

2017 Kentucky Elder Abuse Annual Report



Cabinet for Health and Family Services
Department for Community Based Services

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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 2017, the committee reviewed cabinet streamlining efforts concerning the Kentucky Caregiver Misconduct Registry (CMR) and related administrative hearing process. In addition numerous Centers for Medicaid Services Civil Monetary Penalty (CMP) grant submissions designed to improve and promote positive outcomes for residents of long-term care throughout Kentucky were considered and approved by the committee, information sharing and coordination with the U.S. Department of Justice (USDOJ) Elder Abuse Task Force to address long-term care resident protections was realized, and national APS data sharing via the National Adult Maltreatment Reporting System (NAMRS) developed by the U.S. Department of Health and Human Services, Administration for Community Living (ACL) received support from the committee. Other activities of the committee this past year included a meeting and presentation offered by the Kentucky liaison for the statewide network of Local Coordinating Councils on Elder Abuse (LCCEA) which provided members with an update on continuing public awareness efforts and events in communities throughout the Commonwealth, a presentation and question and answer session with the Kentucky Long Term Care Ombudsman Program, and an overview of the Kentucky Attorney General, Office of Senior Protection and Mediation (OSP) program designed to address financial fraud and scams directed toward Kentucky's older citizens.

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

Kentucky Initiative for Quality Nursing Home
Standards (KIQNHS)

Ron Bridges, State Director

AARP Kentucky

John Tilley, Secretary

Justice and Public Safety Cabinet

Jeff Edwards

Kentucky Protection and Advocacy

Travis Ellis

Chief of Police, City of Frankfort

Tim Feeley, Deputy Secretary

Cabinet for Health and Family Services

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

Steve Davis, Inspector General

Cabinet for Health and Family Services

Vacant

Department for Public Health

Wendy Morris, Commissioner

Department for Behavioral Health,
Developmental and Intellectual Disabilities

Lala Williams, Deputy 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 2016, there were 32.64 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 63 volunteers and 210 friendly visitor volunteers and advisory council volunteers. Over 5,200 volunteer hours were donated. Program representatives established relationships with residents and families designed to foster trust, which is key to effective resident driven advocacy.

Since its creation in the 1970s, the functions of the Long-Term Care Ombudsman Program were delineated in the Older Americans Act (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 long-term care; and
- Monitor government actions affecting residents.

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 SLTCO 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 2016, Kentucky finalized a two-year process of updating state regulations, policies, and procedures in order to operate the ombudsman program consistent with federal law and the long-term care ombudsman final rule.

The Kentucky National Ombudsman Reporting System annual report reflects long-term care ombudsmen work in Kentucky for the federal fiscal year 2016. During that reporting period, long-term care ombudsmen targeted services to 27,421 residents in 314 nursing facilities and 6,538 residents in 198 personal and family care homes.

New federal nursing facility regulations went into effect in 2016. The KY LTCO program provided training to staff and volunteers to prepare advocates, residents, and families with essential information about quality of care and residents' rights. Significant changes in the discharge/transfer regulations impact both residents and the Kentucky LTCO program. The Office of the State Long-Term Care Ombudsman now receives hundreds of additional of discharge notices from facilities as required by the new federal nursing facility regulations. LTC ombudsmen review the notices and assist residents who do not want to discharge from the facility.

Long-term care ombudsmen in Kentucky:

- Made 12,265 site visits to long-term care facilities to monitor care and advocate for residents;
- Assisted with family councils and resident councils on 1,201 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 13,388 occasions;
- Worked with the Kentucky Office of Inspector General surveyors on over 900 occasions (i.e., pre-survey, survey, and complaint survey collaborations);
- Provided 166 training sessions to facility staff on abuse prevention and rights promotion;
- Provided 1,314 community education sessions at state and local levels;
- Identified, investigated, and worked to resolve 7,089 complaints. Eighty-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	504
2. Autonomy & Rights: Dignity, respect-staff attitudes	424
3. Dietary: Food service- quantity, quality, variation, choice	321
4. Care: Personal hygiene	268
5. Care: Medication administration	260
6. Abuse, Gross Neglect, and Exploitation	255
7. Care: Symptoms unattended, including pain, pain not managed, no notice to others of change in condition	246
8. Autonomy & Rights: Response to complaints	203

