

Abuse, Neglect and Financial Exploitation of Missouri's Elderly and Adults with Disabilities



Missouri's Abuse & Neglect Hotline
For the Elderly and Adults with Disabilities
1-800-392-0210

Relay Missouri
TDD: 1-800-735-2966
Voice: 1-866-735-2460

Department of Health and Senior Services
P. O. Box 570
Jefferson City, MO 65102-0570
www.dhss.mo.gov



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Reporting Requirements

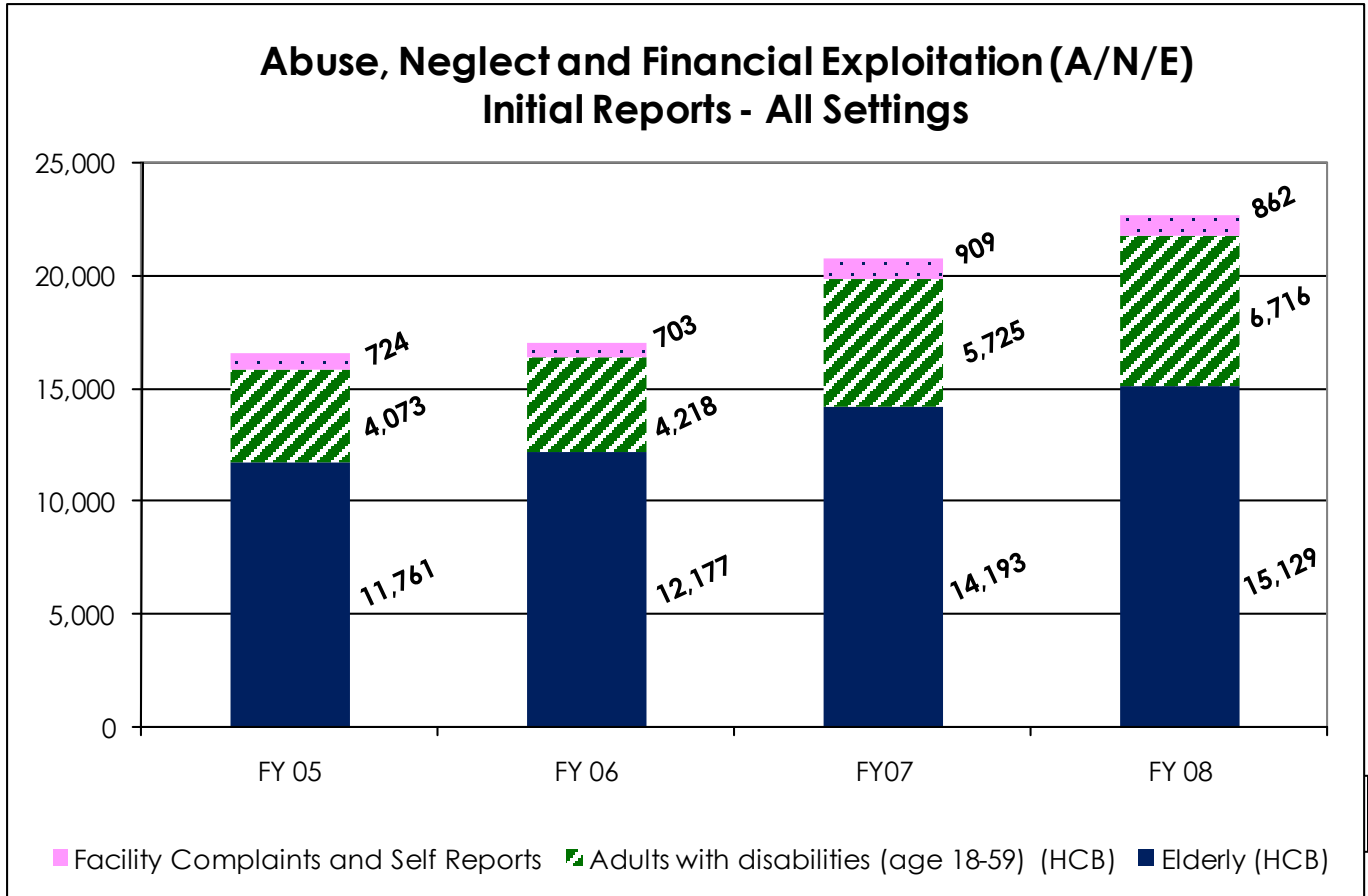
<p>Facility Residents - Section 198.070, RSMo: reasonable cause to believe that a resident of a facility has been abused or neglected</p> <p>Consumers of Personal Care - Section 208.912, RSMo: reasonable cause to believe that a consumer has been abused or neglected as a result of the delivery of or failure to deliver personal care assistance services</p> <p>Seniors - Section 565.188, RSMo: reasonable cause to suspect an adult at least 60 years old has been subjected to conditions or circumstances which would result in abuse or neglect</p> <p>Clients of Home Care - Section 660.300, RSMo: reasonable cause to believe that an in-home services client has been abused or neglected as a result of in-home services</p> <p>Failure to report is a Class A misdemeanor under the above statutes.</p>	Mandated Reporters		
<ul style="list-style-type: none"> ✓ Adult Day Care Worker ✓ Chiropractor ✓ Christian Science Practitioner ✓ Coroner ✓ Dentist ✓ Embalmer ✓ Employee of the Department of Health and Senior Services ✓ Employee of the Department of Social Services ✓ Employee of the Department of Mental Health ✓ Employee of a local Area Agency on Aging (AAA) or an organized AAA Program ✓ Funeral Director ✓ Home Health Agency or Agency Employee 	<ul style="list-style-type: none"> ✓ Hospital or Clinic Personnel engaged in examination, care, or treatment of persons ✓ In-Home Services owner, provider, operator, or employee ✓ Law Enforcement ✓ Long-Term Care Facility Administrator or Employee ✓ Medical Examiner ✓ Medical Resident or Intern ✓ Mental Health Professional ✓ Minister ✓ Nurse 	<ul style="list-style-type: none"> ✓ Nurse Practitioner ✓ Optometrist ✓ Other Health Practitioner ✓ Peace Officer ✓ Person with responsibility for the care of a person 60 years of age or older or an eligible adult ✓ Personal Care Attendant ✓ Pharmacist ✓ Physical Therapist ✓ Physician ✓ Physician's Assistant ✓ Podiatrist ✓ Probation or Parole Officer ✓ Psychologist ✓ Social Worker ✓ Consumer Directed Services Vendor 	

Reporting

The reporter should be prepared to answer the following questions to the best of his or her ability:

