

KENTUCKY ELDER ABUSE ANNUAL REPORT 2013

Cabinet for Health and Family Services
Department for Community Based Services

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Kentucky Elder Abuse Committee

Established through HB 298 in the 2005 legislative session, the enactment of KRS 209.005 provided the Cabinet for Health and Family Services (CHFS), 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/committee) mandated in the statute. This committee provides 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:

1. To inform policy-makers of changing trends and future needs as it relates to elder maltreatment on a statewide level; and
2. To provide recommendations to the cabinet regarding potential changes in Adult Protective Services (APS) practice 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.

For 2013-2014, the committee is exploring elder abuse issues through sub-committee work. At the direction of the Committee Chair, Commissioner Teresa C. James, the committee began the process of further examining and defining its vision and mission by determining priorities for the current strategic planning cycle. The three primary areas of focus are:

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

These issues are related to expansion of advocacy for long-term care residents, elder abuse research, and identification of service array challenges throughout the Commonwealth. Although Adult Protective Services is a federally mandated program, there is little or no funding attached. As the population continues to mature, additional focus will need to be given to all aspects of elder care and the tasks assigned to the committee will require diligence in maintaining the adult protective infrastructure in Kentucky.

Membership

Ruby Jo Cummins-Lubarsky

Kentucky Association of Health Care Facilities

Tim Veno

Kentucky Association of Homes and Services for the Aging

Jimmy Pollard

Henry County Coroner

Pamela B. Teaster, PhD, Director

Graduate Center for Gerontology
University of Kentucky

Walter M. Wilhoite

Chief of Police
City of Frankfort

Marsha Hockensmith, Director

Protection and Advocacy

Bernie Vonderheide

Kentuckians for Nursing Home Reform

Lois Pemble

Kentucky Initiative for Quality Nursing Home Standards

Nancy Trentham

Kentucky Initiative for Quality Nursing Home Standards

Teri Shirk

Alzheimer's Association
Greater Kentucky and Southern Indiana Chapter

Phil Peters, State Director

AARP Kentucky

J. Michael Brown, Secretary

Justice & Public Safety Cabinet

Major Mike Crawford

Kentucky State Police, West Troop

Kimberly Goode

State Care Ombudsman

Audrey Tayse Haynes, Secretary

Cabinet for Health and Family Services

Teresa C. James, Commissioner

Department for Community Based Services

Chip Ward, Executive Director

Office of the Ombudsman

Connie Payne, Acting Inspector General

Cabinet for Health and Family Services

Stephanie Mayfield Gibson, MD Commissioner

Department for Public Health

Mary Begley, Commissioner

Department for Behavioral Health, Developmental and Intellectual Disabilities

Deborah Anderson, Commissioner

Department for Aging and Independent Living

Vicki Green

FIVCO Area Agency on Aging and Independent Living

Nancy Addington

Lincoln Trail Area Agency on Aging

Ian Sonogo

Prosecutor's Advisory Council
Office of the Attorney General

Partnering Agencies

Long-Term Care Ombudsman Program

The Kentucky Long-Term Care Ombudsman program (LTCOP) advocates for residents of nursing homes, personal care homes, and family care homes. Ombudsmen work to resolve problems of individual residents and to bring about improvements in care and in quality of life through advocacy, which result in changes at the local, state, and national levels.

While most residents receive good care in long-term care facilities, far too many are neglected and suffer psychological, physical, and other types of abuse. Kentucky has 15 District Ombudsman, as well as 94 trained and certified, volunteer Ombudsmen who regularly visit 524 long-term care facilities, monitor conditions, quality of care, and provide a voice for those unable to speak for themselves.

First launched in 1972 as a demonstration program, the Ombudsman program today operates in all states as a provision of the Older Americans Act, administered by the federal Administration on Aging. Since 1978, Kentucky ombudsmen have served residents of long-term care facilities in all 120 Kentucky counties. Services of the state Long-Term Care Ombudsman program are coordinated through the Cabinet for Health and Family Services, Department for Aging and Independent Living, Office of the State Long-term Care Ombudsman. The program also oversees 15 district programs affiliated with Area Agencies on Aging and Independent Living. The program receives federal, state, and local funding and does not charge for services. During the last National Ombudsman Reporting System period, the KY LTCOP:

- Received 6,361 complaints made by, or on behalf of, long-term care residents;
- Opened 4,184 cases related to quality of care and quality of life concerns;
- Participated in 1,161 facility surveys with the CHFS Office of the Inspector General;
- Participated in 777 Resident and Family Council Meetings;
- Provided 413 trainings to staff and volunteers;
- Provided 5,516 consults to consumers;
- Provided 1,797 consults to facilities;
- Conducted 995 community education workshops; and
- Conducted 15,678 visits to residents in long-term care.

The KY TCOP facilitates Multi-Agency Regional Forums designed to affect systemic change for improved services that are delivered through various government agencies on behalf of Kentucky's vulnerable adults.

Department for Aging and Independent Living - Guardianship Services

The program currently serves over 3,300 Kentucky residents with various disabilities in all regions of the state. Clients enter the program after they have been declared "legally disabled" by the court, when no other family or appropriate support person is willing or able to serve. There is no waiting list for this program as the agency serves at the pleasure of the District Court with no mechanism to defer entry. Guardianship services involvement in a client's life is determined by the court and it may include any combination of responsibilities from limited to full personal and financial decision making. This loss of self-determination our clients face may include the right to: determine living arrangements; make decisions regarding medical care and procedures; vote; drive a car; sell property; and manage money or to sign legal documents such as checks, marriage licenses, or wills.

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

within the community, as there is no dedicated state or federal funding for non-covered services/programming.

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

Office of the Ombudsman

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

The Complaint Review Branch (CRB):

- Processes complaints and inquiries pertaining to human service programs. These programs include:
 - Supplemental Nutrition Assistance Program 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.

Within the Performance Enhancement Branch, the Quality Assurance Section receives Service Appeal Requests and Request for Appeal of Child Abuse or Neglect Investigative Finding (CAPTA) and determines if those requests are hearable per regulatory requirements. There are currently no administrative appeal rights for those identified as perpetrators of adult/elder abuse, neglect, or exploitation.

In SFY 2013, the Complaint Review Branch received 176 inquiries/complaints pertaining to APS issues.

Kentucky State Police

The Kentucky State Police strives to maintain the highest standards of excellence utilizing training and technology to create a safe environment for citizens and continue 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:

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.

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.

Lincoln Trail Area Agency on Aging and Independent Living

The Lincoln Trail Area Development District (ADD) was created as a non-profit corporation in 1968. The organization was designated as a public agency in 1972 through KRS 147A, legislative action creating area development districts. Lincoln Trail ADD includes the eight west-central Kentucky counties of Breckinridge, Grayson, Hardin, Larue, Marion, Meade, Nelson, and Washington and is one of the 15 Area Development Districts in the Commonwealth.

Operating within the Lincoln Trail ADD, the Area Agency on Aging and Independent Living (AAIL) administers federally and state funded aging programs as well as consumer directed services to disabled individuals and services to family caregivers. The Lincoln Trail Area Agency on Aging and Independent Living strives to enable citizens to live to their highest quality of life possible.

The mission of the Lincoln Trail AAAIL is to empower individuals to age with independence and dignity by providing leadership, direction, advocacy, and support for a comprehensive and coordinated continuum of community care.

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

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

Office of the Inspector General

The Office of Inspector General (OIG) is Kentucky's regulatory agency for licensing all health care, long-term care facilities, day care, and child caring/child-placing agencies in the Commonwealth. OIG is responsible for the prevention, detection, and investigation of fraud, abuse, waste, mismanagement, and misconduct by the cabinet's clients, employees, medical providers, vendors, contractors, and subcontractors. The Office of Inspector General also conducts special investigations into matters related to the cabinet or its programs as requested by the cabinet secretary, commissioners, or office heads.

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 Health Care Financing Administration of the U.S. Department of Health and Human Services. The regional offices of the Division of Health Care are responsible for conducting on-site visits of all health care facilities in the state to determine compliance with applicable licensing regulations and Medicare/Medicaid certification requirements. Complaints concerning these facilities are investigated by regional office staff.

The OIG Division of Health Care has a complaints coordinator in each of the four (4) regional offices to receive and review complaints. The complaints coordinator notifies the Department of Community Based Services, Adult Protective Services immediately 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, the 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 the OIG to have abused or neglected a facility resident or misappropriated resident property, the 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 reported to DCBS and the Kentucky Board of Nursing.

Additional information on how to report a complaint regarding a licensed long-term care facility or other health facility is posted on the OIG's website at: <http://chfs.ky.gov/os/oig/dhcfscomplaintinfo.htm>.

