



2019

Kentucky Elder Abuse Report

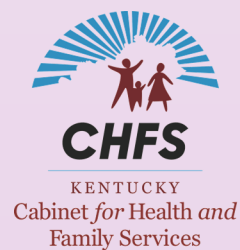


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Kentucky Elder Abuse Committee

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

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

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

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

The committee's three primary areas of focus are:

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

"Between 1 and 2 million Americans age 65 or older have been injured, exploited, or otherwise mistreated by someone on whom they depended for care or protection."

- National Center on Elder Abuse

Kentucky Elder Abuse Committee

2019 Fiscal Year Membership



Shannon Gadd, Commissioner
Department for Aging and Independent Living



Adam M. Meier, Secretary
Cabinet for Health and Family Services



Eric T. Clark, Commissioner
Department for Community Based Services



Betsy Johnson, President
Kentucky Association of Health Care Facilities



John Tilley, Secretary
Justice and Public Safety Cabinet



William F. Campbell, Assistant US Attorney
U.S. Attorney's Office, WDKY



Jimmy Pollard
Henry County Coroner



Chuck Adams
Chief of Police,
City of Frankfort



Jeff Edwards
Kentucky Protection and Advocacy



Candy Pettry
University of Kentucky HealthCare



Sherry Culp
State Long-Term Care (LTC) Ombudsman



Vicki Green
FIVCO Area Agency on Aging and Independent Living



Lois Pemble
Kentucky Initiative for Quality Nursing Home Standards



Sandra Brock, Executive Director
Office of the Ombudsman
Cabinet for Health and Family Services



Michael Wright
Medicaid Fraud and Abuse
Office of the Attorney General



Bari Lewis, Director of Community Outreach
Alzheimer's Association
Greater Kentucky and Southern Indiana Chapter



Steve Davis, Inspector General
Cabinet for Health and Family Services



Vacant
Justice and Public Safety Cabinet
Kentucky State Police, West Troop



Nancy Trentham
Kentucky Initiative for Quality Nursing Home Standards (KIQNHS)



Vivian Lasley-Bibbs
Department for Public Health



Vacant
Lincoln Trail Area Agency on Aging



Ron Bridges, State Director
AARP Kentucky



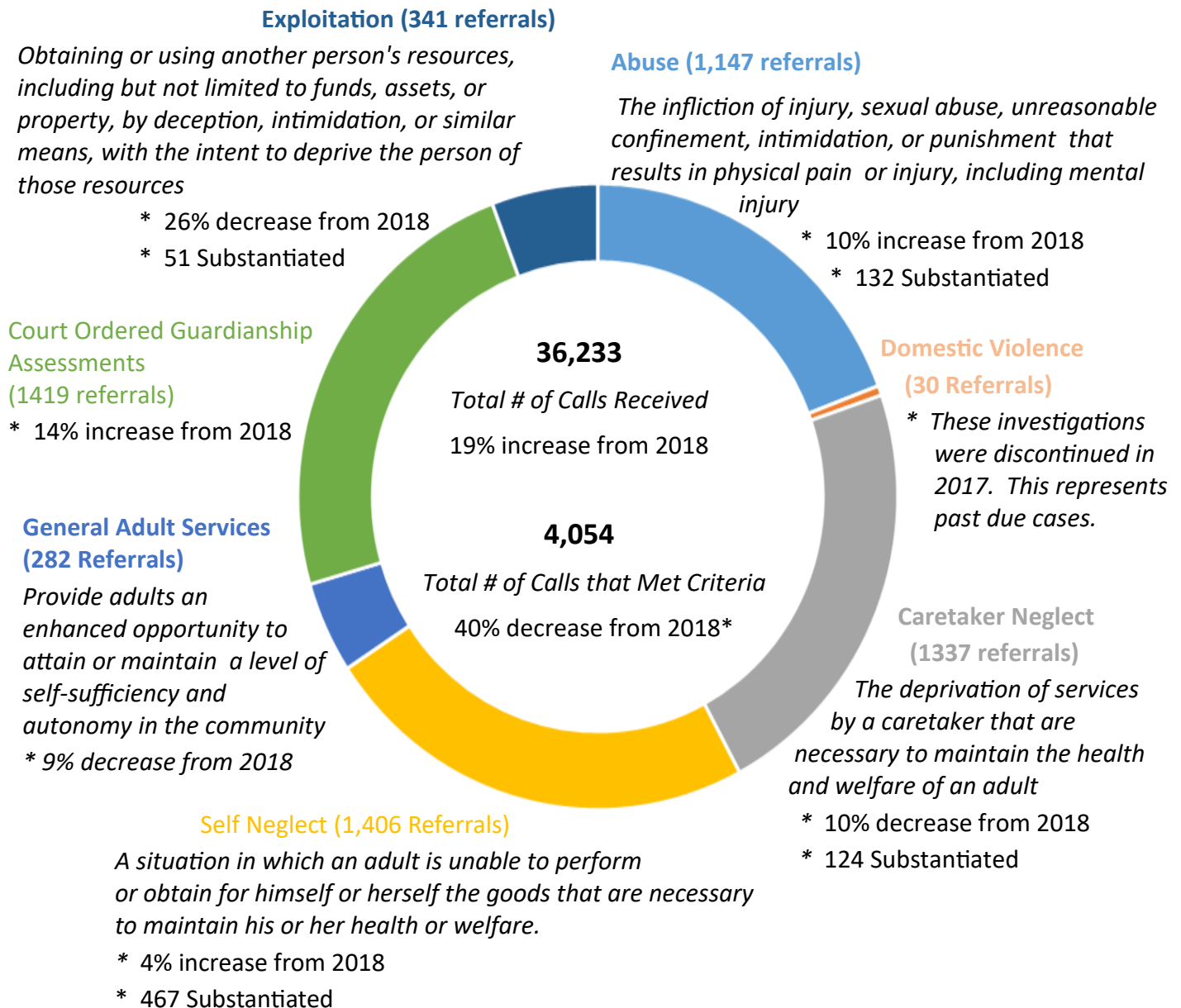
Wendy Morris, Commissioner
Department for Behavioral Health, Developmental and Intellectual Disabilities

"When our older relatives, friends, and neighbors need help, we have the heart to care for them."

