

2020 Kentucky Elder Abuse Report























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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, 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.

Through data collection and enhanced community partnerships, 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.

"She had to live in this bright, red gabled house with the nurse until it was time for her to die...

I thought how little we know about the feelings of old people. Children we understand, their fears and hopes and make-believe."

- Daphne Du Maurier

Kentucky Elder Abuse Committee

2020 Fiscal Year Membership



Victoria Elridge, Commissioner

Department for Aging and Independent Living



Eric Friedlander, Secretary

Cabinet for Health and Family Services



Marta Miranda-Straub, Commissioner

Department for Community
Based Services



Betsy Johnson, President

Kentucky Association of Health Care Facilities



Mary Noble, Secretary

Justice and Public Safety Cabinet



William F. Campbell, Assistant US Attorney

U.S. Attorney's Office, WDKY



Eric Evans

AARP Kentucky



Chuck Adams

Chief of Police, City of Frankfort



Jeff Edwards

Kentucky Protection and Advocacy



Candy Pettry

University of Kentucky HealthCare



Sherry Culp

State Long-Term Care (LTC)
Ombudsman



Vicki Green

FIVCO Area Agency on Aging and Independent Living



Lois Pemble

Kentucky Initiative for Quality Nursing Home Standards



Shambra Mulder, Executive Director

Office of the Ombudsman Cabinet for Health and Family Services



Bryan Hubbard

Medicaid Fraud and Abuse Office of the Attorney General



Bari Lewis, Director of Community Outreach

Alzheimer's Association Greater Kentucky and Southern Indiana Chapter



Adam Mather, Inspector General

Cabinet for Health and Family Services



Matthew Johnson

Justice and Public Safety Cabinet Kentucky State Police



Nancy Trentham

Kentucky Initiative for Quality Nursing Home Standards (KIQNHS)



Teresa Davis

Department for Public Health



Sue Greenwell

Lincoln Trail Area Agency on Aging



Wendy Morris, Commissioner

Department for Behavioral Health, Developmental and Intellectual Disabilities



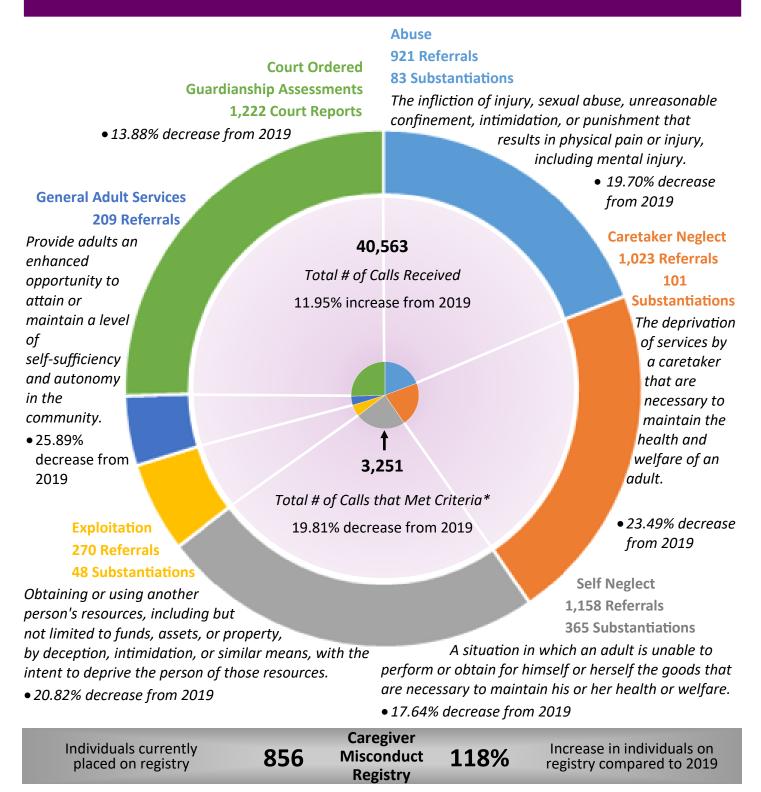
Tim Veno

Leading Age Kentucky

"Make sure they don't feel they are a burden."

2020 Adult Protective Services Statewide Data (Ages 18 - 59)

July 1, 2019—June 30, 2020

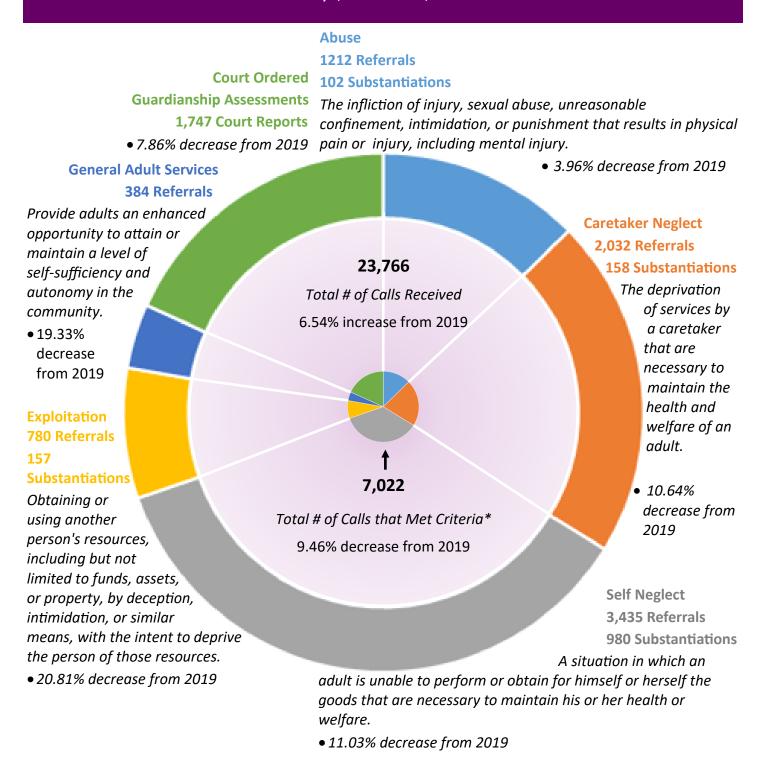


^{*} Calls that meet acceptance criteria can contain multiple allegations of abuse, neglect, or dependency.