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

In addition to its responsibility to investigate and prosecute fraud in the Kentucky Medicaid Program, the MFCU is the primary investigative division of the Office of the Attorney General charged with conducting investigations into adult abuse, neglect, and financial exploitation when there is a nexus to the Medicaid Program. The MFCU has jurisdiction to investigate allegations of abuse, neglect, and financial exploitation of persons receiving care at Medicaid-funded facilities regardless of whether the victim is a Medicaid patient. In non-Medicaid funded care facilities, the MFCU can conduct an investigation into abuse and neglect of a patient with the prior approval of the U.S. Center for Medicare and Medicaid Services. The MFCU also has jurisdiction to investigate allegations of abuse, neglect, or financial exploitation by care givers of Medicaid-funded services to patients outside of long-term care facilities. MFCU jurisdiction is limited to allegations of abuse, neglect, or financial exploitation by caregivers. The MFCU has no authority to investigate abuse, neglect, or financial exploitation allegations against non-caregivers such as relatives. A County Attorney (for misdemeanors) or a Commonwealth Attorney (for felonies) has the jurisdiction to prosecute criminal cases against the subjects of MFCU abuse, neglect, or financial exploitation cases. MFCU prosecutors may bring such criminal cases upon a request from the applicable County or Commonwealth Attorney. MFCU attorneys can also bring civil actions on behalf of the Commonwealth to enjoin practices by, and seek civil recoveries against, persons and entities engaged in abuse, neglect, or financial exploitation under the MFCU's jurisdiction. The MFCU can also bring cases to federal prosecutors for criminal and civil actions by the United States.

Population served:

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

Process Method:

The MFCU receives allegations of abuse, neglect, and financial exploitation from various sources. Direct referrals come from patients and family members. Some of these referrals come through the OAG Abuse Tip Line, 877 ABUSE TIP (877 228-7384), and on line at www.ag.ky.gov/abuse. The MFCU also receives information directly from law enforcement agencies, service providers, and facilities. Most allegations are received through the Kentucky Cabinet for Health and Family Services Division of Community Based Services (DCBS). This entity is charged with receiving all allegations of adult abuse and neglect and of referring those within the MFCU's jurisdiction to the MFCU. MFCU investigators conduct preliminary and full investigations of allegations and often work with other law enforcement agencies in these investigations. Most notably, the MFCU works with the Kentucky State Police and with Adult Crimes divisions of the larger police departments, such as the Louisville Metro Police and the Lexington Police. No MFCU abuse or neglect investigation can be closed without the approval of the MFCU Executive Director.

Kentuckians for Nursing Home Reform, Inc.

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

Web site: KyNursingHomeReform.org

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.

Alzheimer's Association

The Alzheimer's Association's mission is to eliminate Alzheimer's disease through the advancement of research, to 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.
- Provide caregivers and families with comprehensive online resources and information 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®, the nation's largest event to raise awareness and funds for Alzheimer's care, support, and research.
- An unwavering commitment to accelerate the progress of new treatments, preventions, and ultimately, a cure. Through partnerships and funded projects, the Alzheimer's Association has been part of every major Alzheimer's research advancement over the past 30 years.
- Working diligently to make Alzheimer's a national priority.

As part of the nation-wide network of chapters, the Greater Kentucky & Southern Indiana Chapter of the Alzheimer's Association provides Kentuckians living with Alzheimer's and their caregivers with local support including:

- Hosting over 200 education programs annually and delivering over 200 presentations annually to civic groups, clubs, corporate gatherings and churches;
- Facilitating over 40 Support Groups throughout the Commonwealth; and
- Outreach through media outlets to educate Kentuckians about Alzheimer's.

Department for Community Based Services (DCBS)

Kentucky Adult Protective Services are directed toward preserving the vulnerable adult's independence to the maximum degree possible and recognizing the inherent right to self-determination and/or protection from abuse, neglect, and exploitation pursuant to KRS 209 and KRS 209A. The elements of adult protection are: 1) protection-adults, 2) protection-spouse, 3) homemakers-adults, (which is the direct provision of homemaker services to adults at risk of or in need of protection), 4) petitions and interdisciplinary evaluations to determine an adult's degree of disability and need for guardianship/conservatorship, 5) assessing services provided by spouse abuse centers and crisis centers, 6) alternate care (also referred to as movement and placement) which involves assisting individuals with appropriate community and institutional placements, and 7) preventive services for adults. 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 Adult Protective Service (APS) teams are maintained and supported in each of the nine DCBS Service Regions. These specialized teams are designed to specifically investigate allegations of abuse, neglect, and exploitation of vulnerable adults and alleged victims of spouse abuse and to provide protective services where indicated. Utilizing a multidisciplinary investigative design pursuant to statutory and regulatory language, designated APS teams work closely with partnering agencies to intervene and prevent the mistreatment of vulnerable adults in Kentucky.

During CY 2013, DCBS investigated or assessed 36,596 reports related to vulnerable adults. Of the reports investigated or assessed, 10,720 involved an alleged victim age 60 and over.

Local Coordinating Councils on Elder Abuse

In 2005, House Bill 298 was enacted which amended specific provisions of KRS 209 to include the creation of the Kentucky's Elder Abuse Committee. The Elder Abuse Committee subsequently recommended the formulation of the statewide network of Local Coordinating Councils on Elder Abuse (LCCEA). Kentucky currently has 28 Local Coordinating Councils on Elder Abuse that cover 108 out of 120 counties. While these councils are independent and are not administered through the court or by the cabinet, DCBS has, for several years, acted as a resource by facilitating communication, providing public awareness materials, awarding funds, and participating on the councils. The councils are comprised of professionals from a variety of disciplines as well as members of the public. Their membership and activities reflect the communities they serve, and their primary focuses are prevention, intervention, and resource development aimed at ending abuse.



As the population of older Americans grows, so does the hidden problem of elder abuse, neglect, and exploitation. Effective interventions can help to prevent the occurrence of maltreatment by increasing education and awareness to professionals who provide services to the elderly and to community and family members. Coordinating councils work diligently throughout the year to promote awareness and educate the public in an effort to combat all forms of elder maltreatment to Kentucky's elders.

In 2013 the LCCEAs have been active with several important projects including:

- Developing websites and utilizing other social media designed to educate and promote awareness;
- Conducting bank teller trainings to better identify financial exploitation;
- Providing in-service trainings to alternate care facilities regarding signs of abuse, neglect, and mandatory duty to report;
- Creating Public Service Announcements that focused on elder abuse awareness and prevention; and
- Distributing public awareness materials at health fairs, conferences, and in local businesses.

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 wellbeing of vulnerable adults.

Adult Protective Services Trainings

Beginning in late 2010, CHFS/DCBS initiated a review of all current Adult Protective Services staff training records for the purpose of ensuring all designated APS staff had received the appropriate competency based training and instruction. (Since that time, 87 designated APS staff successfully completed Investigations in Alternate Care Facilities classroom training and Investigations in Alternate Care Facilities: Support for Community Living web-based training. Forty-two staff received training in 2012.) The following is a description of each of the current APS training curriculums that have an application to elder and vulnerable adult maltreatment occurring in both the community-based and alternate care settings.

Course Name: Elder Abuse: Initial Course

Course Description: This training meets the legislative mandates of KRS 194A, requiring all DCBS staff to complete an elder abuse, neglect, and exploitation initial course. This training is designed for Protection & Permanency, Family Support, and Child Support staff 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/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: Meeting Needs of Vulnerable Adults

Course Description: This training prepares participants to identify and assess the service needs of vulnerable adults. This includes those in need of protective services (adults who have a mental or physical dysfunction), victims of abuse, neglect and/or exploitation, as well as general adult service requests. The training prepares participants to provide services to develop appropriate case plans, provide appropriate case management, and prepare for and participate in judicial hearings. Specific focus includes communication and assessment strategies, standards of practice, documentation, utilization of appropriate community resources, alternate care, and involuntary adult services. This training is a component in the Protection and Permanency Academy training series designed for new P&P staff and is also a part of Course II - Family Violence in the Credit for Learning (CFL) program.

Application: The training is provided to all new Protection & Permanency staff, both Child Protective Services and APS staff, as well as tenured staff upon request. There are multiple components during which P&P 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 Kentucky Revised Statutes (KRS) and APS Standards of Practice (SOP). Participants apply methods of investigation and service delivery using case scenarios. A component is presented in which participants discuss the requirements of authorized agencies outlined in KRS 209.020 (17), reporting requirements to each of those agencies when indicated, and Protection and Permanency staff requirements upon conclusion of an investigation. Training materials include interviews of residents with dementia who live in a nursing home. P&P staff discusses the different interviewing techniques involved and demonstrates the comprehension of those techniques.

Course Name: Working with Adults with Developmental Disabilities

Course Description: The training prepares participants to identify and assess the services needs of adults with developmental disabilities. This includes protective services, general adult services, as well as alternate care services. The training also prepares participants to provide intake and investigation services necessary to develop appropriate case plans and to provide appropriate case management. Specific focus includes strategies to serve these client populations, application of related standards of practice, documentation of interventions, utilization of appropriate community resources, and identification of client issues related to their disability.

Application: The training is intended for all APS staff as well as Child Protective Services and foster care staffs providing services to children with disabilities, including those who may transition from Out of Home Care. This

training provides information on the different types of service interventions, plans and medications for residents with disabilities, and those indicators APS staff might assess during visits with adults.

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

Course Description: This web-based training prepares participants to identify and assess the service needs of adults in SCL residential supported homes. Participants completing this training are provided with basic, preliminary information and requirements of the SCL program; 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 review 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.

Course Name: Investigations in Alternate Care Facilities

Course Description: This training prepares participants to identify and assess the service needs of adults in alternate care facilities. This includes those in need of protective services, as well as victims of abuse, neglect, and/or exploitation. Training participants learn how to complete a protective service investigation and develop appropriate case plans. Specific focus includes standards of practice and documentation and utilization of appropriate community resources, such as regulatory agencies. Participants gain an understanding of Medicaid charting utilized in alternate care settings.