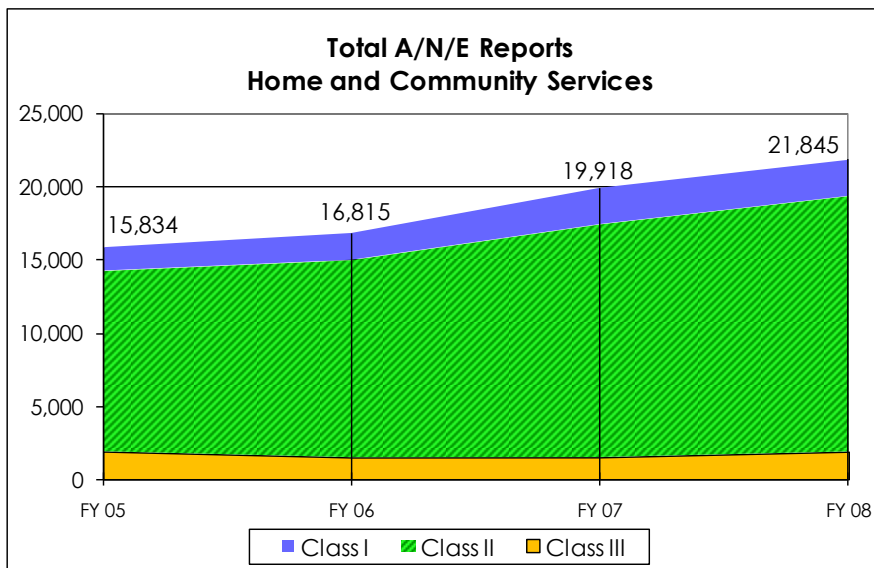
- ◆ The alleged victim's name, address, telephone number, sex, age, and general condition;
- ◆ The alleged abuser's name, address, sex, age, relationship to victim and condition;
- ◆ The circumstances which lead the reporter to believe that the older person is being abused, neglected or financially exploited, with as much specificity as possible;
- ◆ Whether the alleged victim is in immediate danger, the best time to contact the alleged victim, if he or she knows of the report, and if there is any danger to the worker going out to investigate;
- ◆ The name, daytime telephone number, and relationship of the reporter to the alleged victim;
- ◆ The names of others with information about the situation;
- ◆ If the reporter is not a required reporter, whether he or she is willing to be contacted again; and
- ◆ Any other relevant information.

Initial Reports



Initial Reports of Abuse, Neglect, and Financial Exploitation (A/N/E) increased 9 percent from FY 2007 to FY 2008. For adults with disabilities between 18 and 59, reports increased by more than 17 percent, or nearly 1,000.

Home & Community-Based Settings

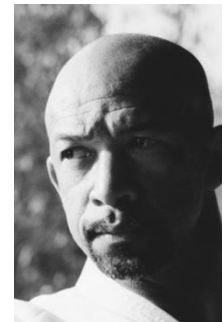


Class I reports (imminent danger) comprise 11 percent of the FY 2008 reports and Class II reports about 80 percent. Class III reports showed a slight increase from FY 2007 to FY 2008.

Investigations

The subsequent investigation is conducted in accordance with the following statutory guidelines:

1. The identity of a reporter is protected in accordance with state statutes (198.070 RSMo; 660.263 RSMo; 660.300 RSMo; and 660.320 RSMo).
2. A reporter is immune from civil or criminal liability for making a report or testifying pursuant to state mandates (198.070 RSMo; 208.912 RSMo; 208.915 RSMo; 565.190 RSMo; 660.300 RSMo; and 660.305, RSMo).
3. Persons who report (other than the perpetrator) shall be protected from harassment, dismissal, or retaliation when such a report is filed in good faith (198.070 RSMo; 208.912 RSMo; 208.915 RSMo; 660.300 RSMo; and 660.305 RSMo).
4. The Employee Disqualification List (EDL) is an administrative vehicle through which the director of the Department of Health and Senior Services (DHSS) may prohibit persons from working in any elder care entity that is licensed by, certified by, or contracts with DHSS (660.315 RSMo).
5. An agency providing services shall be responsible for screening prospective employees, including criminal background and EDL checks, and reviewing current employees against the most recent information contained in the EDL (198.070 RSMo and 660.317 RSMo).
6. DHSS has statutory responsibility for investigation of all allegations of abuse and neglect (198.070 RSMo, 208.912 RSMo; 208.915 RSMo; 565.186 RSMo; 660.260 RSMo; 660.261 RSMo; 660.300 RSMo; and 660.305 RSMo).
7. The DHSS worker shall investigate reports of alleged abuse and neglect in accordance with current division policy. The investigation will focus on gathering all pertinent information and will generally include:
 - ✓ Contact with the reporter for additional information;
 - ✓ An interview with the alleged victim;
 - ✓ An interview with any relevant witnesses; and
 - ✓ An interview with the alleged perpetrator.



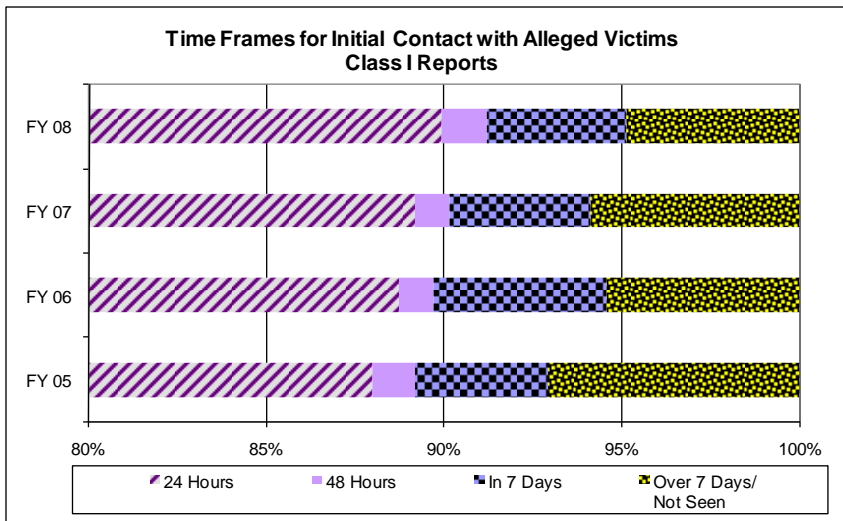
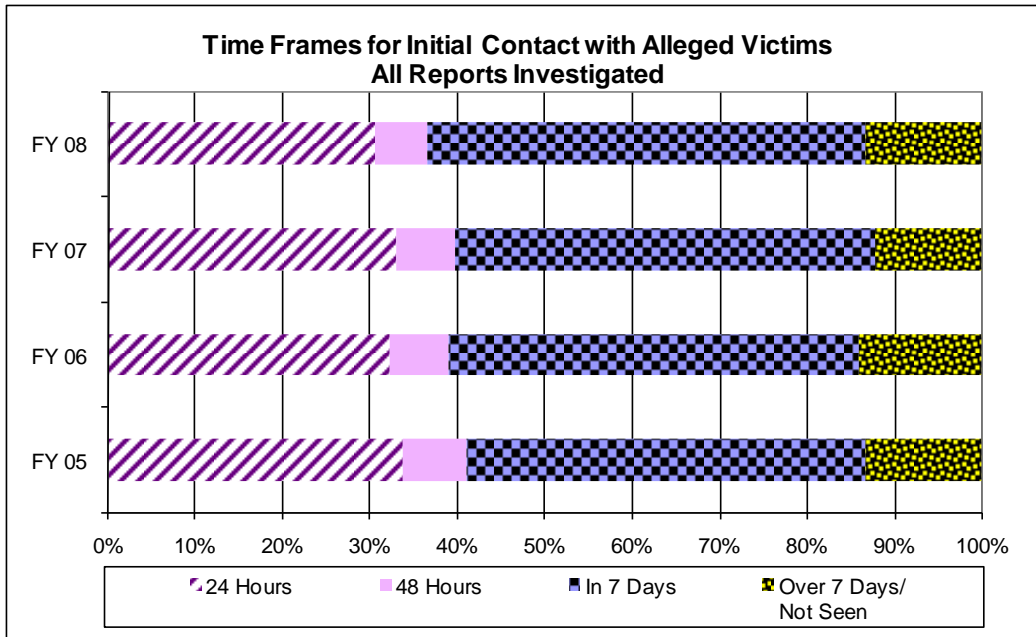
Classification of Reports

Class I reports involve life-threatening, imminent danger situations that indicate a high risk of injury or harm to an adult. Initial contact with an alleged victim is made as soon as possible, usually within 24 hours.