"Being kind to elders is not a sign of weakness; shun elder abuse."

2020 Adult Protective Services Statewide Data (Ages 60 +)

July 1, 2019—June 30, 2020



^{*} Calls that meet acceptance criteria can contain multiple allegations of abuse, neglect, or dependency.

"Avoid, Abhor and Annihilate Elder Abuse"

Investigations by Type	AGE 18 - 59	2015	2016	2017	2018	2019	2020
	# of Calls Met Criteria	1,356	1,284	1,143	1,043	1,147	921
Adult Abuse	Substantiated	146	129	106	110	132	83
Spouse/Partner	# of Calls Met Criteria	18,766	17,634	17,572	2,787	30	7
Abuse	Substantiated	3,686	3,254	3,372	581	6	1
Neglect by	# of Calls Met Criteria	1,903	1,699	1,650	1,492	1,337	1,023
Caretaker	Substantiated	144	149	147	144	124	101
	# of Calls Met Criteria	1,567	1,483	1,449	1,353	1,406	1,158
Self-Neglect	Substantiated	560	483	475	425	467	365
	# of Calls Met Criteria	602	539	479	458	341	270
Exploitation	Substantiated	100	102	80	102	51	48
GAS	# of Calls Met Criteria	504	387	345	309	282	209
IDT (Court Report)	# of Calls Met Criteria	1,153	1,239	1,299	1,397	1,419	1,222

6.8%

Total # of Calls (18—59)

14.20%

Total # of Calls (60+)

1.51%

IDT Referrals (18—59)

2.76%

IDT Referrals (60+)

Adult
Protective
Services
6 Year Trends

11.74%

Total # of Calls that Met Criteria (18-59)
5.03%

Total # of Calls that Met Criteria (60+)
11.41%

Caretaker Neglect Referrals (18-59)
11.46%

Exploitation Referrals (60+)

Investigations by Type	AGE 60 +	2015	2016	2017	2018	2019	2020
	# of Calls Met Criteria	1,826	1,398	1,337	1,336	1,262	1,212
Adult Abuse	Substantiated	157	102	105	136	128	102
Spouse/ Faither	# of Calls Met Criteria	729	757	698	90	0	0
Abuse	Substantiated	95	105	87	11	0	0
Neglect by	# of Calls Met Criteria	3,115	2,713	2,828	2,658	2,274	2,032
Caretaker	Substantiated	246	202	204	266	182	158
	# of Calls Met Criteria	3,526	3,347	3,413	3,709	3,861	3,435
Self-Neglect	Substantiated	1,076	945	956	1,027	1,143	980
	# of Calls Met Criteria	1,469	1,272	1,104	1,169	985	780
Exploitation	Substantiated	286	223	202	266	214	157
GAS	# of Calls Met Criteria	744	634	560	586	476	384
IDT (Court Report)	# of Calls Met Criteria	1,542	1,571	1,755	1,900	1,896	1,747

2020 Office of Inspector General Data (Statewide)

July 1, 2019—June 30, 2020

* data related to abuse, neglect, or misappropriate of resident property

	Level of Care	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	8yr Total	8yr Average
	FCH	11	9	4	4	4	3	7	1	43	5.38
	ICF	0	0	0	0	2	0	0	0	2	0.25
Total # of complaint	ICF/IID	29	22	14	13	16	12	16	17	139	17.38
allegations in long term care	LNF	10	7	0	1	0	0	0	0	18	2.25
(LTC) facilities related to	NH	0	1	1	1	2	1	1	0	7	0.88
abuse, neglect, or	PCH	5	7	3	1	5	5	4	4	34	4.25
misappropriation of resident	PCH - FS	79	66	80	70	47	72	62	93	569	71.13
property	SNF DP	139	102	79	60	65	71	70	72	658	82.25
	SNF	5	14	7	1	8	2	2	0	39	4.88
	SNF/NF	462	410	363	329	236	282	354	321	2,757	344.63
	Totals	740	638	551	480	385	448	516	508	4,266	533.25
	FCH	4	4	0	0	1	0	2	0	11	1.38
	ICF	0	0	0	0	1	0	0	0	1	0.13
	ICF/IID	8	6	1	7	4	4	5	8	43	5.38
Total # of LTC facility	LNF	5	1	0	0	0	0	0	0	6	0.75
allegations related to abuse, neglect, or misappropriation	NH	0	0	0	1	1	0	0	0	2	0.25
of resident property that were	PCH	3	0	0	0	1	0	0	0	4	0.50
substantiated	PCH - FS	29	22	15	19	11	14	15	27	152	19.00
	SNF DP	47	11	8	7	12	7	11	15	118	14.75
	SNF	1	2	1	0	0	0	0	0	4	0.50
	SNF/NF	166	58	73	62	43	52	55	63	572	71.50
	Totals	263	104	98	96	74	77	88	113	913	114.29
Total/Substantiated I	Percentage:	35.5%	16.3%	17.8%	20.0%	19.2%	17.2%	17.1%	22.2%	21.4%	

FCH—Family Care Home

ICF—Intermediate Care Facility

ICF/IID—Intermediate Care Facility for Individuals with Intellectual Disabilities

LNF—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.)

