

2018 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.

Membership

Betsy Johnson, President

Kentucky Association of Health Care Facilities

Tim Veno

Leading Age Kentucky

Jimmy Pollard

Henry County Coroner

Tim Feeley, Deputy Secretary

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

Sean Welch, Major

Justice and Public Safety Cabinet
Kentucky State Police, West Troop

Sherry Culp

State Long-Term Care Ombudsman

Adam M. Meier, Secretary

Cabinet for Health and Family Services

Eric Clark, Commissioner

Department for Community Based Services

Sandra Brock, Executive Director

Office of the Ombudsman and
Administrative Review
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. 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.

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). 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 ombudsman program was started in 1981 by a group of community volunteers. NHOA, an independent non-profit agency, celebrated its 37th year of service to long-term care residents and families in 2018. 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 2017, 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 65 volunteers and 221 friendly visitor volunteers and advisory council volunteers. Over 4,360 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 (LTC); 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 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 that may interfere with an impartial investigation and/or resolution of complaints.

The Kentucky National Ombudsman Reporting System annual report reflects long-term care ombudsmen work in Kentucky for the federal fiscal year 2017. During that reporting period, long-term care ombudsmen targeted services to 27,682 residents in 316 nursing facilities and 6,646 residents in 194 personal and family care homes.

Involuntary discharges are a major issue for many residents. Long-Term Care Ombudsmen (LTCO) in Kentucky spend a significant amount of time and resources to help residents faced with inappropriate involuntary discharges. LTC facilities have inappropriately discharged residents

who are Medicaid pending, victims of abuse, suffering from neglect, etc. for many years. Residents who require 24-hour nursing care have been discharged to homeless shelters, the homes of friends, and to homes where they have no caregivers. The price of an inappropriate discharge is enormous, often causing hospitalization and even death.

Medicare and Medicaid have requirements for participation that LTC facilities should follow. The requirements for participation were revised and published in the Federal Register in October 2016 to reflect the substantial advances that have been made over the past several years in the theory and practice of service delivery and safety.

An important provision of the Final Rule was that a copy of discharge notices must be sent to the long-term care ombudsman (§ 483.15(c)(3)(i)). It was believed that sending involuntary notices to the state long-term care ombudsman would provide added protection to the residents and assist the SLTCOP in serving residents.

There were no additional resources provided to the LTCO Program to help hundreds of additional residents needing help when faced with involuntary discharge. LTCO receive notices, obtain consent to work on the issue, file appeals, file complaints with the state regulatory agency, review records, meet with facility staff, represent residents during appeals or secure an attorney for the resident if one is available and willing to take the case, all while constantly discussing the problem-solving steps with the resident and family.

The SLCTOP will continue to address resident complaints about involuntary discharge, field provider questions, and monitor the response of the state regulatory agency. The Long Term Care Ombudsman program needs additional staff to assist residents faced with involuntary discharges. Involuntary discharge notices are often related to unmet needs of the resident or neglect and some notices are related to Medicaid eligibility and application process. The challenges with involuntary discharge are compounded by a long history of providers inappropriately discharging residents, but with continued improvement in facilities following the revised regulation, Ombudsmen are better able to solve involuntary discharge complaints.

Long-term care ombudsmen in Kentucky:

- Made 11,772 site visits to long-term care facilities to monitor care and advocate for residents;
- Assisted with family councils and resident councils on 1,137 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 13,805 occasions;
- Worked with the Kentucky Office of Inspector General surveyors on over 1,005 occasions (i.e., pre-survey, survey, and complaint survey collaborations);
- Provided 274 training sessions to facility staff on abuse prevention and rights promotion;
- Provided 1,686 community education sessions at state and local levels;
- Identified, investigated, and worked to resolve 6,662 complaints. Eighty-five 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	547
2. Dignity, respectful staff attitudes	320
3. Dietary: Food service- quantity, quality, variation, choice	282
4. Care: Medication administration	280

5. Staff: Unresponsive, unavailable	244
6. Care: Symptoms unattended, including pain, pain not managed, no notice to others of change in condition	241
7. Care: Personal hygiene	237
8. Discharge & Eviction	223
9. Response to complaints	205
10. Environment: Cleanliness, pests, housekeeping	197

The OAA outlines the responsibilities of the state and their Long-Term Care Ombudsman Programs (LTCOPs), clearly stating that the primary role of long-term care ombudsmen is to serve as resident advocates. Ombudsmen are charged with serving as the resident advocate in response to individual complaints as well as advocating for the concerns of residents and need for change on a systems level.