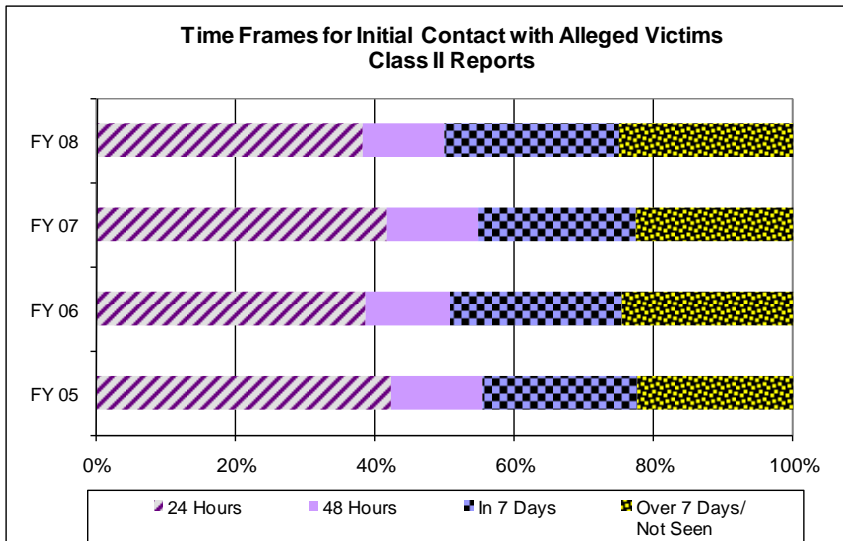
Class II reports involve situations that may result in harm or injury to an adult but are not life-threatening. Initial contact with an alleged victim is usually made within one week.

Class III reports involve non-protective situations or additional information on an open report.

Initiation of the Home and Community investigation begins as soon as is necessary, according to information contained in the report. Regardless of the report classification, 87 percent of alleged victims are seen within seven days.



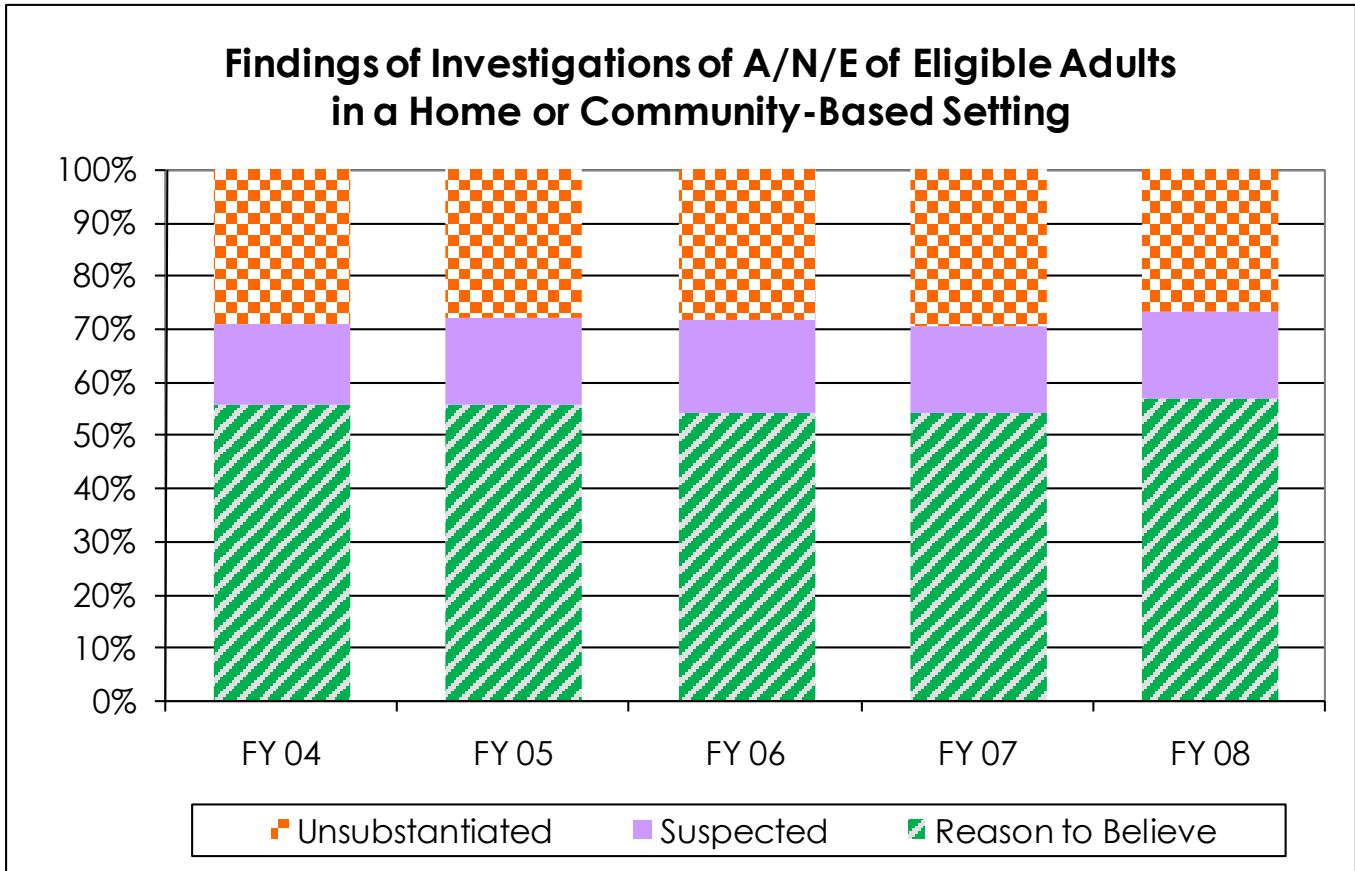
Almost 90 percent of alleged Class I victims are seen within 24 hours.



About 85 percent of alleged Class II victims are seen within one week. The alleged victims not seen include those whom investigators were unable to locate, or those who moved or died.

Findings

Investigators had either a “reason to believe” or “suspect” the allegations occurred in 57 percent and 16.3 percent of the reported cases, respectively. Those cases are classified as “substantiated.” Substantiated cases increased 3 percent in FY 2008 from previous years.