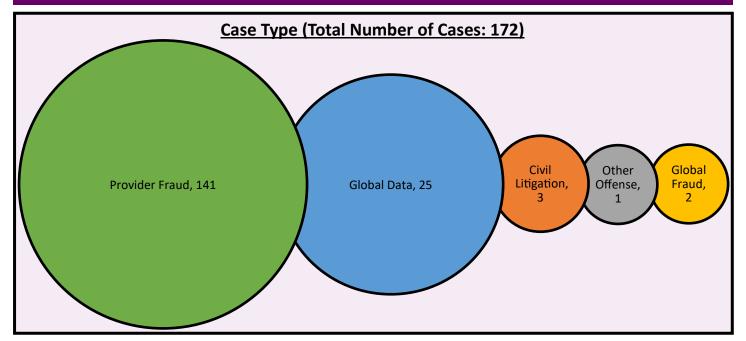
SNF—Skilled Nursing Facility

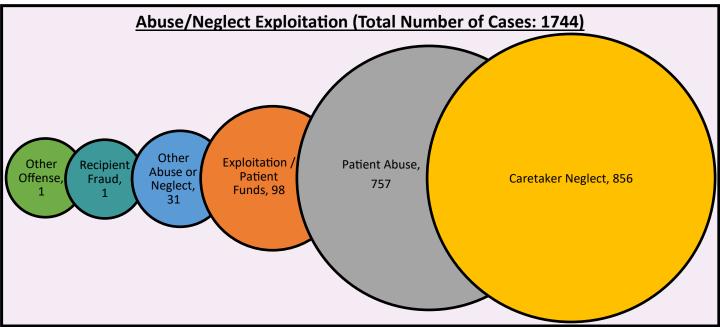
SNF/NF—Skilled Nursing Facility/Nursing Facility (This means the LTC is dually certified; NF beds are occupied by Medicaid beneficiaries and SNF beds are rehabilitative in nature/occupied by Medicare beneficiaries or dually eligible beneficiaries).

"Please look in on the elders in your area, they may need help, or just a good visit from you."

2020 Office of Attorney General Data (Statewide)

July 1, 2019—June 30, 2020





84
Total Cases Opened
FY 20

49 Total Cases Closed FY 20 199
Total Cases Pending at the end of FY 20

"Every older American has the right to live free from the fear of abuse."

Administrative Office of the Courts - 2020 Data

July 1, 2019—June 30, 2020



KRS	Charge Description	Charge Level	Number of Charges	Percent of Total Charges	Number of Convictions
209.990(7)	*OBS* Exploitation of Adult under \$300 by caretaker	Misdemeanor A	1	0.5%	0
209.030(2)	Failure to report Abuse, Neglect or Exploitation of Adult	Misdemeanor B	1	0.5%	0
209.990(2)	Knowingly Abuse/Neglect of Adult by person	Felony C	27	14.0%	2
209.990(3)	Wanton Abuse/Neglect of Adult by person	Felony D	10	5.0%	5
209.990(4)	Reckless Abuse/Neglect of Adult by person	Misdemeanor A	3	2.0%	1
209.990(5)	Knowingly Exploiting Adult by person, over \$300	Felony C	101	54.0%	16
209.990(5)	Attempt, Knowingly Exploiting Adult by person, over \$300	Felony C	3	2.0%	1
209.990(5)	Complicity, Knowingly Exploiting Adult by person, over \$300	Felony C	10	5.0%	0
209.990(6)	Wanton/Reckless Exploiting Adult by person, over \$300	Felony D	11	6.0%	6
209.990(6)	Complicity, Wanton/Reckless Exploiting Adult by person, over \$300	Felony D	1	.5%	1
209.990(7)	Knowingly/Wanton/Reckless Exploiting Adult by person \$300 or less	Misdemeanor A	19	10.0%	6

^{*} OBS – Obsolete UOR code, may still be utilized for reporting purposes

"Keep calm and help the elderly"

Department for Community Based Services

The Department for Community Based Services is an innovative, solutions-focused learning organization built on a foundation of transparency in action and with accountability for results. Both in the organization and among our partners, we thrive on a culture of respect for diversity of opinion that is nurtured through open communication.

Division of Service Regions

The Division of Service Regions (DSR) oversees nine service regions throughout Kentucky. The division delivers direct services including public assistance eligibility determinations, moving families toward self-sufficiency, and provides adult and child protection and permanency.

There are currently 9 service regions:

Cumberland
Eastern Mountain
Jefferson
Northeastern
Northern Bluegrass

Salt River Trail Southern Bluegrass The Lakes Two Rivers

Division of Family Support

The Division of Family Support (DFS) administers the Supplemental Nutrition Assistance Program (SNAP), formerly known as food stamps, the Kentucky Transitional Assistance Program, Kentucky Works Program, Family Alternatives Diversion Program, and the Medicaid programs.

The division also manages the Community Services Block Grant, the SNAP Nutrition Education Program, the Low-Income Home Energy Assistance Program, and State Supplementation and participates in the administration of electronic benefit transfer cards.

Adult Protection Branch—Central Office

The branch's main purpose is to support the APS teams housed within the service regions that provide adult protective and general adult services through case consultation, development of standards of practice, technical assistance, and development of data systems and case reviews. The branch is committed to keeping vulnerable adults safe in the least restrictive living arrangement.

Mission

To build an effective and efficient system of care with Kentucky citizens and communities to:

- Reduce poverty, adult and child maltreatment, and their effects;
- Advance person and family self-sufficiency, recovery, and resiliency;
- Assure all children have safe and nurturing homes and communities; and
- Recruit and retain a workforce and partners that operate with integrity and transparency.

Central Intake

Centralized Intake is the primary point of contact to make a report of abuse, neglect, and exploitation of adults. A referral can be made through phone contact, email, fax, or a web-portal. The call center is staffed 24 hours a day, 7 days a week to respond to any phone referrals. Other referral methods are only monitored Monday through Friday 8am—4:30pm.

(877) KY SAFE 1 (877) 597-2331

Adult Protective Service Teams

There are 17 designated APS teams maintained and supported in each of the nine service regions. These specialized teams are designed to specifically investigate allegations of abuse, neglect, and exploitation of 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 interview and prevent mistreatment.

Highly performing and committed, we are unified in our goal of excellence in achieving outcomes for those we serve with the level of quality we would demand for our own families.

Division of Administration and Financial Management

The Division of Administration and Financial Management (DAFM) is responsible for department financial management and budget activities and oversight of policy, administrative regulations, state plans and contract monitoring.