9. Autonomy & Rights: Exercise preference/choice/civil & religious rights	179
10. Financial: Personal property lost, stolen, destroyed	169

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) Division of Guardianship

The Division of Guardianship serves Kentucky’s adult residents (wards) affected by various disabilities who have been deemed wholly disabled and are in need of a guardian and/or conservator. Wards appointed to CHFS/DAIL have been adjudicated “legally disabled” by the court requiring the appointment of a guardian/conservator upon the judge determining that no other individual or entity is willing and appropriate to be appointed. The court determines the responsibilities and the capacity that the Division of Guardianship will handle upon the appointment. The appointment may be for full guardian and conservator of the ward, which indicates the removal of all of the ward’s rights and places the full responsibility of personal and financial decision-making on CHFS/DAIL. The appointment may be for limited guardian and/or conservator of the ward that indicates the ward maintains some rights and personal and financial decision-making is shared with CHFS/DAIL. The rights of the ward that may be removed when adjudicated include the following: 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. The Division of Guardianship is only able to utilize the resources of the ward or those available within the community, as there is no dedicated state or federal funding for the Division of Guardianship’s wards.

An individual can be adjudicated legally disabled as an adult upon the individual’s 18th birthday. DAIL can be appointed as guardian of any adjudicated adult age 18 and older. Currently the oldest living DAIL/Guardianship ward is 107 years old. The wards under the Division of Guardianship have many levels of disabilities including the following: developmental, intellectual, mental health, and physical. Wards are frequently the victims of past and present abuse, neglect, and exploitation and need protection of their person as well as assets. An additional and increasing population served under the Division of Guardianship are individuals with dangerous criminal behaviors that are found incompetent to stand trial.

DAIL’s Division of Guardianship is available 24 hours a day, 365 days a year, to ensure needed accessibility and awareness. The Division of Guardianship upholds the health, safety, and welfare of many at-risk Kentuckians who, without protection, might suffer both grave personal and financial loss. The goal of the Division of Guardianship is to ensure what is in the best interest of the ward.

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. Constituent Services, Small Business Ombudsman, and CHFS Listens are other avenues citizens, Legislators, and the Governor's Office utilize to address issues. The goal of the Office of the Ombudsman is to improve governmental performance and the quality of service delivery. The office utilizes data analysis and case reviews to advise agencies and the Secretary's office of findings. Based on those findings, collaborative efforts were initiated to review process flow between agencies and the collective outcome to recipients. Although, 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 cabinet 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 2017, the Complaint Review Branch received 264 APS related complaints. The Quality Assurance Section processed 189 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;

- **Pennyriple 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&A 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.

On November 28, 2017, the new Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness regulations went into effect for all certified facilities to ensure that facilities have extensive plans in place to protect those vulnerable residents during all types of disasters, including those seen recently with the hurricanes in Texas and Florida. OIG will be required to review facilities' emergency preparedness programs during surveys to ensure they have plans for different types of disasters and have trained staff on implementation of those plans.

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 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/dhcms.htm>.

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

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 at Medicaid funded facilities and at board and care facilities. The unit has jurisdiction to investigate allegations of abuse, neglect, and financial exploitation of persons receiving care at these types of facilities regardless of whether the victim is a Medicaid patient. The MFCU also has jurisdiction to investigate financial exploitation of residents of these facilities that is conducted outside of the facility, such as by individuals serving as a Power of Attorney. The MFCU employs investigators, attorneys, nurses, auditors, and support staff who investigate the cases with a team approach. In accordance with KRS 209, prosecutors with the MFCU may bring such criminal cases against individuals or corporations upon a request from the applicable county or commonwealth attorney. Otherwise, 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 attorneys can also bring civil actions regarding Medicaid provider fraud concerning fraud that occurs at Medicaid funded facilities. In addition, 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 board and care facilities.

