reside. Guardianship staff utilizes only the resources of the client or those available within the community as there is no dedicated state or federal funding for non-covered services or programming.

Guardianship staff are available 24 hours a day, 365 days a year, to ensure needed accessibility and awareness. Guardianship services uphold the health, safety, and welfare of many at-risk Kentuckians who, without protection, might suffer both grave personal and financial loss.

CHFS Office of the Ombudsman

The Office of the Ombudsman serves as an advocate and a sounding board for the citizens of Kentucky when they take issue with CHFS programs, policies, and how they are administered. Though elder abuse issues in nursing homes and long-term care facilities fall under the auspices of the Long-Term Care Ombudsman, the CHFS Office of the Ombudsman handles complaints relating to APS by reviewing the casework to determine if policy was followed and works with the Department for Community Based Services (DCBS) to resolve issues when necessary. The office consists of the Complaint Review Branch, the Institutional Review Board, and the Performance Enhancement Branch.

The Complaint Review Branch (CRB):

- Processes complaints and inquiries pertaining to the following human service programs:
 - Supplemental Nutrition Assistance Program (SNAP) benefits;
 - Medical assistance benefits;
 - Kentucky Transitional Assistance Program benefits;
 - Child support;
 - Child protective services (CPS); and
 - Adult protective services;
- Investigates complaints regarding program administration and recommends corrective action as necessary;
- Advises clients of rights and responsibilities;
- Assists in negotiating resolutions to problems clients may have with CHFS programs; and

- Advises the Office of the Secretary of identified service delivery problems.

The Institutional Review Board reviews research proposals involving abinet clients or employees to protect their safety and rights.

Within the Performance Enhancement Branch, the Quality Assurance Section processes the appeals of child protective services findings and caretaker misconduct in APS investigations. The Quality Assurance Section also investigates counties regarding child protective services in accordance with House Joint Resolution 17 of the 2008 Regular Session of the Kentucky General Assembly and makes recommendations for policy and legislative changes to improve services delivery.

For State Fiscal Year 2016, the Complaint Review Branch received 192 APS related complaints. The Quality Assurance Section processed 263 APS caretaker misconduct issues.

Kentucky State Police (KSP)

The Kentucky State Police strives to maintain the highest standards of excellence utilizing training and technology to create a safe environment for citizens and continues as a national leader in law enforcement. It is a statewide full service agency that promotes public safety through service, integrity, and professionalism utilizing partnerships to:

- Prevent, reduce, and deter crime and the fear of crime;
- Enhance highway safety through education and enforcement; and
- Safeguard property and protect individual rights.

The KSP continually strives to achieve the following four goals:

- **GOAL 1:** Human resource development-Provide a highly motivated and competent workforce to deliver police services to citizens of the Commonwealth.
- **GOAL 2:** Highway safety-Reduce the number of traffic crashes involving injury and death on Kentucky's highways.
- **GOAL 3:** Reduce/Prevent crime-Contribute to the creation of safe communities by initiating efforts to reduce and prevent crime in rural Kentucky.
- **GOAL 4:** Information technology-Utilize technology to deliver real time information for the efficient delivery of police services.

Its dedication and strict adherence to core values and principles ensures that the Kentucky State Police will remain a detail-oriented, efficient, and professional law enforcement agency in service to the citizens of the Commonwealth of Kentucky.

Area Agencies on Aging and Independent Living

Area Agencies on Aging (AAAs) were formally established in the 1973 Older Americans Act (OAA) as the "on-the-ground" organizations charged with helping vulnerable older adults live with independence and dignity in their homes and communities. The AAAs administer federally and state-funded aging programs as well as consumer directed services to disabled individuals and services to family caregivers.

Kentucky's 15 Area Agencies on Aging and counties covered include:

- **Barren River area**: Allen, Barren, Butler, Edmonson, Hart, Logan, Metcalfe, Monroe, Simpson, Warren;
- **Big Sandy area**: Floyd, Johnson, Magoffin, Martin, Pike;
- **DAIL**: Anderson, Boyle, Bourbon, Clark, Estill, Fayette, Franklin, Garrard, Harrison, Jessamine, Lincoln, Madison, Mercer, Nicholas, Powell, Scott, Woodford;
- **Buffalo Trace area**: Bracken, Fleming, Lewis, Mason, Robertson;
- **Cumberland Valley area**: Bell, Clay, Harlan, Jackson, Knox, Laurel, Rockcastle, Whitley;
- **FIVCO area**: Boyd, Carter, Greenup, Elliott, Lawrence;
- **Gateway area**: Bath, Menifee, Montgomery, Morgan, Rowan;
- **Green River area**: Daviess, Hancock, Henderson, McLean, Ohio, Union, Webster;
- **KIPDA area**: Bullitt, Henry, Jefferson, Oldham, Shelby, Spencer, Trimble;
- **Kentucky River area**: Breathitt, Knott, Lee, Leslie, Letcher, Owsley, Perry, Wolfe;
- **Lake Cumberland area**: Adair, Casey, Clinton, Cumberland, Green, McCreary, Pulaski, Russell, Taylor, Wayne;
- **Lincoln Trail area**: Breckinridge, Grayson, Hardin, Larue, Marion, Meade, Nelson, Washington;
- **Northern Kentucky area**: Boone, Campbell, Carroll, Gallatin, Grant, Kenton, Owen, Pendleton;
- **Pennyrile area**: Caldwell, Christian, Crittenden, Hopkins, Livingston, Lyon, Muhlenberg, Todd, Trigg; and
- **Purchase area**: Ballard, Calloway, Carlisle, Fulton, Hickman, Graves, Marshall, McCracken.

Kentucky Protection and Advocacy

The Kentucky Division of Protection and Advocacy (P&A) is a client-directed legal advocacy agency that protects and promotes the rights of Kentuckians with disabilities through the provision of information and referral, client representation, group advocacy, and systems change efforts. Kentucky's P&A system is mandated by federal and state laws to advocate for individuals with disabilities. Kentucky P&A receives part of its funding from the Administration on Developmental Disabilities, the Center for Mental Health Services Substance Abuse and Mental Health Services Administration, the Rehabilitation Services Administration, the Health Resources and Services Administration, and the Social Security Administration. Kentucky P&A is a member of the National Disability Rights Network (NDRN), a nonprofit umbrella organization to which all 57 protection and advocacy systems belong.

Congress gave P&As the authority to access individuals with disabilities, their records and the locations where they receive services and supports to investigate abuse and neglect, monitor facilities, provide information and referral services, and pursue legal and other remedies on their behalf.