Records Management Section
The records management section responds to requests for personal APS records as allowed by law.

Division of Protection and Permanency

The Division of Protection and Permanency (DPP) provides consultative services and technical assistance to local child and adult protective services offices regarding child and adult protection cases. The division coordinates permanency services including the coordination of state efforts to recruit and certify adoptive homes for children in foster care. The division creates standards of practice for local office operation and implements statewide changes in coordination with state and federal legislation changes. The division also gathers data and creates reports to monitor the state's progress toward federal goals in child welfare services.

Adult Protection Branch—Nurse Consultants

APS nurse consultants assist APS staff with navigating the medical process; including but not limited to, issues or questions related to diagnosis, medications, surgical procedures, translating medical terminology, and standards of care. Upon request, consultants may accompany APS staff on home and institutionalized client visits to help determine appropriate APS intervention and to ensure positive client outcomes.

Department for Aging and Independent Living

Congregate Meals

Provides meals and nutrition education to persons age 60+ in a congregate setting.

956,637 meals served 15,089 individuals served

Aging and Disability Resource Center (ADRC)

A single point of entry to all long term services and support. Empowers informed choices. Streamlines access to services. 71,832

calls answered

Home Delivered Meals

Provides nutritional meals for persons age 60+ who are homebound or home-limited. 1,482,855 meals delivered 12,405 individuals served

Participant Directed Services (PDS)

Allows persons eligible for services through Medicaid waivers - Acquired Brain Injury, Home and Community Based, Michelle P., and Supports for Community Living - to choose their own providers for non-medical services, giving beneficiaries flexibility in the delivery and type of services they receive.

> 11.638 individuals direct their own care

Older Americans Act In-Home Services & Homecare Program

Provides in-home services to persons over age 60 who have functional or physical limitations and are at risk of institutionalization.

> 3,865 older adults remain in their home 618,653 units of service

Personal Care Attendant Program

Provides personal care attendant services to adults with severe physical disabilities, who have functional loss of two or more limbs and need services to prevent institutionalization or in order to leave an institutional setting. 259

adults with severe physical disabilities remain in their home

Family Caregiver Support Program (PCAP)

Serves family and informal caregivers who provide care to people over age 60 or an individual of any age with Alzheimer's or a related diagnosis, and serves grandparents and other relatives over age 55 who provide care to children up to age 19. Services include information and assistance, counseling, support groups, training, respite, and limited financial assistance.

2,221 caregivers supported

Traumatic Brain Injury (TBI) **Trust Fund Program**

Provides services to assist children and adults with brain injuries to maintain living in the community.

546 individuals with a brain injury remain in their home

State-Health Insurance Assistance Program (SHIP)

Provides information, counseling and assistance to seniors and disabled individuals, their families and caregivers.

\$1,821,664 saved for **Medicare beneficiaries**

Older Americans Act Supportive Services

Provides information, services, and supports for individuals over 60 and their caregivers

31,557 older adults supported in living independently 2,472,175 units of service

Kentucky Family Caregiver Program

Supports grandparents, of any age, who are primary, full-time caregivers for a grandchild no older than 18 years of age. Provides financial assistance in the form of a voucher to be utilized for the child's safety, stability, and welfare.

Assisted Living Certification

Certifies social model assisted living communities to assure compliance with state statutes and regulations.

55 115 visits made certifications

Hart Supported Living

Provides supports which enable a person with disabilities to live in a home of the person's choice, encourages integrated participation in the community, promotes autonomy, and enhances skills in living in the community. Hart Supported Living is overseen by a governor-appointed council that makes eligibility determinations.

> individuals with disabilities remain active in the community

Home and Community Based Waiver Program

Provides services and supports to older adults or to children or adults with disabilities to help them to remain in or return to their homes.

12,727 Medicaid beneficiaries with disabilities remain in their home

Senior Community Service Employment Program

Employs persons over age 55 who have incomes below 125% of the poverty level in part-time non-profit community work with the goal of skill development and eventual placement in unsubsidized employment.

> 182 seniors employed

Senior Centers

Provides supportive services and often serves as a congregate meal setting. Senior centers are represented in every Kentucky county, offering health promotion activities such as health screenings and exercise classes and a variety of recreational and educational programs. Senior centers are integral, especially in rural communities, in promoting health and reducing social isolation.

36,000+ older adults participated in activities at 147 senior centers

Kentucky State Police

Post 13

100 Justice Dr Hazard, KY 41701 (606) 435-6069

Post 12

1250 Louisville Rd Frankfort, KY 40601 (502) 227-2221

Post 11

11 State Police Rd. London, KY 40741 (606) 878-6622

Post 10

3319 South US 421 Harlan, KY 40831 (606) 573-3131

Post 9

3499 North Mayo Trail Pikeville, KY 41501 (606) 433-7711

Post 14

5975 State Route US 60 Ashland, KY 41102 (606) 928-6421

Post 15

1118 Jamestown St Columbia, KY 42728 (270) 384-4796

Post 16

8298 Keach Dr Henderson, KY 42420 (270) 826-3312

Post 1

8366 State Route 45 North Hickory, KY 42051 (270) 856-3721

Post 2

1000 Western KY Pkwy PO Box 1025 Nortonville, KY 42442 (270) 676-3313

Post 3

3119 Nashville Rd Bowling Green, KY 42101 (270) 782-2010

Post 4

820 New Glendale Rd Elizabethtown, KY 42701 (270) 766-5078

Post 8 1595 Flemingsburg Rd Morehead, KY 40351 (606) 784-4127

Post 7

699 Eastern Bypass Richmond, KY 40475 (859) 623-2404

Post 6

4265 US Highway 25 Dry Ridge, KY 41035 (859) 428-1212

Post 5

160 Citation Lane Campbellsburg, KY 4001 (502) 532-6363

Mission Statement: Promotes public safety through service, integrity and professionalism utilizing partnerships to: 1) Prevent, reduce, and deter crime and the fear of crime; 2) Enhance highway safety through education and enforcement and; 3) Safeguard property and protect individual rights.