- Unknown

2019 Adult Protective Services Statewide Data (Ages 18 - 59)

July 1, 2018—June 30th, 2019



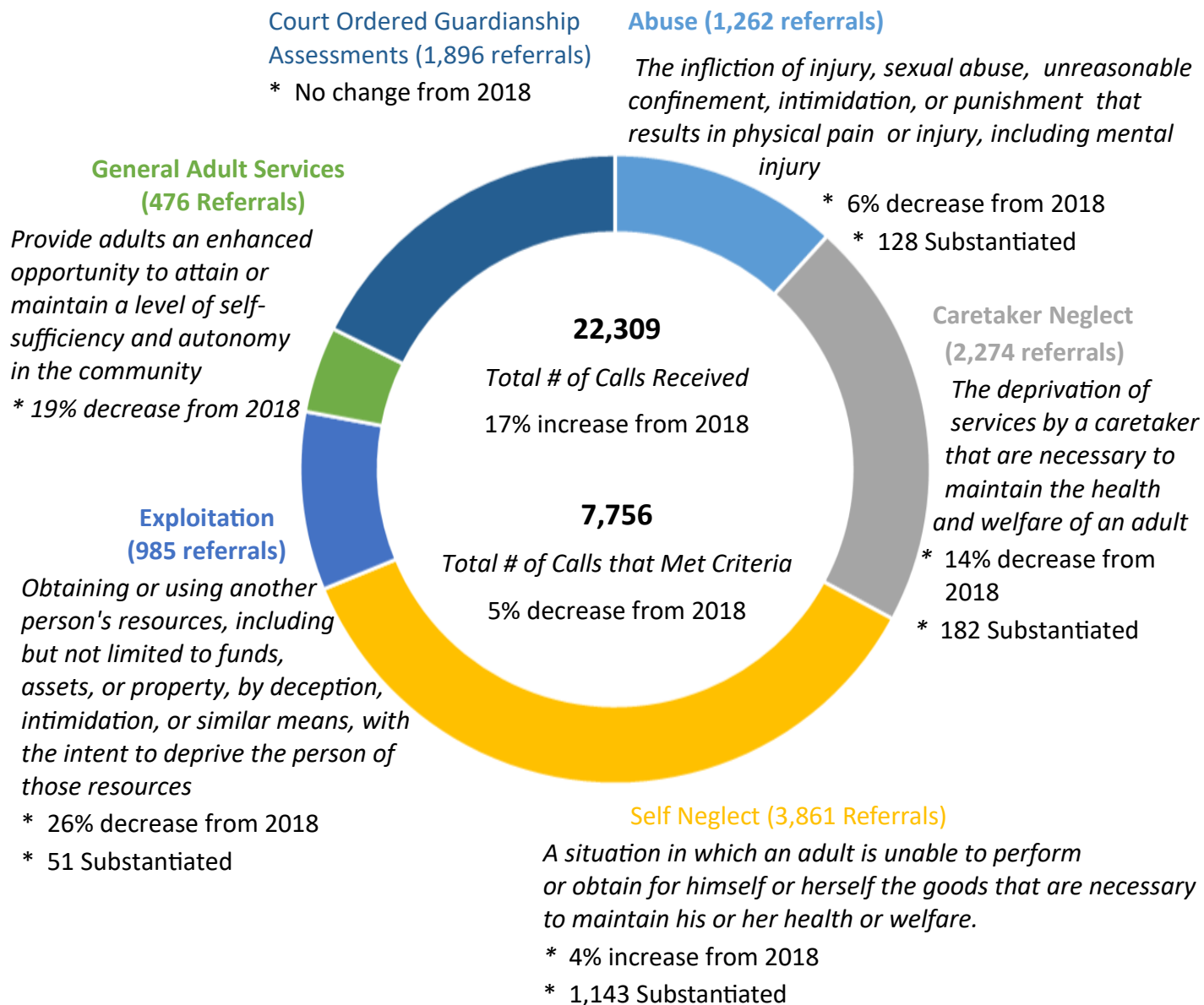
* Due to a change in KRS 209A in 2017, this number represents the removal of acceptance of domestic violence referrals.

"I will not keep calm until there is so much elder abuse awareness that it never happens again."

- Unknown

2019 Adult Protective Services Statewide Data (Ages 60 +)

July 1, 2018—June 30th, 2019



Caregiver Misconduct Registry

728

Individuals currently placed on Registry

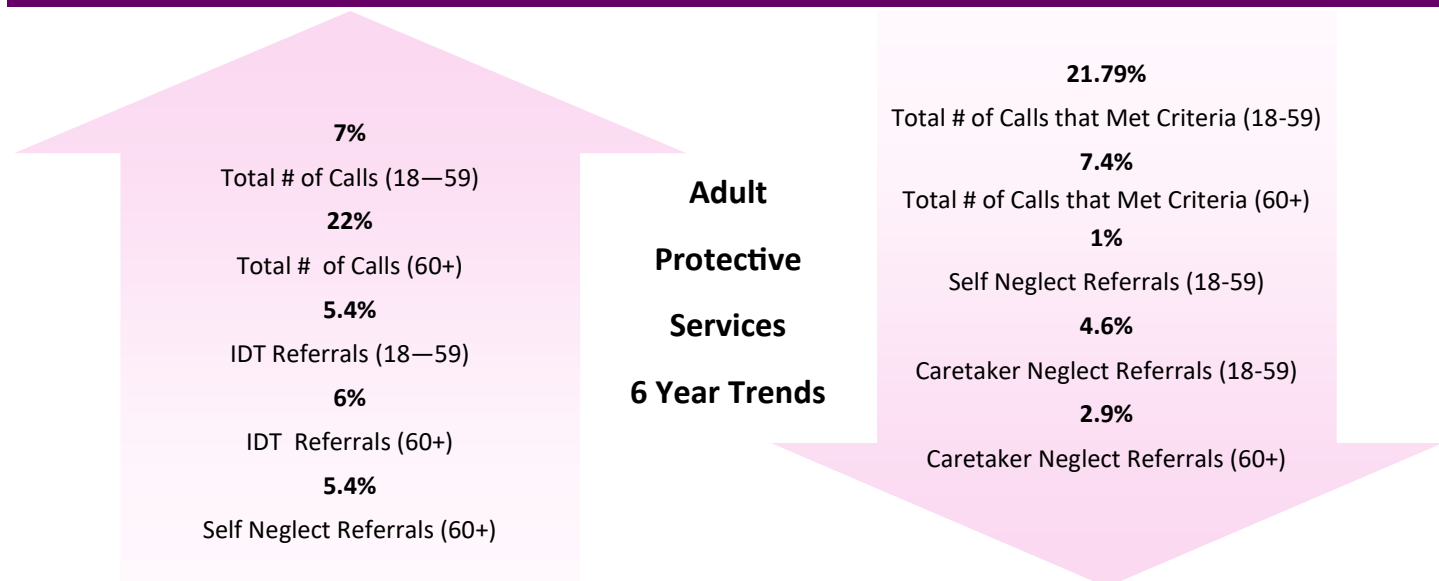
123%

Increase in number of individuals on Registry since October 1st, 2018

"Abusers are both women and men. In almost 60% of elder abuse and neglect incidents, the perpetrator is a family member. Two thirds of perpetrators are adult children or spouses."