Office of the Inspector General

The Office of Inspector General (OIG) is Kentucky's regulatory agency for licensing all health care facilities and services including long-term care facilities, child day care centers, child caring facilities, and child-placing agencies in the Commonwealth. OIG is also responsible for the

prevention, detection, and investigation of alleged fraud, abuse, waste, mismanagement, and misconduct by the cabinet's clients, employees, medical providers, vendors, contractors, and subcontractors. Additionally, OIG conducts special investigations into matters related to the cabinet or its programs as requested by the cabinet secretary, commissioners, or office heads.

Since 2011, OIG has been charged with the responsibility for the design, development, and oversight of Kentucky's fingerprint-supported National Background Check Program, funded by a grant awarded by the Centers for Medicare and Medicaid Services. The National Background Check Program provides a comprehensive pre-employment screening mechanism that helps prevent individuals from hiding their criminal or abusive actions when seeking employment in long-term care facilities or with other providers. This helps protect the elderly and vulnerable adults from possible abuse, neglect, and exploitation.

With regard to health care, the OIG Division of Health Care is responsible for inspecting, monitoring, licensing, and certifying all health care facilities as defined by KRS 216.510(1). The division also is responsible for investigating complaints against health care facilities, facility plan reviews, and developing regulations. The division recommends various long-term care facilities for certification to receive Medicaid and Medicare funds through contracts with the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services. The regional offices of the Division of Health Care are responsible for conducting onsite visits of all health care facilities in the state to determine compliance with applicable licensing regulations and Medicare/Medicaid certification requirements. Complaints concerning these facilities are investigated by regional office staff.

The OIG Division of Health Care has a complaints coordinator in each of the four regional offices to receive and review complaints. The complaints coordinator notifies the Department of Community Based Services, adult protective services, upon receipt of an allegation of abuse, neglect, or misappropriation of resident property. If a determination is made that immediate jeopardy may be present and ongoing in a Medicare/Medicaid-certified long-term care facility, OIG is required to investigate within two working days of receipt of the complaint. Upon conclusion of the investigation, if the subject is found by OIG to have abused or neglected a facility resident or misappropriated resident property, OIG reports the substantiated finding to the nurse aide abuse registry or appropriate professional licensing board. Placement of an individual on the nurse aide abuse registry is made following exhaustion of the individual's appeal rights and is reported to DCBS and the Kentucky Board of Nursing.

Additional information on how to report a complaint regarding a licensed long-term care facility or other health facility is posted on the OIG's website at:

<http://chfs.ky.gov/os/oig/dhchfscomplaintinfo.htm>.

Office of the Attorney General (OAG)-Medicaid Fraud and Abuse Control (MFCU) Division

In addition to its responsibility to investigate and prosecute fraud in the Kentucky Medicaid Program, the MFCU is the primary investigative division of the Office of the Attorney General charged with conducting investigations into adult abuse, neglect, and financial exploitation when there is a nexus to the Medicaid Program. The MFCU has jurisdiction to investigate allegations of abuse, neglect, and financial exploitation of persons receiving care at Medicaid-funded facilities regardless of whether the victim is a Medicaid patient. In non-Medicaid funded care facilities, the MFCU can conduct an investigation into abuse and neglect of a patient with the

prior approval of the U.S. Center for Medicare and Medicaid Services. The MFCU also has jurisdiction to investigate allegations of abuse, neglect, or financial exploitation by caregivers of Medicaid-funded services to patients outside of long-term care facilities. MFCU jurisdiction is limited to allegations of abuse, neglect, or financial exploitation by caregivers. The MFCU has no authority to investigate abuse, neglect, or financial exploitation allegations against non-caregivers, such as relatives. A County Attorney (for misdemeanors) or a Commonwealth Attorney (for felonies) has the jurisdiction to prosecute criminal cases against the subjects of MFCU abuse, neglect, or financial exploitation cases. MFCU prosecutors may bring such criminal cases upon a request from the applicable County or Commonwealth Attorney. MFCU attorneys can also bring civil actions on behalf of the Commonwealth to enjoin practices by, and seek civil recoveries against, persons and entities engaged in abuse, neglect, or financial exploitation under the MFCU's jurisdiction. The MFCU can also bring cases to federal prosecutors for criminal and civil actions by the United States.

The MFCU serves Medicaid patients and those receiving care at Medicaid funded facilities and patients at non-Medicaid funded facilities with the prior approval of the U.S. Center for Medicare and Medicaid Services.

Process method:

The MFCU receives allegations of abuse, neglect, and financial exploitation from various sources. Direct referrals come from patients and family members. Some of these referrals come through the OAG abuse tip line, 877 ABUSE TIP (877-228-7384), and on line at www.aq.ky.gov/abuse. The MFCU also receives information directly from law enforcement agencies, service providers, and facilities. Most allegations are received through the CHFS. MFCU investigators conduct preliminary and full investigations of allegations and often work with other law enforcement agencies in these investigations. Most notably, the MFCU works with the Kentucky State Police's adult crimes divisions in larger police departments, such as the Louisville Metro Police and the Lexington Police. No MFCU abuse or neglect investigation can be closed without the approval of the MFCU executive director.

Kentuckians for Nursing Home Reform, Inc.

Kentuckians for Nursing Home Reform, Inc. is an advocacy group whose volunteer members are dedicated to improving the care of residents of long-term care facilities. This is a statewide non-profit organization.

Contact: Bernie Vonderheide, president and founder
Telephone: (859) 312-5617

CHFS Department for Behavioral Health, Developmental and Intellectual Disabilities

The mission of the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) is to provide leadership, in partnership with others, to prevent disability, build resilience in individuals and their communities, and facilitate recovery for people whose lives have been affected by mental illness, substance abuse, intellectual disability, or other developmental disability.

Alzheimer's Association

The Alzheimer's Association's mission is to eliminate Alzheimer's disease through the advancement of research, provide and enhance care and support for all persons affected, and

to reduce the risk of dementia through the promotion of brain health. The Alzheimer's Association is the world's leading voluntary health organization in Alzheimer's care, support, and research. Nationwide resources support individuals living with Alzheimer's and their families through online and direct access resources, including the following:

- Professionally staffed 24/7 Helpline (1-800-272-3900) offers information and referral to more than 250,000 callers each year and provides translation services in more than 170 languages.
- Comprehensive online resources and information are given to family members and caregivers through the Alzheimer's and Dementia Caregiver Center, which features sections on early-stage, middle-stage, and late-stage caregiving.
- A free online tool, Alzheimer's Navigator™, provides individuals with Alzheimer's disease and their caregivers with step-by-step guidance, customized action plans, and an online Community Resource Finder that instantly links caregivers and families to community resources and services.
- Annual Walk to End Alzheimer's^R is the nation's largest event to raise awareness and funds for Alzheimer's care, support, and research.
- Through partnerships and funded projects, the Alzheimer's Association has demonstrated an unwavering commitment to accelerate the progress of new treatments, preventions, and a cure and has been part of every major Alzheimer's research advancement over the past thirty (30) years.
- As part of the nationwide network of chapters, the Greater Kentucky and Southern Indiana Chapter of the Alzheimer's Association provides Kentuckians living with Alzheimer's and their caregivers with local support including:
 - Hosting education programs annually and delivering presentations annually to civic groups, clubs, corporate gatherings and churches;
 - Facilitating support groups throughout the Commonwealth; and
 - Supporting outreach through media outlets to educate Kentuckians about Alzheimer's.