Application: The training is required for all APS staff. Participants review the specific APS Standards of Practice (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.

Federal APS Initiatives

The National Adult Protective Services Resource Center (NAPSRC), funded by a two-year grant from the [US Administration for Community Living](#), serves professionals from Adult Protective Services agencies across the United States.

The primary goal of the NAPSRC is to enhance the quality, consistency, and effectiveness of elder abuse secondary prevention conducted by APS agencies nationwide. This is accomplished by identifying APS secondary prevention best practices, compiling and disseminating the “lessons learned,” and providing targeted technical assistance in implementing best prevention practices to APS administrators through multiple methods.

Objectives:

- Create the first national APS multi-disciplinary Technical Assistance Team to enhance the effectiveness of APS programs in investigating alleged abuse and providing secondary prevention.
- Gather information about elder abuse investigation and secondary prevention best policies and practices through literature review and collecting “lessons learned.”
- Provide targeted technical assistance on problems identified as commonly experienced by APS systems in investigating alleged maltreatment and providing secondary prevention.

Structure and Funding:

The National APS Resource Center is a project (No. 90ER0003) of the [Administration for Community Living](#), U.S. Department of Health and Human Services (DHHS), administered by the National Adult Protective Services Association (NAPSA). Project funding is slated from October 2013 through September 2015.

NAPSA is in the unique position, as the membership organization for Adult Protective Services professionals, to utilize its extensive network of front-line and administrative members to serve as the “Voice of APS” across the U.S. and bring resources where they are needed most.

Technical Assistance:

The NAPSRC also provides technical assistance to state and local APS programs and NAPSA members. Technical assistance may range from assistance with identifying training or policy resources, linking programs with a specific resource expert, or providing targeted best practices.

Examples include:

- Locating a professional speaker to address specific elder abuse topics;
- Development of safety training for APS workers;
- Research on APS data system usage and efficacy; and
- Facilitating abuse victims and/or families in contacting their nearest APS agency to assist with their specific situation.

Statewide APS Data for SFY 2009-2013

Adult Protective Services for 18-59 Population	2009	2010	2011	2012	2013
Total # of Calls	47830	44497	44948	49074	50597
# of Calls that Met Criteria for Abuse and Neglect (Reports)	24835	23604	22995	22698	23646
# of Substantiated Reports	5051	4966	4667	4471	4727
# of Calls Resource Linkage	21973	19782	20735	25114	25795
# of Calls General Adult Service	1689	1709	1810	2728	2007

Individuals can have multiple reports during a reporting period

Investigations by Type	2009	2010	2011	2012	2013
Adult Abuse	1154	964	983	1066	1173
Spouse Abuse	10589	10086	9498	9022	9017
Partner Abuse	8751	8414	8232	8156	8633
Neglect by Caretaker	1654	1545	1562	1501	1657
Self Neglect	1268	1206	1163	1330	1458
Exploitation	529	516	528	523	571

Individual counts. Not mutually exclusive

Substantiations by Type	2009	2010	2011	2012	2013
Adult Abuse	227	181	161	152	182
Spouse Abuse	2052	2057	1813	1697	1776
Partner Abuse	1771	1733	1638	1646	1800
Neglect by Caretaker	323	308	340	267	265
Self Neglect	534	494	478	493	512
Exploitation	138	154	168	108	132

Individual counts. Not mutually exclusive

Statewide APS Data for SFY 2009-2013

Adult Protective Services for 60-Plus Population	2009	2010	2011	2012	2013
Total # of Calls	12763	13157	15179	16975	18459
# of Calls that Met Criteria for Abuse and Neglect (Reports)	7454	7247	7503	7728	8613
# of Substantiated Reports	1736	1813	1953	1694	1860
# of Calls Resource Linkage	3757	4632	5900	7441	7875
# of Calls General Adult Service	2146	2231	2385	2421	1647

Individuals can have multiple reports during a reporting period

Investigations by Type	2009	2010	2011	2012	2013
Adult Abuse	1230	1077	1061	1163	1334
Spouse Abuse	435	449	482	516	501
Partner Abuse	86	108	112	95	145
Neglect by Caretaker	2637	2540	2428	2517	2728
Self Neglect	2395	2452	2620	2705	3102
Exploitation	1117	1102	1182	1186	1244

Individual counts. Not mutually exclusive

Substantiations by Type	2009	2010	2011	2012	2013
Adult Abuse	227	197	173	153	181
Spouse Abuse	95	84	72	77	75
Partner Abuse	23	21	19	14	22
Neglect by Caretaker	394	432	389	352	326
Self Neglect	778	846	959	848	958
Exploitation	276	331	378	268	298

Individual counts. Not mutually exclusive

Statewide OIG/Division of Health Care Data for SFY 2009-2013

	Level of Care	SFY 2009	SFY 2010	SFY 2011	SFY 2012	SFY 2013	5yr Total	5yr Avg.
Total Number of complaint allegations in Long Term Care facilities related to abuse, neglect, or misappropriation of resident property	Family Care Home	4	2	6	7	11	30	6
	Intermediate Care Facility			1			1	1
	Intermediate Care Facility for Individuals with Intellectual Disabilities	55	44	30	28	29	186	37.2
	Licensed Nursing Facility	11	7	9	9	10	46	9.2
	Nursing Home	2	2	2	5		11	2.75
	Personal Care Home	13	15	9	15	5	57	11.4
	Personal Care Home Free Standing	61	58	46	60	79	304	60.8
	Skilled Nursing Facility Distinct Part	92	69	71	140	139	511	102.2
	Skilled Nursing Facility	13	1	3	13	5	35	7
	Skilled Nursing Facility/Nursing Facility	388	310	361	494	462	2015	403
	Totals		639	508	538	771	740	3196
Total Number of Long Term Care facility allegations related to abuse, neglect, or misappropriation of resident property that were substantiated	Family Care Home	1	2	3	1	4	11	2.2
	Intermediate Care Facility			1			1	1
	Intermediate Care Facility for Individuals with Intellectual Disabilities	9	14	19	9	8	59	11.8
	Licensed Nursing Facility	3	1	3	5	5	17	3.4
	Nursing Home			2	3		5	2.5
	Personal Care Home		3	6	6	3	18	4.5
	Personal Care Home Free Standing	15	21	17	26	29	108	21.6
	Skilled Nursing Facility Distinct Part	10	18	23	66	47	164	32.8
	Skilled Nursing Facility	2	1	1	3	1	8	1.6
	Skilled Nursing Facility/Nursing Facility	77	77	150	227	166	697	139.4
	Totals		117	137	225	346	263	1088

Patient Abuse/Neglect Medicaid Fraud and Abuse Control Division

Jan 01, 2013 through Dec 31, 2013

Civil & Administrative Settlements (1)

5-421 - Villa Springs of Erlanger Health Care Center and Rehabilitation (03-25-2013)
settlement with the Office of U.S. Attorney \$350,000 Medicaid restitution (state share
\$105,202; federal share \$244,798)

Indictments/Charges (4)

Abuse/Neglect (4)

- 13-2366 – Ball, Timothy James (11-05-2013)
 - 209.990(2) ~ KNOWINGLY ABUSE/NEGLECT OF ADULT BY PERSON
- 13-2366 – Burton, Cody A (09-18-2013)
 - 209.990(2) ~ KNOWINGLY ABUSE/NEGLECT OF ADULT BY PERSON
 - 209.990(2) ~ KNOWINGLY ABUSE/NEGLECT OF ADULT BY PERSON
- 13-2366 – King, Coty J (09-16-2013)
 - 209.990(2) ~ KNOWINGLY ABUSE/NEGLECT OF ADULT BY PERSON
 - 209.990(2) ~ KNOWINGLY ABUSE/NEGLECT OF ADULT BY PERSON
 - 209.990(2) ~ KNOWINGLY ABUSE/NEGLECT OF ADULT BY PERSON
- 13-1154 – West, Danielle (10-25-2013)
 - 209.990(3) ~ WANTON ABUSE/NEGLECT OF ADULT BY PERSON

Case Dispositions – Convictions (0)

Case Dispositions – Dismissals (5)

Abuse/Neglect (1)