During 2017, LTCO worked on systems change at multiple levels. The LTCO Program educated the public and lawmakers about insufficient staffing and the impact insufficient staffing has on residents of nursing facilities. Lack of enough staff in nursing homes can harm residents and prevent them from getting even the most basic care they need. Understaffing has been linked to pressure ulcers, malnutrition, dehydration, preventable hospitalizations, and even death. Residents may also experience loneliness and isolation as a result of understaffing. Even the best nurses and nurse aides cannot provide quality care if there are not enough of them. Nursing facility residents are not the only ones who suffer. Insufficient numbers of staff cause on-the-job injuries for overworked employees; distress and anxiety for residents' families; and unnecessary costs for taxpayers when residents end up in the hospital and Medicare must pay the bill.

Kentucky law only requires a nursing home to have "sufficient" staff to meet the needs of residents. The term "sufficient" is vague and very difficult to measure. A study by the federal government determined that nursing home residents need at least 4.1 hours of care per day. This is the minimum amount of care residents need to prevent common quality of care problems and loss of the ability to do things independently, like eating. Staffing levels in nursing homes should be increased so each resident receives the recommended minimum of 4.1 hours of care every day.

HB 573, an act relating to minimum staffing requirements for long-term care facilities, was introduced during the 2018 General Assembly, but did not become law.

On a federal level, Kentucky LTCO advocated for residents in nursing facilities to be protected by requiring nursing homes to have an alternate source of power to run heating, cooling and ventilation systems for at least 96 hours. Long-term care facilities also need priority power restoration in the same manner as hospitals. The Nursing Home Care Act (HR 4704) was introduced in Congress in 2018. Consumers and advocates were pleased that the section of the bill related to power restoration was already slated to move forward as part of the Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2018.

On a local level, LTCO also worked with residents and local government to make changes that improved the health, welfare, and safety of residents. A heartwarming example of this work was shared by the Northern Kentucky LTC Ombudsman Program:

In November, Bob, a Florence nursing home resident was out shopping at a nearby store. He was returning from the store in his wheelchair when he was hit by a car as he attempted to cross the busy road.

The driver did not see him. Although Bob sustained a broken leg and a fractured shoulder, he had a great attitude and was determined to do something to prevent this from happening to someone else. Bob shared his worries with Bethany Breckel, District LTC Ombudsman in Northern KY. Bob was concerned the nursing home may restrict him or someone else from going to the store or getting out in the community.

Bethany looked to her advisory council for suggestions to solving Bob's concerns. Volunteer Ombudsman, Bill D'Andrea, was present at the LTCO Advisory Council meeting and agreed to talk with some of his connections at the city about the issue.

In April, Bethany and Bill were present at a Boone County business meeting. Mayor Diane Whalen was present and gave updates on the city of Florence. Bethany informed the group about Bob being hit by a car. Someone ask if a flashing sign could be put up across from the nursing home so drivers would be cautious of pedestrians. The mayor thought that could be possible and she would pass this along to her transportation engineer.

Later in May, Bill called Bethany after he had received further support of three council members to discuss the issue at the Florence City Council meeting. In June, Bethany joined Bob to discuss the problem with the Florence City Administrator, the nursing home administrator, and one of the council members. The city leaders took notes and agreed to work on the problem. In August, the city council alerted Bethany that they were going to do more than just put up a sign or a flashing light; they were going to build a sidewalk!

The sidewalk was completed and the residents of this Florence nursing facility are so grateful that the ombudsman program helped them to work to improve their quality of life. Many thanks to the award winning city of Florence for working with the ombudsman and recognizing the importance of this need.