CHFS Department for Community Based Services (DCBS)

Kentucky adult protective services (APS) are directed toward preserving the vulnerable adult's independence to the maximum degree possible by recognizing the inherent right to self-determination and/or protection from abuse, neglect, and exploitation pursuant to KRS Chapters 209 and KRS 209A. The elements of adult protection are:

- Protection of adults and spouses;
- Homemaker services for adults to help maintain an adult safely in the community;
- Petitions and interdisciplinary evaluations to determine an adult's degree of disability and need for guardianship/conservatorship;
- Assessing services provided by domestic violence centers and crisis centers;
- Alternate care, also referred to as movement and placement, which involves assisting individuals with appropriate community and institutional placements; and
- Preventive services for adults.

State statute and administrative regulation governing APS can be found in KRS Chapters 209 and 209A and Title 922 Kentucky Administrative Regulation Chapter 5 available through the Legislative Research Commission's website, <http://www.lrc.ky.gov/>.

Services provided for adults may include assessment, planning, and counseling to individuals referred by the courts, community agencies, law enforcement, the CHFS Ombudsman, neighbors, state and federal legislators, or self-referral. These services often involve finding food, safe shelter, clothing, legal and financial assistance, advocacy, information and referral, and medical treatment.

Designated APS teams are maintained and supported in each of the nine DCBS service regions. These specialized teams are designed to specifically investigate allegations of abuse, neglect, and exploitation of vulnerable adults and alleged victims of spouse abuse and to provide protective services where indicated. Utilizing a multidisciplinary investigative design pursuant to statutory and regulatory language, designated APS teams work closely with partnering agencies to intervene and prevent the mistreatment of vulnerable adults in Kentucky.

In January 2014, DCBS introduced a new APS assessment and documentation tool (ADT) designed to better capture the risks and protective factors commonly associated with adult mistreatment and adult cognitive and physical functioning specific to APS clientele. This assessment and documentation tool provides designated APS staff with an opportunity to more accurately capture and reflect client needs while shaping the nature and extent of protective services provision. From the development phase to the application into standard field practice, the APS ADT is a significant achievement in that for the first time in its program history, APS is utilizing an assessment tool that is reflective of the unique considerations associated with the vulnerable adult population.

During 2016, APS branch staff and management considered and recommended the addition of several enhancements to the APS ADT. These included values designed to better capture information related to an alleged victims functional capacity, benefits, and resources. The enhanced APS assessment tool, with its APS specific risk and protective values, affords the opportunity to develop program area metrics that will allow Kentucky to explicitly demonstrate the nature and extent of abuse, neglect, and exploitation to which vulnerable adults are subjected and the associated outcomes, which is a requirement for full participation in the National Adult Maltreatment Reporting System (NAMRS), a new federal APS initiative described elsewhere in this report.

Local Coordinating Councils on Elder Abuse

In 2005, House Bill 298 amended specific provisions of KRS Chapter 209 to include the creation of the Kentucky's Elder Abuse Committee. The Elder Abuse Committee subsequently recommended the formulation of the statewide network of Local Coordinating Councils on Elder Abuse (LCCEA). Kentucky currently has 24 Local Coordinating Councils on Elder Abuse that cover 93 counties. While these councils are independent and are not administered through the court or by the cabinet, DCBS has, for several years, acted as a resource by facilitating communication, providing public awareness materials, awarding funds, and participating on the councils. The councils are comprised of professionals from a variety of disciplines as well as members of the public. Their membership and activities reflect the communities they serve, and their primary focuses are prevention, intervention, and resource development aimed at ending abuse.



As the population of older Americans grows, so does the hidden problem of elder abuse, neglect, and exploitation. Nationally, no one knows exactly how many older adults are being abused, neglected, or exploited, because definitions of elder abuse differ from state to state, and statistics vary because there is no uniform reporting system. However, effective interventions can help to prevent the occurrence of maltreatment by increasing education and awareness of professionals who provide services to the elderly and to

community and family members. Kentucky's coordinating councils work diligently throughout the year to promote awareness and educate the public in an effort to combat all forms of elder maltreatment of Kentucky's elders.

In 2016, the Bluegrass Elder Abuse Prevention Council created an emergency shelter fund for vulnerable adults in Fayette and Jessamine Counties. The council recognized there was an immediate need for a short-term shelter for vulnerable adults forced from their homes due to abuse or neglect, who do not have a medical need for hospitalization, and are not appropriate for placement in a nursing or personal care facility. The goal of the emergency shelter fund is to provide an immediate shelter and/or personal assistance to a vulnerable adult who is in a state of an emergency and no other viable options for placement are available. The shelter funds are used as a safe haven by DCBS APS. The request for funds has to be vetted through two APS supervisors or the Director of Victim Services with the Commonwealth Attorney's Office. If APS receives a report and determines a vulnerable adult is in a state of an emergency and emergency services are needed, the APS worker submits the request to the APS supervisor or the Director of Victim Services. If the request is approved, the emergency funds will be used for either shelter or a home care aid so the adult can maintain in the home until other arrangements can be made or both. In addition to the prevention efforts put in place by the Bluegrass Elder Abuse Prevention Council, other councils across the state have worked diligently to promote public awareness and education events. Below are a few highlights from 2016:

- Developing websites and utilizing other social media designed to educate and promote awareness;
- Conducting bank teller trainings to better identify financial exploitation;
- Providing in-service trainings to alternate care facilities regarding signs of abuse, neglect, and mandatory duty to report;
- Creating public service announcements that focused on elder abuse awareness and prevention;
- Distributing public awareness materials at health fairs, conferences, and in local businesses;
- Hosting a poster contest on elder abuse for grades kindergarten through sixth. The winning poster was placed on back of a t-shirt to promote elder abuse awareness and prevention;
- Holding an elder abuse awareness 5K to promote awareness and raise money;
- Holding public forums to discuss issues affecting elderly;
- Providing education seminars geared towards seniors, senior caregivers, guardians, health professionals, victim advocates and law enforcement;
- Supporting scam awareness days at senior apartment complexes; and

- Partnering with the Kentucky Department of Criminal Justice to host week-long elder abuse law enforcement training;

The collaboration between the cabinet, the Kentucky Elder Abuse Committee, and the statewide network of LCCEA's is a critical link to promoting the safety and well-being of vulnerable adults.