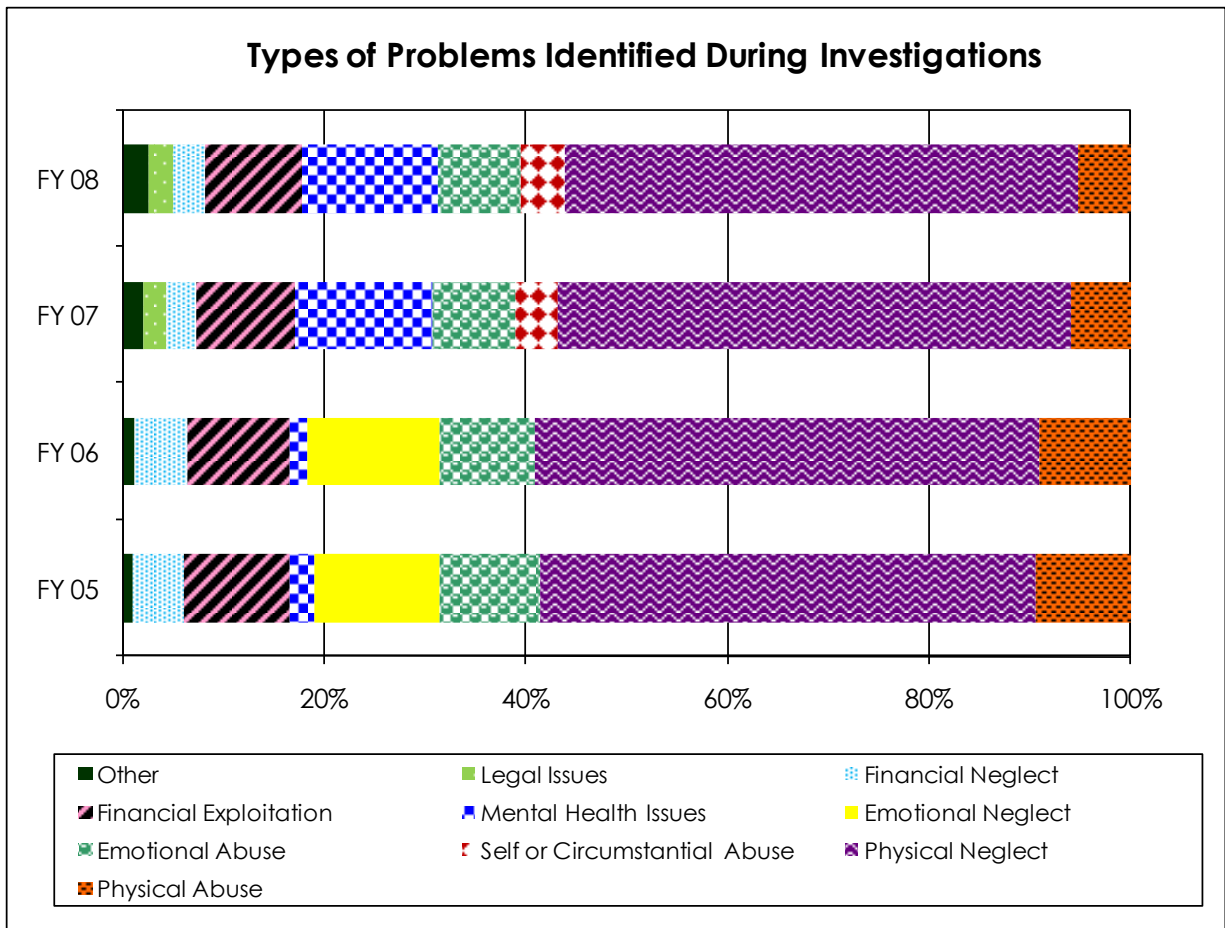


Home & Community-Based Investigation Findings

Reason to Believe/Substantiated: Substantial amount of evidence is found supporting the allegations contained in the report.

Suspected/Substantiated: Based on worker judgment, allegations contained in the report are probable or likely.

Unsubstantiated: The evidence of the investigation does not support the allegations.



Problems listed in the table below are based on those found during an investigation, but the actual number may be much higher. For instance, an elderly person may be the target of physical abuse, emotional abuse, and financial neglect, but an investigator may be able to substantiate only the allegation that prompted a hotline call (i.e., financial neglect). The largest category of problems, over 50 percent, continues to be physical neglect, which includes self-neglect. Mental health issues were identified in over 13 percent of the investigations. Financial exploitation and emotional abuse were also identified in almost 10 percent of the cases.

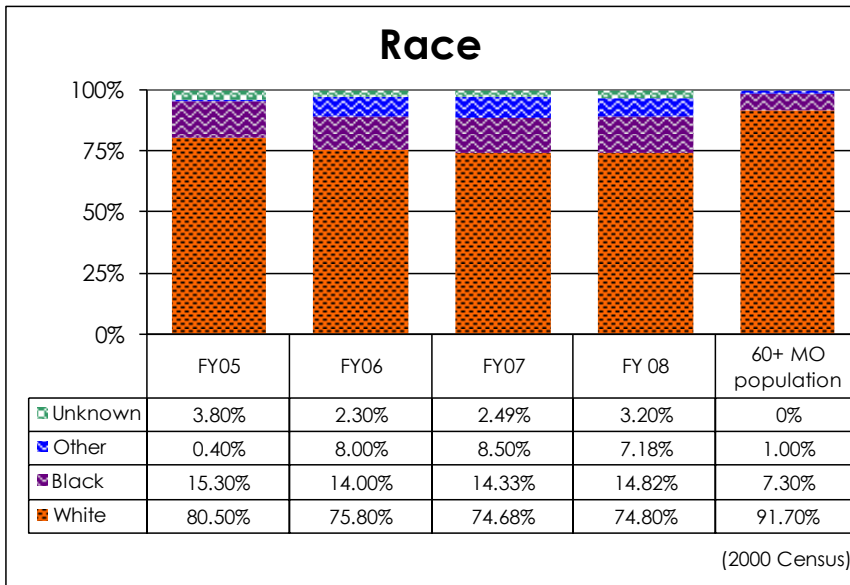
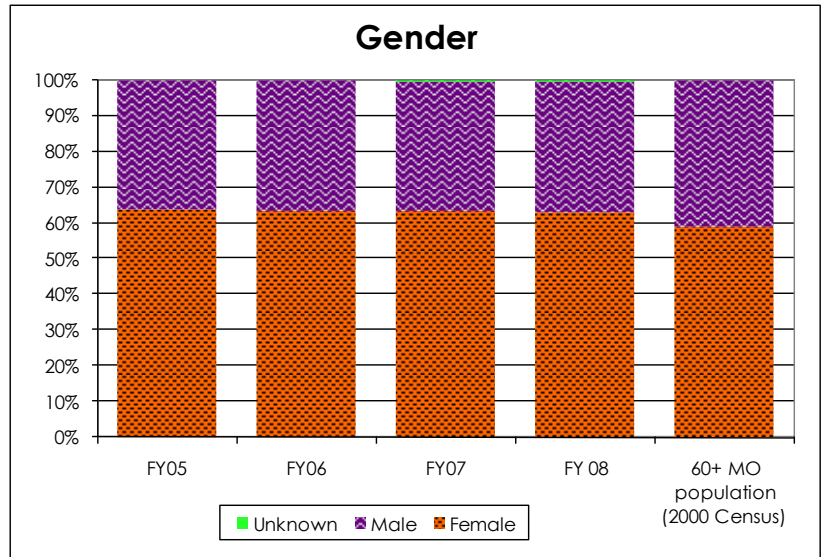
	Determination of Findings By Category											
	Reason to Believe				Suspected				Unsubstantiated			
	FY 05	FY 06	FY 07	FY 08	FY 05	FY 06	FY 07	FY 08	FY 05	FY 06	FY 07	FY 08
Physical Abuse	36.20%	34.40%	33.40%	33.21%	15.80%	18.30%	14.87%	16.30%	48.00%	47.30%	51.73%	50.49%
Self or Circumstantial Abuse	*	*	42.44%	42.05%	*	*	20.15%	20.14%	*	*	37.41%	37.81%
Physical Neglect	40.90%	41.00%	42.18%	43.73%	14.80%	15.40%	14.72%	15.58%	44.30%	43.60%	43.10%	40.69%
Emotional Abuse	37.00%	35.40%	32.50%	37.23%	19.30%	19.20%	21.59%	19.70%	43.70%	45.40%	45.91%	43.07%
Emotional Neglect	51.30%	50.50%	*	*	19.50%	19.10%	*	*	29.20%	30.40%	*	*
Mental Health Issues	62.60%	66.80%	52.02%	52.84%	14.60%	13.30%	19.54%	19.96%	22.80%	19.90%	28.44%	27.20%
Financial Exploitation	20.70%	18.40%	17.34%	18.42%	18.90%	20.20%	18.25%	18.14%	60.40%	61.40%	64.41%	63.44%
Financial Neglect	43.10%	45.40%	48.98%	51.38%	18.00%	17.10%	16.65%	17.83%	38.90%	37.50%	34.37%	30.79%
Legal Issues	*	*	39.82%	33.88%	*	*	17.14%	16.61%	*	*	43.04%	49.51%
Other	35.80%	31.40%	33.37%	35.36%	13.90%	12.10%	11.28%	10.84%	50.30%	56.50%	55.35%	53.80%

Confirmed financial neglect cases saw the largest increase between FY 2007 and FY 2008. Physical neglect and emotional abuse cases rose slightly. The other categories in the findings table remained relatively unchanged.