COLLABORATIVE

Partners

13. KIPDA AAA

11520 Commonwealth Dr. Louisville, KY 40299

(502) 266-5571

14. Lincoln Trail

613 College Street Rd. PO Box 604 Elizabethtown, KY 42702 (270) 769-2393

15. Green River

300 GRADD Way Owensboro, KY 42302 (270) 926-4433

1. Purchase

1002 Medical Drive PO BOX 588 Mayfield, KY 42066 (270) 247-9246

2. Pennyrile

300 Hammond Drive Hopkinsville, KY 42240 (270) 886-9484

12. Bluegrass

699 Perimeter Drive Lexington, KY 40517 (859) 266-1116

DAIL—Aging and **Disability Resource**

Area Agencies on Aging and Independent Living

Center (877) 925-0037

11. Northern KY

22 Spiral Drive Florence, KY 41042 (859) 692-2480

10. Buffalo Trace

201 Government St. Ste 300 PO Box 460 Maysville, KY 41056 (606) 564-7084

9. FIVCO

32 FIVCO Ct. Grayson, KY 41143 (606) 929-1366

8. Gateway

110 Lake Park Dr. Morehead, KY 40351 (855) 882-5307

7. Big Sandy

110 Resource Court Prestonsburg, KY 41653 (606) 886-2374

6. Kentucky River

941 North Main St. Hazard, KY 41701 (606) 436-3158

3. Barren River

177 Graham Ave Bowling Green, KY 42101 (270) 781-2381

4. Lake Cumberland 2384 Lakeway Drive

14

PO Box 1570 Russell Springs, KY 42642 (270) 866-4200

5. Cumberland Valley 342 Old Whitley Rd

6

PO Box 1740 London, KY 40743 (606) 684-7391

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.

Department for Behavioral Health, Developmental and Intellectual Disabilities: **Division of Developmental and Intellectual Disabilities**

Mission:

To empower each person to realize his or her place in the community as a citizen of the Commonwealth of Kentucky. To accomplish this mission, DDID will partner with and support persons with intellectual or developmental disabilities, families, advocates, stakeholders and government agencies.

Awareness and Prevention of Abuse/Neglect/Exploitation

- Provider trainings on awareness and prevention of abuse/neglect/exploitation (a list of training modules can be accessed by clicking here)
- Human Rights and Behavior Intervention Committee Training (click here)
- Trauma Informed Behavioral Intervention Training (click here)
- New Provider certification requires the following: policies and procedures developed and approved to include sections on safety, human rights and behavior intervention committees; mission and values statements that include promoting dignity and self worth.
- Routine monitoring of providers to ensure that suspected abuse/neglect/exploitation are reported to Adult Protection Services and BHDID. Technical assistance and citations are provided as necessary to ensure compliance.
- Implementation of the statewide Critical Incident Reporting (CIR) database that allows cabinet departments to coordinate, track, trend, and follow up on incidents of abuse/neglect/exploitation that have been entered into various systems across departments.

Year Ahead:

As of December 1, incidents involving Medicaid 1015c waiver participants are to be entered into the statewide Medicaid Waiver Management Application (MWMA) with the intent to gather all waiver incidents into one system to increase efficiencies and better track/trend waiver incidents.

COLLABORATIVE

Partners

Kentucky Long-Term Care Ombudsman Program (KLTCOP)

Mission:

To improve the lives of all residents by enhancing the quality of life, improving the quality of care, protecting the individual rights and promoting the dignity of each resident that resides in a long-term care facility.

The responsibilities of long-term care ombudsmen include:

- Advocate for and protect the rights of residents;
- Identify, investigate, and work to solve problems/complaints;
- Visit residents to build relationships, community, and monitor Educate providers of LTC; and
- Recruit, train and support volunteers;

- Provide assistance and education to individuals and families in our communities;
- Monitor government actions affecting residents.

The COVID-19 pandemic response altered LTCO services during the last quarter of Fiscal Year 2020. Ombudsmen did not make indoor visits to residents during most of March, April, May, and June. During these months ombudsmen made contact with residents primarily though phone, video chat, mail, and window visits. Cases for LTCO investigation declined in the last quarter of FY2020 due to an inability to visit residents at the bedside. Consultations provided to LTC facility staff soared to a total of 4,877 consultations in FY2020. Over 10,000 individual residents received one on one consultation with ombudsmen and received answers to their questions about the pandemic and residents' rights.

2,223 complaints identified, investigated, and worked to resolve

30% of complaints were related to the Care category. Top complaints within the Care category include: response to requests for assistance, personal hygiene and incontinence care, symptoms unattended, medications, care planning and accidents and falls.

46 complaints of abuse/ neglect investigated

Year Ahead:

Many complaints about LTC are related to staffing problems. Short staffing, lack of staff training, and lack of staff supervision are at the root of many care issues. In the year ahead, resident advocates would like to see staffing requirements through regulatory and/or legislative changes. 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.

Dept. for Aging and Independent Living: Division of Guardianship

FY 19/20—Guardianship Clients

FT 13/20—Guardianship Chefts					
35%	10%				
intellectual and/or developmental disability	dementia related diseases				
48%	15%				
age 60 +	criminal history				
94%	38%				
Medicaid eligible	victims of crime				
6%	55%				
former foster children	serious mental illness				

Guardian of the Person:

- Determine and monitor residence
- Consent to and monitor medical treatment
- Consent and monitor non-medical services
- Consent and release of confidential information
- Make end of life decisions
- Maximize independence in least restrictive manner
- Report to the court at least annually

Guardian of the Estate (Conservator):

- Marshall and protect assets
- Obtain appraisals of property
- Protect property and assets from loss
- Receive income for the estate
- Make appropriate disbursements
- Sell assets, as applicable.
- Report to the court on estate status

FY 19	<u>/20—Services</u>	<u>Provided</u>

7,999	919
medical decisions made	real and personal properties managed

5,717	1,020
home visits made	inventories completed

1,527	6,519
court	court
hearings	reports
attended	completed

4,860	906
care plan meetings attended	facility agreements signed

5,374 persons served

assets \$48,462,233 +

COLLABORATIVE

Partners



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 inform agencies and the Secretary's office of findings. Based on those findings, collaborative efforts are initiated to review process flow between agencies and the collective outcome to recipients. 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

Complaint Review Branch (CRB)

CHFS Office of the Ombudsman and Administrative Review

- 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, 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.