- National Council on Aging

Investigations by Type	AGE 18 - 59	2014	2015	2016	2017	2018	2019
Adult Abuse	# of Calls Met Criteria	1,222	1,356	1,284	1,143	1,043	1,147
	Substantiated	182	146	129	106	110	132
Spouse/Partner Abuse	# of Calls Met Criteria	17,460	18,766	17,634	17,572	2,787	30
	Substantiated	3,272	3,686	3,254	3,372	581	6
Neglect by Caretaker	# of Calls Met Criteria	1,720	1,903	1,699	1,650	1,492	1,337
	Substantiated	264	144	149	147	144	124
Self-Neglect	# of Calls Met Criteria	1,458	1,567	1,483	1,449	1,353	1,406
	Substantiated	542	560	483	475	425	467
Exploitation	# of Calls Met Criteria	505	602	539	479	458	341
	Substantiated	118	100	102	80	102	51
GAS	# of Calls Met Criteria	464	504	387	345	309	282
IDT (Court Report)	# of Calls Met Criteria	1,038	1,153	1,239	1,299	1,397	1,419



Investigations by Type	AGE 60 +	2014	2015	2016	2017	2018	2019
Adult Abuse	# of Calls Met Criteria	1,355	1,826	1,398	1,337	1,336	1,262
	Substantiated	171	157	102	105	136	128
Spouse/Partner Abuse	# of Calls Met Criteria	726	729	757	698	90	0
	Substantiated	91	95	105	87	11	0
Neglect by Caretaker	# of Calls Met Criteria	2,713	3,115	2,713	2,828	2,658	2,274
	Substantiated	346	246	202	204	266	182
Self-Neglect	# of Calls Met Criteria	2,992	3,526	3,347	3,413	3,709	3,861
	Substantiated	934	1,076	945	956	1,027	1,143
Exploitation	# of Calls Met Criteria	1,180	1,469	1,272	1,104	1,169	985
	Substantiated	286	286	223	202	266	214
GAS	# of Calls Met Criteria	656	744	634	560	586	476
IDT (Court Report)	# of Calls Met Criteria	1,429	1,542	1,571	1,755	1,900	1,896

2019 Office of Inspector General Data (Statewide)

July 1, 2018—June 30th, 2019

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

	Level of Care	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	8yr Total	8yr Average
Total # of complaint allegations in long term care (LTC) facilities related to abuse, neglect, or misappropriation of resident property	FCH	7	11	9	4	4	4	3	7	49	6.13
	ICF	0	0	0	0	0	2	0	0	2	0.25
	ICF/IID	28	29	22	14	13	16	12	16	150	18.75
	LNF	9	10	7	0	1	0	0	0	27	3.38
	NH	5	0	1	1	1	2	1	1	12	1.50
	PCH-----	15	5	7	3	1	5	5	4	45	5.63
	PCH - FS	60	79	66	80	70	47	72	62	536	67.00
	SNF DP	140	139	102	79	60	65	71	70	726	90.75
	SNF	13	5	14	7	1	8	2	2	52	6.50
	SNF/NF	494	462	410	363	329	236	282	354	2930	366.25
	Totals	771	740	638	551	480	385	448	516	4529	566.14
Total # of LTC facility allegations related to abuse, neglect, or misappropriation of resident property that were substantiated	FCH	1	4	4	0	0	1	0	2	12	1.50
	ICF	0	0	0	0	0	1	0	0	1	0.13
	ICF/IID	9	8	6	1	7	4	4	5	44	5.50
	LNF	5	5	1	0	0	0	0	0	11	1.38
	NH	3	0	0	0	1	1	0	0	5	0.63
	PCH-----	6	3	0	0	0	1	0	0	10	1.25
	PCH - FS	26	29	22	15	19	11	14	15	151	18.88
	SNF DP	66	47	11	8	7	12	7	11	169	21.13
	SNF	3	1	2	1	0	0	0	0	7	0.88
	SNF/NF	227	166	58	73	62	43	52	55	736	92.00
	Totals	346	263	104	98	96	74	77	88	1146	143.28
Total/Substantiated Percentage:		44.9%	35.5%	16.3%	17.8%	20.0%	19.2%	17.2%	17.1%	25.3%	

FCH—Family Care Home

ICF—Intermediate Care Facility

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

LNF—Licensed Nursing Facility

NH—Nursing Home

PCH—Personal Care home

PCH-FS—Freestanding Personal Care Home

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

SNF—Skilled Nursing Facility

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

“To care for those who once cared for us is one of the highest honors.”

- Unknown

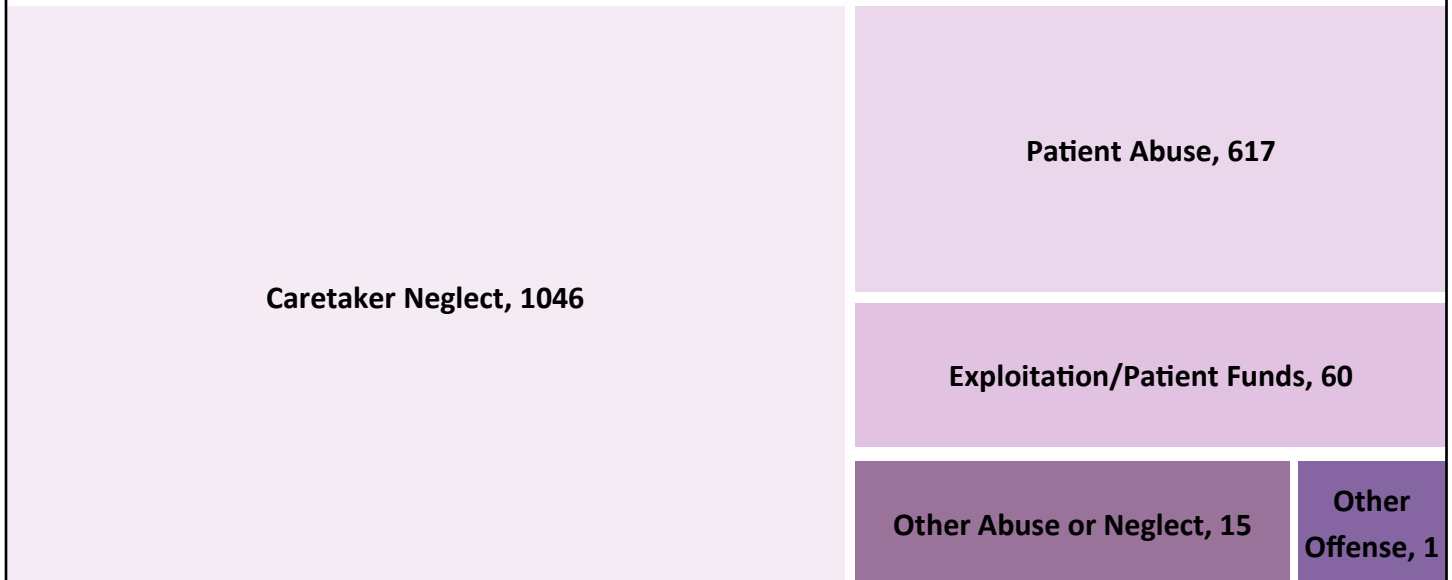
2019 Office of Attorney General Data (Statewide)

July 1, 2018—June 30th, 2019

Case Type (Total Number of Cases: 137)



Abuse/Neglect Exploitation (Total Number of Cases: 1739)