Kentucky Caregiver Misconduct Registry

Prior to the 2014 Regular Session of the Kentucky General Assembly, DCBS had the authority to make a substantiated finding of adult abuse, neglect, or exploitation and to identify an alleged perpetrator when possible in the provision of victim-oriented services. The substantiated finding could then be used by an administrating agency, law enforcement, and the courts in any criminal or civil interventions and penalties those entities could impose against an alleged perpetrator, but a background of a substantiated finding by DCBS could not be used for employment or volunteer background checks. Perpetrators were often able to seek employment or volunteer with long-term care facilities and providers unless a more drastic civil or criminal penalty was imposed, which is a significant undertaking. Advocates often voiced that perpetrators realized and took advantage of this weakness in the system of background checks, further jeopardizing vulnerable adults in Kentucky communities. In other instances, perpetrators claimed DCBS prevented them from gainful employment and ruined their livelihoods, and they had no way to defend themselves or challenge the findings made against them.

The first step towards establishing Kentucky's Caregiver Misconduct Registry occurred during the 2012 Regular Session with House Bill 265 or 2012 Ky. Acts ch. 144, which made an appropriation to DCBS to support the establishment and maintenance of a web-based registry. The law, however, did not give DCBS statutory authority to establish the registry. During the 2014 Regular Session, legislation was enacted and became 2014 Ky. Act ch.110, codified as KRS 209.032. This allowed DCBS to file administrative regulations to effect the Caregiver Misconduct Registry in July 2014.

DCBS's web-based Caregiver Misconduct Registry became available on August 25, 2014, through the following web-site: <https://prdweb.chfs.ky.gov/KACMR/Home.aspx>. The registry allows vulnerable adult service providers and individuals, pursuant to KRS 209.032, to query the Cabinet for Health and Family Services as to whether a validated substantiated finding of adult abuse, neglect, or exploitation has been entered against an individual who is a prospective employee, volunteer of the provider, or an individual seeking employment in a direct caregiving role in a private setting. The online Kentucky Caregiver Misconduct Registry is a free-of-charge, secure, and convenient tool for vulnerable adult service providers and private home-based employers, which enhances current background check processes to screen out prospective caregivers who, have been identified as a perpetrator of a validated, substantiated finding of abuse, neglect, or exploitation occurring on or after July 15, 2014. Queries may be made 24 hours a day, 365 days a year, and search results are immediate and conform to the applicable confidentiality laws governing KRS Chapter 209. Senate Bill 98 also established a paper-based process for private pay and waiver services, individuals who may not have Internet access. Queries are based on an individual's social security number. At the time this report was drafted, 144 individuals have been placed on the Caregiver Misconduct Registry.

With the creation of the Caregiver Misconduct Registry, the Kentucky adult protective services

infrastructure is strengthened as a new dimension of protection for vulnerable adults in the Commonwealth is realized. While it will not eradicate vulnerable adult mistreatment, it is recognized as a significant achievement toward promoting and preserving the safety and well-being of Kentucky's aging and disabled citizens.

Adult Protective Services Trainings

The following is a description of each of the current APS training curricula that have an application to elder and vulnerable adult maltreatment occurring in both the community-based and alternate care settings.

Course Name: Meeting Needs of Vulnerable Adults Part 1

Course Description: This training is required for DCBS workers responsible for adult protective services (APS). Participants review case scenarios and indicators of adult abuse, neglect and exploitation to the Kentucky Revised Statutes and the DCBS standards of practice applicable to APS. Participants practice interviewing, assessing, and engaging in solution-focused techniques to be used when working with adult clients. Participants prepare an assessment and documentation tool (ADT) ongoing case plan, prevention plan, and adult personal development plan, and practice entering that information into The Workers Information System (TWIST).

This training meets the requirements of an initial training course on elder abuse as set forth in KRS 194A.545.

Application: The training is provided to all new DCBS staff as well as tenured staff upon request. There are multiple components during which staff identifies indicators of abuse, neglect, and exploitation, as well as formulates assessment and service delivery questions around those indicators. Additional components include the presentation of the state law and APS standards of practice (SOP). Participants apply methods of investigation and service delivery using case scenarios. Training materials include interviews of residents with dementia who live in a nursing home. DCBS staff discusses the different interviewing techniques involved and demonstrates the comprehension of those techniques.

Course Name: Meeting Needs of Vulnerable Adults Part 2

Course Description: This training is required for DCBS workers responsible for APS. Participants assess strengths and needs of individuals with disabilities and review Medicaid waiver programs and services for individuals with disabilities. Participants practice the observation, record review, and interview investigative methods with case scenarios and redacted medical records in different facility settings. Participants practice different types of mental status and functional assessments that may be used when assessing decisional capacity in adults, simulate preparing affidavits, court forms, and testifying in an APS legal proceeding.

Application: The training is required for all APS staff. Participants review the specific APS SOP applicable to all alternate care facility investigations. Participants review training material in which residents in a nursing home are interviewed and then identify potential indicators of

maltreatment and regulatory violations. Training materials include photographs of durable medical equipment products used in nursing homes, photographs of pressure ulcers followed by discussion of observation, recording, and photo-documentation. An investigative method, similar to the OIG survey model, is presented.

Course Name: Adult Development for Adult Protective Services

Course Description: This web-based training prepare APS workers for the normal aging process. Specifically, participants consider the aging process, the difference between healthy aging and cognitive disturbances and the dying process. This is a prerequisite for attending Meeting Needs of Vulnerable Adults classroom training.

After completing this training, participants are able to match definitions with the different categories of the aging process, distinguish aspects of healthy aging and cognitive impairment given a list of indicators, and apply aspects of adult development to given scenarios.

This is a prerequisite training for Meeting Needs of Vulnerable Adults Part 1

Application: The training is available for all APS staff as well as child protective services and foster care staffs providing services to children with disabilities, including those who may transition from out-of-home care. This training provides information on the different types of service interventions, plans and medications for residents with disabilities, and those indicators APS staff might assess during visits with adults.

Course Name: Investigations in Alternate Care Facilities: Supports for Community Living (SCL)

Course Description: This web-based training prepares participants to identify and assess the service needs of adults in SCL residential supported homes. Participants completing this training are provided with basic information and requirements of the SCL program, including application for services and emergency resources, medication record keeping, provider expectations, and incident reporting. The content presented in this training is applied and referenced in the Investigations in Alternate Care Facilities training, specifically how it relates to conducting investigations of adult abuse, neglect, and exploitation at these facilities.