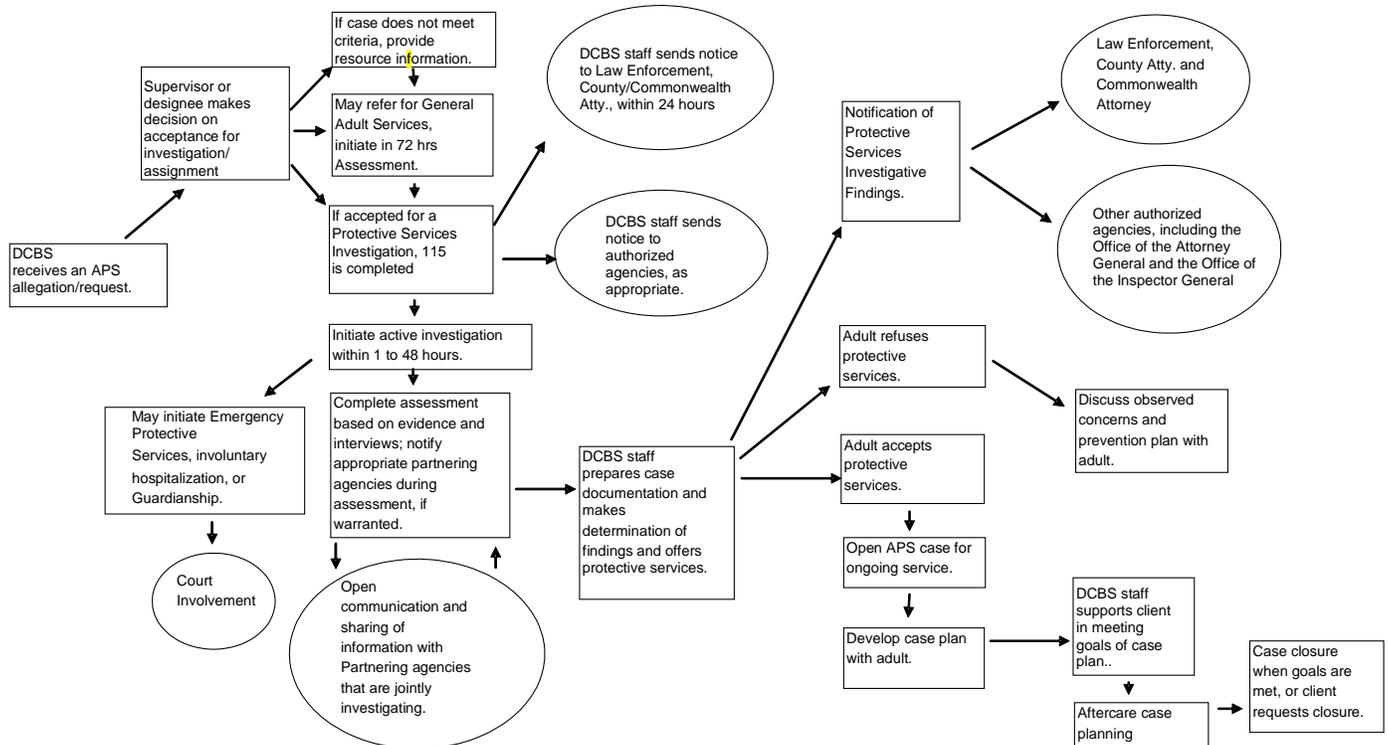
11-2701 – Rebecca Drueh
Dismissed: 209.990(2) ~ KNOWINGLY ABUSE/NEGLECT OF ADULT BY PERSON

Total number of complaints received for review, 01/01/2013-12/31/2013: 3,248

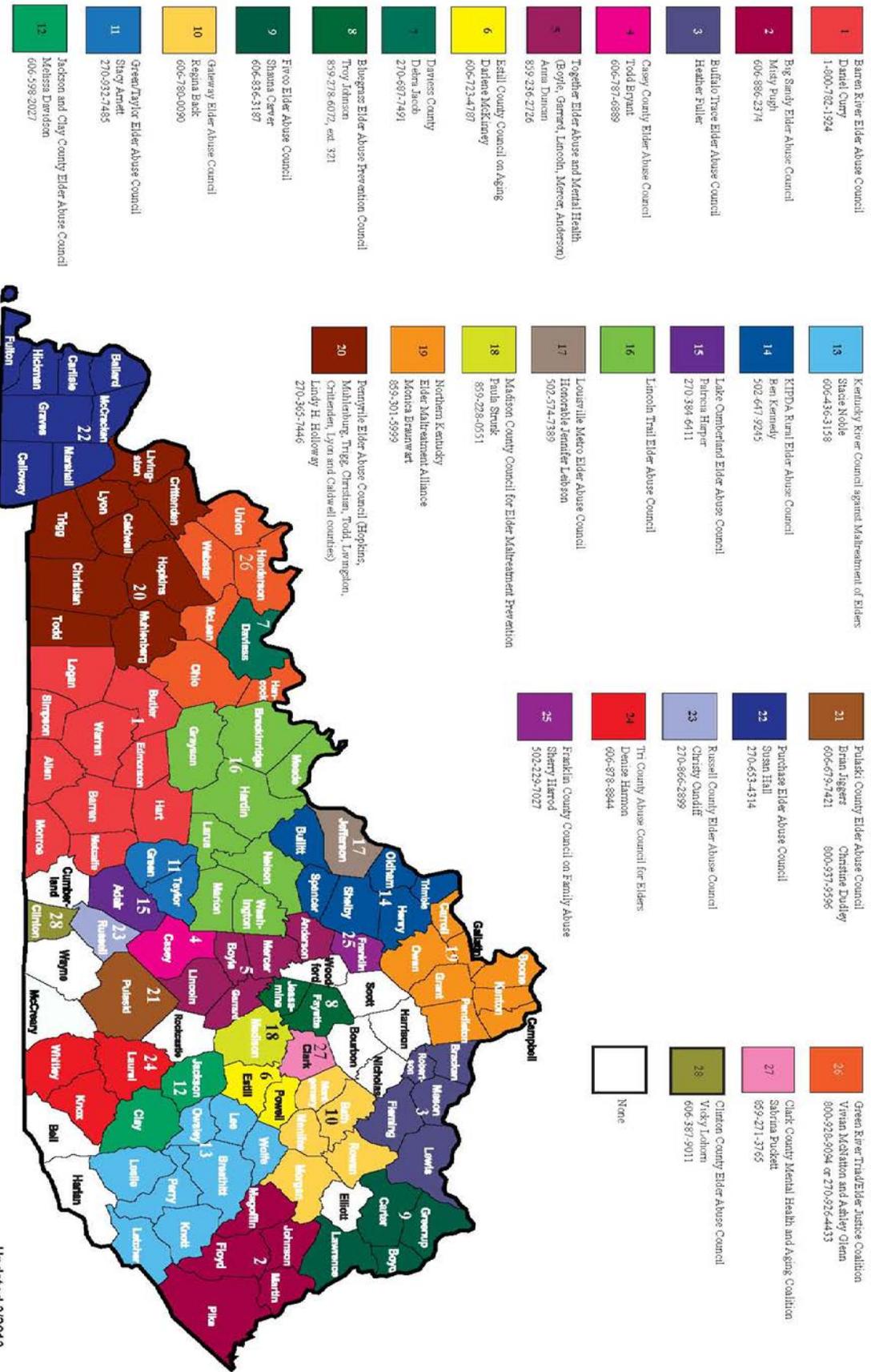
Global Fraud	18
Patient Abuse	1,035
AWP/Civil Litigation	4
Other Offense	61
Exploitation/Patient Funds	209
Provider Fraud	127
Caretaker Neglect	1,794
Opened in 2013	60
Closed in 2013	77
Pending Cases, 12/31/13	127

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.



2013 Local Coordinating Councils on Elder Abuse



Updated 3/2013

Kentucky Adult Protection Act KRS Chapter 209

209.005 Elder Abuse Committee – Membership – Duties – Annual report.

- (1) The Cabinet for Health and Family Services shall create an Elder Abuse Committee to develop a model protocol on elder abuse and neglect in the Commonwealth, that shall be comprised of various agency representatives that include, but are not limited to:
 - (a) The Department for Community Based Services;
 - (b) The Department for Public Health;
 - (c) The Department for Mental Health and Mental Retardation;
 - (d) The Division of Aging Services;
 - (e) The Division of Health Care Facilities and Services;
 - (f) The Office of the Ombudsman;
 - (g) Area Agencies on Aging;
 - (h) Local and state law enforcement official; and
 - (i) Prosecutors.
- (2) The committee shall 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 the elder population, including, but not limited to:
 - (a) Senior citizen centers;
 - (b) Local governmental human service groups;
 - (c) The Sanders-Brown Center on Aging at the University of Kentucky;
 - (d) Long-term Care Ombudsmen; and
 - (e) Other organizations or associations dedicated to serving elder citizens and their families in the Commonwealth.
- (3) The committee shall:
 - (a) Recommend a model protocol for the joint multidisciplinary investigation of reports of suspected abuse, neglect, or exploitation of the elderly;
 - (b) Recommend practices to assure timely reporting of referrals of abuse, neglect, or exploitation required under KRS 209.030(12);
 - (c) Explore the need for a comprehensive statewide resource directory of services for the elderly;
 - (d) Enhance existing public awareness campaigns for elder abuse and neglect; and
 - (e) Provide forums for the exchange of information to educate the elder population and their families on the rights of elders.
- (4) The committee shall produce an annual report of their activities, products, and recommendations for public policy to the Governor and the Legislative Research Commission.

209.010 Purpose and application of chapter.

- (1) The purpose of this chapter is:
 - (a) To provide for the protection of adults who may be suffering from abuse, neglect, or exploitation, and to bring said cases under the purview of the Circuit or District Court;
 - (b) To provide that any person who becomes aware of such cases shall report them to a representative of the cabinet, thereby causing the protective services of the state to be brought to bear in an effort to protect the health and welfare of these adults in need of protective services and to prevent abuse, neglect, or exploitation; and
 - (c) To promote coordination and efficiency among agencies and entities that have a responsibility to respond to the abuse, neglect, or exploitation of adults.
- (2) This chapter shall apply to the protection of adults who are the victims of abuse, neglect, or exploitation inflicted by a person or caretaker. It shall not apply to victims of domestic violence unless the victim is also an adult as defined in KRS 209.020(4).

