

**SPD Responses to Questions
From the**

**Joint Committee on Ways and Means
Sub-Committee on Human Services**

February 28, 2005

Presented by James Toews
Assistant Director

Questions Regarding Long-term Care Related Issues

Do other states hold ALF mortgages? (Answer provided by Oregon Housing and Community Services supplied the following information)

Moody's Investor Services prepared a report titled "Assisted Living: State Housing Finance Agencies Taking Active Role" in April 2000. While the reliability of the data in the report may be a little bit suspect (Oregon numbers appear to be overstated), Moody's report listed Washington State Housing Finance Commission (19 facilities), Massachusetts Housing Finance Agency (HFA) (12), Maine Subsidized Housing Agency (10) and Colorado HFA (9) joining Oregon as the top five State HFAs involved in financing ALFs. The Department is looking for a more recent report that includes numbers. Moody's published a "Special Comment" document on ALFs in 2003 that did not include numbers.

What type of setting do clients live in?

See attached Chart #1, page 12

What is the age breakdown of clients?

See attached Chart #1, page 12

What are the different rates that we pay?

See attached chart #2, page 13

What is the turnover rate in direct caregiver staff?

LIVING SETTING	DIRECT CARE STAFF TITLE	AVERAGE ANNUAL TURNOVER
Nursing Facilities (NFs)	Certified Nurse Aide (CNA)	64%
Residential Care (RCFs) & Assisted Living Facilities (ALFs)	Caregivers	65%
Residential Care - DD	Staff	61%
Adult Foster Homes (AFHs)	Caregivers	70%
Private home	Home Care Worker	65%

Data sources for preceding chart:

NFs:	<u>Oregon Health Care Association (OHCA) Nursing Facility 2004 Salary Survey</u>
RCFs & ALFs:	<u>OHCA RCF and ALF 2004 Salary Survey</u>
DD Residential Care:	Direct Care Staffing Turnover Report for 2004 (CY)
AFHs:	Survey data collected from 200 AFH providers, June 2004
Home Care Workers:	SPD data for the year ended June 30, 2004

What is the families' responsibility for helping their family members who have Long-term care needs?

Neither Medicaid nor state law requires that families contribute to the care of a loved one. Oregon's statute does require that Medicaid supplement existing supports. However, it is important to note that families still provide the vast majority of care for individuals who cannot meet their own needs. The following synopsis illustrates that point.

Studies consistently show (National Caregiving Alliance, AARP and others):

- ◆ 80% to 90 % of all caregivers for older and disabled individuals are family or friends;
- ◆ It is estimated that there are over 22 million caregiving households with persons providing care to someone over the age of 50;
- ◆ The average age of a caregiver is 46, for those caring for persons afflicted with Alzheimer the average age is 49;
- ◆ 75% of caregivers are woman;
- ◆ More than 40% of these caregivers are also caring for children under the age of 18 and 66% are married;
- ◆ Almost 66% of all caregivers work full-time;
- ◆ 50% of the care recipients live alone, while 20% live with the caregiver;
- ◆ Many older care recipients require over 40 hours a week of care; and
- ◆ Caregiving lasts on average four and half years.

Please provide more details about the Fairview Housing Trust Fund such as how large is the fund, payment arrangements etc.

ORS 427.340, adopted in 1999 by the Oregon Legislature, directed Seniors and People with Disabilities (SPD) to place the proceeds from the sale of Fairview Training Center in a Trust Account at Treasury to be used for community housing for people with developmental disabilities. The statute allows five percent of the funds plus the interest to be spent for that purpose. 95 percent remains locked in the permanent trust. Sustainable Fairview Associates purchased Fairview in 2002 for a total price of \$15,120,000 to be paid over six years. If the purchasers exercise an early payoff provision the total amount received by the state would be reduced.

Thus far, after sale expenses incurred by the Department of Administrative Services were deducted, a net amount of \$4,962,857 has been received by SPD from the purchasers. The third payment of \$2,361,663.73 is due April 30, 2005. Interest earned on these funds totals approximately \$80,980. The expendable portion of the Trust (5 percent of the funds received plus interest) was \$368,256 as of January 31, 2005. Of that amount, \$295,000 has been spent or committed.