Demographics of Alleged Victims Compared to Missouri's Population for Completed Investigations

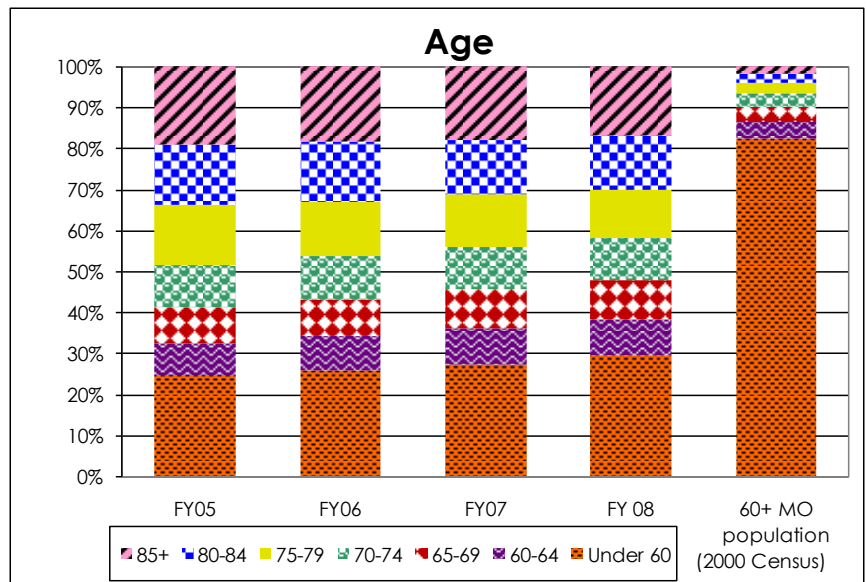
Demographic data was compared to Missouri's 2000 Census data. Current estimates indicate Missouri's population is 5.9 million, with more than 1 million people age 60 or older.

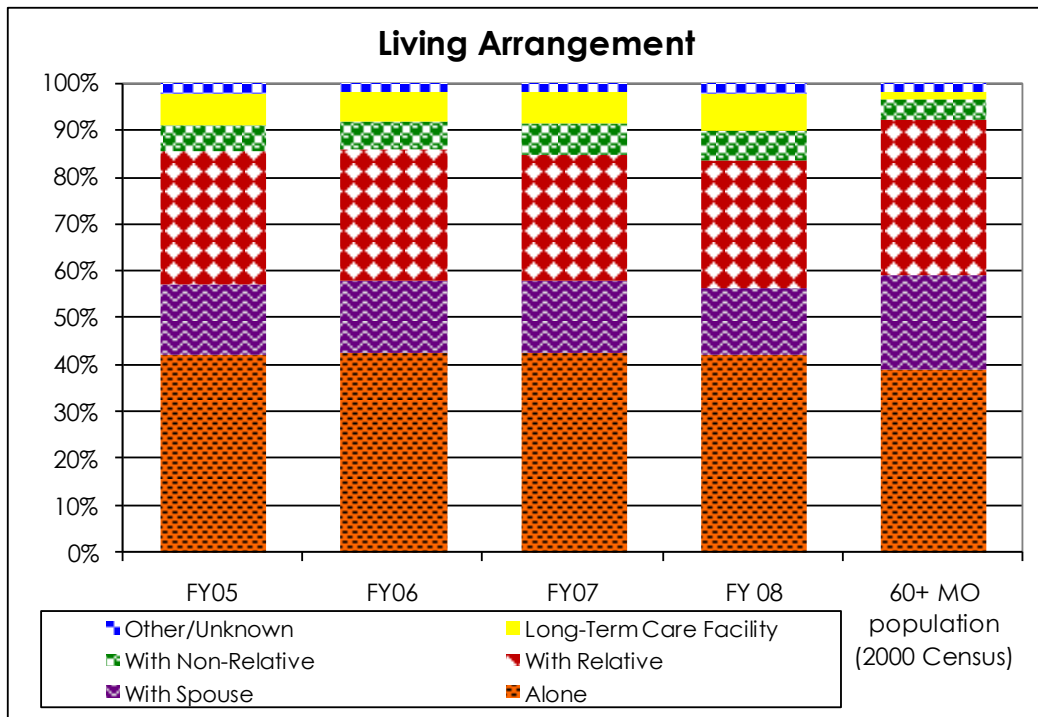
Approximately 60 percent of Missouri's senior population is female, and the percentage of abuse and neglect reports continues to break very closely along the same demographic line.



Compared to the total number of Missourians 60 or older, a significantly higher percentage of alleged victims are minorities – more than 25 percent in FY 2008.

Reports show that alleged abuse and neglect victims are all ages, but the likelihood of being abused increases with age. More than 50 percent of the alleged victims are 70 or older. Almost 30 percent are adults age 18 to 59 with a disability.