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

Institutional Review Board:

 Reviews research proposals involving cabinet clients or employees to protect their safety and rights.

Quality Advancement Branch:

- The Quality Advancement Branch processes appeals of child protective service findings and caretaker misconduct in APS investigations.
- The Quality Advancement Branch completes comprehensive reviews of services by other Cabinet departments.
- Makes recommendations for policy and legislative changes to improve service delivery.

377 APS INQUIRIES

necessary.

MISCONDUCT REGISTRY 138

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

Mission:

To protect and promote the rights of Kentuckians through Education, Awareness, and Prevention of abuse from fraud, scams, and financial exploitation.

- OSP carries out its mission by offering a "triage" of services, training, and mediation to senior Kentuckians and collaborating partners.
- Our office assists consumers who are victims of fraud, scams, and identity theft, and collects data on scam trends to protect Kentuckians. Report scams online to ag.ky.gov/scams or by calling the Consumer Protection Hotline at 1-888-432-9257.
- The Mediation Branch mediates disputes between consumers OSP hosts an annual Senior Summit a daylong conference of all ages and businesses regarding goods and services in the market place and compiles information on various scams in the Commonwealth.

•	Since January 2016, more than \$3 million in restitution for
	goods and services have been recovered and returned to
	consumers.

- Since January 2016, OSP's advocacy and outreach efforts have reached over 25,000 senior Kentuckians, agencies, and families and have visited over 300 locations in 53 counties to
- for service providers to address challenges facing seniors.
- OSP is also a member of the Elder Justice Task Force with federal and state partners.

Dollar Losses of Scams (reported since Covid-19 state of emergency)							
	2019	2020	% Increase				
March	\$38,976.45	\$85,341.43	+119%				
April	\$97,661.00	\$803,919.42	+723%				
May	\$34,910.00	\$463,596.15	+1,228%				
June	\$12,404.44	\$252,467.89	+1,935%				
July	\$15,629.00	\$383.596.29	+2,354%				
August	\$2,984.00	\$237,398.85	+7,856%				
September	\$60,276.00	\$583,967.93	+869%				
October	\$113,785.00	\$373,077.00	+228%				

Percentage of Dollar Losses Reported by Seniors Age 60+			
	2019	2020	
March	33% (\$12,862.23)	96% (\$81,927.77)	
April	42% (\$41,017.62)	87% (\$669,409.90)	
May	60% (\$20,946.00)	77.5% (\$359,287.02)	
June	54% (\$6,698.40)	82% (\$207,023.67)	
July	40% (\$6,251.60)	90% (\$345,236.66)	
August	35% (\$1,044.40)	45% (\$106,826.48)	
September	73% (\$44,001.48)	76% (\$443,815.63)	
October	57% (\$64,857.45)	75% (\$279,807.75)	

Report scams online to ag.ky.gov/scams or by calling the Consumer Protection Hotline at 1-888-432-9257.

COLLABORATIVE

Partners

Office of the Attorney General—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 use a team approach when conducting investigations. 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 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. 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 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 and its programs, as requested by the cabinet secretary, commissioners, or office heads. OIG is also responsible for determining and issuing Certificate(s) of Need for certain types of health care across the Commonwealth.

On November 28, 2017, the new Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness (EP) regulations went into effect for all certified facilities to ensure that facilities have extensive plans in place to protect vulnerable residents during a disaster. In 2018, through the Civil Penalty Fund grant program, Emergency Preparedness 101 was offered to both providers and the state survey agency. In 2019, Emergency Preparedness 201 was completed and Emergency Preparedness 301 sessions began in late 2019. All scheduled trainings for 2020 were suspended due to the public health emergency.

COLLABORATIVE

Partners

Office of the Inspector General—Division of 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 investigates complaints against health care facilities, facility plan review, 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 of the Services of the U.S. Department of Health and Human Services. The branch offices of the division are responsible for conducting onsite visits to health care facilities in the state to determine compliance with applicable licensing regulations and Medicare/Medicaid certification requirements. The branch office staff investigate complaints concerning these facilities.

The OIG, Division of Health Care, has a complaint coordinator in each of the four branch offices to receive and review complaints. The complaint coordinator notifies DCBS, APS, 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 boards. An individual is placed on the nurse aide registry after their appeal rights have been exhausted. They are also reported to the Kentucky Board of Nursing if applicable. Due to the public health emergency, routine on-site survey activity was suspended for a period of time as directed by CMS. However, complaints that were triaged as Immediate Jeopardy related to abuse, neglect, and misappropriate of property were investigated.

Additional information on how to report a complaint regarding a licensed long-term care facility is posted on the OIG's website at: https://chfs.ky.gov/agencies/os/oig/dhc/Pages/default.aspx

US Attorneys Elder Justice Task Force

The United States Attorney's Office for the Eastern District of Kentucky, in partnership with the United States Attorney's Office for the Western District of Kentucky and in coordination with the United States Department of Justice Civil Division, has launched an Elder Justice Task Force to combat neglect, abuse, and financial exploitation of seniors occurring in Kentucky.

The Task Force brings together federal, state, and local agencies involved in protecting the elderly. Task Force members include the Kentucky Attorney General's Office, Kentucky CHFS, Kentucky Long-Term Care Ombudsman, Kentucky Department for Financial Services, Kentucky State Police, Jefferson County and Fayette County Commonwealth Attorney's Offices, Office of Inspector General for the U.S. Department of Health and Human Services, Federal Bureau of Investigation, Internal Revenue Service, U.S. Postal Service, U.S. Department of Veteran Affairs, U.S. Secret Service, and U.S. Social Security Administration, among others.