The expendable portion of the Trust funds a housing grant program for Oregon children and adults with developmental disabilities living in their own or family homes, and is governed by Oregon Administrative Rules 411-315-0010 through 411-315-0090. They require that the housing modifications or equipment contribute to the health and safety or independence of the person for whom it is intended, and be consistent with the support plan for that individual. SPD has committed \$295,000 for these grants, funding 159 of the 256 applications received, with an average award of \$1,855. The maximum amount of a single award is \$5,000. Individuals and their families make requests via a grant application process. Funded requests include such items as bathroom accessibility modifications, ramps, therapeutic equipment, overhead lifts, and fences. Often the grant awards are combined with other resources to complete the project. Feedback from recipients document many significant changes in the lives of persons with developmental disabilities made possible by these funds.

Adult Protective Services and Facility Abuse Issues

A variety of questions were asked about abuse cases. Please see the following Charts

- ◆ # 3 - 2003 Licensed Facility Complaints, (*page 22*)
- ◆ # 4 – 2001 to 2003 Community Adult Protective Services Cases (*page 23*)
- ◆ # 5 – 2003 Community Adult Protective Services Complaints (*page 24*)
- ◆ # 6 – 2003 Community Adult Protective Services Victims (*pages 25-26*)

These documents answer the following questions or requests:

- ◆ How many facilities are sanctioned?
- ◆ How many are fined?
- ◆ Please provide a more detailed description on the types of abuse including allegations, seriousness, types, perpetrators and reporters

How do you determine how much to fine a facility?

Please see that attached document, **Corrective Action Policy.** (*pages 14 – 21*)

How many are referred by the Long-term Care Ombudsman?

The Long-term Care Ombudsman reports approximately 8% of all facility abuse allegations.

Seniors and People with Disabilities works closely with the Long Term Care Ombudsman Program (LTCO). We attend the Long Term Care Advisory Council to discuss issues and resolve problems. Local DHS offices and Area Agencies on Aging work closely with local volunteer ombudsman. Local ombudsmen report abuse cases to our local offices and to our Client Care Monitoring Units.

SPD and LTCO have very different roles. SPD is responsible for all abuse complaint investigations and regulatory related issues. The LTCO functions as an advocate for residents in long-term care facilities. Although we have different roles as demonstrated below, we coordinate with them to ensure quality care for residents of Oregon long term care facilities.

Duties of Ombudsman	Duties of SPD
Function as an advocate on behalf of the resident. Maintain an ongoing presence in facilities for ongoing problem solving on behalf of residents. Recruit volunteer ombudsman.	Provide regulatory oversight as required by the federal and state law. Write rules and regulations regarding licensing, standards for facility services and abuse prevention.
Identify, investigate and resolve general complaints. Refer abuse complaints to SPD.	Investigate allegations of abuse and poor care. Provide immediate intervention to stop and prevent further abuse. Develop evidence-based reports to determine fault for possible facility corrective action.
Provide observational and general complaints to SPD's Client Care Monitoring before facility surveys	Ensure compliance with licensing requirements through surveys and protective service investigation.
Act as the agent of the resident as requested in issues of dispute with facilities.	Take appropriate corrective action including conditions, fines, and revocation of license. Provide additional quality assurance activities to improve overall care in facilities.

How many home care workers were removed due to abuse?

SPD does not capture whether a Home Care Worker (HCW) was terminated for violating protective service rules. However, most of the HCWs that were terminated with an immediate suspension had issues that would fall under the protective services umbrella. An immediate suspension can be used when there is imminent danger to a client. Since June 1, 2005 SPD terminated 65 HCWs under our immediate suspension rule. We also had 195 HCWs who were terminated for other reasons, which may have included protective services. Though this is a disturbing number, it comprises less than 2 percent of the total Home Care Workforce.