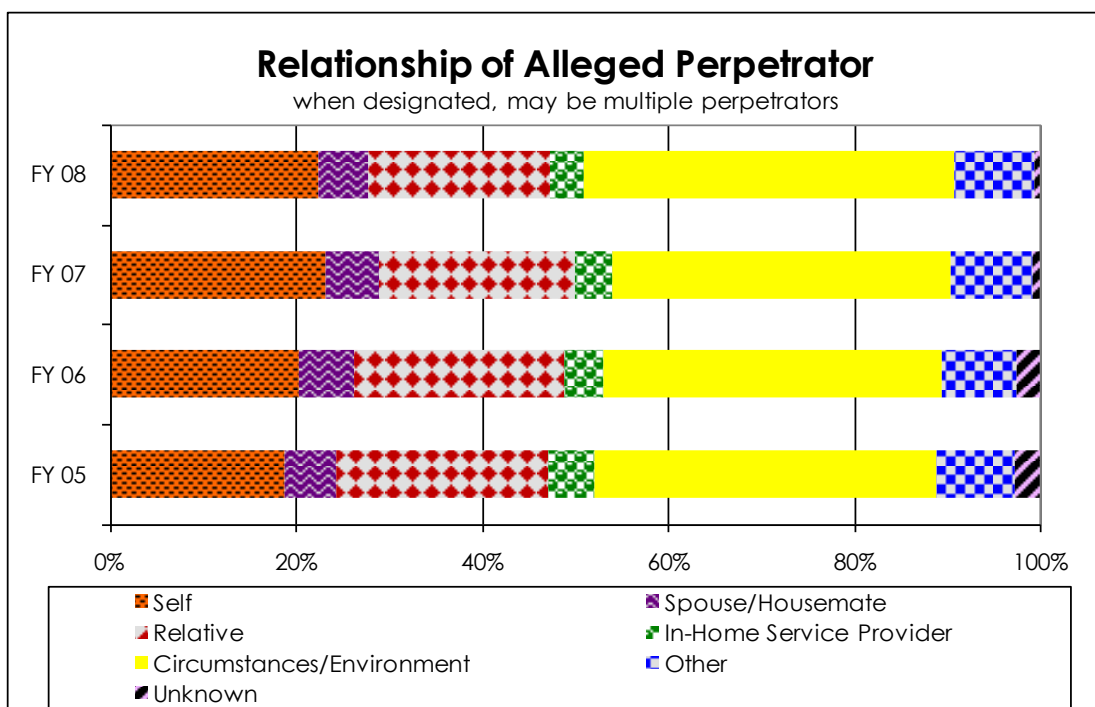




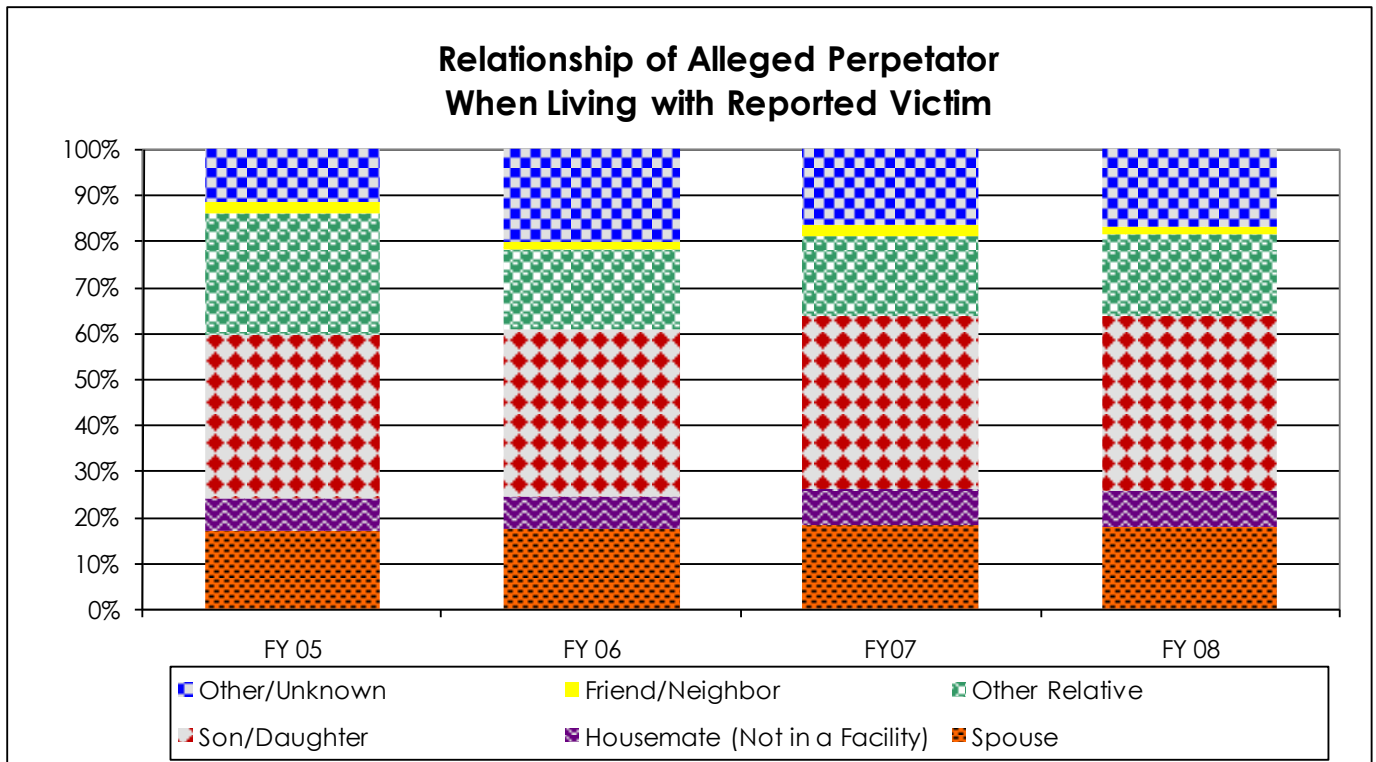
Living arrangement does not seem to have a significant effect on the incidence of abuse or neglect. However, abuse and neglect are reported somewhat more often involving individuals who live in long-term care facilities, with a non-relative, or alone.

Alleged Perpetrator Data (Where Available)

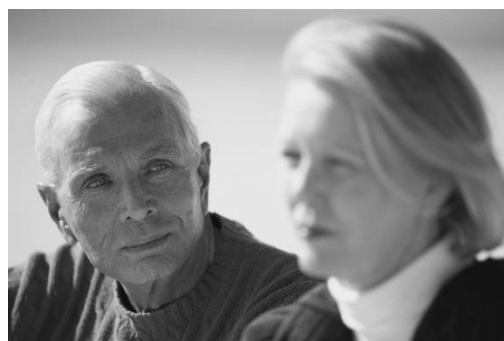
Data regarding alleged perpetrators is collected when possible. Data is not available for every report of abuse, neglect or financial exploitation.



An individual's circumstances or environment, such as a lack of heat, air conditioning, or running water, were a contributing factor in more than 40 percent of reports. Almost 25 percent of reported incidents in FY 07 and FY 08 were due to self-neglect, such as not taking one's medication or abusing alcohol. Another significant percentage of reports named the alleged perpetrator as a relative of the victim (e.g., child, sibling, parent, grandchild, etc.), though that percentage fell to less than 20 percent in FY 08. A significant increase in cases attributing neglect to a person's own behavior or circumstances occurred in FY 08.

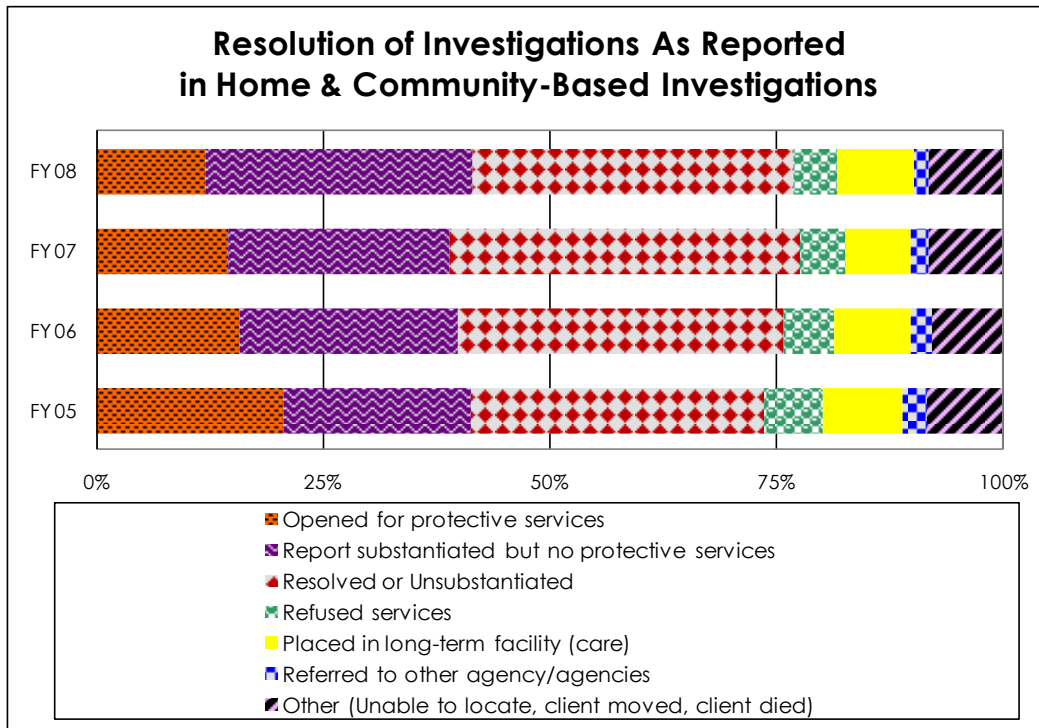


A son or a daughter is the alleged perpetrator in more than 38 percent of reported abuse/neglect cases if the alleged victim lives with that son or daughter. That percentage has increased slightly from FY 2007. In almost 75 percent of alleged abuse/neglect cases, the alleged victim is related to his or her abuser, by either marriage or blood.