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), which is answered 24 hours a day seven days a week, and online at www.ag.ky.gov/abuse. The MFCU also receives information directly from law enforcement agencies, service providers, and facilities. Most allegations are received through CHFS. MFCU investigators conduct investigations of allegations and, where applicable, work with other law enforcement agencies in these investigations. In addition to the investigations and prosecutions conducted by members of the MFCU, the MFCU focuses on outreach efforts and training to the community and law enforcement. The MFCU edits the prosecution manual of crimes against the elderly for county and commonwealth's attorneys.

Office of the Attorney General – Office of Senior Protection and Mediation (OSP)

As part of Attorney General's Office mission to protect senior Kentuckians, the Office of Senior Protection ("OSP") was established to assist Kentucky seniors and their families with information and resources needed to protect them against scams, abuse and financial exploitation. The Mediation branch is now housed under OSP and mediates disputes between consumers of all ages and businesses regarding goods or services in the marketplace. Mediation also compiles information on various scams being perpetrated or attempted in the Commonwealth. The Mediation branch receives over 2,600 complaints per year and has returned over \$1 million in restitution to Kentucky citizens in goods and services, which represents a pace of roughly \$1,800 per day returned to Kentuckians. Overall, OSP carries out its mission by offering a "triage" of services and training to senior Kentuckians and collaborating partners.

OSP's direct outreach plays a crucial part in educating and empowering Kentucky seniors. In 2017, the Office has conducted over 80 programs and trainings covering over 40 counties. To date, the Office has reached nearly 8,000 Kentucky seniors and senior service providers. These programs allow the Attorney General and staff to visit senior centers, nursing homes, the Kentucky State Fair, Cooperative Extension Offices, senior health programs, retirement organizations and law enforcement groups. More importantly, this outreach allow attendees to share their personal experience about scams.

In 2017, the Office of the Attorney General partnered with AARP KY to launch its Interfaith Travel Series and together travel across the Commonwealth educating senior organizations and faith-based communities through their senior ministries on identifying and avoiding scams and financial exploitation.

OSP has also organized a network of over 180 collaborative partners who have been instrumental in promoting information about scams and promoting the Scam Alerts! initiative. Scam Alerts! is a transformational text/email messaging service that allows seniors, their families, friends, neighbors, and service providers up-to-date information about the top trending scams. The Office of Senior Protection met and exceeded its first year goal and has enrolled over 12,000 Kentuckians in Scam Alerts! Text KYOAG Scam to GOV311 (468311). The Office of Attorney General's collaborative partners include state agencies, non-profit organizations, associations, and corporations.

The Office of Senior Protection also hosts a Senior Summit each fall, and recognizes World Elder Abuse Awareness Day on June 15th of each year. World Elder Abuse Awareness Day allows Attorney General Beshear to introduce new collaborative partners as well as hear personal stories from victim families and advocates. The Senior Summit is a daylong conference for governmental

and non-governmental senior service providers to address challenges facing senior Kentuckians. Summits have included sessions on senior bullying, cognitive challenges and emergency housing for seniors.

OSP also serves as a member of the Elder Justice Task Force, consisting of both the Eastern and Western U.S. Attorney's Offices and other professionals who examine abuse and exploitation cases, provide outreach and training, and discuss other matters related to aging and elder justice.

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

Department for Behavioral Health, Developmental and Intellectual Disabilities

(DBHDID) mission 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. The department is responsible for the administration of state and federally funded mental health, substance use disorder, developmental and intellectual disability programs and services throughout the Commonwealth.

DBHDID believes that a robust system of care in both the private and public sector is critical to assure that all citizens have access to quality care, including inpatient, outpatient and outreach services. DBHDID serves individuals of all ages, from across the Commonwealth, in community and facility settings best designed to address their acute and chronic behavioral health care or intellectual disability needs. Depending on their diagnoses and related needs, individuals may receive services in one or more of these settings as they age. The department adheres to implementing best practices for the care of its elderly patients and residents, seeks continuous improvement, and welcomes collaborative efforts like those highlighted here.