Direct Financial Support Programs

Please provide the age breakdown of clients receiving services through SPD

Age Distribution Receiving Financial Support		
	Less than 65	65+
OHP Plus	50,722	30,274
OHP Standard	32,824	197
Medicare Buy-In	30,581	35,420
OSIP	19,996	3,343
Food Stamps	8,890	4,624

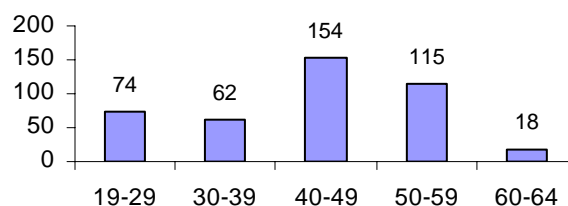
General Assistance Program Eligibility

- ◆ Must meet the GA Disability Criteria
- ◆ Must apply for Supplemental Security Income (SSI)
- ◆ Be between the ages of 18-64 or be over age 65 and a be a qualified Non-Citizen without children in the home
- ◆ Income must be below \$314 per month per individual or \$628 per month for a couple
- ◆ Resource Limit \$2000/individual, \$3000/couple

GA Clients Demographics

- ◆ Total Number of GA Clients on Food Stamps: 388 (91.7%)
- ◆ Gender: 213 males 210 female
- ◆ 6 percent (26) of GA clients receive Long-term care services:
- ◆ Nursing Facility: 3 clients In Home: 14 clients Substitute Home: 9 clients.

Age of GA Clients



**Comparison of Home Care Worker Programs
Wages and Benefits**

Location	# of Workers	Wages	Hours needed for Health Insurance	Employee Cost	Other Fully Paid Benefit	Workers Compensation
Oregon	13,000	\$ 9.26 \$ 9.03	88	Fully paid	None	Bargained
Washington	27,000	\$ 8.93	86	\$ 17.00	None	Bargained Worker contributes .17 per hour
Sacramento Co ¹	14,000	\$ 9.50	80	\$ 20.00	Dental	Automatic
Contra Costa Co	5,400	\$ 9.50	45	\$ 12.00	Dental	Automatic
San Francisco Co	12,000	\$ 10.28	25	\$ 3.00	Dental & Vision	Automatic
Alameda Co	8,000	\$ 9.50	33	\$ 8.00	Dental & Vision	Automatic

In California, counties administer the home care program. Each county designs and administers the program differently.

Source: Survey performed on 2/24/05

Medicare Modernization Act Issues

What is the age of a typical Medicare/Medicaid Dual Eligible?

Age Groups	# Clients
Under 18	10
18-64	20,684
65-74	11,317
75-84	10,724
85+	7,417
Total	50,152

This number only includes those individuals who have been determined eligible for both Oregon Health Plan (Medicaid) and Medicare. *(Data from UCMS download; January 2005)*

Provide the number of Medicaid Clients (SPD) who are in Managed Care.

Age	With Medicare	Without Medicare
65 and over	43.8%	69.1%
Under age 65	55.3%	68.7%

We will provide additional information regarding MMA implementation during Phase II. This will include options to provide additional drug benefits for the Dual Eligible population using General Funds only.

Chart #1

Age and Care Setting of SPD Long-term Care Client

Adults and Persons with Disabilities - Clients by Age				
	Less than 65	65+	Totals	% of total
In Home*	5,007	6,150	11,157	41.0%
Community Based Care(CBC)**	1,962	8,789	10,751	39.5%
Institutional Care	869	4,435	5,304	19.5%
Totals	7,838	19,374	27,212	
<p>*In-Home number includes In-Home and Independent Choices clients. **CBC number includes Providence Elderplace, Assisted Living, Foster Home, Residential Care and Specialized Living Facility clients.</p>				

Developmental Disability Clients by Age				
	Less than 65	65+	Totals	% of Totals
In Home*	4826	45	4871	49.3%
Community Based Care***	4698	262	4960	50.2%
Institutional Care	35	10	45	0.5%
Totals	9,559	317	9,876	
<p>*In Home includes Family Support, CIIS, SILP and Brokerage **CBC includes Nursing Special Services, 24 Hour Residential, Supported Living, Non-Relative Foster Home, State Operated, Childrens Residential and Childrens Proctor</p>				

