



**KANSAS
ADVOCATES
for BETTER CARE**

making elder care better every day

Elder Abuse, Neglect & Exploitation

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Elder Abuse, Neglect & Exploitation

Kansas Advocates for Better Care is
Citizen Advocacy Group

650 members across Kansas

Non-profit funded by citizen & business members
no government or industry funding

Mission: to Improve the Quality of Long-Term Care

Focus: Older Kansans receiving long-term care at
home or in assisted & nursing facilities, home plus,
adult day...

KABC achieves our mission....

- Guidance and support to older adults and families in locating quality long-term care, evaluating quality, solving problems with care or abuse, neglect, exploitation
- Training for family & paid caregivers, older adults, emergency responders, health & aging professionals
- Resource for older adults, families, professionals
- Advocacy with policy makers at the state and national level – statutory and regulatory
- *No cost for KABC's help, training, or resources*

Elder Abuse, Neglect & Exploitation

- Physical abuse - inflicting physical pain
- Sexual abuse touching, fondling, intercourse, or any other sexual activity with an older adult, when the older adult is unable to understand, unwilling to consent, threatened, or physically forced
- Emotional abuse - verbal assaults, threats of abuse, harassment, or intimidation
- Confinement - restraining or isolating an older adult, other than for medical reasons. Anti-Psychs
Big Problem in KS

Elder Abuse, Neglect & Exploitation

- Willful deprivation - denying an older adult medication, medical care, shelter, food, a therapeutic device, or other physical assistance, and exposing the elder to the risk of physical, mental, or emotional harm—except when the older, competent adult has expressed a desire to go without such care
- Financial exploitation - the misuse or withholding of an older adult's resources by another

ANE Signs & Symptoms

- Physical abuse, neglect, or mistreatment:
 - Bruises, pressure marks, broken bones, abrasions, burns
- Emotional abuse:
 - Unexplained withdrawal from normal activities, a sudden change in alertness, or unusual depression; strained or tense relationships; frequent arguments between the caregiver and older adult

ANE Signs & Symptoms

- Financial abuse:
 - Sudden changes in financial situations
- Neglect:
 - Bedsores, unattended medical needs, poor hygiene, unusual weight loss
- Verbal or emotional abuse:
 - Belittling, threats, or other uses of power and control by individuals

Why Elders Don't Report?

- Fear Loss of Independence
- Fear of Retaliation
- Don't want to get a loved one in trouble
- All the reasons others don't – shame, feel it is her/his fault, etc.

Who abuses?

- Perpetrators include children, other family members, and spouses—as well as paid staff in-home and at nursing homes, assisted living, other facilities.
- High percentage of perpetrators are adult male children often with a drinking or drug problem living with an older parent/grandparent

BEFORE AND AFTER

- Before = PREVENT abuse or neglect
 - safety and security checks
 - environment
 - access
 - caregivers
 - neighbors
 - video---security cameras
 - frequent contact with trusted others

AFTER THE HARM

Support

Physical/medical examination

Include psychosocial evaluation

Counseling

Prevention of further harm

Social network and support

Short term and long term

What Can Be Done

Required Reporting to Law Enforcement

Public Awareness

Referral

Coordination between Law Enforcement &
Social Services

Coroner Death Review Panels

Prosecutions/Accountability

PREVELANCE & SCOPE of PROBLEM

- 1 in 10 Americans aged 60+ have experienced some form of elder abuse
- Estimated 5 million elders abused annually
- Only 1 in 14 cases of elder abuse are reported to authorities (State Hotlines or Law Enforcement)
- 300% increased risk of death within 18 months for elder who is abused
- No national or state data repository to understand scope of problem and numbers impacted

Kansas

- 2.9 million total population
- 462,000 or 15.9% are 65+
- 46,200 65+ Kansans abused annually (estimate)

Older Adults 80+ most likely to need long-term care

More Females than Males receiving long term care – higher percentage of population

Financial Abuse

- \$2.9 billion to \$36.5 billion estimated annual costs to older adults of elder financial abuse
- While financial abuse is underreported, it is still self-reported at higher rates than other abuse or neglect

Why are aging adults vulnerable

- Social isolation – *Yikes COVID 19*
- Cognitive impairment: Dementia, Stroke, Traumatic Brain Injury, Intellectual/Developmental Disability
 - Recent studies show that nearly half of those with dementia experienced abuse or neglect – often unable to report or not believed if they report.
 - Interpersonal violence also occurs at disproportionately higher rates among adults with disabilities.
- Older adults are “perceived” to be vulnerable which makes them a target
- Lack of geriatric trained mental & physical health care providers to identify harm

Why are aging adults vulnerable

Systemic issues

- KDADS failure to complete timely annual health safety inspections; too few nurse inspectors; conflict of interest agency and inspection unit leadership
- CMS & KDADS failure to use enforcement remedies to maintain quality; IDR process resident has no voice
- Staffing allowed at less than safe levels
- Low “community standard of abuse”, law enforcement charges, judicial sentencing
- Ageism – e.g. COVID “they were going to die”

Public Policies don't always Protect

- 24 registered offenders in KS Nursing homes – no required notice to residents (2015)
- Electronic Monitoring in facilities have higher standard of evidence than any other setting (2018)
- LTC workers can work for 60 days w/o cleared background check (2018)

Public Policies don't always Protect

- Too few surveyors to complete required annual and complaint health safety inspections of adult care facilities
- Too few ombuds to advocate for residents in care facilities
- Guardianships that deprive/disregard individual rights
- Inadequate home based care options

Elder Abuse Reporting & Data

- In a Facility – KDADS hotline
- At Home – DCF/APS
- Law Enforcement – Affordable Care Act required reporting to LE by facilities
- In a Facility – advocate for residents Long Term Care Ombudsman

- APS current ANE info posted to their website, not KDADS, not LTCO, not Law Enforcement

ADULT PROTECTIVE SERVICES

FY ending June 30, 2020

- 17,697 –All Adult Reports Received by APS
- 6,729 – 60+Reports Assigned by APS
- 1,929 - 60+ Substantiated by APS

% All Assigned to Investigate by Alleged Maltreatment

- 18.4% - Abuse
- 17.5% - Neglect (includes Self-Neglect)
- 13.8% - Exploitation
- 7.6% - Fiduciary Abuse
- 42.7% - Self Neglect

Source KS Dept. For Children & Families/APS

Oversight Agencies

- KS Department for Children & Families/Adult Protective Services
- KS Department for Aging & Disability Services/all Adult Care Facilities and HCBS Waiver Programs
- U.S. HHS/CMS Nursing Facilities (regulations)
- Attorney General
 - Medicaid Fraud, includes abuse, neglect
 - Abuse, Neglect & Exploitation

KABC –Adult Care Facilities

KABC database deficiency citations on annual health safety inspection/survey

Provides a point in time look at 3 most recent inspection reports for all KS Adult Care Facilities

- 343 Licensed Nursing Facilities in Kansas; residence for approximately 19,000 elders and adults. Approximately 53% are Medicaid recipients. State licensed, federally certified
- 350-400 Facilities in Kansas: Assisted Living, Residential Health Care, Home Plus, Boarding Care Home. State licensed, no federal oversight

KanCare/Medicaid Home & Community Based Services

- Approximately 4,600 Kansas elders receive LTSS from the Frail Elder Medicaid Waiver = Home and Community Based Services (HCBS – FE). A few reside in ALF type adult care homes, most reside in their homes.
- 10,000 or so Kansans reside in Adult Care Homes of the assisted type, almost all are paying privately (non government payer).



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QUESTIONS