Application: APS staff reviews the available SCL services, documentation that may be found when reviewing medical records in those placements, and some of the regulatory requirements from the Division of Developmental and Intellectual Disabilities. This is a prerequisite training for Meeting Needs of Vulnerable Adults Part 2.

Course Name: Working with Adults with Developmental Disabilities: Effective Communication and Evidence Collection

Course Description: This training is intended for DCBS APS workers. This web-based training assists workers in developing insights and refining their skill set to engage adults with disabilities by providing information on interview techniques, observational considerations, record review, and coordination with other investigative entities. The training offers participant

effective strategies geared toward improving service delivery and outcomes for adults with physical, developmental, and intellectual disabilities.

Course Name: Centralized Intake Technical Assistance

This training is for DCBS workers who work on the centralized intake teams and includes acceptance criteria for both child protective services and APS and acceptance determination protocols. Upon completion, participants are able to describe three revisions of the CPS and APS acceptance criteria's and will identify any difficulties with the acceptance criteria revisions.

Application: This is mandatory for centralized intake staff.

Course Name: Partnership: Collaborative Practice

Course Description: This training, designed for new DCBS staff working in child protective services, includes knowledge and practice in decision-making skills related to ethics, values, dual-relationships, workplace boundaries, and cultural considerations. Participants also gain applied knowledge of elder abuse, substance abuse, mental health, and disabilities in the areas of identification, treatment options and making referrals. The training concludes by bringing the knowledge and skills from the partnership and foundations trainings together and applying them to a case situation with practice role plays and analysis. This training is a part of the Credit for Learning (CFL) Program for all new P&P staff.

Course Name: Elder Abuse: Initial Course

Course Description: This web-based training meets the legislative mandates of KRS Chapter 194A, which requires all DCBS staff to complete an elder abuse, neglect, and exploitation initial course. This training is designed for protection and permanency, family support, and child support staffs to increase identification and assessment skills in order to prevent and remedy elder maltreatment. Training presents demographic information and future trends of the elder population; examines the dynamics and effects of elder abuse, neglect, and exploitation; identifies lethality or risk factors; and presents model protocols on providing community resources and victim services available for older adults experiencing elder maltreatment.

Application: The training introduces DCBS staff to the prevalence of elder maltreatment in communities and nursing homes. Instructional content includes a segment addressing when a person in a nursing home is being physically abused by direct care staff. There are specific components for elder maltreatment indicators and reporting requirements for staff.

Course Name: Elder Abuse: Continuing Education

Course Description: This web-based training covers the dynamics, indicators, and effects of elder abuse, neglect, and exploitation; legal remedies for protection; lethality and risk issues; model protocols for addressing elder maltreatment; victim services and community resources; and mandatory reporting of elder maltreatment. This training is intended for all DCBS employees who directly provide services or who supervise the direct provision of services, and whose job duties do not include elder maltreatment or adult protective services casework.

These employees may encounter elder abuse, neglect, and/or maltreatment directly or indirectly while performing their assigned duties.

Federal APS Initiatives

In 2014, the U.S. Administration for Community Living (ACL) made changes to its organization structure. One of the key changes was the Office of Elder Rights became the Office of Elder Justice and Adult Protective Services, and for the first time, adult protective services now has an office housed in Washington. Recognition by the federal government is a significant achievement and should serve as the footing for the continued development of a national adult protective services infrastructure.

In 2015, the ACL drafted “Voluntary Consensus Guidelines for State Adult Protective Services Systems” to promote an effective adult protective services response across the country so that all adults, regardless of the state or jurisdiction in which they live, have similar protections and service delivery from APS systems. An engagement and outreach strategy to refine and finalize the draft Guidelines for State APS Systems concluded in November 2015 and included 16 listening sessions targeted to stakeholders and the public to:

- Inform the community about the project;
- Explain the project’s purpose, methodology, and scope;
- Generate interest in and support of the project;
- Record the community’s comments, questions, and edits; and
- Strengthen the guidelines document.

In 2016, the U.S. Department of Justice (USDOJ), launched 10 regional Elder Justice Task Forces. Announced in a March 30, 2016, press release, the USDOJ described the purpose of these teams: to “bring together federal, state and local prosecutors, law enforcement, and agencies that provide services to the elderly, to coordinate and enhance efforts to pursue nursing homes that provide grossly substandard care to their residents.” Representatives from the U.S. Attorney’s Offices, state Medicaid Fraud Control Units, state and local prosecutors’ offices, the Department of Health and Human Services (HHS), state Adult Protective Services agencies, Long-Term Care Ombudsman programs, and law enforcement are among the entities represented on these task forces. The Western District of Kentucky was identified as one of the 10 districts to have an Elder Justice Task Force, and in September 2016, the first meeting was convened. Through joint investigations, sharing information, and regular meetings, the team’s goal is to strengthen efforts to protect the most vulnerable in the populations who reside in a nursing home and other care facilities.

Statewide APS Data for SFY 2011-2016

Kentucky Adult Protection Data for SFY 2011-2016 (Ages 18-59)

Source: TWS-164 and TWS-165

| Adult Protective Services for 18-59 Population | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 |
|---|--------|--------|--------|--------|---------|--------|
| Total # of Calls | 44,948 | 49,074 | 50,597 | 94,711 | 110,351 | 76,297 |
| # of Calls that Met Criteria for Abuse and Neglect (Reports) | 22,995 | 22,698 | 23,646 | 28,129 | 33,338 | 30,584 |
| # of Substantiated Reports | 4,667 | 4,471 | 4,727 | 5,114 | 5,451 | 4,828 |

Individuals can have multiple reports during a reporting period

| Investigations by Type | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 |
|-----------------------------|--------|--------|--------|--------|--------|--------|
| Adult Abuse | 983 | 1,066 | 1,173 | 1,332 | 1,529 | 1,459 |
| Spouse/Partner Abuse | 17,730 | 17,178 | 17,650 | 18,240 | 20,090 | 18,914 |
| Neglect by Caretaker | 1,562 | 1,501 | 1,657 | 1,851 | 2,121 | 1,900 |
| Self-Neglect | 1,163 | 1,330 | 1,458 | 1,504 | 1,674 | 1,608 |
| Exploitation | 528 | 523 | 571 | 522 | 646 | 569 |

Individual counts. Not mutually exclusive

| Substantiations by Type | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 |
|-----------------------------|-------|-------|-------|-------|-------|-------|
| Adult Abuse | 161 | 152 | 182 | 184 | 151 | 132 |
| Spouse/Partner Abuse | 3,451 | 3,343 | 3,576 | 3,292 | 3,712 | 3,276 |
| Neglect by Caretaker | 340 | 267 | 265 | 273 | 157 | 163 |
| Self-Neglect | 478 | 493 | 512 | 543 | 567 | 492 |
| Exploitation | 168 | 108 | 132 | 120 | 102 | 106 |