86
(55 Fraud, 31 Abuse)
Total Cases Opened
FY 19

78
(38 Fraud, 40 Abuse)
Total Cases Closed
FY 19

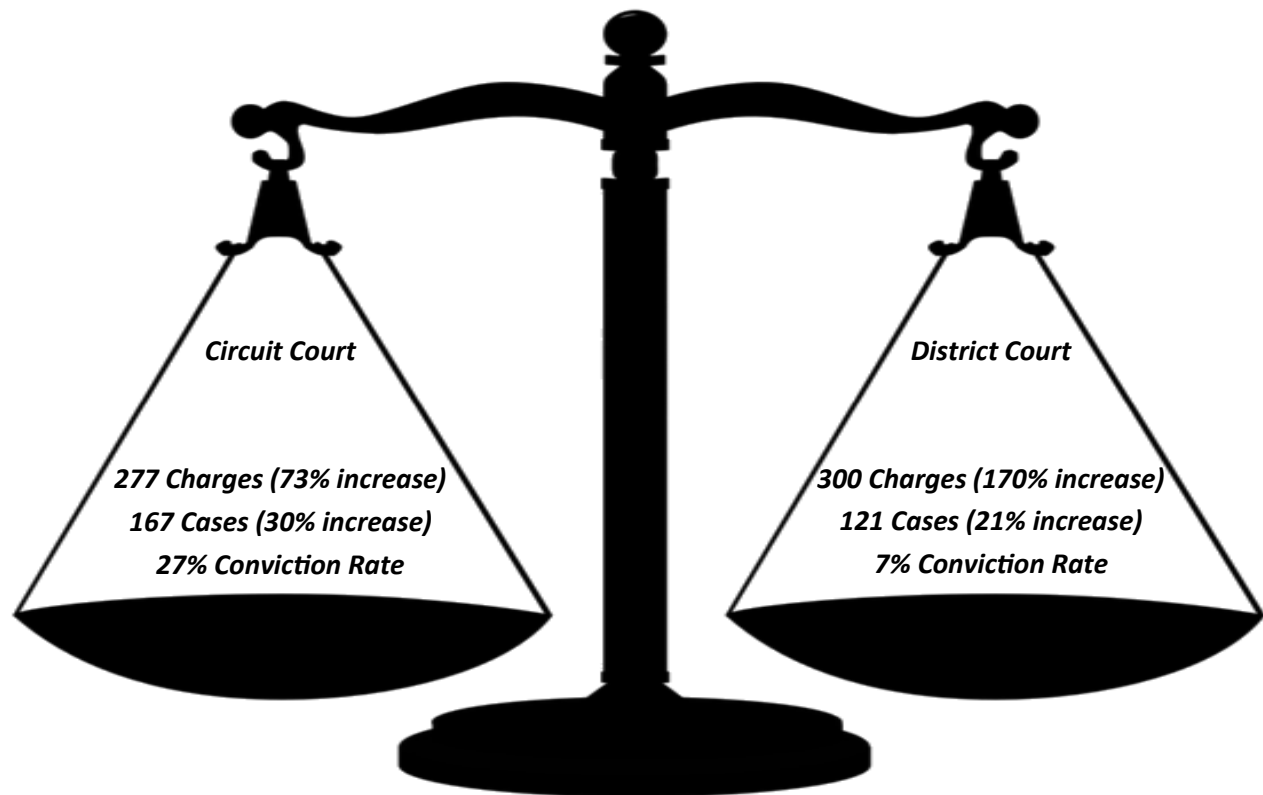
161
(135 Fraud, 26 Abuse)
Total Cases Pending
at the end of FY 19

“Abuse if you slight it, will gradually die away; but if you show yourself irritated, you will be thought to have deserved it.”

- Tacitus

Administrative Office of the Courts - 2019 Data

July 1, 2018—June 30th, 2019



KRS 209-Related Charges:

- * Knowingly Abuse/Neglect of Adult by Person
 - * Reckless Abuse/Neglect of Adult by Person
 - * Wanton/Reckless Exploit Adult by Person 0/\$300
 - * Failure to Report Abuse/Neglect/Exploit of Adult
 - * *OBS* Knowingly/Willfully Financially Exploit an Adult
 - * *OBS* Exploit of Adult, Minor Phys/Ment Injury
 - * *OBS* Knowingly exploit adult over \$300 by caretaker
 - * *OBS* Exploitation of Adults, Report
 - * *OBS* Wanton Abuse/Neglect of Adult by Caretaker
 - * *OBS* Exploitation of Adult U/\$300 by Caretaker
 - * Wanton Abuse/Neglect of Adult by Person
 - * Knowingly Exploit Adult by person 0/\$300
 - * Knowingly /Wanton/Reckless Exploit Adult by Person \$300 or <
 - * *OBS* Know/Wanton/Reckless Exploit Adult by Person U/\$300
 - * *OBS* Exploitation of Adults, Reporting
 - * *OBS* Exploit of Adult, Serious Phys/Ment Injury
 - * *OBS* Wanton/Reckless Exploit of Adult by Caretaker >\$300
 - * *OBS* Knowingly Abuse/Neglect of Adult by Caretaker
 - * *OBS* Reckless Abuse/Neglect of Adult by Caretaker
 - * *OBS* Failure to Report Abuse/Neglect/Exploit of Adult
- * OBS – Obsolete UOR code, may still be utilized for reporting purposes

“You gain strength, courage and confidence by every experience in which you really stop to look fear in the face. You are able to say to yourself, ‘I have lived through this horror. I can take the next thing that comes along.’ You must do the thing you think you cannot do.”

- Eleanor Roosevelt

Division of Service Regions

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

There are currently 9 service Regions:

Cumberland
Eastern Mountain
Jefferson
Northeastern
Northern Bluegrass
Salt River Trail
Southern Bluegrass
The Lakes
Two Rivers

Division of Family Support

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

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

Department for Community Based Services

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

Centralized Intake

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

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

Adult Protective Services Teams

There are 17 designated APS teams maintained and supported in each of the nine Service Regions. These specialized teams are designed to specifically investigate allegations of abuse, neglect and exploitation of adults and to provide protective services where indicated.

Utilizing a multidisciplinary investigative design pursuant to statutory and regulatory language designated APS teams work closely with partnering agencies to interview and prevent mistreatment.

Division of Protection and Permanency

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

Division of Administration and Financial Management

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

Records Management Section

The records management section responds to requests for personal adult protective services records as allowed by law.

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

Mission Statement

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

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

Participant Directed Services (PDS)

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

11,000

individuals direct their own care

Traumatic Brain Injury (TBI) Trust Fund Program

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

428

individuals with a brain injury remain in their home

State-Health Insurance Assistance Program (SHIP)

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

\$1,821,664

saved for Medicare beneficiaries

Family Caregiver Support Program

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

3328

caregivers supported

Department for Aging and Independent Living

Older Americans Act In-Home Services & Homecare Program

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

3,952

older adults remain in their home

Hart Supported Living

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

393

individuals with disabilities remain active in the community

Assisted Living Certification

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

89

visits made

133

certifications

Personal Care Attendant Program (PCAP)

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

239

adults with severe physical disabilities remain in their home

Kentucky Family Caregiver Program

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

Senior Community Service Employment Program

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

119

seniors employed

Home and Community Based Waiver Program

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

8,532

Medicaid beneficiaries with disabilities remain in their home

Home Delivered Meals

Provides nutritional meals for persons age 60+ who are homebound or home-limited.