209.020 Definitions for chapter.

As used in this chapter, unless the context otherwise requires:

- (1) "Secretary" means the secretary of the Cabinet for Health and Family Services;
- (2) "Cabinet" means the Cabinet for Health and Family Services;
- (3) "Department" means the Department for Community Based Services of the Cabinet for Health and Family Services;
- (4) "Adult" means a person eighteen (18) years of age or older who, because of mental or physical dysfunctioning, is unable to manage his own resources, carry out the activity of daily living, or protect himself from neglect, exploitation, or a hazardous or abusive situation without assistance from others, and who may be in need of

protective services;

- (5) "Protective services" means agency services undertaken with or on behalf of an adult in need of protective services who is being abused, neglected, or exploited. These services may include, but are not limited to conducting investigations of complaints of possible abuse, neglect, or exploitation to ascertain whether or not the situation and condition of the adult in need of protective services warrants further action; social services aimed at preventing and remedying abuse, neglect, and exploitation; and services directed toward seeking legal determination of whether or not the adult in need of protective services has been abused, neglected, or exploited and to ensure that he obtains suitable care in or out of his home;
- (6) "Caretaker" means an individual or institution who has been entrusted with or who has the responsibility for the care of the adult as a result of family relationship, or who has assumed the responsibility for the care of the adult person voluntarily or by contract, employment, legal duty, or agreement;
- (7) "Deception" means, but is not limited to:
 - (a) Creating or reinforcing a false impression, including a false impression as to law, value, intention, or other state of mind;
 - (b) Preventing another from acquiring information that would affect his or her judgment of a transaction; or
 - (c) Failing to correct a false impression that the deceiver previously created or reinforced, or that the deceiver knows to be influencing another to whom the person stands in a fiduciary or confidential relationship;
- (8) "Abuse" means the infliction of injury, sexual abuse, unreasonable confinement, intimidation, or punishment that results in physical pain or injury, including mental injury;
- (9) "Exploitation" means obtaining or using another person's resources, including but not limited to funds, assets, or property, by deception, intimidation, or similar means, with the intent to deprive the person of those resources;
- (10) "Investigation" shall include, but is not limited to:
 - (a) A personal interview with the individual reported to be abused, neglected, or exploited. When abuse or neglect is allegedly the cause of death, a coroner's or doctor's report shall be examined as part of the investigation;
 - (b) An assessment of individual and environmental risk and safety factors;
 - (c) Identification of the perpetrator, if possible; and
 - (d) Identification by the Office of Inspector General of instances of failure by an administrator or management personnel of a regulated or licensed facility to adopt or enforce appropriate policies and procedures, if that failure contributed to or caused an adult under the facility's care to be abused, neglected, or exploited;
- (11) "Emergency" means that an adult is living in conditions which present a substantial risk of death or immediate and serious physical harm to himself or others;
- (12) "Emergency protective services" are protective services furnished an adult in an emergency;
- (13) "Protective placement" means the transfer of an adult from his present living arrangement to another;
- (14) "Court" means the Circuit Court or the District Court if no judge of that Circuit Court is present in the county;
- (15) "Records" means the medical, mental, health, and financial records of the adult that are in the possession of any hospital, firm, corporation, or other facility, if necessary to complete the investigation mandated in this chapter. These records shall not be disclosed for any purpose other than the purpose for which they have been obtained;
- (16) "Neglect" means a situation in which an adult is unable to perform or obtain for himself the goods or services that are necessary to maintain his health or welfare, or the deprivation of services by a caretaker that are necessary to maintain the health and welfare of an adult; and
- (17) "Authorized agency" means:
 - (a) The Cabinet for Health and Family Services;
 - (b) A law enforcement agency or the Kentucky State Police;
 - (c) The office of a Commonwealth's attorney or county attorney; or
 - (d) The appropriate division of the Office of the Attorney General.

209.030 Administrative regulations – Reports of adult abuse, neglect, or exploitation – Cabinet actions – Status and disposition reports.

- (1) The secretary may promulgate administrative regulations in accordance with KRS Chapter 13A to effect the purposes of this chapter. While the cabinet shall continue to have primary responsibility for investigation and the provision of protective services under this chapter, nothing in this chapter shall restrict the powers of another authorized agency to act under its statutory authority.
- (2) Any person, including but not limited to physician, law enforcement officer, nurse, social worker, cabinet personnel, coroner, medical examiner, alternate care facility employee, or caretaker, having reasonable cause to suspect that an adult has suffered abuse, neglect, or exploitation, shall report or cause reports to be made in accordance with the provisions of this chapter. Death of the adult does not relieve one of the responsibility for reporting the circumstances surrounding the death.

- (3) An oral or written report shall be made immediately to the cabinet upon knowledge of suspected abuse, neglect, or exploitation of an adult.
- (4) Any person making such a report shall provide the following information, if known:
 - (a) The name and address of the adult, or of any other person responsible for his care;
 - (b) The age of the adult;
 - (c) The nature and extent of the abuse, neglect, or exploitation, including any evidence of previous abuse, neglect, or exploitation;
 - (d) The identity of the perpetrator, if known;
 - (e) The identity of the complainant, if possible; and
 - (f) Any other information that the person believes might be helpful in establishing the cause of abuse, neglect, or exploitation.
- (5) Upon receipt of the report, the cabinet shall conduct an initial assessment and take the following action:
 - (a) Notify within twenty-four (24) hours of the receipt of the report the appropriate law enforcement agency. If information is gained through assessment or investigation relating to emergency circumstances or a potential crime, the cabinet shall immediately notify and document notification to the appropriate law enforcement agency;
 - (b) Notify each appropriate authorized agency. The cabinet shall develop standardized procedures for notifying each appropriate authorized agency when an investigation begins and when conditions justify notification during the pendency of an investigation;
 - (c) Initiate an investigation of the complaint; and
 - (d) Make a written report of the initial findings together with a recommendation for further action, if indicated.
- (6)
 - (a) The cabinet shall, to the extent practicable, coordinate its investigation with the appropriate law enforcement agency and, if indicated, any appropriate authorized agency or agencies.
 - (b) The cabinet shall, to the extent practicable, support specialized multidisciplinary teams to investigate reports made under this chapter. This team may include law enforcement officers, social workers, Commonwealth's attorneys and county attorneys, representatives from other authorized agencies, medical professionals, and other related professionals with investigative responsibilities, as necessary.
- (7) Any representative of the cabinet may enter any health facility or health service licensed by the cabinet at any reasonable time to carry out the cabinet's responsibilities under this chapter. Any representative of the cabinet actively involved in the conduct of an abuse, neglect, or exploitation investigation under this chapter shall also be allowed access to financial records and the mental and physical health records of the adult which are in the possession of any hospital, firm, financial institution, corporation, or other facility if necessary to complete the investigation mandated by this chapter. These records shall not be disclosed for any purpose other than the purpose for which they have been obtained.
- (8) Any representative of the cabinet may with consent of the adult or caretaker enter any private premises where any adult alleged to be abused, neglected, or exploited is found in order to investigate the need for protective services for the purpose of carrying out the provisions of this chapter. If the adult or caretaker does not consent to the investigation, a search warrant may be issued upon a showing of probable cause that an adult is being abused, neglected, or exploited, to enable a representative of the cabinet to proceed with the investigation.
- (9) If a determination has been made that protective services are necessary when indicated by the investigation, the cabinet shall provide such services within budgetary limitations, except in such cases where an adult chooses to refuse such services.
- (10) In the event the adult elects to accept the protective services to be provided by the cabinet, the caretaker shall not interfere with the cabinet when rendering such services.
- (11) The cabinet shall consult with local agencies and advocacy groups, including but not limited to long-term care ombudsmen, law enforcement agencies, bankers, attorneys, providers of nonemergency transportation services, and charitable and faith-based organizations, to encourage the sharing of information, provision of training, and promotion of awareness of adult abuse, neglect, and exploitation, crimes against the elderly, and adult protective services.
- (12)
 - (a) By November 1 of each year and in accordance with state and federal confidentiality and open records laws, each authorized agency that receives a report of adult abuse, neglect, or exploitation shall submit a written report to the cabinet that provides the current status or disposition of each case referred to that agency by the cabinet under this chapter during the preceding year. The Elder Abuse Committee established in KRS 209.005 may recommend practices and procedures in its model protocol for reporting to the cabinet under this section.
 - (b) By December 30 of each year, the cabinet shall provide a written report to the Governor and the Legislative Research Commission that summarizes the status of and actions taken on all reports received from authorized agencies and specific departments within the cabinet under this subsection. The cabinet shall identify any report required under paragraph (a) of this subsection that is not received by the cabinet.

Identifying information about individuals who are the subject of a report of suspected adult abuse, neglect, or exploitation shall not be included in the report under this paragraph. The report shall also include recommendations, as appropriate, to improve the coordination of investigations and the provision of protective services. The cabinet shall make the report available to community human services organizations and others upon request.

209.035 Cabinet's authority to promulgate administrative regulations on general adult services.

The cabinet shall promulgate administrative regulations for the provision of general adult services to include uniform criteria for adult intake and appropriate and necessary service provision.