Intervention Services

Intervention Services are available to eligible adults through Missouri's Adult Protective Services Program. A trained Adult Protective and Community Services Worker investigates the report, assesses the alleged victim, and assists in arranging appropriate intervention services if the alleged victim chooses to receive services. The alleged victim is empowered to make his or her own choices including those regarding long-term care.



Resolutions generally fall into three categories: a report is substantiated and the victim agrees to a Protective Services (PS) Plan; a report is substantiated, but no protective services are necessary; or, the issue was resolved by another means (including unsubstantiated reports).

There was a slight increase from FY 2007 to FY 2008 in the percentage of individuals who chose to enter a long-term care facility. But a decrease occurred in the percentage of resolved and unsubstantiated cases, and in cases opened for protective services. Those results, along with the substantiated cases that were not opened for protective services, are the outcome of the following:

- An increase in the number of referrals for clients made to other, more appropriate agencies;
- Situations that arose in residential care and assisted living facilities that were resolved by facility staff;
- The increased independence of "baby boomers," who resolved the issues themselves and refused outside intervention;
- An increase in the number of individuals who are Medicaid-eligible and access services through Medicaid rather than protective services;
- A decrease in the turnover rate of Adult Protective and Community Service Workers, which allows workers to establish more community connections and resources to help individuals without initiating protective services; and
- An increase in reporting due to greater awareness of abuse, neglect, and financial exploitation.



Adult Protective Services Intervention Services		
<p>Core Services</p> <ul style="list-style-type: none"> ◆ Intake and assessment ◆ Case management ◆ Follow-up ◆ Early intervention services <p>Emergency</p> <ul style="list-style-type: none"> ◆ Emergency shelter, food, or clothing ◆ Emergency caregiver or placement ◆ Crisis intervention <p>Financial and Economic</p> <ul style="list-style-type: none"> ◆ Money management: counseling, power of attorney, payee, conservatorship ◆ Income stretching benefits: SSI, SS, VA, Food Stamps, MO Medicaid, pensions, Railroad Retirement, health insurance ◆ Employment programs/agencies ◆ Clubs and churches that provide specific services: Lions, Rotary, civic and fraternal organizations ◆ Referrals for temporary financial support 	<p>Legal</p> <ul style="list-style-type: none"> ◆ Law enforcement ◆ Attorneys; Bar associations; Legal Aid ◆ Civil commitment ◆ Orders of protection ◆ Probate and circuit courts ◆ Guardianship/conservatorship/public administrator ◆ Better Business Bureau referrals <p>Health and Medical</p> <ul style="list-style-type: none"> ◆ Hospitalization, doctor visit, outpatient clinics ◆ Health screening/evaluation ◆ Drug information and health education ◆ Mental health services ◆ Dental care ◆ Home health care, visiting nurses, public health department ◆ Adult day care ◆ MO Medicaid/Medicare ◆ Congregate/home-delivered meals ◆ Boarding/nursing homes ◆ Assisted living facilities ◆ Voluntary organizations 	<p>Home Support and Housing</p> <ul style="list-style-type: none"> ◆ Respite ◆ In-home services ◆ Alternative housing, HUD programs, housing authorities, retirement villages ◆ Home repair ◆ Residential care, assisted living facilities, and nursing homes <p>Social, Educational, and Recreational</p> <ul style="list-style-type: none"> ◆ Support groups ◆ Transportation ◆ Religious/church organization ◆ Congregate meals/Senior Centers ◆ Counseling ◆ Adult educational classes ◆ Crime prevention ◆ Civic groups, clubs, fraternal organizations, AARP ◆ Voluntary organizations ◆ Adult day care ◆ Outreach ◆ Information and referral assistance ◆ Telephone reassurance ◆ Friendly visitor ◆ Arts and crafts courses

Long-Term Care Facilities

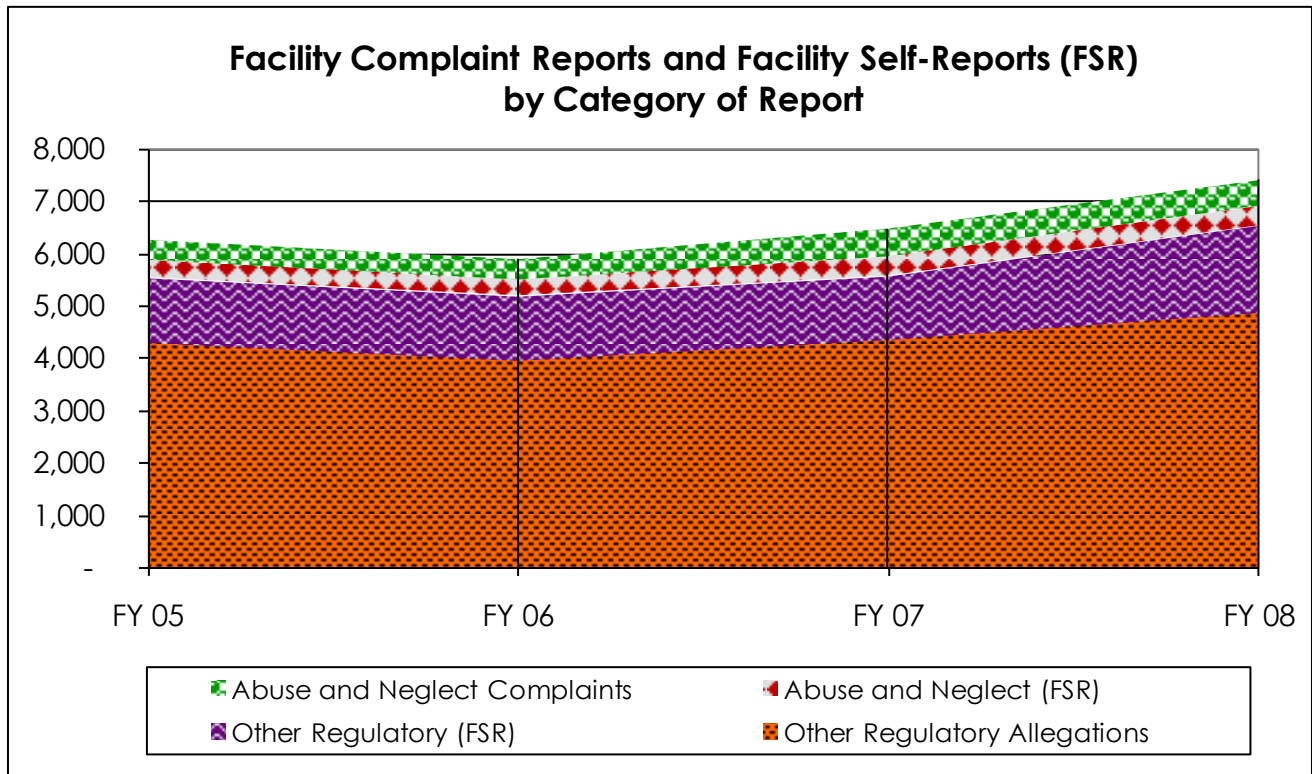
Long-term care facilities are obligated to report incidents, including abuse and neglect, that occur within the facility. Reports are also accepted from other individuals who report abuse, neglect, or regulatory issues, if they believe a violation is occurring within the facility.