Congregate Meals

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

2,085,059

meals served

Senior Centers

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

36,000+

older adults participated in activities at 134 senior centers

Aging and Disability Resource Center (ADRC)

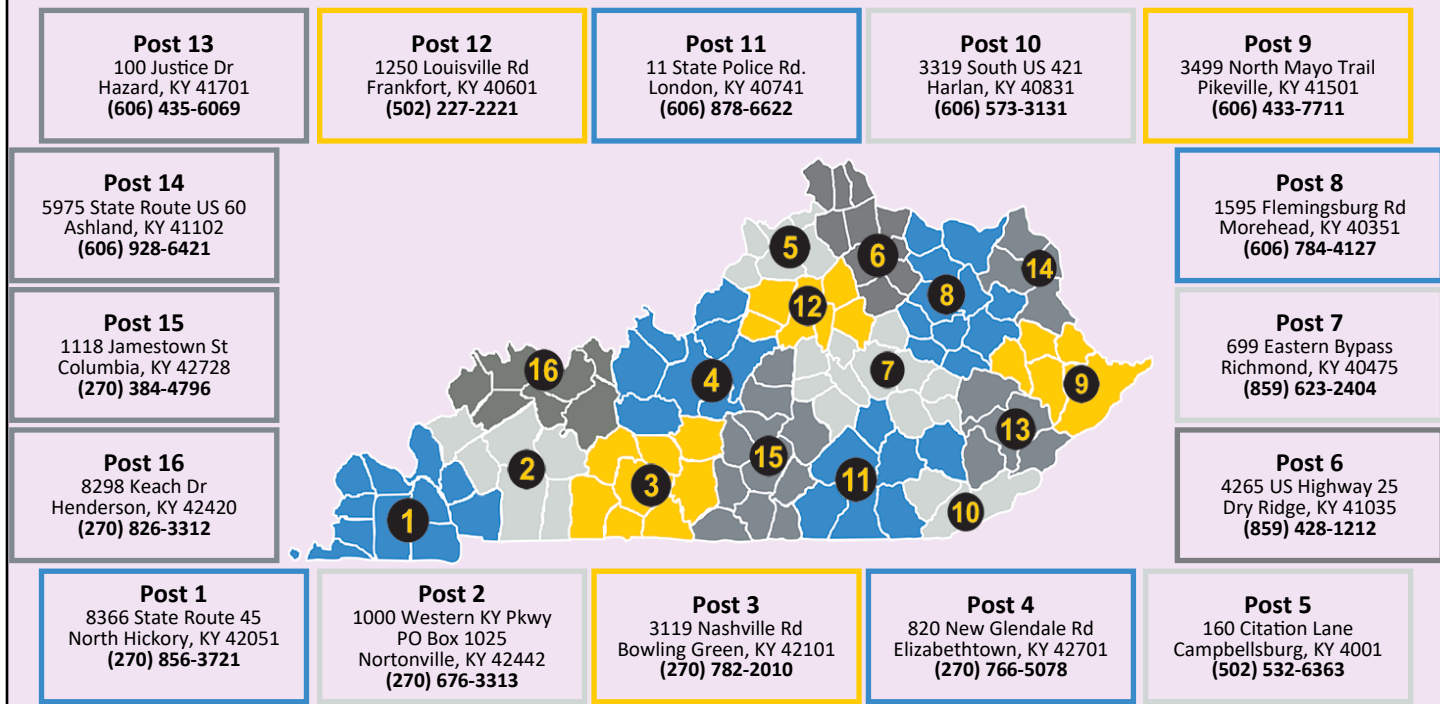
A single point of entry to all long term services and support. Empowers informed choices. Streamlines access to services.

68,595

calls answered

Kentucky State Police

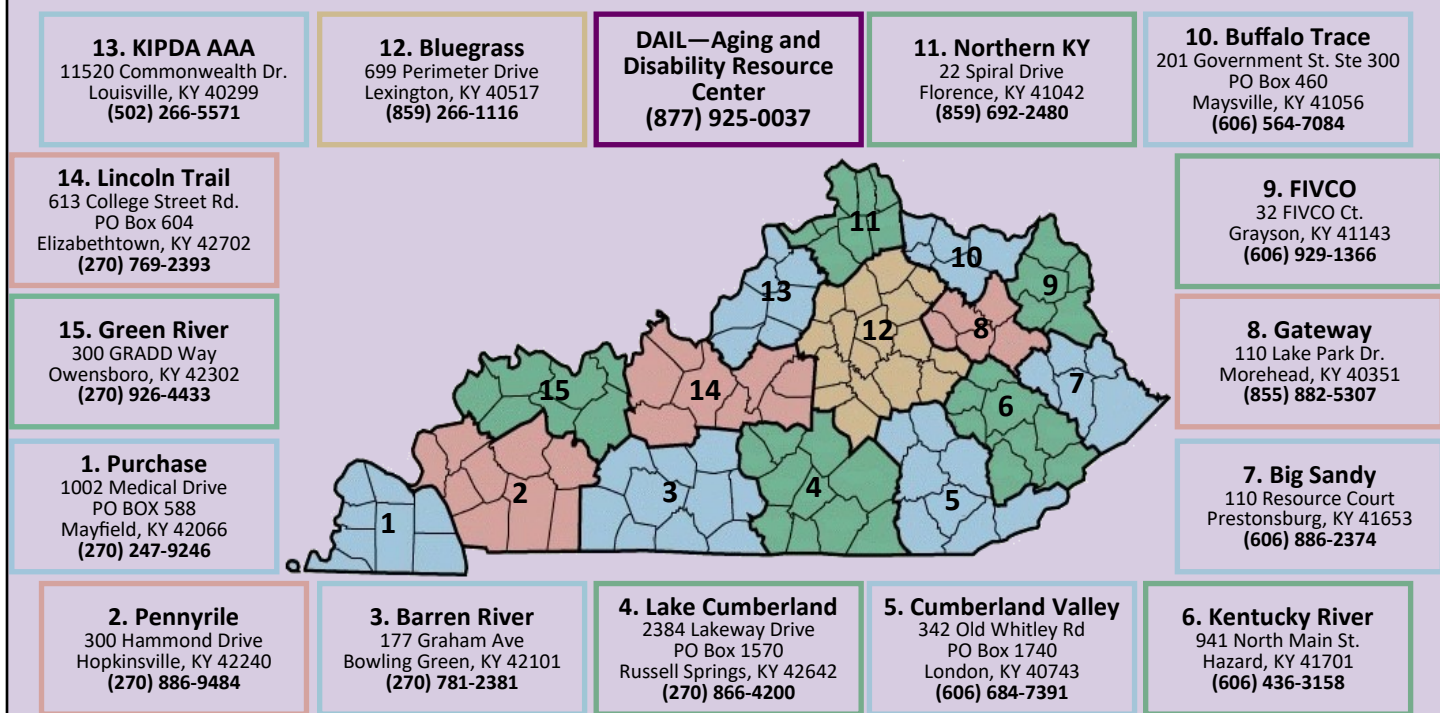
Mission Statement: Promotes public safety through service, integrity and professionalism utilizing partnerships to: 1) Prevent, reduce, and deter crime and the fear of crime; 2) Enhance highway safety through education and enforcement and; 3) Safeguard property and protect individual rights.



COLLABORATIVE PARTNERS

Area Agencies on Aging and Independent Living

Area agencies on Aging (AAA's) were formally established in the 1973 Older Americans Act as the "on-the-ground" organizations charged with helping vulnerable older adults live with independence and dignity in their homes and communities.



Department for Behavioral Health, Developmental and Intellectual Disabilities

Mission:

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, intellectual disability or other developmental disability, or substance abuse.