**SPD Rate History
For Licensed Long Term Care Facilities**

Facility Type	7/1/2004	7/1/2003	7/1/2002		7/1/2001	7/1/2000	7/1/1999	7/1/1998	7/1/1997
Adult Foster Home (AFH) - Non relative per month									
Base Rate	\$917.00	\$917.00	\$917.00	Level 1	\$609.61	\$609.61	\$562.00	\$562.00	\$262.00
Base Rate + 1 add-on	\$1,142.00	\$1,142.00	\$1,142.00	Level 2	\$774.49	\$774.49	\$714.00	\$714.00	\$384.00
Base Rate + 2 add-on	\$1,367.00	\$1,367.00	\$1,367.00	Level 3	\$903.57	\$903.57	\$833.00	\$833.00	\$508.00
Base Rate + 3 add-on	\$1,592.00	\$1,592.00	\$1,592.00	Level 4	\$1,019.64	\$1,019.64	\$940.00	\$940.00	\$636.00
				Level 5	\$1,174.75	\$1,174.75	\$1,083.00	\$1,083.00	\$772.00
Adult Foster Home (AFH)- Relative per month									
Base Rate	\$700.00	\$700.00	\$700.00	Level 1	\$508.73	\$508.73	\$469.00	\$469.00	\$262.00
Base Rate + 1 add-on	\$925.00	\$925.00	\$925.00	Level 2	\$661.68	\$661.68	\$610.00	\$610.00	\$384.00
Base Rate + 2 add-on	\$1,150.00	\$1,150.00	\$1,150.00	Level 3	\$762.56	\$762.56	\$703.00	\$703.00	\$508.00
Base Rate + 3 add-on	\$1,375.00	\$1,375.00	\$1,375.00	Level 4	\$880.79	\$880.79	\$812.00	\$812.00	\$636.00
				Level 5	\$1,102.08	\$1,102.08	\$1,016.00	\$1,016.00	\$772.00
Assisted Living Facility (ALF) per month									
Level 1	\$688.36	\$651.69	\$651.69		\$651.69	\$651.69	\$600.79	\$596.86	\$553.00
Level 2	\$910.23	\$861.74	\$861.74		\$861.74	\$861.74	\$794.43	\$790.50	\$736.00
Level 3	\$1,204.04	\$1,139.93	\$1,139.93		\$1,139.93	\$1,139.93	\$1,050.90	\$1,046.97	\$978.00
Level 4	\$1,574.64	\$1,490.76	\$1,490.76		\$1,490.76	\$1,490.76	\$1,374.32	\$1,370.39	\$1,283.00
Level 5	\$1,944.02	\$1,840.46	\$1,840.46		\$1,840.46	\$1,840.46	\$1,696.71	\$1,692.78	\$1,586.00
Nursing Facility (NF) per day									
Basic Rate	\$139.86	\$136.88	\$111.35		\$108.09	\$97.60	\$89.18	\$88.91	\$75.63
Complex Medical Rate	\$195.81	\$191.63	\$155.90		\$151.33	\$136.48	\$124.59	\$124.34	\$104.89
Pediatric Rate	\$261.99	\$248.92	\$248.92		\$241.62	\$197.54			
Residential Care Facility (RCF) per month									
Base rate	\$917.00	\$917.00	\$917.00	Level 1	\$609.61	\$609.61	\$562.00	\$562.00	\$262.00
Base Rate + 1 add-on	\$1,142.00	\$1,142.00	\$1,142.00	Level 2	\$774.49	\$774.49	\$714.00	\$714.00	\$384.00
Base Rate + 2 add-on	\$1,367.00	\$1,367.00	\$1,367.00	Level 3	\$903.57	\$903.57	\$833.00	\$833.00	\$508.00
Base Rate + 3 add-on	\$1,592.00	\$1,592.00	\$1,592.00	Level 4	\$1,019.64	\$1,019.64	\$940.00	\$940.00	\$636.00
				Level 5	\$1,174.75	\$1,174.75	\$1,083.00	\$1,083.00	\$772.00

Corrective Action Policy
Office of Licensing and Quality Care
Department of Human Services
Seniors and People with Disabilities

I Generally

This policy establishes guidance for implementing sanctions for violations of Department rules and regulations. These guidelines are designed to enhance the protection of resident's rights, health and safety by encouraging regulated entities to prevent or voluntarily identify, disclose and correct violations of state statutes and rules. It is the policy of the Department that the use of any one sanction does not preclude the implementation of any other corrective action for the same deficiencies and to impose sanctions which are proportionate to the seriousness of the violations committed.