209.040 Remedies – Injunctive relief.

Any court may upon proper application by the cabinet issue a restraining order or other injunctive relief to prohibit any violation of this chapter, regardless of the existence of any other remedy at law.

209.050 Immunity from civil or criminal liability.

Anyone acting upon reasonable cause in the making of any report or investigation or participating in the filing of a petition to obtain injunctive relief or emergency protective services for an adult pursuant to this chapter, including representatives of the cabinet in the reasonable performance of their duties in good faith, and within the scope of their authority, shall have immunity from any civil or criminal liability that might otherwise be incurred or imposed. Any such participant shall have the same immunity with respect to participation in any judicial proceeding resulting from such report or investigation and such immunity shall apply to those who render protective services in good faith pursuant either to the consent of the adult or to court order.

209.060 Privileged relationships not ground for excluding evidence.

Neither the psychiatrist-patient privilege nor the husband-wife privilege shall be a ground for excluding evidence regarding the abuse, neglect, or exploitation of an adult or the cause thereof in any judicial proceeding resulting from a report pursuant to this chapter.

209.080 Title.

This chapter may be cited as the Kentucky Adult Protection Act.

209.090 Legislative intent.

The General Assembly of the Commonwealth of Kentucky recognizes that some adults of the Commonwealth are unable to manage their own affairs or to protect themselves from abuse, neglect, or exploitation. Often such persons cannot find others able or willing to render assistance. The General Assembly intends, through this chapter, to establish a system of protective services designed to fill this need and to assure their availability to all adults. It is also the intent of the General Assembly to authorize only the least possible restriction on the exercise of personal and civil rights consistent with the person's needs for services, and to require that due process be followed in imposing such restrictions.

209.100 Emergency protective services.

- (1) If an adult lacks the capacity to consent to receive protective services in an emergency, these services may be ordered by a court on an emergency basis through an order pursuant to KRS 209.110, provided that:
 - (a) The adult is in a state of abuse or neglect and an emergency exists;
 - (b) The adult is in need of protective services;
 - (c) The adult lacks the capacity to consent and refuses to consent to such services; and
 - (d) No person authorized by law or court order to give consent for the adult is available to consent to emergency protective services or such person refuses to give consent.
- (2) In ordering emergency protective services, the court shall authorize only that intervention which it finds to be the least restrictive of the individual's liberty and rights while consistent with his welfare and safety.

209.110 Petition – Guardian ad litem – Summons – Notice – Hearing – Report to court – Fee.

- (1) A petition by the cabinet for emergency protective services shall be verified by an authorized representative of the cabinet and shall set forth the name, age, and address of the adult in need of protective services; the nature of the disability of the adult, if determinable; the proposed protective services; the petitioner's reasonable belief, together with the facts supportive thereof, as to the existence of the facts, and the facts showing the petitioner's attempts to obtain the adult's consent to the services and the outcomes of such attempts. The petition and all subsequent court documents shall be entitled: "In the interest of----, an adult in need of protective services." The petition shall be filed in the court of the adult's residence, or if filed pursuant to KRS 209.130, the court of the

county in which the adult is physically located.

- (2) When a petition for emergency protective services is filed, the court or the clerk shall immediately appoint a guardian ad litem to represent the interest of the adult. The duties of a guardian ad litem representing an adult for whom a petition for emergency protective services has been filed shall include personally interviewing the adult, counseling with the adult with respect to this chapter, informing him of his rights and providing competent representation at all proceedings, and such other duties as the court may order.
- (3) Following the filing of a petition, a summons shall be issued and served with a copy of the petition, and notice of the time, date and location of the hearing to be held on the petition. Service shall be made upon the adult and his guardian or, if none, his caretaker. Should the adult have no guardian or caretaker, service shall be made upon the adult's guardian ad litem. Notice of the hearing shall be given to the adult's spouse, or, if none, to his adult children or next of kin, unless the court is satisfied that notification would be impractical. Service shall not be made upon any person who is believed to have perpetrated the abuse, neglect, or exploitation. Service of the petition shall be made at least three (3) calendar days prior to the hearing for emergency protective services.
- (4) The hearing on the petition for an emergency order for protective services shall be heard under the following conditions:
 - (a) The hearing on the petition, in the interests of expedition, may be held in any county within the judicial district or circuit served by the court. The court shall give priority to the holdings of the hearings pursuant to petitions filed under this chapter;
 - (b) The adult or his representative may present evidence and cross-examine witnesses; and
 - (c) The adult or his representative may petition the court to have any order which is entered pursuant to this chapter, set aside or modified for good cause.
- (5) Where protective services are rendered on the basis of an order pursuant to this section, the cabinet shall submit a report to the court describing the circumstances including the name, place, date, and nature of the services. Such report shall be made at least once or on a monthly basis if protective services are provided the adult for a period of longer than one (1) month.
- (6) The fee of the guardian ad litem shall be paid by the cabinet not to exceed three hundred dollars (\$300). This fee is not to be paid to attorneys employed by government funded legal services programs.

209.120 Findings by court – Limitations of court's power – Termination of order.

- (1) Upon petition by the cabinet a court may issue an order authorizing the provision of emergency protective services to an adult after a hearing and upon a finding based on a preponderance of the evidence that:
 - (a) The adult is in a state of abuse, neglect, or exploitation and is living in conditions which present a substantial risk of death or immediate and serious physical harm to himself or others;
 - (b) The adult is in need of protective services;
 - (c) The adult lacks the capacity to consent to such services; and
 - (d) No person authorized by law or court order to give consent for the adult is available to consent to protective services or such person refuses to give consent.
- (2) In issuing an emergency order the court shall adhere to the following limitations:
 - (a) Only such protective services, including medical and surgical care and protective placement, as are necessary to remove the conditions creating the emergency shall be covered, and the court shall specifically designate the approved services in its order. Such designation of approved services shall be deemed to be the consent of the court authorizing the provision of such services.
 - (b) Protective services authorized by the court shall not include hospitalization or protective placement unless the court specifically finds such action is necessary and gives specific approval for such action in its order.
 - (c) The issuance of an emergency order shall not deprive the adult of any rights except to the extent validly provided for in the order.
 - (d) To implement an order, the court may authorize forcible entry of the premises of the adult for the purpose of rendering protective services or transporting the adult to another location for the provision of such services. Authorized forcible entry shall be accomplished by a peace officer accompanied by a representative of the cabinet.
- (3) If the court finds, pursuant to a hearing, that the adult is in need of protective services, and should that adult have a guardian who has been derelict in providing for the welfare of the adult, the court shall have the discretion to remove the guardian and appoint another guardian, if an individual is available, willing, and able to function as guardian; such removal and appointment shall be in compliance with the provisions of KRS Chapter 387. It is not necessary for the court to find a guardian has been derelict as a requirement for the issuance of an order for protective services.
- (4) If the court finds that protective services are no longer needed by the adult, the court shall order the emergency protective services to terminate.

209.130 Ex parte order of court – Implementation.

- (1) When from an affidavit or sworn testimony of an authorized representative of the cabinet, it appears probable that an adult will suffer immediate and irreparable physical injury or death if protective services are not immediately provided, and it appears that the adult is incapable of giving consent, the court may assume jurisdiction and issue an ex parte order providing that certain specific protective services be provided the adult. The court shall not authorize such protective services except those specifically designed to remove the adult from conditions of immediate and irreparable physical injury or death. A copy of the order shall be served upon the adult and his guardian, or if none, his caretaker. Service shall not be made upon the person or caretaker who is believed to have perpetrated the abuse, neglect, or exploitation.
- (2) To implement an ex parte order, the court may authorize forcible entry of the premises of the adult for the purpose of rendering protective services or transporting the adult to another location for the provision of such services. Authorized forcible entry shall be accomplished by a peace officer accompanied by a representative of the cabinet.
- (3) Upon the issuance of an ex parte order, the cabinet must file a petition as soon as possible. A hearing must be held within seventy-two (72) hours, exclusive of Saturdays and Sundays, from the issuance of an ex parte order.

209.140 Confidentiality of information.

All information obtained by the department staff or its delegated representative, as a result of an investigation made pursuant to this chapter, shall not be divulged to anyone except:

- (1) Persons suspected of abuse or neglect or exploitation, provided that in such cases names of informants may be withheld, unless ordered by the court;
- (2) Persons within the department or cabinet with a legitimate interest or responsibility related to the case;
- (3) Other medical, psychological, or social service agencies, or law enforcement agencies that have a legitimate interest in the case;
- (4) Cases where a court orders release of such information; and
- (5) The alleged abused or neglected or exploited person.

209.150 Who may make criminal complaint.

Any representative of the cabinet acting officially in that capacity, any person with personal knowledge of the abuse or neglect, or exploitation of an adult by a caretaker, or an adult who has been abused or neglected or exploited shall have standing to make a criminal complaint.

209.160 Spouse abuse shelter fund – Department of Revenue to administer – Cabinet for Health and Family Services to use – Primary service providers.