Individual counts. Not mutually exclusive

Kentucky Adult Protection Data for SFY 2011-2016 (Ages 60+)

Source: TWS-164 and TWS-165

| Adult Protective Services for 60-Plus Population | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 |
|---|-------------|-------------|-------------|-------------|-------------|-------------|
| Total # of Calls | 15,179 | 16,975 | 18,459 | 23,950 | 30,037 | 27,474 |
| # of Calls that Met Criteria for Abuse and Neglect (Reports) | 7,503 | 7,728 | 8,613 | 10,113 | 12,618 | 11,248 |
| # of Substantiated Reports | 1,953 | 1,694 | 1,860 | 2,009 | 2,094 | 1,790 |

Individuals can have multiple reports during a reporting period

| Investigations by Type | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 |
|-------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Adult Abuse | 1,061 | 1,163 | 1,334 | 1,420 | 1,974 | 1,514 |
| Spouse/Partner Abuse | 594 | 611 | 646 | 755 | 781 | 808 |
| Neglect by Caretaker | 2,428 | 2,517 | 2,728 | 2,845 | 3,368 | 2,933 |
| Self-Neglect | 2,620 | 2,705 | 3,102 | 3,150 | 3,800 | 3,619 |
| Exploitation | 1,182 | 1,186 | 1,244 | 1,228 | 1,579 | 1,367 |

Individual counts. Not mutually exclusive

| Substantiations by Type | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 |
|--------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Adult Abuse | 173 | 153 | 181 | 171 | 160 | 106 |
| Spouse/Partner Abuse | 91 | 91 | 97 | 91 | 95 | 105 |
| Neglect by Caretaker | 389 | 352 | 326 | 346 | 252 | 210 |
| Self-Neglect | 959 | 848 | 958 | 938 | 1,077 | 954 |
| Exploitation | 378 | 268 | 298 | 287 | 287 | 233 |

Individual counts. Not mutually exclusive

Statewide OIG/Division of Health Care Data for SFY 2009-2016

Source: Office of Inspector General, Division of Health Care

| | Level of Care | SFY 2009 | SFY 2010 | SFY 2011 | SFY 2012 | SFY 2013 | SFY 2014 | SFY 2015 | SFY 2016 | 8yr Total | 8yr Average |
|---|---------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|----------------|
| Total # of complaint allegations in LTC facilities related to abuse, neglect, or misappropriation of resident property | FCH | 4 | 2 | 6 | 7 | 11 | 9 | 4 | 4 | 47 | 5.88 |
| | ICF | | | 1 | | | 0 | 0 | 0 | 1 | 0.125 |
| | ICF/IID | 55 | 44 | 30 | 28 | 29 | 22 | 14 | 13 | 235 | 29.38 |
| | LNF | 11 | 7 | 9 | 9 | 10 | 7 | 0 | 1 | 54 | 6.75 |
| | NH | 2 | 2 | 2 | 5 | | 1 | 1 | 1 | 14 | 2.00 |
| | PCH----- | 13 | 15 | 9 | 15 | 5 | 7 | 3 | 1 | 68 | 8.50 |
| | PCH - FS | 61 | 58 | 46 | 60 | 79 | 66 | 80 | 70 | 520 | 65.00 |
| | S/NF DP | 92 | 69 | 71 | 140 | 139 | 102 | 79 | 60 | 752 | 94.00 |
| | SNF | 13 | 1 | 3 | 13 | 5 | 14 | 7 | 1 | 57 | 7.13 |
| | SNF/NF | 388 | 310 | 361 | 494 | 462 | 410 | 363 | 329 | 3117 | 389.63 |
| | Totals | 639 | 508 | 538 | 771 | 740 | 638 | 551 | 480 | 4865 | 608.125 |
| Total # of LTC facility allegations related to abuse, neglect, or misappropriation of resident property that were substantiated | FCH | 1 | 2 | 3 | 1 | 4 | 4 | 0 | 0 | 15 | 1.88 |
| | ICF | | | 1 | | | 0 | 0 | 0 | 1 | 0.25 |
| | ICF/IID | 9 | 14 | 19 | 9 | 8 | 6 | 1 | 7 | 73 | 9.13 |
| | LNF | 3 | 1 | 3 | 5 | 5 | 1 | 0 | 0 | 18 | 2.25 |
| | NH | | | 2 | 3 | | 0 | 0 | 1 | 6 | 1.20 |
| | PCH----- | | 3 | 6 | 6 | 3 | 0 | 0 | 0 | 18 | 2.57 |
| | PCH - FS | 15 | 21 | 17 | 26 | 29 | 22 | 15 | 19 | 164 | 20.50 |
| | S/NF DP | 10 | 18 | 23 | 66 | 47 | 11 | 8 | 7 | 190 | 23.75 |
| | SNF | 2 | 1 | 1 | 3 | 1 | 2 | 1 | 0 | 11 | 1.38 |
| | SNF/NF | 77 | 77 | 150 | 227 | 166 | 58 | 73 | 62 | 890 | 111.25 |
| | Totals | 117 | 137 | 225 | 346 | 263 | 104 | 98 | 96 | 1386 | 173.25 |
| Total/Substantiated Percentage: | | 18.3% | 27.0% | 41.8% | 44.9% | 35.5% | 16.3% | 17.8% | 20.0% | 28.5% | |

OIG Acronym Key:

FCH- Family care home

ICF- Intermediate care facility

ICF/IID- Intermediate care facility for individuals with intellectual disabilities

LCN- Licensed nursing facility

NH – Nursing home

PCH- Personal care home

PCH- FS- Freestanding personal care home

SNF DP-Skilled nursing facility, distinct part (“Distinct part” refers to a portion of the facility that is federally certified to provide SNF services. The distinct part must be physically distinguishable and fiscally separate for cost reporting.)

SNF- Skilled nursing facility

SNF/NF- Skilled nursing facility/nursing facility-This means the long-term care facility is dually certified; NF beds are occupied by Medicaid beneficiaries and SNF beds are rehabilitative in nature/occupied by Medicare beneficiaries or dually eligible beneficiaries.