In addition to services received in the community through Medicaid waiver support programs, the department's acute care psychiatric hospitals, and long-term intermediate care facilities (ICFs), individuals' overall health, age, or related factors may ultimately dictate placement in one of DBHDID's three nursing care facilities across the state:

- Western State Nursing Facility in Hopkinsville
- Glasgow State Nursing Facility in Glasgow
- Eastern State Hospital's Long-Term Care and Acquired Brain Injury Units

Prior to placement in a DBHDID nursing care facility, a Preadmission Screening and Resident Review (PASRR) is administered to all individuals. PASSR is a federal requirement to ensure individuals with mental illness (MI), intellectual disabilities or related conditions (ID/RC) who do not meet level of care criteria are not placed in nursing homes for long-term care. The nursing facility completes a level I screening on all admissions, followed by a comprehensive level II screening for anyone with history of mental illness or intellectual disability. Level II screenings are conducted by community mental health centers (CMHC), which then provide person-centered specialized services beyond those offered by a long-term nursing facility.

While DHBDID strives to provide the highest quality care to patients or residents in all its programs, it is particularly proud of those offered by its nursing care facilities. The Centers for Medicare and Medicaid Services (CMS) recently recognized Kentucky's nursing care facilities with the prestigious five-star designation. Of 288 nursing care facilities in Kentucky, only DBHDID's and 38 others (14%) achieved this honor.

DBHDID works cooperatively with the agencies highlighted in this report, and many others, to ensure quality care of its elderly residents and patients, whether they are in placement or the community. This is achieved through regular monitoring and reporting; technical assistance, and training; and caring, capable staff in an inviting, home or home-like environment.

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 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 Chapter 209. The elements of adult protection are:

- Protection of adults;
- 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;
- 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 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 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.

Local Coordinating Councils on Elder Abuse

As the population of older Americans grows, so does the hidden problem of elder maltreatment.



Nationally, no one knows exactly how many older adults are being abused, neglected, and/or exploited. The reason for this is that definitions of elder abuse differ from state to state and the statistics vary because there is no uniform reporting system. In 2005, Kentucky legislators responded to this growing crisis by the passage of House Bill 298; amending 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). Currently, Kentucky has 22 Local Coordinating Councils on Elder Abuse that cover 92 counties. While these councils are independent of the courts and the cabinet, DCBS has, for several years, acted as a resource by facilitating communication, providing public awareness materials, awarding funds, and being an active participant 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 vary due to the

councils' direct reflection of their grassroots community in order to focus on the needs of the people they serve. The councils have an enhanced focus on prevention, intervention, and resource development aimed at ending elder maltreatment through educating professionals as well as the community at large through formal and informal educational trainings, public awareness events, and social media. Each council's goal is to have effective interventions with the hope of preventing the occurrence of maltreatment. As non-profits, the councils realized early on, they would not be able to address the rising social and criminal issue of elder maltreatment without communication, collaboration, and coordination with their community partners. The statewide local coordinating councils on elder abuse have worked to maintain a community presence and to work diligently throughout the year utilizing limited resources to promote elder abuse awareness and prevention efforts. 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 our Commonwealth's most vulnerable adult citizens.

Kentucky Caregiver Misconduct Registry

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.

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. Participant's 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 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.

Application: This training is intended for DCBS APS workers.

Course Name: Centralized Intake Technical Assistance

Course Description: 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.

Collaborative Assessment and Documentation: Part I

This online training is intended for new Protection and Permanency staff and is designed to give basic facts and application skills around Motivational interviewing, Family Solution skills, the Assessment and Documentation Tool (ADT), Domestic Violence Protective Orders, Juvenile Court procedures and protocols, substance abuse, mental health illnesses, disabilities, elder abuse and professional ethics.