As part of this initiative, the office is actively engaged in efforts to:

- Pursue nursing homes and other facilities that provide grossly substandard care to seniors
- Investigate and prosecute financial scams targeting or disproportionately impacting seniors
- Promote greater coordination with state and local partners to combat elder abuse
- Provide training and resources to law enforcement to identify and respond to elder abuse

COLLABORATIVE

Partners

Kentucky Protection and Advocacy

Kentucky Protection and Advocacy (P&A) is a client-directed legal advocacy agency that protects and promotes the rights of Kentuckians with disabilities through information and referral, client representation, group advocacy, and systems change. Federal and state laws direct Kentucky P&A to advocate for and to protect individuals with disabilities from abuse and neglect. P&A receives 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, the Social Security Administration, and the Commonwealth of Kentucky. P&A provides information, referral, and direct client representation. When P&A cannot offer assistance, referrals are made to the appropriate agency. P&A offers direct client representation on Olmstead issues such as transitioning from nursing homes and personal care homes to the community, reconsideration and appeals of Medicaid waivers and services denials, and investigation of abuse and neglect allegations. In cases where there are allegations of abuse and neglect, P&A is granted the authority to investigate the allegations through its access authority to individuals with disabilities, their records, and the locations where they receive services and supports. P&A is also granted the authority to monitor nursing homes, personal care homes, and hospitals. P&A conducts abuse and neglect investigations of agencies that receive government funding to provide services to individuals with disabilities.

Local Coordinating Councils on Elder Abuse • • •

2020 FISCAL YEAR IN REVIEW







Initiatives:

Bluegrass Elder Abuse Prevention Council

- Dementia Friendly Lexington: \$1000 donation to train local businesses about dementia.
- Health and Wellness/Stay Safe at Home (with Senior Center): assembly of meal packs as well as elder abuse prevention promotional materials.

Barren River Elder Abuse Council

- Financial Exploitation Manual for the Barren River region. This
 manual was developed by the Barren River Long Term Care
 District Ombudsman, Lynda Love, in a partnership between the
 council and the Barren River Mental Health and Aging Coalition.
 The manual was distributed electronically via email and mailed to
 each of the thirty facilities in the district. Funding was secured
 through the State Mental Health and Aging Coalition to print 250
 manuals.
- A goal has been established to distribute the financial exploitation manuals safely, as well as providing education/ training to LTC facilities, community members, and community partners.

Events:

KIPDA Rural LCC

 Elder Abuse Awareness event: 60 seniors participated from Oldham, Henry and Trimble counties. Latest Scams (OAG), The Opioid Crisis (Sheriff's Office), Guardianship (Legal Aid Society), Elder Abuse Reports (APS), and phone captioning services (Kentucky Relay).

Pennyrile Elder Abuse Council

- Scam training for 30 residents at Morningside of Hopkinsville.
- Elder Abuse Awareness Training, Madisonville Community College (Nursing Students)
- Elder Abuse Awareness Training, Paragon Assisted Living
- Elder Abuse Awareness Booths at Pennyrile Senior Games, "Better Things" Hopkinsville Fairgrounds.

Madison County Council on Elder Maltreatment Prevention

"Shop with a Cop"

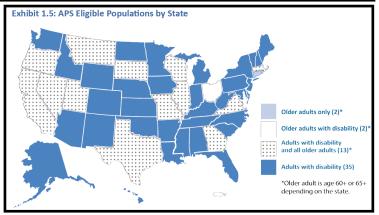
Picture Credits (Left to Right): Gateway ADD sponsored Senior Valentine Prom, Madison CEMP "Shop with a Cop", Pennyrile Elder Abuse Council booth at Pennyrile Senior Games. *All pictured events were held prior to the onset of the COVID-19 pandemic.

Connected To End Elder Abuse

National Adult Maltreatment Reporting System

Overview of NAMRS

NAMRS is a national program designed to collect consistent and accurate APS data from each state and territory. Kentucky has been contributing data since 2017. There are three components of NAMRS: agency component, key indicator component, and case component. The agency component consists of an overview of the operational structure of the state's APS program. This component includes state program contacts, summary intake data, laws and policies governing the APS program. The key indicators component (20 data elements) includes summary information on investigations, clients/victims, perpetrators, maltreatment type, and client-perpetrator relationship. The case component (54 data elements) includes detailed information about investigations, clients/victims, perpetrators, maltreatment type, and



client-perpetrator relationship. Currently, two-thirds of states/territories provide some combination of the case component data. In the federal fiscal year 2019 (October 1st, 2018—September 30th, 2019) 100% of states/territories submitted NAMRS data. Below is data that is directly pulled from the most recent report compiled by NAMRS. This report can be found at the following link: https://acl.gov/sites/default/files/programs/2020-10/2019%20NAMRS%20Report.pdf.