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 adults affected by various disabilities who have been deemed wholly disabled through KRS 387.500-800 proceedings and are in need of a

guardian and/or conservator. Individuals appointed to CHFS/DAIL as wards have been adjudicated "legally disabled" by the court and require the appointment of a guardian and/or conservator. If there is no other individual or entity that is willing, and appropriate to be appointed, CHFS/DAIL is appointed and the court determines the powers and duties that the Division of Guardianship will be responsible for once appointed. The appointment may be for full guardian and full conservator of the individual, which indicates the removal of all of the individual's rights and places the full responsibility of personal and financial decision-making on CHFS/DAIL. The rights of the ward that may be removed when adjudicated include the following: determine living arrangements; medical decisions; vote; obtaining a motor vehicle operator's license; disposing of property; entering into contracts, execute instruments, and manage income/assets. The appointment may be for limited guardian and/or limited conservator of the individual indicating that the ward maintains some rights in regards to their personal and financial decision-making. 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 under KRS 387.510 at age 17. DAIL can be appointed as guardian of any adjudicated adult age 18 and older. Currently the oldest living 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. In July 2018, legislation (HB 5) was implemented relating to individuals adjudicated to CHFS/DAIL. Individuals who are court appointed to CHFS/DAIL must be full time residents of the Commonwealth and citizens or permanent residents of the United States. Furthermore, individuals with convictions for sex crimes as defined in KRS 17.500 or violent offenses as defined under KRS 439.3401 cannot be appointed to CHFS/DAIL. With these new elements involving appointments, along with the Courts requirement to consider average caseloads of CHFS/DAIL, the Division of Guardianship will be able to uphold 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 make decisions that are in the best interest of the ward and ensure that staff are available 24 hours a day, 365 days a year, to meet their needs.

CHFS Office of the Ombudsman

The Office of the Ombudsman and Administrative Review 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 and Administrative Review 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 and Administrative Review 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. This office also provides oversight of administrative hearings. 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 2018, the Complaint Review Branch received 338 APS related inquiries. The Quality Assurance Section processed 334 APS caretaker misconduct issues.

Kentucky State Police

The Kentucky State Police (KSP) 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 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&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, child-placing agencies, and certificate of need 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.

In 2018, through the Civil Penalty Fund grant program, four two-day sessions of Emergency Preparedness 101 were offered, free to long-term care providers. Emergency Preparedness 201 began in September 2018 with several two-day sessions provided through early 2019. This training also encompasses a special one-day session just for Certified Nursing Assistants. Knowledge, skills, and the ability to react quickly through advance planning is essential to preventing neglect and negative outcomes during times of emergency that require changes in daily routines.

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:
<https://chfs.ky.gov/agencies/os/oig/Pages/default.aspx>.

Office of the Attorney General – Medicaid Fraud and Abuse Control Unit

In addition to its responsibility to investigate and prosecute fraud in the Kentucky Medicaid Program, the Medicaid Fraud and Abuse Control Unit (MFCU) is the primary investigative division of the Office of the Attorney General (OAG), 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 criminal or 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 <https://ag.ky.gov/shielding-seniors>. 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

As part of the 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 housed under OSP and mediates disputes between consumers of all ages and businesses regarding goods or services in the marketplace. The Mediation branch 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 \$1.8 million in restitution to Kentucky citizens in goods and services. 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 2018, the office conducted over 80 programs and trainings covering over 47 counties. To date, the office has reached nearly 17,000 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 the American Association of Retired Persons (AARP) Kentucky 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 fraud 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 provides seniors, their families, friends, neighbors, and service provider's up-to-date information about the top trending scams. The Office of Senior Protection met and exceeded its second year goal and has enrolled over 22,000 Kentuckians in "Scam Alerts!" Text KYOAG Scam to GOV311 (468311). The Office of Attorney General's collaborative partners include senior service providers, 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 victims' 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 guardianship, senior bullying, cognitive challenges and emergency housing for seniors, scams against veterans and many others.

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

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. 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 two nursing care facilities in the state:

- Western State Nursing Facility in Hopkinsville; or
- Glasgow State Nursing Facility in Glasgow.