These modules will be followed by a classroom training to practice interviewing, and review risk

and protective factors pertaining to individual children, each adult, and overall families. Other CPS assessments scenarios will be reviewed and practiced. Lastly, participants will practice entering the ADT into the (The Worker Information System (TWIST)).

Collaborative Assessment and Documentation: Part II

This training is designed for new field workers who have successfully completed the online modules of Collaborative Assessment and Documentation: Part I. In this classroom training, participants will practice the knowledge learned in Part I by interviewing using Motivational Interview and Family Solution skills, assessing risk and protective factors, using screening tools, drafting referrals and completing ADT's on case scenarios with substance abuse, domestic violence and mental health issues.

Collaborative Assessment and Documentation: Part III

This training is conducted using a combination of online and on-the-job practice. During the training, participants will complete an ADT on an assigned case, schedule a coaching session with the supervisor to submit the completed ADT for review and feedback and using the supervisor's feedback, revise the ADT, redact identifying information and submit. Participants will also interview a provider and submit a Partnership Plan to connect the family to other services.

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.

In early 2017, KY submitted statewide APS data to the National Adult Maltreatment Reporting System (NAMRS) the first comprehensive, national reporting system for adult protective services (APS) programs. It collects quantitative and qualitative data on APS practices and policies, and the outcomes of investigations into the maltreatment of older adults and adults with disabilities. KY is one of fifty-four states and territories that contributed data to NAMRS in its first year.

The absence of data for research and best practice development has been cited by numerous entities, including the Government Accountability Office, as a significant barrier to improving APS programs. Policy makers, APS programs, and researchers will use the data to evaluate and improve programs.

The goal of NAMRS is to provide consistent, accurate national data on the exploitation and abuse of older adults and adults with disabilities, as reported to APS agencies. NAMRS is an annual, voluntary system to collect both summary and de-identified case-level data on APS investigations.

On August 29, 2017, ACL released the first of a series of reports based on data from NAMRS. Fifty-four of 56 states and territories contributed data to NAMRS in its first year. This high level of voluntary participation reflects the value that leaders in the field of adult maltreatment see in this data. [View the report \(PDF, 1.42MB\)](#).

Statewide APS Data for SFY 2012-2017

Kentucky Adult Protection Data for SFY 2012-2017 (Ages 18-59)

Source: TWS-164 and TWS-165

Adult Protective Services for 18-59 Population	2012	2013	2014	2015	2016	2017
Total # of Calls	49,074	50,597	94,711	110,351	76,297	79,842
# of Calls that Met Criteria for Abuse and Neglect (Reports)	22,698	23,646	28,129	33,338	30,584	30,233
# of Substantiated Reports	4,471	4,727	5,114	5,451	4,828	4,882

Individuals can have multiple reports during a reporting period

Investigations by Type	2012	2013	2014	2015	2016	2017
Adult Abuse	1,066	1,173	1,332	1,529	1,459	1,280
Spouse/Partner Abuse	17,178	17,650	18,240	20,090	18,914	18,797
Neglect by Caretaker	1,501	1,657	1,851	2,121	1,900	1,863
Self-Neglect	1,330	1,458	1,504	1,674	1,608	1,552
Exploitation	523	571	522	646	569	513

Individual counts. Not mutually exclusive

Substantiations by Type	2012	2013	2014	2015	2016	2017
Adult Abuse	152	182	184	151	132	111
Spouse/Partner Abuse	3,343	3,576	3,292	3,712	3,276	3,399
Neglect by Caretaker	267	265	273	157	163	156
Self-Neglect	493	512	543	567	492	480
Exploitation	108	132	120	102	106	84

Individual counts. Not mutually exclusive

Kentucky Adult Protection Data for SFY 2012-2017 (Ages 60+)

Source: TWS-164 and TWS-165

Adult Protective Services for 60-Plus Population	2012	2013	2014	2015	2016	2017
Total # of Calls	16,975	18,459	23,950	30,037	27,474	28,631
# of Calls that Met Criteria for Abuse and Neglect (Reports)	7,728	8,613	10,113	12,618	11,248	11,256
# of Substantiated Reports	1,694	1,860	2,009	2,094	1,790	1,802