- (1) There is hereby created a trust and agency account in the State Treasury to be known as the domestic violence shelter fund. Each county clerk shall remit to the fund, by the tenth of the month, ten dollars (\$10) from each twenty-four dollars (\$24) collected during the previous month from the issuance of marriage licenses. The fund shall be administered by the Department of Revenue. The Cabinet for Health and Family Services shall use the funds for the purpose of providing protective shelter services for domestic violence victims.
- (2) The Cabinet for Health and Family Services shall designate one (1) nonprofit corporation in each area development district to serve as the primary service provider and regional planning authority for domestic violence shelter, crisis, and advocacy services in the district in which the designated provider is located.

209.170 Staffing requirements.

The Cabinet for Health and Family Services shall provide for sufficient social worker staff to implement the provisions of this chapter. This staff shall obtain the training provided under KRS 194A.545.

209.180 Prosecution of adult abuse, neglect, and exploitation.

- (1) If adequate personnel are available, each Commonwealth's attorney's office and each county attorney's office shall have an attorney trained in adult abuse, neglect, and exploitation.
- (2) Commonwealth's attorneys and county attorneys, or their assistants, shall take an active part in interviewing the adult alleged to have been abused, neglected, or exploited, and shall inform the adult about the proceedings throughout the case.
- (3) If adequate personnel are available, Commonwealth's attorneys and county attorneys shall provide for an arrangement that allows one (1) lead prosecutor to handle the case from inception to completion to reduce the number of persons involved with the adult victim.
- (4) Commonwealth's attorneys, county attorneys, cabinet representatives, and other members of multidisciplinary teams shall minimize the involvement of the adult in legal proceedings, avoiding appearances at preliminary hearings, grand jury hearings, and other proceedings when possible.

- (5) Commonwealth's attorneys, county attorneys, and victim advocates employed by Commonwealth's attorneys or county attorneys shall make appropriate referrals for counseling, private legal services, and other appropriate services to ensure the future protection of the adult when a decision is made not to prosecute the case. The Commonwealth's attorney or county attorney shall explain the decision not to prosecute to the family or guardian, as appropriate, and to the adult victim.

209.190 Prosecutor's manual.

The Attorney General, in consultation with legal, victim services, victim advocacy, and mental health professionals with an expertise in crimes against the elderly, shall develop a prosecutor's manual for Commonwealth's attorneys and county attorneys establishing the policies and procedures for the prosecution of crimes against the elderly. The manual shall be completed no later than January 1, 2006, and shall be revised by July 31 of every even-numbered year after 2007. The Attorney General shall distribute a copy of the manual to every Commonwealth's attorney and county attorney.

209.195 Electronic development of and access to educational and training courses and materials.

Educational and training courses and materials required under KRS 15.760, 21A.170, 69.350, 194A.540. and 194A.545 may be developed and accessed by computer, Internet, or other electronic technology. Agencies are encouraged to post and maintain the programs on their Web sites.

209.990 Penalties.

- (1) Anyone knowingly or wantonly violating the provisions of KRS 209.030(2) shall be guilty of a Class B misdemeanor as designated in KRS 532.090. Each violation shall constitute a separate offense.
- (2) Any person who knowingly abuses or neglects an adult is guilty of a Class C felony.
- (3) Any person who wantonly abuses or neglects an adult is guilty of a Class D felony.
- (4) Any person who recklessly abuses or neglects an adult is guilty of a Class A misdemeanor.
- (5) Any person who knowingly exploits an adult, resulting in a total loss to the adult of more than three hundred dollars (\$300) in financial or other resources, or both, is guilty of a Class C felony.
- (6) Any person who wantonly or recklessly exploits an adult, resulting in a total loss to the adult of more than three hundred dollars (\$300) in financial or other resources, or both, is guilty of a Class D felony.
- (7) Any person who knowingly, wantonly, or recklessly exploits an adult, resulting in a total loss to the adult of three hundred dollars (\$300) or less in financial or other resources, or both, is guilty of a Class A misdemeanor.

922 KAR 5:070 Adult Protective Services

RELATES TO: KRS 61.872, 194A.010, 209.005 -209.200, 202A.051, 202B.100, 387.540(1)

STATUTORY AUTHORITY: KRS 194A.050(1), 209.030(1)

NECESSITY, FUNCTION, AND CONFORMITY:

KRS 194A.050(1) requires the secretary to adopt all administrative regulations necessary under applicable state laws to protect, develop, and maintain the health, personal dignity, integrity, and sufficiency of the individual citizens of the Commonwealth and necessary to operate the programs and fulfill the responsibilities vested in the cabinet. KRS 209.030(1) authorizes the secretary to promulgate administrative regulations necessary for the implementation of adult protective services. This administrative regulation establishes the procedures for investigation and protection of adults who are suffering or at risk of abuse, neglect, or exploitation.

Section 1. Definitions. (1) "Abuse" is defined by KRS 209.020(8).

- (2) "Adult" is defined by KRS 209.020(4).
- (3) "Authorized agency" is defined by KRS 209.020(17).
- (4) "Caretaker" is defined by KRS 209.020(6).
- (5) "Emergency" is defined by KRS 209.020(11).
- (6) "Exploitation" is defined by KRS 209.020(9).
- (7) "Investigation" is defined by KRS 209.020(10).
- (8) "Neglect" is defined by KRS 209.020(16).
- (9) "Protective services" is defined by KRS 209.020(5).
- (10) "Records" is defined by KRS 209.020(15).

Section 2. Receiving a Report. (1) An individual suspecting that an adult has suffered abuse, neglect, or exploitation shall:

- (a) Report to the cabinet in accordance with KRS 209.030(2) and (3); and

(b) Provide the information specified in KRS 209.030(4).

(2) The identity of the reporting individual shall remain confidential in accordance with KRS 209.140.

(3) The cabinet shall make available a twenty-four (24) hour on-call response system for emergency reporting after normal office hours.

(4) The cabinet shall investigate an anonymous report that provides sufficient information regarding the alleged abuse, neglect, or exploitation of an adult.

(5) If a report does not meet criteria for investigation, the cabinet may refer the reporting source to:

(a) Community resources;

(b) General adult services in accordance with 922 KAR 5:090; or

(c) Domestic violence protective services in accordance with 922 KAR 5:102.

(6) Upon accepting a report for investigation of alleged adult abuse, neglect, or exploitation, the cabinet shall:

(a) Conduct an initial assessment and initiate an investigation in accordance with KRS 209.030(5); and

(b) Take into consideration the safety of the adult when proceeding with the actions necessary to initiate an investigation.

(7) The cabinet shall initiate an investigation upon acceptance of a report of:

(a) Abuse, as defined in KRS 209.020(8), if the report alleges:

1. Marks that are or have been observed on an adult that another individual allegedly inflicted;

2. Physical abuse inflicted upon the adult resulting in pain or injury, including a mental injury;

3. An adult being hit in a critical area of the body, such as the head, face, neck, genitals, abdomen, and kidney areas; or

4. An act of sexual abuse;

(b) Neglect, as defined in KRS 209.020(16), of an adult that may result in harm to the health and safety of the adult in the following areas:

1. Hygiene neglect, if the adult has physical symptoms that require treatment due to poor care as a result of:

a. An act or omission by a caretaker; or

b. The absence of a caretaker;

2. Supervision neglect, if the reporting source has observed a physical health and safety risk to an adult resulting from a lack of necessary and appropriate supervision;

3. Food neglect, if an adult shows symptoms of:

a. Malnutrition;

b. Dehydration;

c. Food poisoning; or

d. Lack of adequate food for a period of time that:

(i) Results in physical symptoms; or

(ii) Requires treatment;

4. Environmental neglect, if a serious health and safety hazard is present, and the adult or the adult's caretaker is not taking appropriate action to eliminate the problem; or

5. Medical neglect, if the adult is not receiving treatment for an injury, illness, or disability that:

a. Results in an observable decline in the adult's health and welfare;

b. May be life threatening; or

c. May result in permanent impairment;

(c) Exploitation of an adult, as defined in KRS 209.020(9), if the report alleges:

1. Isolation from friends, relatives, or important information, such as:

a. Screening telephone calls;

b. Denying visitors; or

c. Intercepting mail;

2. Physical or emotional dependency;

3. Manipulation;

4. Acquiescence; and

5. Loss of resources; or

(d) An adult in need of protective services as defined in KRS 209.020(5).

(8) If a report alleging the exploitation of an adult does not meet criteria established in subsection (7)(c) of this section, the report may be referred to an appropriate authorized agency or community resource.

(9) The following criteria shall be used in identifying a report of adult abuse, neglect, or exploitation not requiring an adult protective service investigation:

(a) The report does not meet the statutory definitions of:

1. Adult; and

2.a. Abuse;

b. Neglect; or

c. Exploitation; or

(b) There is insufficient information to:

1. Identify or locate the adult; or
2. Explore leads to identify or locate the adult.

(10) For a report accepted for investigation of alleged adult abuse, neglect, or exploitation, designated regional cabinet staff shall:

(a) Prepare an intake report on the "DPP-115, Confidential Suspected Abuse/Neglect, Dependency or Exploitation Reporting Form"; and

(b) Submit the DPP-115:

1. For a determination of investigation assignment by cabinet supervisory staff;
2. To the local guardianship office, if the adult is a state guardianship client; and
3. To appropriate authorized agencies, as specified in KRS 209.030(5).

Section 3. Adult Protective Service Investigations. (1) The cabinet shall coordinate its investigation in accordance with KRS 209.030(6).

(2) An adult protective service investigation may include contact with the alleged perpetrator and collaterals, if the contact does not pose a safety concern for the adult or cabinet staff.