Prior to admission to a nursing facility, the Preadmission Screening and Resident Review (PASRR) process is initiated. PASRR is a federally mandated program created to prevent inappropriate institutionalization of individuals with severe mental illness and/or intellectual disabilities or related conditions who do not meet nursing facility level of care criteria. The nursing facility completes a level I PASRR screening on all potential admissions, and refers individuals for a comprehensive level II PASRR evaluation for anyone identified or suspected to have a qualifying condition. Level II evaluations are conducted by community mental health centers (CMHC), which also provide services to individuals who need specialized services beyond those offered by a long-term nursing facility. These services provide intensive interventions for the nursing facility resident to maintain or increase their skills and return to a community setting whenever possible.

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-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 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

Kentucky adult protective services 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 Chapter 209 and Title 922 Kentucky Administrative Regulations 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 with the passage of HB 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 93 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.

The 2018 Local Coordinating Councils on Elder Abuse map can be located at:
<https://chfs.ky.gov/agencies/dcbs/dpp/apb/Pages/elder-abuse.aspx>

Kentucky Caregiver Misconduct Registry

The first step toward establishing Kentucky's Caregiver Misconduct Registry occurred during the 2012 Regular Session with HB 265 and codified as KRS 209.032, 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 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 can be made 24 hours a day, 365 days a year, with immediate search results that conform to the applicable confidentiality laws governing KRS Chapter 209. In 2014, Senate Bill 98 created a new section of KRS 209 to 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 prepares 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 CPS 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 participants 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 and will be able to 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 ADTs 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 organizational 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 had 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. Since then the Western and Eastern Districts of the Kentucky Elder Justice Task Force hold quarterly meetings in Frankfort, Kentucky with all stakeholders present. Most recent topics discussed include the many projects handled by the Elder Justice Initiative, focusing on the failure of care in skilled nursing facilities, and identifying resources available throughout the state. 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, Kentucky submitted statewide APS data to the National Adult Maltreatment Reporting System (NAMRS) the first comprehensive, national reporting system for adult protective services 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.

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. Kentucky was one of 54 of 56 states and territories that 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 \(PDF, 1.42MB\).](#)

Throughout 2018, Kentucky has continued to work with NAMRS by providing data and participating on monthly phone calls in an attempt to improve the quality of data collected.

According to the NAMRS FFY 2016 Background Report released on May 5, 2018, "The primary objective of NAMRS is to collect data to understand the conditions, contributing factors, and outcomes of persons who experience abuse, neglect, and exploitation and receive an investigation by APS. As reporting to NAMRS grows, especially for case component data we begin to build the information base necessary to improve prevention, interventions, and services for those persons."

In March 2018, The National Adult Protective Services Association released the Adult Protective Services Abuse Registry Report. The report provided some interesting perspectives on APS registries. Kentucky participated with the study and assisted with co-authoring the report. To view the report: <http://www.napsa-now.org/wp-content/uploads/2018/05/APS-Abuse-Registry-Report.pdf>

Statewide APS Data for SFY 2013-2018

Kentucky Adult Protection Data for SFY 2013-2018 (Ages 18-59)

Source: TWS-164 and TWS-165

Adult Protective Services for 18-59 Population	2013	2014	2015	2016	2017	2018
Total # of Calls	50,597	94,711	110,31	76,297	79,842	63,409
# of Calls that Met Criteria for Abuse and Neglect (Reports)	23,646	28,129	33,338	30,584	30,233	33,120
# of Substantiations	4,727	5,114	5,451	4,828	4,882	2,034

Individuals can have multiple substantiations within the same report

Investigations by Type	2013	2014	2015	2016	2017	2018
Adult Abuse	1,173	1,332	1,529	1,459	1,280	14,685
Spouse/Partner Abuse	17,650	18,240	20,090	18,914	18,797	2,799
Neglect by Caretaker	1,657	1,851	2,121	1,900	1,863	2,424
Self-Neglect	1,458	1,504	1,674	1,608	1,552	2,744
Exploitation	571	522	646	569	513	733

Individual counts. Not mutually exclusive

Substantiations by Type	2013	2014	2015	2016	2017	2018
Adult Abuse	182	184	151	132	111	112
Spouse/Partner Abuse	3,576	3,292	3,712	3,276	3,399	582
Neglect by Caretaker	265	273	157	163	156	154
Self-Neglect	512	543	567	492	480	429
Exploitation	132	120	102	106	84	103