II Applicability

This policy is applicable to all programs which utilize a corrective action process under the Department of Human Services Office of Licensing and Quality Care in proposing sanctions and negotiating settlements in administrative or judicial enforcement actions and may be applied at the Department's discretion. This policy is for Department staff guidance and does not create or eliminate any rights, duties or obligations, implied or otherwise, by any third parties.

III Purpose

The purpose of this policy is to provide Department staff with criteria for the consistent evaluation and issuance of appropriate corrective action.

IV Definitions

Condition - a provision imposed by the Department which limits or restricts the scope of a regulated entity's license, or specifies criteria related to the care and/or operation of the entity.

Harm - a negative impact to resident physical, mental, financial and/or emotional well-being as defined by the following terms:

Potential - the possibility of harm not yet realized.

Minor - harm resulting in: no more than temporary physical, mental or emotional discomfort or pain without loss of function; or minor violation of residents' rights.

Moderate - harm resulting in: temporary loss of physical, mental or emotional function; illness or pain lasting more than 24 hours even if controlled by medication; or violation of residents' rights.

Serious - harm resulting in: long-term or permanent loss of physical, mental or emotional function; extreme or prolonged pain even if controlled by medication; significant loss of dignity; significant violation of residents' rights; or death.

Investigation - a report submitted on an official form and received by the Department which evaluates the relevant evidence supporting an allegation of wrongdoing and makes a substantiated finding.

Imminent Danger / Immediate Jeopardy - a situation where noncompliance with regulatory requirements has caused, or is likely to cause, serious injury, harm, impairment or death to resident(s).

Occurrence - an event of noncompliance happening at one time or of

of Human Services to provide care and services to residents.

Revocation - a procedure which rescinds a previously approved license to operate an entity regulated by the Department.

Sanction - an action taken by the Department in response to a violation. This includes, but is not limited to a civil penalty, condition on license, revocation or suspension of license.

Severity Code - the numerical code, on a scale of one to four, assigned for noncompliance as determined by an investigation, to indicate a level of harm, or potential harm to resident(s) as follows:

Code I No harm or potential for minor harm.

Code II Minor harm or potential for moderate harm.

Code III Moderate harm or potential for serious harm.

Code IV Serious harm or imminent danger.

Similar Violation - includes, but is not limited to, the same statute or rule, same staff or resident or same harm or underlying cause of harm to resident(s).

Suspension - a procedure which immediately rescinds a license previously extended to operate an entity regulated by the Department.

Violation - non-compliance with a requirement of any Department rule, regulation, statute, order or agreement.

V **Standard of Proof**

considered a sanction by the Department.

VII Sanctions

The following sanctions can be initiated by the Department to correct a violation:

- A. **Civil Penalty** - violation of any statute or rule may result in a civil penalty after a single occurrence. These violations may include, but are not limited to:
1. Violations involving a negative outcome (or potential negative outcome) to the resident;
 2. Violations involving direct resident care;
 3. Violations involving failure to provide sufficient staffing;
 4. Violations of residents' rights;
 5. Violations of substantiated abuse or neglect;
 6. Violations of employee misconduct/inappropriate hiring.

The amount of the civil penalty shall be guided by the civil penalty chart, attached as Exhibit B, unless otherwise specified by rule. Civil penalties are assessed at the mid-point of the indicated ranges. Adjustments to the civil penalty amount may be merited in some circumstances. Adjustment factors include, but are not limited to:

1. Self-Reporting - Violations which are voluntarily reported may receive a reduction in any civil monetary fine;
2. A history of similar violations;
3. The gravity of the violation (including actual and potential threat to the health, safety and well-being of residents);
4. The financial benefit, if any (such as costs avoided by not obtaining sufficient staffing, equipment or supplies);
5. The duration of time the violation occurred;
6. Action taken to prevent violations and/or immediate steps taken

- B. **Condition** - conditions may include, but are not limited to, the following:
1. Restricting the total number of residents;
 2. Requiring additional staff or staff qualifications;
 3. Requiring additional training;
 4. Requiring additional documentation;
 5. Restriction of admissions.
- C. **Suspension** - suspension may occur for, but is not limited to, the following circumstances:
6. Substantial failure to comply with Department rules/regulations;
 7. Failure to comply with a final order of the Department;
 8. Abuse, neglect or exploitation of a resident.
- D. **Revocation** - revocation may occur for, but is not limited to, the following circumstances:
1. Prior denial, suspension or revocation;
 2. Health, safety or welfare of residents is threatened;
 3. Resident(s) subjected to abuse, neglect or exploitation;
 4. Failure to correct deficiencies;
 5. Failure to comply with a final order of the Department.