Awareness and Prevention of Abuse/Neglect/Exploitation

- Provider trainings on awareness and prevention of abuse/neglect/exploitation (A list of training modules can be accessed by clicking [here](#))
- Human Rights and Behavior Intervention Committee Training (click [here](#))
- Trauma Informed Behavioral Intervention Training (click [here](#))
- New Provider certification requires the following: policies and procedures developed and approved to include sections on safety, human rights and behavior intervention committees; mission and values statements that include promoting dignity and self worth.
- Routine monitoring of providers to ensure that suspected abuse/neglect/exploitation are reported to Adult Protective Services and BHDID. Technical assistance and citations are provided as necessary to ensure compliance.

Year Ahead:

Working on a Statewide Critical Incident Reporting database that would allow cabinet departments to coordinate, track, trend and follow up on incidents of abuse/neglect/exploitation more effectively.

COLLABORATIVE PARTNERS

Kentucky Long-Term Care Ombudsman Program (KLT COP)

Mission:

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

The responsibilities of long-term care ombudsmen include:

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

By the Numbers:

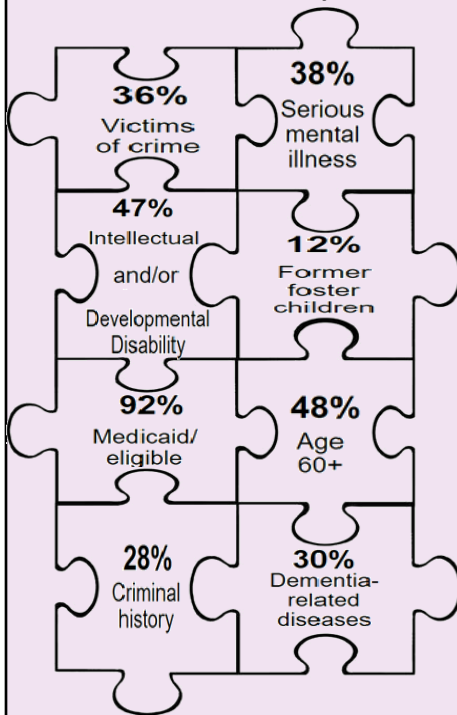
- 541 LTC Facilities, Nearly 35,000 residents
- Identified, investigated, and worked to resolve 6,205 complaints
- 121 complaints of abuse/neglect investigated
- 27% of complaints (poor care, injuries, falls, failure to respond to call bells, failure to follow doctor's orders, pressure ulcers and failure to notice a change in resident's condition)

Year Ahead:

Many complaints about LTC are related to staffing problems. Short staffing, lack of staff training, and lack of staff supervision are at the root of many care issues. In the year ahead resident advocates would like to see staffing requirements through regulatory and/or legislative changes. Kentucky law only requires a nursing home to have "sufficient" staff to meet the needs of residents. The term "sufficient" is vague and very difficult to measure. A study by the federal government determined that nursing home residents need at least 4.1 hours of care per day. This is the minimum amount of care residents need to prevent common quality of care problems and loss of the ability to do things independently, like eating. Staffing levels in nursing homes should be increased so each resident receives the recommended minimum of 4.1 hours of care every day.

Department for Aging and Independent Living: Division of Guardianship

FY 18/19—Guardianship Clients

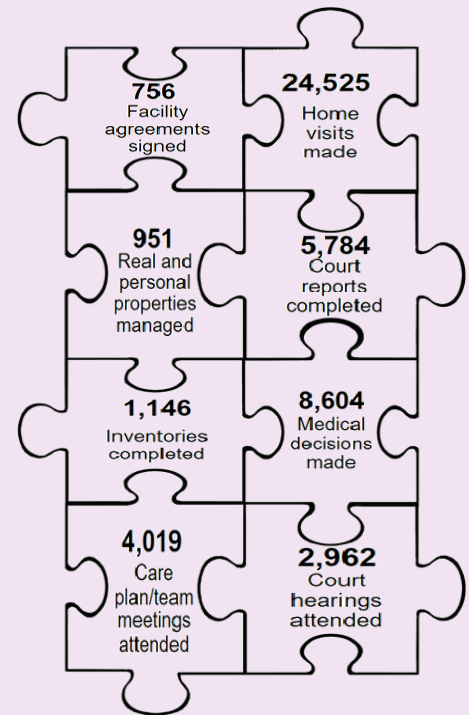


5,271 persons served

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

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

FY 18/19—Services Provided



\$51,223,127 + assets managed

COLLABORATIVE PARTNERS

CHFS Office of the Ombudsman

The goal of the Office of the Ombudsman is to improve governmental performance and the quality of service delivery. The office utilizes data analysis and case reviews to inform agencies and the secretary's office of findings. Based on those findings, collaborative efforts are initiated to review process flow between agencies and the collective outcome to recipients. CHFS, Office of the Ombudsman handles complaints relating to Adult Protective Services by reviewing the casework to determine if policy was followed and works with the Department for Community Based Services (DCBS) to resolve issues when necessary.

Complaint Review Branch (CRB)

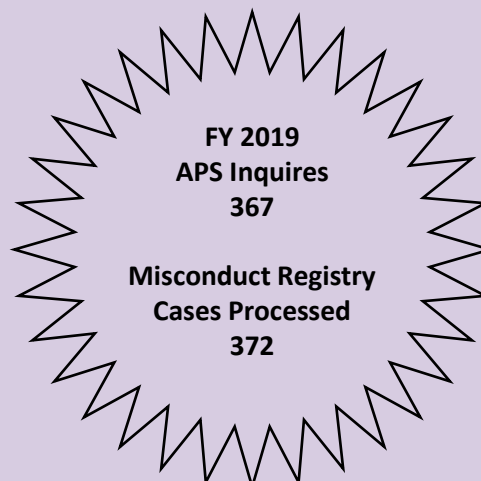
- Processes complaints and inquiries pertaining to the following human service programs: Supplemental Nutrition Assistance Program (SNAP) Benefits, Medical Assistance benefits, Kentucky Transitional Assistance Program benefits, Child Support, Child Protective Services, and Adult Protective Services.
- Investigates complaints regarding program administration and recommends corrective action as necessary.
- Advises clients of rights and responsibilities.
- Assists in negotiating resolutions to problems clients may have with CHFS programs; and
- Advises The Office of the Secretary of identified service delivery problems.

Institutional Review Board:

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

Performance Enhancement Branch:

- The Quality Assurance Section processes appeals of Child Protective Service findings and caretaker misconduct in APS investigations;
- The Quality Assurance Section also investigates counties regarding Child Protective Services in accordance with House Joint Resolution 17 of the 2008 Regular Session of the Kentucky General Assembly; and
- Makes recommendations for policy and legislative changes to improve service delivery.



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

Mission:

To protect and promote the rights of Kentuckians with disabilities through legally based individual and systemic advocacy, and education

Awareness and Prevention of Abuse/Neglect/Exploitation

- OSP carries out its mission by offering a “triage” of services, training and mediation to Senior Kentuckians and collaborating partners.
- The Mediation Branch mediates disputes between consumers of all ages and businesses regarding goods and services in the market place and compiles information on various scams in the Commonwealth.
- Since January 2016, more than \$2.5 million in restitution for goods and services have been recovered and returned to consumers.
- Since January 2016, OSP’s advocacy and outreach efforts have reached nearly 23,600 senior Kentuckians, agencies, and families and have visited over 300 locations in 53 counties to date.
- 29,000 Kentuckians have enrolled in Scam Alerts! (Text KYOAG Scam to GOV311 to enroll.)
- Senior Summit - a daylong conference for service providers to address challenges facing Seniors.
- OSP is also a member of the Elder Justice Task Force.