Individuals can have multiple reports during a reporting period

Investigations by Type	2012	2013	2014	2015	2016	2017
Adult Abuse	1,163	1,334	1,420	1,974	1,514	1,453
Spouse/Partner Abuse	611	646	755	781	808	741
Neglect by Caretaker	2,517	2,728	2,845	3,368	2,933	3,087
Self-Neglect	2,705	3,102	3,150	3,800	3,619	3,694
Exploitation	1,186	1,244	1,228	1,579	1,367	1,209

Individual counts. Not mutually exclusive

Substantiations by Type	2012	2013	2014	2015	2016	2017
Adult Abuse	153	181	171	160	106	111
Spouse/Partner Abuse	91	97	91	95	105	87
Neglect by Caretaker	352	326	346	252	210	212
Self-Neglect	848	958	938	1,077	954	965
Exploitation	268	298	287	287	233	208

Individual counts. Not mutually exclusive

Number of Unique Individuals Placed on the Caregiver Misconduct Registry	
07/15/2014-10/04/2017	SFY 2017
214	78

Source: TWS-D321; TWS-Q321

Statewide OIG/Division of Health Care Data for SFY 2010-2017

Source: Office of Inspector General, Division of Health Care

	Level of Care	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	8 yr. Total	8 yr. Ave.
Total # of complaint allegations in LTC facilities related to abuse, neglect, or misappropriation of resident property	FCH	2	6	7	11	9	4	4	4	47	5.88
	ICF		1			0	0	0	2	3	0.60
	ICF/IID	44	30	28	29	22	14	13	16	196	24.50
	LNF	7	9	9	10	7	0	1	0	43	5.38
	NH	2	2	5		1	1	1	2	14	2.00
	PCH	15	9	15	5	7	3	1	5	60	7.50
	PCH-FS	58	46	60	79	66	80	70	47	506	63.25
	S/NF DP	69	71	140	139	102	79	60	65	725	90.63
	SNF	1	3	13	5	14	7	1	8	52	6.50
	SNF/NF	310	361	494	462	410	363	329	236	2965	370.63
	Totals	508	538	771	740	638	551	480	385	4611	576.38
Total # of LTC facility allegations related to abuse, neglect, or misappropriation of resident property that were substantiated	FCH	2	3	1	4	4	0	0	1	15	1.88
	ICF		1			0	0	0	1	2	0.40
	ICF/IID	14	19	9	8	6	1	7	4	68	8.50
	LNF	1	3	5	5	1	0	0	0	15	1.88
	NH		2	3		0	0	1	1	7	1.17
	PCH	3	6	6	3	0	0	0	1	19	2.38
	PCH - FS	21	17	26	29	22	15	19	11	160	20.00
	S/NF DP	18	23	66	47	11	8	7	12	192	24.00
	SNF	1	1	3	1	2	1	0	0	9	1.13
	SNF/NF	77	150	227	166	58	73	62	43	856	107.00
	Totals	137	225	346	263	104	98	96	74	1343	167.88
Total/Substantiated Percentage:		27%	41.8%	44.9%	35.5%	16.3%	17.8%	20.0%	19.2%	29.1%	

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: 7/1/16 – 6/30/17

Patient Abuse/Neglect Report

Complaint Summary

Case Type	Complaints
Caretaker Neglect	1,404
Civil Litigation	1
Exploitation/Patient Funds	88
Global Data	7
Global Fraud	2
Other Abuse or Neglect	10
Other Fraud	1
Patient Abuse	703
Provider Fraud	150
Recipient Fraud	4
Total received during reporting period	2,370
Cases opened during reporting period	81
Cases closed during reporting period	72
Cases pending at the end of reporting period	129