VIII Decision Matrix

The following Decision Matrix provides guidance for determination of the appropriate sanction(s) to be used for corrective action. The Department may issue sanctions in addition to those indicated by the Matrix based on the facts of the violation(s) including, but not limited to, facility compliance history, intentional

Severity Code II - Minor harm or potential for moderate harm	Advisory Letter	Advisory Letter
Severity Code III - Moderate harm or potential for serious harm	Civil Penalty	Civil Penalty and/or Condition, discretionary Suspension/Revocation
Severity Code IV - Serious harm or imminent danger /immediate jeopardy or chronic regulatory noncompliance	Civil Penalty and/or Condition, discretionary Suspension/Revocation	Civil Penalty and/or Condition, discretionary Suspension/Revocation

Civil Penalty Chart
Range of Civil Penalties by Provide Type

Adult Foster Home

- A. *Abuse/ Neglect Resulting In Injury/Death*
1. Serious injury/death
\$500-1,000
 2. Moderate injury 300-500
 3. Minor injury 100-300
 4. Potential injury 100-500
- B. *General Rule Violation* 100-250
1. Serious (lead to immediate threat)
 2. Moderate (lead to potential harm)
 3. Minor (technical/paperwork)
- C. *Falsifying Resident Records*
up to 500
- D. *Other forms of abuse/neglect*
\$100-500
1. Financial abuse (Consider amount taken/expended.)
 2. Sexual abuse (May be considered to be a serious injury.)
 3. Verbal abuse
 4. Deny meals/ clothes/ aids to physical functioning
 5. Failure to follow plan of care
 6. Admit out of classification/failure

Nursing Facilities

- A. *Abuse resulting in death*
\$500-1,000
- B. *Abuse result in injury*
1. Serious 500-1,000
 2. Moderate 300-500
 3. Minor 100-300
- C. *Potential injury* 100-300
- D. *Other* \$100-500
1. Involuntary seclusion
 2. Corporal punishment
 3. Verbal abuse
 4. Financial abuse (Consider amount taken / expended.)
 5. Emotional abuse
 6. Sexual abuse (May be considered to be a serious injury.)
 7. Loss of dignity

Assisted Living &
Residential Care Facilities

A. *Abuse/ Neglect Resulting In
Injury/Death*

1. Serious injury/death \$300-500
2. Moderate injury 200-400
3. Minor injury 100-300
4. Potential injury 100-500

B. *General Rule Violation*
100-500

1. Serious (lead to immediate threat)
2. Moderate (lead to potential harm)
3. Minor (technical/paperwork)

C. *Other forms of abuse/neglect*
\$100-500

1. Financial abuse (Consider amount taken/expended.)
2. Sexual abuse (May be considered to be a serious injury.)
3. Verbal abuse
4. Deny meals/ clothes/ aids to physical functioning
5. Violation of residents' rights
6. Inappropriate restraint use