COLLABORATIVE PARTNERS

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

In addition to its responsibility to investigate and prosecute fraud in the Kentucky Medicaid Program, the MFCU is the primary investigative division of the Office of the Attorney General charged with conducting investigations into adult abuse, neglect, and financial exploitation at Medicaid funded facilities and at board and care facilities. The unit has jurisdiction to investigate allegations of abuse, neglect, and financial exploitation of persons receiving care at these types of facilities regardless of whether the victim is a Medicaid patient. The MFCU also has jurisdiction to investigate financial exploitation of residents of these facilities that is conducted outside of the facility, such as by individuals serving as a Power of Attorney. The MFCU employs investigators, attorneys, nurses, auditors, and support staff use a team approach when conducting investigations. In accordance with KRS 209, prosecutors with the MFCU may bring such criminal cases against individuals or corporations upon a request from the applicable county or commonwealth attorney. Otherwise, a county attorney (for misdemeanors) or a commonwealth attorney (for felonies) has the jurisdiction to prosecute criminal cases against the subjects of MFCU abuse, neglect, or financial exploitation cases. MFCU attorneys can also bring criminal or civil actions regarding Medicaid provider fraud concerning fraud that occurs at Medicaid funded facilities. In addition, the MFCU can also bring cases to federal prosecutors for criminal and civil actions by the United States.

The MFCU receives allegations of abuse, neglect, and financial exploitation from various sources. Direct referrals come from patients and family members. Some of these referrals come through the OAG abuse tip line, 877 ABUSE TIP (877-228-7384), which is answered 24 hours a day seven days a week, and online at <https://ag.ky.gov/shielding-seniors>. The MFCU also receives information directly from law enforcement agencies, service providers, and facilities. Most allegations are received through CHFS. MFCU investigators conduct investigations of allegations and, where applicable, work with other law enforcement agencies in these investigations. In addition to the investigations and prosecutions conducted by members of the MFCU, the MFCU focuses on outreach efforts and training to the community and law enforcement. The MFCU edits the prosecution manual of crimes against the elderly for county and Commonwealth’s Attorneys.

Office of the Inspector General

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

The OIG administers the Kentucky National Background Check Program (NBCP). The NBCP allows voluntarily participating long-term care providers the ability to conduct abuse registry checks, and request fingerprint-supported state, and national criminal records check on prospective employees. This type of comprehensive background check prevents individuals from hiding abusive actions and criminal offenses committed in other states, thereby enhancing efforts to protect elderly and vulnerable adults from possible abuse, neglect, or exploitation.

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

COLLABORATIVE PARTNERS

Office of the Inspector General — Division of Health Care

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

The OIG, Division of Health Care, has a Complaint Coordinator in each of the four branch offices to receive and review complaints. The Complaint Coordinator notifies the Department of Community Based Services, Adult Protective Services, upon receipt of an allegation of abuse, neglect, or misappropriation of resident property. If a determination is made that immediate jeopardy may be present and ongoing in a Medicare/Medicaid certified long-term care facility, OIG is required to investigate within two working days of receipt of the complaint. Upon conclusion of the investigation, if the subject is found by OIG to have abused or neglected a facility resident or misappropriated resident property, OIG reports the substantiated finding to the nurse aide abuse registry or appropriate professional licensing boards. An individual is placed on the nurse aide registry after their appeal rights have been exhausted. They are also reported to the Kentucky Board of Nursing.

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

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



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

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

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

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

COLLABORATIVE PARTNERS

Kentucky Protection and Advocacy

Kentucky Protection and Advocacy (P&A) is a client-directed legal advocacy agency that protects and promotes the rights of Kentuckians with disabilities through information and referral, client representation, group advocacy, and systems change. Federal and state laws direct Kentucky P&A to advocate for and to protect individuals with disabilities from abuse and neglect. P&A receives funding from the Administration on Developmental Disabilities, the Center for Mental Health Services Substance Abuse and Mental Health Services Administration, the Rehabilitation Services Administration, the Health Resources and Services Administration, the Social Security Administration, and the Commonwealth of Kentucky.

P&A provides information, referral, and direct client representation. When P&A cannot offer assistance, referrals are made to the appropriate agency. P&A offers direct client representation on Olmstead issues such as transitioning from nursing homes and personal care homes to the community (through KY Transitions and the Second Amended Settlement Agreement), reconsideration and appeals of Medicaid waivers and services denials, and investigation of abuse and neglect allegations. In cases where there are allegations of abuse and neglect, P&A is granted the authority to investigate the allegations through access to individuals with disabilities, their records, and the locations where they receive services and supports. P&A is also granted the authority to monitor nursing homes, personal care homes, and hospitals.

During 2018, Protection & Advocacy reviewed allegations for approximately 400 individuals living in nursing homes and personal care homes, conducted investigations into the allegations of abuse and neglect, provided information and provided direct representation to approximately 452 elder individuals. P&A conducts abuse and neglect investigations of agencies that receive government funding to provide services to individuals with disabilities. P&A investigations often document system protections that work to prevent and identify abuse and neglect and to identify deficiencies and highlight areas that could be strengthened to protect individuals from abuse and neglect.



Barren River

*Support of Mental Health and
Aging Conference
Support of Hoarding Training
Hosted Bank Teller Training*

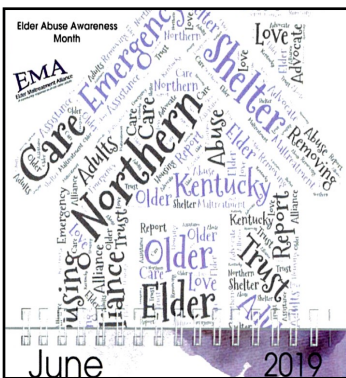


Madison CEMP

*Annual Spring Forum
Annual Bowling Fundraiser
Shop with a Trooper
Hosted Chili Luncheons and
Bingo at Local Senior
Communities*

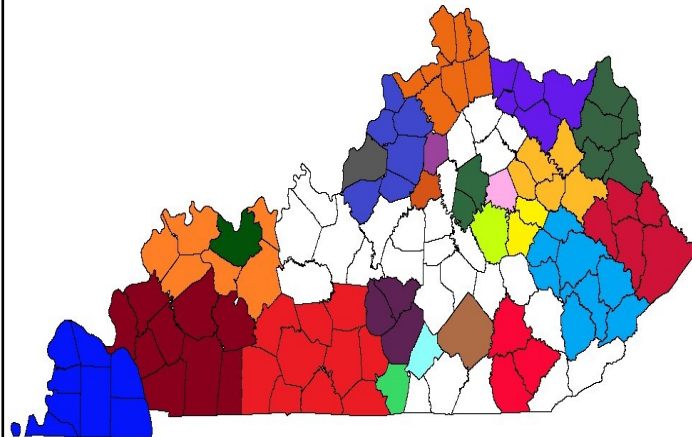
KY River

*Pom Poms for Elder Abuse
Elder Abuse Window Clings
Banners
Elder Abuse Walk
Table Tents for Restaurants*



Local Coordinating Councils on Elder Abuse

In 1998, Kentucky Legislators responded to the hidden problem of elder maltreatment, by amending KRS to require the creation of Kentucky's Elder Abuse Committee. Shortly after it's creation, the Elder Abuse Committee recommended creating the Local Coordinating Councils on Elder Abuse. In 2005, Kentucky legislators again reaffirmed their desire to address elder maltreatment with the passage of House Bill 298. There are currently 24 councils representing 94 counties. The 2019 local council map can be accessed by [Clicking Here](#)



Local Coordinating Councils share the following goals:

- Develop and build an effective communitywide system of prevention and intervention that is responsive to the need of victims, perpetrators, family members and formal or informal caretakers.
- Identify and coordinate the roles and services of local agencies that work with elder abused, neglected or exploited victims and to investigate or prosecute elder abuse cases.
- Monitor, evaluate, and promote the quality and effectiveness of services and protection in the community.
- Promote a clear understanding of elder abuse, current laws, elder rights and resources available in the community.
- Serve as a clearinghouse for information on elder issues.