Maltreatment Types	Definitions	% of States Investigating	2019 Data at	
Neglect	The failure of a caregiver or fiduciary to provide the goods or services necessary to maintain the health or safety of a person. Includes acts of omission and of commission (including willful deprivation, etc.).	98.2%	1,315,992 Reports of alleged maltreatment received by APS Programs APS Programs a Glance 37.7% Screened out Does not meet criteria for APS	
Physical Abuse	The use of force or violence resulting in bodily injury, physical pain, or impairment. Excludes sexual abuse.	98.2%	by APS Programs May be referred to othe community services	
Emotional Abuse	The infliction of anguish, pain, or distress through verbal or non-verbal acts; this includes but is not limited to verbal assaults, insults, threats, intimidation, humiliation, and harassment	98.2%	Reports accepted for investigation (screened in) Submitted by 63.7% professionals 10.8% relatives 4.0% self-reports	
Self-Neglect	A person's inability, due to physical or mental impairment or diminished capacity, to perform essential self-care tasks including: obtaining essential food, clothing, shelter, and medical care; obtaining goods and services necessary to maintain physical health, mental health, or general safety; hoarding; or managing one's own financial affairs.	94.5%	21.8% other Allegation type* 51.0% self-neglect 24.0% neglect 23.8% exploitation 12.6% physical abuse 1.6% sexual abuse	
Sexual Abuse	Non-consensual sexual contact of any kind, including sexual contact with any person incapable of giving consent.	92.7%	801,491 S41,709 (67.6%) Individuals had an	
Financial Exploitation	The illegal or improper use of an individual's funds, property, or assets for another person's profit or advantage.	83.6%	investigation (clients) unsubstantiated investigation	
Exploitation (non-specific)	The illegal or improper use of an individual or of an individual's funds, property, or assets for another's profit or advantage.	54.5%	259,782 (32.4%) Individuals had a substantiated investigation (victims) 41.8% of clients and 49.6% of victims	
Abandonment	The desertion of a person by an individual who has assumed responsibility for providing care for that person, or by an individual with physical custody of another person.	41.8%		
Suspicious Death	An unexpected fatality or one in which circumstances or cause are medically or legally unexplained.	18.2%	* report may contain more than one allegations	

NCEA

National Center on Elder Abuse

C/O USC Keck School of Medicine
Dept. of Family Medicine and Geriatrics
1000 South Fremont Ave ,Unit 22, A-6
Alhambra, CA 91803
1-855-500-3537
https://ncea.acl.gov/



330 C Street SW Washington, DC 20201 (202) 401-4634 https://acl.gov/



http://www.preventelderabuse.org/
333 Westchester Ave
Suite South 201
White Plains, NY 10604



1001 Connecticut Ave, NW, Ste 632 Washington, DC 20036 (202) 332-2275 https://ltcombudsman.org/

The National Resource Center

alzheimer's & association

225 N. Michigan Ave., FL. 17 Chicago, IL 60601 800-272-3900 https://www.alz.org/



251 18th St South, Ste 500 Arlington, VA 22202 (571) 527-3900 https://www.ncoa.org/



http://www.advancingstates.org/ 241 18th Street S, Suite 403 Arlington, VA 22202 (202) 898-2578



1612 K Street NW #200 Washington, DC 2006 (202) 370-6292 https://www.napsa-now.org/



https://www.guardianship.org/ 174 Crestview Drive Bellefonte, PA 16823 (877) 355-2452



THE UNITED STATES DEPARTMENT of JUSTICE

Elder Justice Initiative

https://www.justice.gov/elderjustice 950 Pennsylvania Avenue, NW Washington, DC 20530-0001 1-855-4VICTIM (1-855-484-2846)

Kentucky Elder Abuse Committee

* Moving Forward *

In 2005, House Bill 298 established KRS 209.005, creating the Kentucky Elder Abuse Committee to address issues of prevention, intervention, investigation, and agency coordination of services on a state and local level through interaction with local groups or entities that either directly or indirectly provide services to older adults. Over the course of 2020, the committee reviewed the work that has been ongoing in each of the focus areas defined by KRS 209.005 and identified opportunities for further progress:

1. Recommend a model protocol for the joint multidisciplinary investigation of reports of suspected abuse, neglect, or exploitation of older adults.

Recommendation:

- The Committee will continue to research model protocols for joint multidisciplinary investigations and in 2021 will recommend any next steps needed to enhance multidisciplinary investigations.
- 2. Recommend practices to assure timely reporting of referrals of abuse, neglect, or exploitation required under KRS 209.030(12).

Recommendation:

- The Committee will support and provide the Local Coordinating Councils on Elder Abuse the tools and resources to promote awareness on mandatory reporting.
- The Committee will support creation of a tool to aide officers in identifying and reporting abuse, neglect, or exploitation and directing victims to supportive services.
- 3. Explore the need for a comprehensive statewide resource directory of services for older adults.

Recommendation:

- The Committee will continue to support a statewide 211 system.
- The Committee will continue to support the Medicaid Online Resource Directory.
- 4. Enhance existing public awareness campaigns for elder abuse and neglect.

Recommendation:

- The Committee will partner with interested agencies to provide multi-agency support of World Elder Abuse Awareness Day.
- The Committee will also work with the Justice & Public Safety Cabinet to assist in the creation of a communication plan to inform the Administration of the Courts, judges, prosecutors, and other stakeholders about KRS 41.305.
- 5. Provide forums for the exchange of information to educate the elder population and their families on the rights of elders.

Recommendation:

 Expand upon the information provided on the DCBS Elder Abuse Awareness website to include member activities, presentations, and events; offer standardized tools and resources; provide links to member agencies; and create a central calendar for relevant events.

"A healthy environment and healthy intergenerational connections contribute to health aging. Plant a seed for change together (at a safe distance), grow the conversation and help #uprootelderabuse."

- #WEAAD2020

Website References

Department for Behavioral Health, Development and Intellectual Disabilities:

http://dbhdid.ky.gov/kdbhdid/

* Training Modules:

http://content.elsevierperformancemanager.com/Content/KY406/Kentucky%20College% 20of%20Direct%20Support%20Required%20Modules.pdf

* Trauma Informed Behavioral Intervention:

https://content.elsevierperformancemanager.com/Content/KY406/Webinar% 20Handouts/2018%203rd%20Quarter/August%202,%202018%20Trauma%20Informed%20Behavior%20Interventions.pdf

* Human Rights and Behavioral Intervention Committee training:

https://dbhdid.ky.gov/ddid/hrcbic.aspx#

Local Coordinating Councils on Elder Abuse (Map)

https://chfs.ky.gov/agencies/dcbs/dpp/apb/Documents/localcoordinatingcouncilmap.pdf

Centralized Intake web portal

https://prd.webapps.chfs.ky.gov/reportabuse/home.aspx

"Older people are vital, contributing members of our society. They work, volunteer, and raise young people. They hold our nation's memory and are a deep repository of the rich traditions and cultures that make our nation diverse and vibrant. The abuse or neglect of any one of them diminishes all of us."

- Kathy Greenlee