2003 Licensed Facility Complaints

Total Allegations = 3932

Complainant	AFH	ALF	RCF	NF	Total
Anonymous	34	22	54	70	180
DHS / AAA	148	61	81	124	414
Facility Staff	54	162	239	921	1376
Family / Visitor	246	99	152	427	924
Hospital / Physician	54	27	28	52	161
LTCO	42	54	64	170	330
Medical Prof.	66	16	32	2	116
Other	106	35	71	41	253
Public Agency	51	10	6	47	114
Resident / Alleged Victim	42	15	9	41	107
Total	843	501	736	1895	3975
Perpetrator	AFH	ALF	RCF	NF	Total
Administrator	8	60	70	89	227
Aide		30	31	355	416
Another Resident	3			4	7
Daughter			1	2	3
Daughter-In-Law				2	2
Director Of Nursing				29	29
Facility Owner	824	220	357	861	2262
Grandson				1	1
Husband		1		1	2
In-Home Prov. (PRIV.)	2				2
Nurse		16	19	153	188
Other	21	14	4	7	46
Other Employee	273	160	235	240	908
Other Relative				1	1
Physician				3	3
Represent Payee	1				1
Resident Manager	61	6	10	12	89
Sister	1				1
Son			1	2	3
Unable to Determine	13	12	18	17	60
Wife				2	2
Total	1207	519	746	1781	4253
Conclusion	AFH	ALF	RCF	NF	Total
Data Not Available	7	1			8
Substantiated	331	163	223	569	1286
Unable to Substantiate	71	40	53	140	304
Not Substantiated	438	290	440	1166	2334
Total	847	494	716	1875	3932

2003 Community Adult Protective Services Complaints Cases Closed During Calendar Year

Total Complaints = 6871 Total Allegations = 7217

Complainant	#	%	Investigation Conclusion	#	%
Data Not Available	42	<1%	Data Not Available	18	0%
AAA / SDS	671	10%	Substantiated	2958	41%
Anonymous	267	4%	Unable to Substantiate	1357	19%
Attorney	41	<1%	Not Substantiated	2884	40%
Banker	174	3%		7217	100%
Clergy	15	<1%			
Coroner	1	<1%			
EMT / Fire Fighter	77	1%			
Facility Staff	334	5%			
Family Member	1105	17%			
Friend / Neighbor	634	9%			
Health Care Professional	445	7%			
Home Health Personnel	227	3%			
Hospital	270	4%			
Law Enforcement Officer	471	7%			
Long Term Care	16	<1%			
Mental Health Worker	65	<1%			
Other	738	11%			
Pharmacist	4	<1%			
Physician	99	1%			
Public Official	73	1%			
Self / Victim	411	6%			
Social Service Staff	510	8%			
	6690	100%			

Perpetrator	#	%
Data Not Available	125	2%
Acquaintance	761	12%
Daughter	861	13%
Daughter-in-Law	98	2%
Grand Daughter	151	2%
Grandson	160	2%
Guardian/Conservator	42	<1%
Husband	305	5%
Non-Relative Caregiver	567	9%
Other	740	12%
Parent	53	<1%
Self	1388	22%
Sibling	91	1%
Son	857	13%
Son-in-Law	75	1%
Wife	155	2%
	6429	100%

complaints with >1 perpetrator = 720

Type of Mistreatment	#	%
Data Not Available	9	<1%
Abandonment by Caregiver	74	1%
Financial Exploitation	1881	26%
Neglect	1272	18%
Other	748	10%
Physical Abuse	497	7%
Self Neglect	1998	28%
Sexual Abuse	68	<1%
Verbal Abuse	670	9%
	7217	100%

Total Allegations and Substantiated Abuse
Community Adult Protective Services
Closed Cases 2001 to 2003

Year	Total Allegations	Substantiated	
	#	#	%
2001	6201	2905	47%
2002	7290	3181	44%
2003	7217	2958	41%
AVERAGE	6903	3015	44%

2003 Community Adult Protective Services Victims

Abuse Status	Total		65+ (82% of total)		Under 65 (18% of total)	
	#	%	#	%	#	%
Not Abused	3429	56%	2798	55%	631	57%
Abused Once	2130	35%	1735	34%	395	36%
Reabused*	605	10%	524	10%	81	7%
	6164	100%	5057	100%	1107	100%

Type of Mistreatment	Total		65+ (82% of total)		Under 65 (18% of total)	
	#	%	#	%	#	%
Data Not Available	9	<1%	5	<1%	4	<1%
Abandonment	80	<1%	61	<1%	19	1%
Financial Exploitation	2072	26%	1857	27%	215	16%
Neglect	1484	18%	1226	18%	258	19%
Other*	847	10%	709	10%	138	10%
Physical Abuse	526	7%	373	6%	153	12%
Self Neglect	2248	28%	1886	28%	362	27%
Sexual Abuse	69	<1%	27	<1%	42	3%
Verbal/Emotional	746	9%	610	9%	136	10%
	8081	100%	6754	100%	1327	100%