KIPDA

*Elder Abuse Awareness
Workshop
(Latest Scams, Opioid
Epidemic, Guardianship &
POA, New Medicaid Cards)*



Bluegrass

*Annual Elder Prevention
Conference
Panelist for Bluegrass Aging
Consortium
Coordinated Purple Light
display at Univ. of Kentucky*



TRACE

*Christmas Basket Drive
Annual Health and Wellness
Fair (Education on Elder
Safety and How to Prevent
Elder Abuse)*



Cumberland

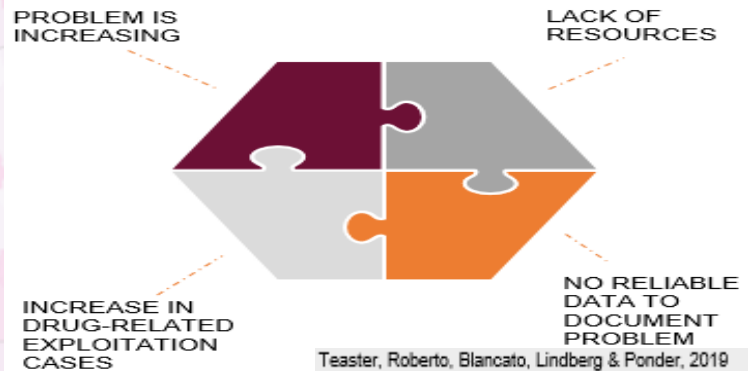
*"Hee Haw Senior Day"
"Senior Santa Tree"
New Council in 2019*

ELDER ABUSE AND THE OPIOID CRISES: *A Disquieting Connection*

PURPOSE OF STUDY

To characterize substantiated cases of elder abuse in **13** eastern counties in Kentucky in which the perpetrator used opioids and related substances

Perspectives of Service Providers: Findings



Dr. Pamela Teaster from The Center for Gerontology at Virginia Tech and her associates partnered with the Kentucky Department for Community Based Services, Adult Protective Services, to study the correlation between the opioid crisis and the incident rate of abuse, neglect, and exploitation of vulnerable adults over the age of sixty (60). The study focused on Kentucky's most rural areas in Breathitt, Floyd, Johnson, Knott, Lee, Leslie, Letcher, Magoffin, Martin, Owsley, Perry, Pike and Wolfe counties using APS data from 2015-2017.

Dr. Teaster's preliminary report suggests older adults are hidden victims of the opioid crises, suffering abuse at the hands of those who seek resources to support their addiction. According to Dr. Teaster, she and her colleagues examined whether substantiated cases of elder abuse were associated with opioid misuse by perpetrators. Preliminary findings suggest overall, 9% of the 462 substantiated cases over the three-year period involved perpetrators who were substance users. The percentage of these cases rose from 5% in 2015 to 13% in 2016 before dropping to 7% of elder abuse cases in 2017. The preliminary report also suggests opioid use was most prevalent among perpetrators of financial abuse of older adults with cognitive and/or physical care needs. Dr. Teaster's study offers a first look at empirical linkages between opioid misuse and elder abuse and reveals consistencies across cases that call for further investigation.

SUMMARY OF FINDINGS

Types of Substances

- There was **no significant difference** in the type of substance involved in cases among younger adults or among older adults.

Age

- For **both** opioid cases and alcohol & other drugs, **older adults appeared more often** the victims.
 - Alcohol & Other Drugs = 62.50%
 - Opioids = 56%
 - These were trends, and did not reach significance

Gender

- Compared to cases where perpetrators were not abusing substances **women were more likely** to be victims of perpetrators who used alcohol & other drugs.
- **Women** were also **more likely** to be victims when perpetrators used Opioids, but this trend was not significant.

Exploitation

- Victims of perpetrators who use **opioids** were **more likely** to be **financially exploited**, than victims of perpetrators who used alcohol & other drugs or used no substances.

The National Resource Center



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



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



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



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



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



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



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



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



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

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

- Unknown

Kentucky Elder Abuse Committee

* Moving Forward *

In 2005, House Bill 298 established KRS 209.005, creating the Kentucky Elder Abuse Committee to address issues of prevention, intervention, investigation, and agency coordination of services on a state and local level through interaction with local groups or entities that either directly or indirectly provide services to older adults. Over the course of 2019, the committee reviewed the work that has been ongoing in each of the focus areas defined by KRS 209.005 and identified opportunities for further progress:

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

Recommendation:

- The Committee will continue to research model protocols for joint multidisciplinary investigations and in 2020 will recommend any next steps needed to enhance multidisciplinary investigations.
2. Recommend practices to assure timely reporting of referrals of abuse, neglect, or exploitation required under KRS 209.030(12).

Recommendation:

- The Committee will support and provide the Local Coordinating Councils on Elder Abuse the tools and resources to promote awareness on mandatory reporting.
- The Committee will support creation of a tool to aide officers in identifying and reporting abuse, neglect, or exploitation and directing victims to supportive services.

3. Explore the need for a comprehensive statewide resource directory of services for older adults.

Recommendation:

- The Committee will continue to support a statewide 211 system.
- The Committee will continue to support the Medicaid Online Resource Directory.

4. Enhance existing public awareness campaigns for elder abuse and neglect.

Recommendation:

- The Committee will partner with interested agencies to provide multi-agency support of World Elder Abuse Awareness Day.
- The Committee will also work with the Justice & Public Safety Cabinet to assist in the creation of a communication plan to inform the Administration of the Courts, judges, prosecutors, and other stakeholders about KRS 41.305.

5. Provide forums for the exchange of information to educate the elder population and their families on the rights of elders.

Recommendation:

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

“Elder abuse, including neglect and exploitation, is experienced by 1 out of every 10 people, ages 60 and older, who live at home.”

- Center for Disease Control

Website References

Department for Behavioral Health, Development and Intellectual Disabilities:

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

** Training Modules:*

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

** Trauma Informed Behavioral Intervention:*

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

** Human Rights and Behavioral Intervention Committee training:*

https://chfs.adobeconnect.com/_a1154899231/p962mbl68d3/

Local Coordinating Councils on Elder Abuse (Map)

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

Centralized Intake web portal

<https://prdweb.chfs.ky.gov/ReportAbuse/>

“True prevention is not waiting for bad things to happen, its preventing things from happening in the first place.”

- Don McPherson