(3) Information obtained as a result of a protective service investigation shall be kept confidential in accordance with KRS 209.140.

(4) Requests for written information of the protective service investigation, except for court ordered releases, shall be handled through the open records process in accordance with KRS 61.872 and 922 KAR 1:510.

(5) Designated regional cabinet staff shall initiate the investigation of a report of adult abuse, neglect, or exploitation. If the accepted report of adult abuse, neglect, or exploitation with the expressed permission of the adult indicates:

(a) An emergency, as defined in KRS 209.020(11), the investigation shall be initiated within one (1) hour; or

(b) A nonemergency, the investigation shall be initiated within forty-eight (48) hours.

(6) If permission is granted by the adult, designated regional cabinet staff may take photographs, audio, or video recordings.

(7)(a) The cabinet shall obtain a written voluntary statement of adult abuse, neglect, or exploitation if the adult, witness, or alleged perpetrator is willing to provide the written statement; and

(b) The cabinet shall inform the adult, witness or alleged perpetrator that the:

1. Statement may be shared with appropriate authorized agencies; and
2. Individual may be required to testify in a court of law.

(8) If investigating reports of alleged abuse or neglect of an adult resulting in death, designated regional cabinet staff shall:

(a) Examine the coroner's or doctor's report;

(b) Obtain a copy of the death certificate for the case record, if possible;

(c) Notify the commissioner or designee;

(d) Consult with appropriate law enforcement, in accordance with KRS 209.030(6)(a) in completing the investigation, if an adult died allegedly as a result of abuse or neglect; and

(e) Determine if another resident in an alternate care facility is at risk of abuse or neglect, if the findings of an investigation suggest that an adult in the alternate care facility died allegedly as a result of abuse or neglect.

(9) Unless the legal representative is alleged to have abused, neglected, or exploited the adult, a legal representative may act on behalf of an adult for purposes of this administrative regulation.

Section 4. Results of the Investigation. (1) Designated regional cabinet staff shall address the following when evaluating the results of the investigation:

(a) The adult's account of the situation, if possible;

(b) The alleged perpetrator's account of the situation, if available;

(c) The information supplied by collateral contact;

(d) Records and documents;

(e) The assessment information;

(f) Previous reports involving the adult or alleged perpetrator; and

(g) Other information relevant to the protection of an adult.

(2) The findings of the adult protective service investigation shall be:

(a) Shared with appropriate authorized agencies in accordance with KRS 209.030(5); and

(b) Documented on the cabinet's database.

(3) Designated regional cabinet staff shall maintain a written record, as specified in KRS 209.030(5), to include:

(a) The DPP-115; and

(b) A narrative documenting:

1. The investigation; and
2. Findings of the investigation.

(4) If an issue or concern identified by the cabinet does not require a protective service case being opened, the cabinet may work with the adult to develop an aftercare plan:

- (a) At the consent of the adult; and
- (b) In an effort to prevent a recurrence of adult abuse, neglect, or exploitation.

Section 5. Substantiation Criteria and Submission of Findings. (1) In determining if an allegation is substantiated, the cabinet shall use the statutory definitions of:

(a) Adult; and

- (b)1. Abuse;
2. Neglect; or
3. Exploitation.

(2) If preponderance of evidence exists, designated regional cabinet staff may make a finding of and substantiate abuse, neglect, or exploitation.

(3) A finding made by cabinet staff shall not be a judicial finding.

(4) Cabinet supervisory staff shall review and approve a finding of an investigation prior to its finalization.

Section 6. Opening a Case. (1) A case may be opened:

(a) As a result of a protective service investigation; or

(b) Upon identification of an adult through a general adult services assessment as being at risk of abuse, neglect, or exploitation.

(2) The decision to open a case shall be based on the:

(a) Voluntary request for, or acceptance of, services by an adult who needs adult protection or general adult services; or

(b) Need for involuntary emergency protective services.

(3) If it has been determined that an adult is incapable of giving consent to receive protective services, the court may assume jurisdiction and issue an ex parte order in accordance with KRS 209.130.

(4) Emergency protective services shall be provided in accordance with KRS 209.110.

(5) The cabinet shall develop an adult's case plan with the adult and, upon consent of the adult, may include consideration of the following:

(a) Designated regional cabinet staff;

(b) Family members;

(c) Family friends;

(d) Community partners; or

(e) Other individuals requested by the adult.

(6) Within thirty (30) calendar days of opening a case, designated regional cabinet staff shall:

(a) Initiate a case plan with the adult; and

(b) Submit the plan to supervisory staff for approval.

Section 7. Referrals for Criminal Prosecution. The cabinet shall refer substantiated reports of adult abuse, neglect, or exploitation to Commonwealth attorneys and county attorneys for consideration of criminal prosecution in accordance with KRS 209.180.

Section 8. Restraining Order or Injunctive Relief. If necessary, designated regional cabinet staff shall contact the cabinet's Office of Legal Services for advice and assistance in obtaining restraining orders or other forms of injunctive relief that may be issued for protection of an adult, in accordance with KRS 209.040.

Section 9. Guardianship or Conservatorship of Disabled Persons. (1) In an attempt to provide appropriate protective services, designated regional cabinet staff shall assess the need for guardianship if an individual appears unable to make an informed choice to:

(a) Manage personal affairs;

(b) Manage financial affairs; or

(c) Carry out the activities of daily living.

(2) Designated regional cabinet staff may assist in protective service situations in seeking out family, friends, or other interested and qualified individuals who are willing and capable to become guardians.

(3) Upon an order of the court, the cabinet shall file an interdisciplinary evaluation report in accordance with KRS 387.540(1).

Section 10. Involuntary Hospitalization. (1) Designated regional cabinet staff shall encourage the voluntary hospitalization of an adult who needs to secure mental health treatment to avoid serious physical injury or death.

(2) Designated regional cabinet staff may file a petition for involuntary hospitalization in accordance with KRS 202A.051 and 202B.100 if:

- (a) The adult lacks the capacity to consent or refuses mental health treatment;
- (b) Other resources are not available;
- (c) Another petitioner is absent or unavailable; and
- (d) Prior cabinet supervisory approval is obtained.

Section 11. Reporting. (1) Reports of adult abuse, neglect, or exploitation shall be maintained in the cabinet's database for:

- (a) Use in future investigations; and
- (b) Annual reporting requirements as specified in KRS 209.030(12).

(2) The cabinet shall submit a report annually to the Governor and Legislative Research Commission in accordance with KRS 209.030(12)(b).

(a) In addition to the information required by KRS 209.030(12)(b), the summary of reports received by the cabinet shall include for each individual who is the subject of a report:

1. Age;
2. Demographics;
3. Type of abuse;
4. The number of:
 - a. Accepted reports; and
 - b. Substantiated reports; and
5. Other information relevant to the protection of an adult.

(b) The information required in paragraph (a) of this subsection shall only be provided if it does not identify an individual.

Section 12. Case Closure and Aftercare Planning. (1) The cabinet's decision to close an adult protective service case shall be based upon:

(a) Evidence that the factors resulting in adult abuse, neglect, or exploitation are resolved to the extent that the adult's needs have been met;

(b) The request of the adult; or

(c) A lack of legal authority to obtain court ordered cooperation from the adult.

(2) An adult shall be:

(a) Notified in writing of the decision to close the protective service case; and

(b) Advised of the right to request a service appeal in accordance with Section 13 of this administrative regulation.

(3) If an adult protective service case is appropriate for closure, the cabinet may work with the adult to develop an aftercare plan:

(a) At the consent of the adult; and

(b) In an effort to prevent a recurrence of adult abuse, neglect, or exploitation.

(4) If the cabinet closes the protective service case in accordance with this section, aftercare planning may link the adult to community resources for the purpose of continuing preventive measures.

Section 13. Appeal Rights. A victim of adult abuse, neglect, or exploitation may request a service appeal in accordance with 922 KAR 1:320, Section 2.

Section 14. Incorporation by Reference. (1) "DPP-115, Confidential Suspected Abuse/Neglect, Dependency, or Exploitation Reporting Form", edition 9/05, is incorporated by reference.

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Department for Community-Based Services, 275 East Main Street, Frankfort, Kentucky 40621, Monday through Friday, 8 a.m. to 4:30 p.m. (17 Ky.R. 3618; eff. 8-21-91; Am. 21 Ky.R. 667; eff. 9-21-94; Recodified from 905 KAR 5:070, 10-30-98; Am. 25 Ky.R. 2473; 26 Ky.R. 81; 403; eff. 8-16-99; 32 Ky.R. 1002; 1450; 1677; eff. 3-9-2006.)

RESOURCES

National Center on Elder Abuse (NCEA)

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

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

National Center on Elder Abuse c/o University of California-Irvine
Program in Geriatric Medicine
101 The City Drive South
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Orange, CA 92868
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National Adult Protective Services Association (NAPSA)

The NAPSA is a national non-profit 501 (c) (6) organization with members in all 50 states, including the District of Columbia, the U.S. Virgin Islands, and Guam. It was formed in 1989 to provide state 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 twice-yearly 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.

920 S. Spring Street
Springfield, IL 62704
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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 NCEA, 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.

NCPEA:

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

1730 Rhode Island Avenue, NW
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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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