Patient Abuse/Neglect Medicaid Fraud and Abuse Control Division Data

Report Date Range: 7/1/15 – 6/30/16

Patient Abuse/Neglect Report Complaint Summary

| Case Type | Complaints |
|---|-------------------|
| Caretaker Neglect | 1,417 |
| Civil Litigation | 2 |
| Exploitation/Patient Funds | 118 |
| Global Data | 11 |
| Global Fraud | 5 |
| Other Abuse or Neglect | 30 |
| Other Fraud | 4 |
| Patient Abuse | 863 |
| Provider Fraud | 70 |
| Recipient Fraud | 1 |
| Total received during reporting period | 2,521 |
| Total # of unsubstantiated reports received during reporting period | 1,714 |
| Cases opened during reporting period | 92 |
| Cases closed during reporting period | 136 |
| Cases pending at the end of reporting period | 116 |

Source: Office of Attorney General; Medicaid, Fraud, Abuse and Control Division

Administrative Office of Courts, Research and Statistics

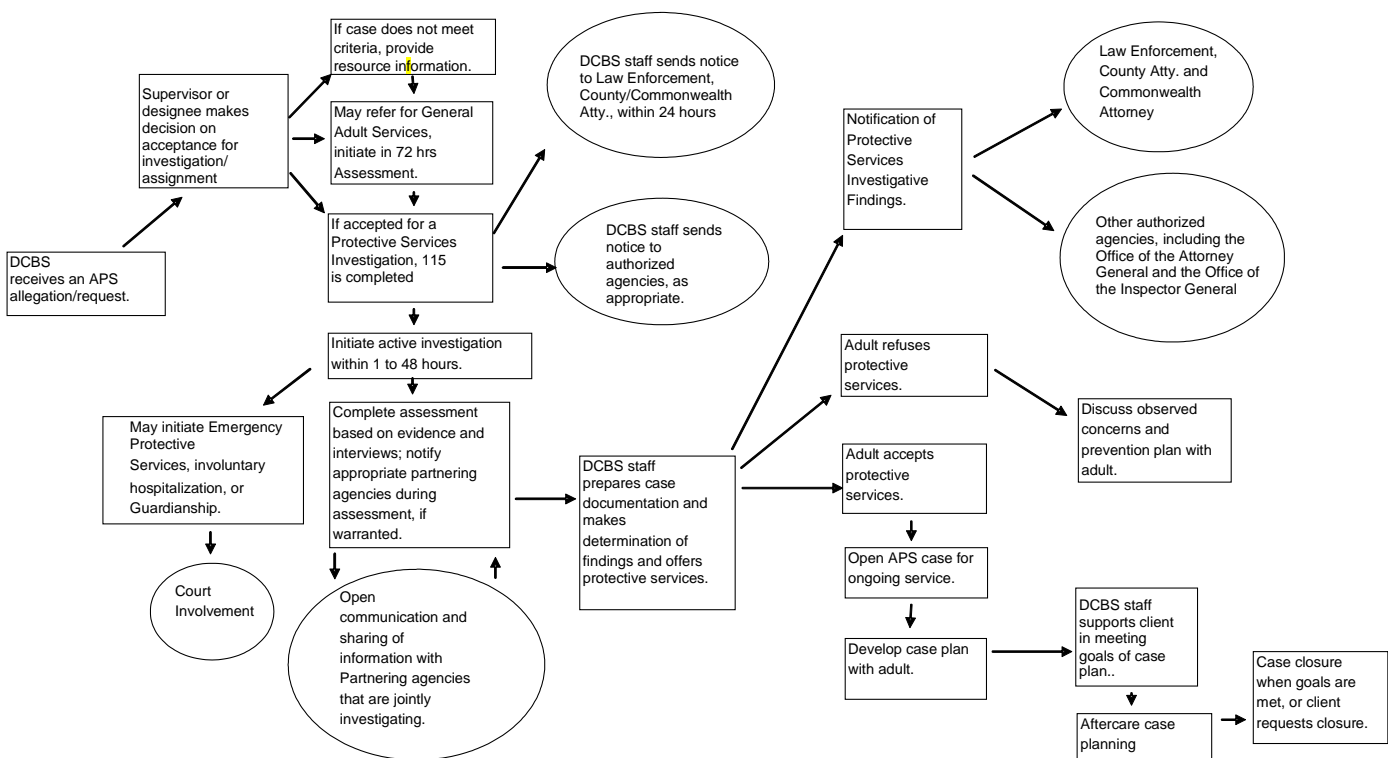
Kentucky Elderly/Adult Abuse, Neglect, or Exploitation statistical count of criminal charges under KRS 209 UOR codes filed FY 2015 (July 1, 2015 to June 30, 2016).

The total number of statewide cases through the Circuit Court was 137 and the total number of criminal charges was 168.

The total number of statewide cases through the District Court was 81 and the total number of criminal was charges 91.

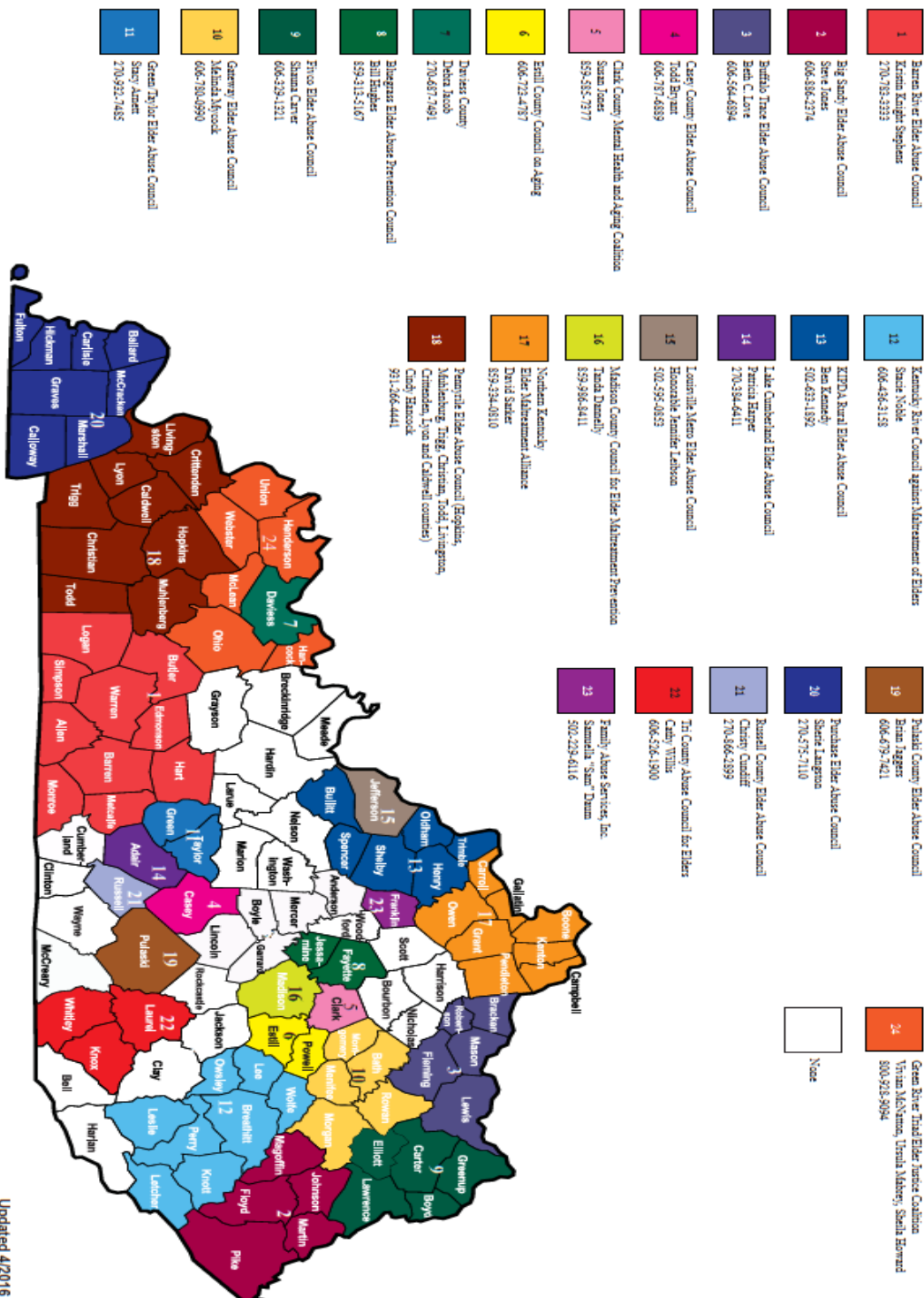
DCBS Adult Protective Services Process Map