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

Administrative Office of Courts, Research and Statistics

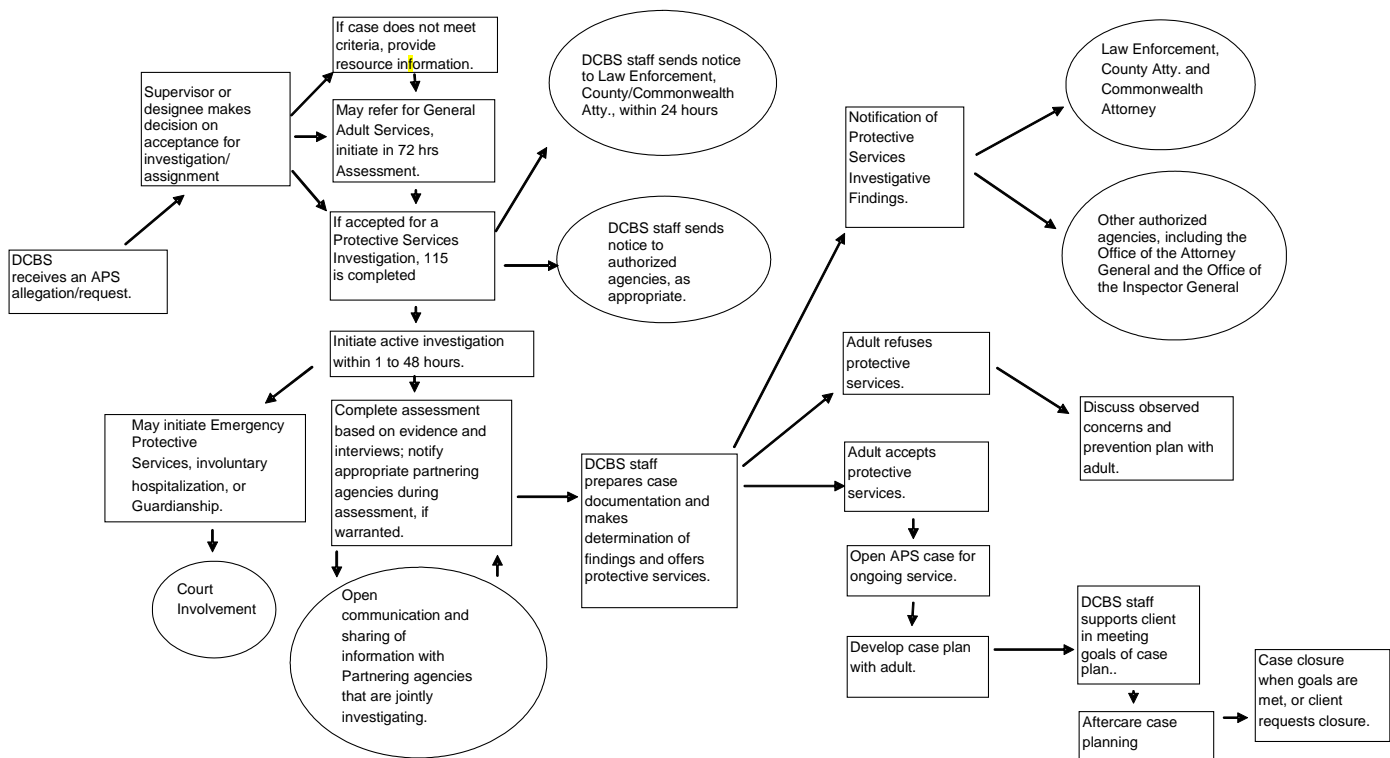
Kentucky Elderly/Adult Abuse, Neglect, or Exploitation statistical count of criminal charges under KRS 209 UOR codes filed FY 2016 (July 1, 2016 to June 30, 2017).

The total number of statewide cases through the Circuit Court was 115 and the total number of criminal charges was 207.

The total number of statewide cases through the District Court was 110 and the total number of criminal was charges 158.