Long-Term Care Facility Findings

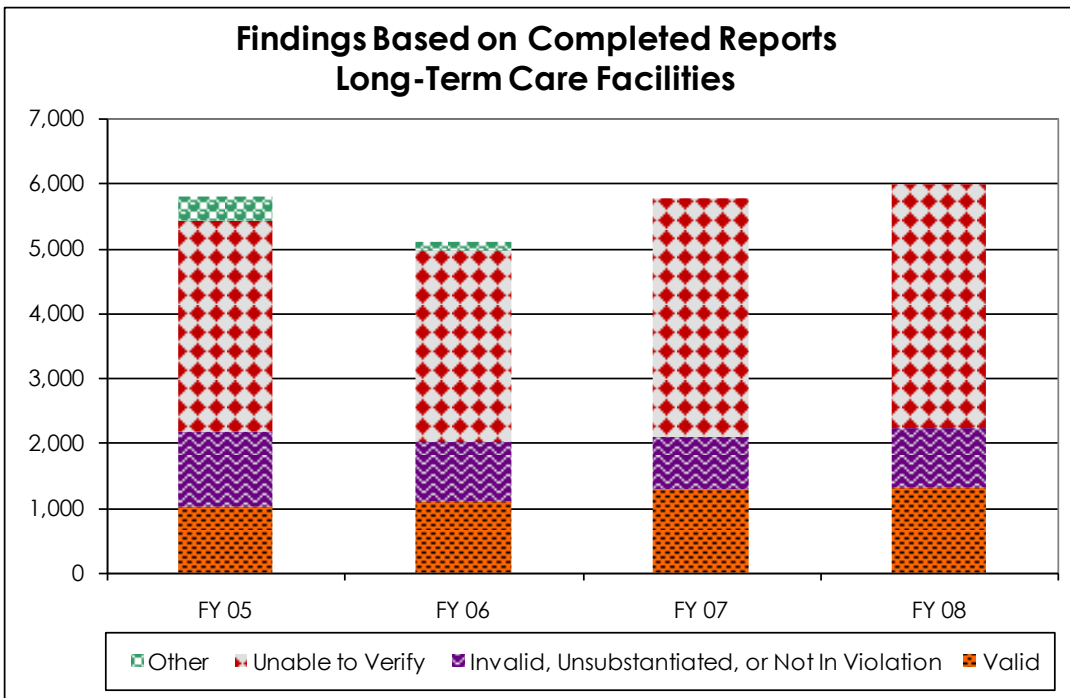
Valid: A conclusion that the allegation did occur and there was a statutory or regulatory violation.

Invalid: A conclusion that the allegation did not occur; a conclusion that there is not a reasonable likelihood that the allegation occurred; OR, a conclusion that the allegation either occurred or there is a reasonable likelihood that it occurred, but there is not a statutory or regulatory violation.

Could Not Verify: This conclusion is reached when a complaint is investigated and there is conflicting information collected to the extent that no conclusion regarding a regulatory violation could be reached.



Abuse and neglect comprised 11.65 percent of the self-reports and complaints received in FY 08, a decrease of 2.35 percent from FY 07. The majority of reports continue to be about other regulatory issues.

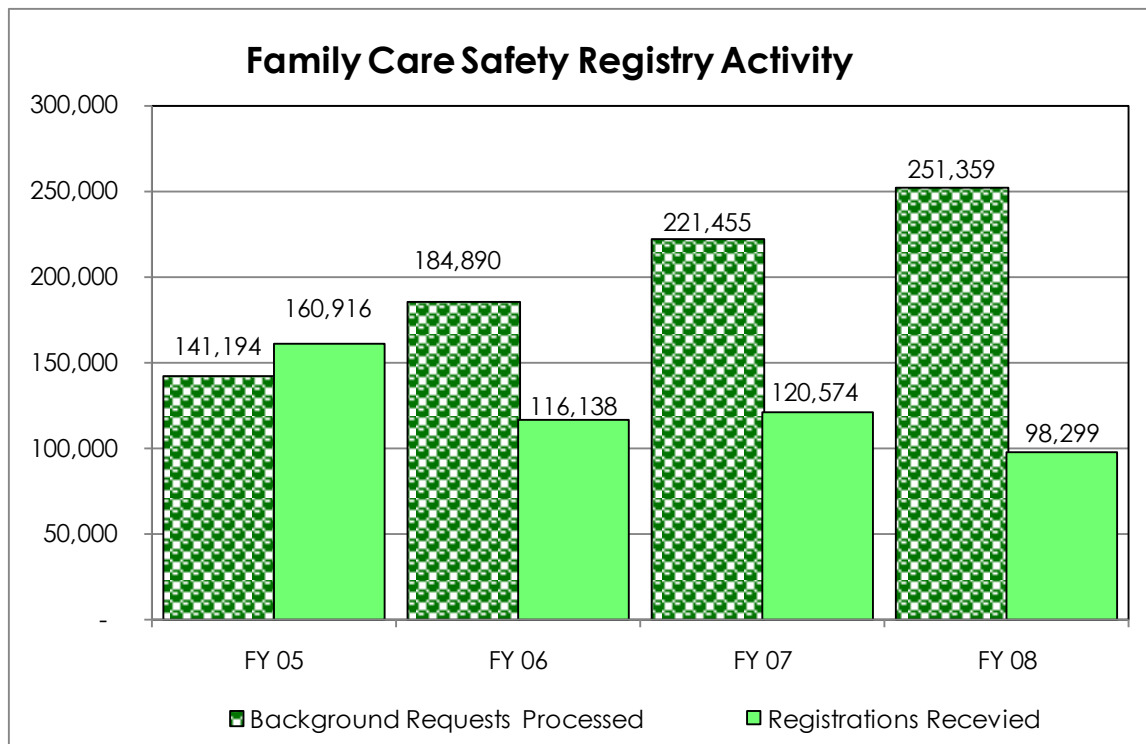


The majority of reports in long-term care facilities could not be verified. Verifiable reports continued at a rate of approximately 28 percent.



Family Care Safety Registry (FCSR)

Caregivers required to register with the FCSR include individuals employed by elder care providers and those who receive state or federal funds as payment for elder care services. Elder care providers include home health agencies, hospices, hospitals, nursing facilities, residential care facilities, in-home service providers, and consumer-directed service vendors. Persons who are not required to register may do so voluntarily. Employers may submit completed registration forms for multiple prospective employees. Registration fees may be paid by the individual or by the employer, and both the applicant and the employer will receive notification of the screening results. Workers need to register only one time, even if they change jobs.



Background information from the FCSR may be requested for **employment purposes only** by phone, fax, mail, and Internet. There is no cost to obtain a background screening on registered workers.

To contact the Family Care Safety Registry, call toll-free 1-866-422-6872, or visit: <http://www.dhss.mo.gov/fcsr/>



State Statutory References

[Chapter 198 RSMo, Convalescent, Nursing, & Boarding Homes](#)

[Chapter 208 RSMo, Consumer-Directed Services](#)

[Chapter 565 RSMo, Offenses Against The Person](#)

[Chapter 570 RSMo, Stealing and Related Offenses](#)

[Chapter 660 RSMo, Protective Services For Adults](#)

Links to these statutes are also available at www.dhss.mo.gov.

For more information on [Abuse, Neglect, and Financial Exploitation](#), follow this hyperlink.

To report suspected abuse, neglect, or financial exploitation of an elderly person or an adult with a disability, call 1-800-392-0210.