Individual counts. Not mutually exclusive

Kentucky Adult Protection Data for SFY 2013-2018 (Age 60 and older)

Source: TWS-164 and TWS-165

Adult Protective Services for 60-Plus Population	2013	2014	2015	2016	2017	2018
Total # of Calls	18,459	23,950	30,037	27,474	28,631	29,249
# of Calls that Met Criteria for Abuse and Neglect (Reports)	8,613	10,113	12,618	11,248	11,256	17,442
# of Substantiated Reports	1,860	2,009	2,094	1,790	1,802	1,851

Individuals can have multiple reports during a reporting period

Investigations by Type	2013	2014	2015	2016	2017	2018
Adult Abuse	1,334	1,420	1,974	1,514	1,453	3,512
Spouse/Partner Abuse	646	755	781	808	741	90
Neglect by Caretaker	2,728	2,845	3,368	2,933	3,087	3,778
Self-Neglect	3,102	3,150	3,800	3,619	3,694	5,401
Exploitation	1,244	1,228	1,579	1,367	1,209	2,077

Individual counts. Not mutually exclusive

Substantiations by Type	2013	2014	2015	2016	2017	2018
Adult Abuse	181	171	160	106	111	137
Spouse/Partner Abuse	97	91	95	105	87	11
Neglect by Caretaker	326	346	252	210	212	272
Self-Neglect	958	938	1,077	954	965	1,040
Exploitation	298	287	287	233	208	271

Individual counts. Not mutually exclusive

Source: TWS-Q321

Number of Unique Individuals Placed on the Caregiver Misconduct Registry	
07/15/2014-09/30/2018	SFY 2018
326	92

Statewide OIG/Division of Health Care Data for SFY 2011-2018:

Source: Office of Inspector General, Division of Health Care

	Level of Care	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	8 yr. Total	8 yr. Ave.
Total # of complaint allegations in LTC facilities related to abuse, neglect, or misappropriation of resident property	FCH	6	7	11	9	4	4	4	3	48	6.00
	ICF	1	0	0	0	0	0	2	0	3	0.38
	ICF/IID	30	28	29	22	14	13	16	12	164	20.50
	LNF	9	9	10	7	0	1	0	0	36	4.50
	NH	2	5	0	1	1	1	2	1	13	1.63
	PCH	9	15	5	7	3	1	5	5	50	6.25
	PCH- FS	46	60	79	66	80	70	47	72	520	65.00
	S/NF DP	71	140	139	102	79	60	65	71	727	90.88
	SNF	3	13	5	14	7	1	8	2	53	6.63
	SNF/NF	361	494	462	410	363	329	236	282	2937	367.13
	Totals		538	771	740	638	551	480	385	448	4551
Total # of LTC facility allegations related to abuse, neglect, or misappropriation of resident property that were substantiated	FCH	3	1	4	4	0	0	1	0	13	1.63
	ICF	1		0	0	0	0	1	0	2	0.25
	ICF/IID	19	9	8	6	1	7	4	4	58	7.25
	LNF	3	5	5	1	0	0	0	0	14	1.75
	NH	2	3	0	0	0	1	1	0	7	0.88
	PCH	6	6	3	0	0	0	1	0	16	2.00
	PCH - FS	17	26	29	22	15	19	11	14	153	19.13
	S/NF DP	23	66	47	11	8	7	12	7	181	22.63
	SNF	1	3	1	2	1	0	0	0	8	1.00
	SNF/NF	150	227	166	58	73	62	43	52	831	103.88
	Totals		225	346	263	104	98	96	74	77	1283
Total/Substantiated Percentage:		41.8%	44.9%	35.5%	16.3%	17.8%	20.0%	19.2%	17.2%	28.2%	

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: 7/1/17 – 6/30/18

Patient Abuse/Neglect Report Complaint Summary

Case Type	Complaints
Caretaker Neglect	1,224
Civil Litigation	8
Exploitation/Patient Funds	74
Global Data	11
Global Fraud	7
Other Abuse or Neglect	12
Other Fraud	4
Other Offense	1
Patient Abuse	652
Provider Fraud	86
Recipient Fraud	7
Total received during reporting period	2,086
Cases opened during reporting period	92
Cases closed during reporting period	71
Cases pending at the end of reporting period	152