The DCBS is statutorily charged (KRS 209.010) with the provision of protective services for vulnerable adults. This process is accomplished through a multidisciplinary approach outlined in the following diagram.



LCCEA Map

2016 Local Coordinating Councils on Elder Abuse



Updated 4/2016

RESOURCES

National Center on Elder Abuse (NCEA)

The NCEA serves as a national resource center dedicated to the prevention of elder mistreatment. First established by the U.S. Administration on Aging (AoA) in 1988 as a national elder abuse resource center, the NCEA was granted a permanent home at AoA in the 1992 amendments made to Title II of the Older Americans Act (OAA). To carry out its mission, the NCEA disseminates elder abuse information to professionals and the public and provides technical assistance and training to states and to community-based organizations. The NCEA makes news and resources available online and in an easy-to-use format, collaborates on research, provides training, identifies and provides information about promising practices and interventions, operates a listserv forum for professionals, and provides subject matter expertise on program and policy development.

The NCEA operates as a unique multi-disciplinary consortium of equal partners with expertise in elder abuse, neglect, and exploitation. Over the years, the NCEA collaborators have addressed the provisions outlined in the OAA through various activities and worked towards assisting the nation better address and respond to elder abuse, neglect, and exploitation. Not only have the NCEA's collaborators come from various professional fields, the NCEA has proved a valuable resource to many professionals working in some way with older victims of elder mistreatment, including: adult protective services; national, state, and local aging networks; law enforcement; health care professionals; domestic violence networks; and others.

National Center on Elder Abuse
c/o University of Southern California Keck School of Medicine
Department of Family Medicine and Geriatrics
1000 South Fremont Avenue
Unit 22 Bld. A-6
Alhambra, CA 91803
1-855-500-3537
<https://ncea.acl.gov/index.html>

National Adult Protective Services Association (NAPSA)

The NAPSA is a national non-profit 501(c)(6) organization with members in all 50 states, including the District of Columbia, the U.S. Virgin Islands, and Guam. It was formed in 1989 to provide state adult protective services (APS) program administrators and staff with a forum for sharing information, solving problems, and improving the quality of services for victims of elder and vulnerable adult abuse.

NAPSA is a partner in the NCEA funded by the AoA and a founding member of the Elder Justice Coalition. As part of an ongoing effort to increase collaboration with other national and state organizations, NAPSA has also participated in grant project activities with the American Bar Association Commission on Law and Aging, the Wisconsin Coalition against Domestic Violence, the National Organization of Victims' Advocates, the California District Attorneys Association, and the International Association of Forensic Nurses.

NAPSA conducts annual national training events, research, and innovation in the field of APS. The organization publishes a semi-annual newsletter written for and by APS members that highlights

innovative practices and APS activities throughout the nation. NAPSA is actively involved in conducting ongoing national research activities on topics such as APS training activities, services to self-neglecting adults and national APS data collection.

PO Box 96503 PMB 74669
Washington, DC 20090
(217) 523-4431
<http://www.napsa-now.org/get-help/>

National Committee for the Prevention of Elder Abuse (NCPEA)

The NCPEA is an association of researchers, practitioners, educators, and advocates dedicated to protecting the safety, security, and dignity of America's most vulnerable citizens. It was established in 1988 to achieve a clearer understanding of abuse and provide direction and leadership to prevent it. The committee is one of six partners that make up the NCPEA, which is funded by Congress to serve as the nation's clearinghouse on information and materials on abuse and neglect.

The mission of NCPEA is to prevent abuse, neglect, and exploitation of older persons and adults with disabilities through research, advocacy, public and professional awareness, interdisciplinary exchange, and coalition building.

The NCPEA:

- Conducts research to reveal the causes of abuse and effective means for preventing it;
- Contributes to the scientific knowledge base on elder abuse by identifying critical information needs and providing vehicles for the exchange of new research findings;
- Promotes collaboration and the exchange of knowledge between diverse disciplines;
- Provides professionals with information and training to help them effectively intervene in cases;
- Promotes the growth of community coalitions to ensure comprehensive and well-coordinated service delivery;
- Raises community awareness about the problem and solutions; and
- Advocates for needed services and enlightened public policy.

1730 Rhode Island Avenue, NW
Suite 1200
Washington, D.C. 20036
(202) 464-9481
(202) 872-0057 (fax)
<http://www.preventelderabuse.org/>

National Association of State Units on Aging (NASUA)

Founded in 1964, the NASUA is a non-profit association representing the nation's 56 officially designated state and territorial agencies on aging. The mission of the association is to advance social, health, and economic policies responsive to the needs of a diverse aging population and to enhance the capacity of its membership to promote the rights, dignity, and independence of, and expand opportunities and resources for, current and future generations of older persons, adults with disabilities, and their families. NASUA is the articulating force at the national level through which the

state agencies on aging join together to promote social policy in the public and private sectors responsive to the challenges and opportunities of an aging America.

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(202) 898-2578
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<http://www.nasuad.org/>