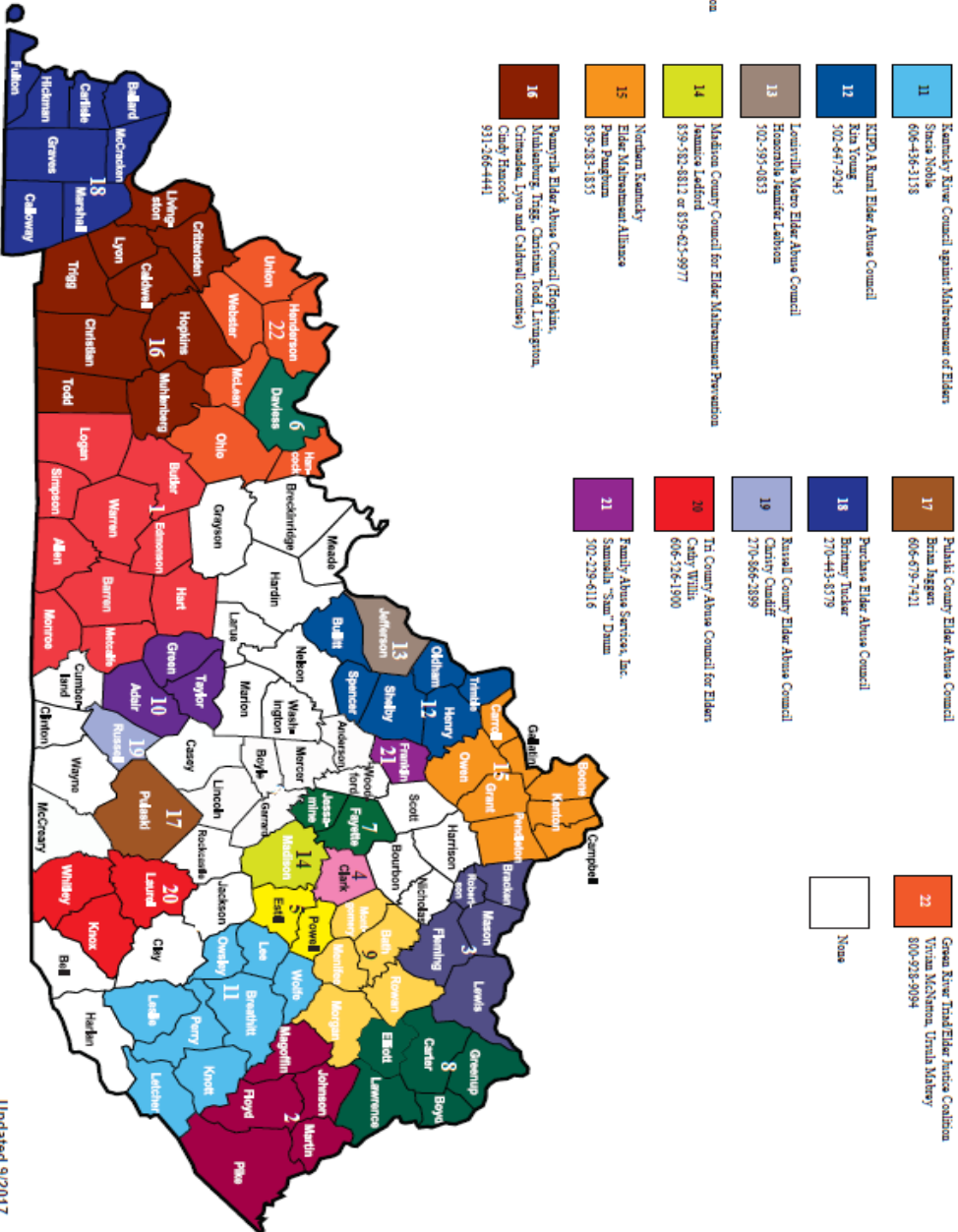
DCBS Adult Protective Services Process Map

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

Statewide LCCEA Liaison:
 Stacy Carey
 502-564-7043



Updated 9/2017

RESOURCES

National Center on Elder Abuse (NCEA)

The NCEA serves as a national resource center dedicated to the prevention of elder maltreatment. 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/>

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.

NAPSA
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.

333 Westchester Ave
Suite South 201
White Plains NY 10604
<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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