Administrative Office of the Courts, Research and Statistics

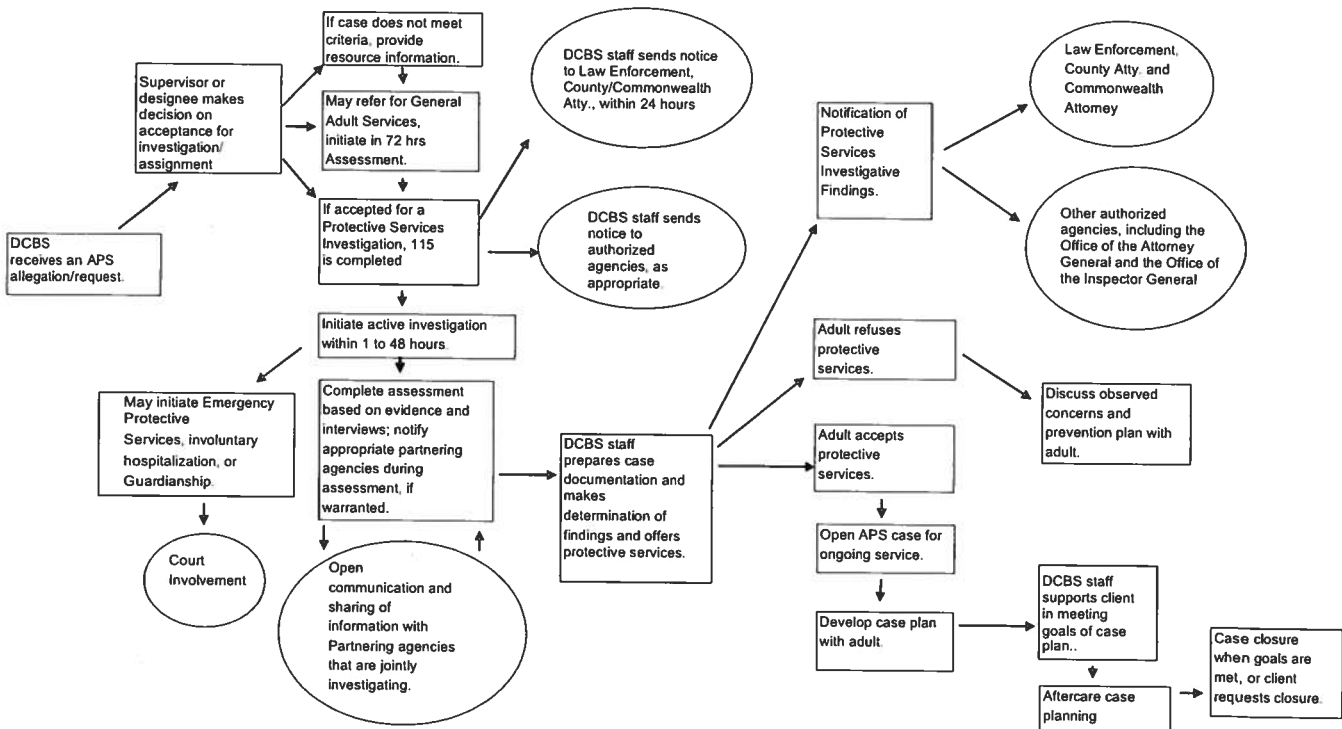
Kentucky Elderly/Adult Abuse, Neglect, or Exploitation statistical count of criminal charges under KRS 209 UOR codes filed FY 2018 (July 1, 2017 to June 30, 2018).

The total number of statewide cases through the Circuit Court was 120 and the total number of criminal charges was 160.

The total number of statewide cases through the District Court was 100 and the total number of criminal charges was 111.

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.



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
1201 15th St NW
Washington, DC 20005
1-202-898-2586
<https://ncea.acl.gov/>

National Adult Protective Services Association (NAPSA)

The NAPSA is a national non-profit 501(c)(3) 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
Phone: (202) 370-6292
<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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<http://www.nasuad.org/>