



Indiana
Family and Social Services Administration
Division of Aging
Adult Protective Services
Annual Report
IC 12-10-3-30
February 2, 2020

Sec. 30. The division shall report to the general assembly before February 2 of each year concerning the division's activities under this chapter during the preceding calendar year. The report must include the recommendations of the divisions relating to the need for continuing care of endangered adults under this chapter and must be electronic format under IC 5-14-5.

Introduction

The Division of Aging with the Indiana Family Social Services Administration, contracts with 17 county prosecutors to administer the Adult Protective Services (APS) program for the state of Indiana. These units, also known as hubs, are required by IC 12-10-3-8, to investigate reports of battery, neglect and exploitation of individuals that are endangered adults. According to IC 12-10-3-2, an endangered adult is 18 years or older, incapable of managing or directing his/her own care because of mental illness, intellectual disability, dementia, habitual drunkenness, excessive drug use or other physical or mental incapacity, and must be threatened with harm by neglect, battery or exploitation.

In 2019, the APS units employed 17 full-time directors, 52.5 full-time equivalent investigators, seven full-time case monitors and seven full-time intake specialists. During calendar year 2019, the APS units received 21,544 calls for service. Of those calls, 14,168 were opened as cases. This report provides a fiscal snapshot of the program, statistical trends for battery, neglect and exploitation of endangered adults, and program recommendations.

APS Funding

The Division of Aging negotiated contracts with 17 hub county prosecutors to administer the APS program within their county and surrounding counties. The APS program is funded by state appropriations. Some federal Medicaid funds are reimbursed to the program for services provided to Medicaid clients.

State Fiscal Year (SFY) 2019

The APS Hub contract funding for SFY 2019 totaled \$5.78 million. This included the state appropriation of \$5.4 million, in addition, funding of \$700,000 was set aside for emergency services and short-term housing to assist with emergency cases. And, the Division of Aging renewed the contract with Indiana 211, for the 24/7 call center for \$164,482.

Table 1 displays the investigations conducted, the cost per case and the contract allocation for each APS hub during SFY2019. Allocations were based on prior year case population and budgets submitted from the APS units.

Figure 1:

APS HUB COUNTY	CONTRACT SFY 2019	UNSPENT	NUMBER OF CASES	COST/ CASE
Unit 1, Lake	\$379,652.35	\$23,915.96	932	\$381.69
Unit 1a, LaPorte	\$313,141.34	\$61.85	920	\$340.30
Unit 2, St. Joseph	\$390,849.34	\$72,855.46	1021	\$311.45
Unit 3, Allen	\$420,808.67	\$724.30	1487	\$282.50
Unit 4, Tippecanoe	\$286,032.34	\$31,045.26	667	\$380.48

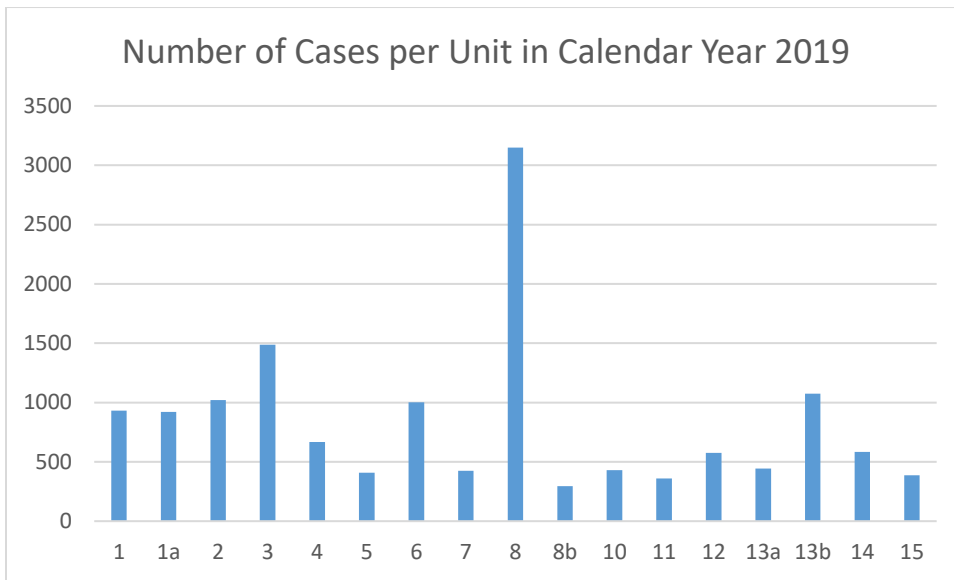
Unit 5, Cass	\$239,413.98	\$0.01	408	\$586.80
Unit 6, Madison	\$270,622.10	\$13,675.18	1003	\$256.18
Unit 7, Vigo	\$226,935.34	\$8,988.64	426	\$510.10
Unit 8, Marion	\$579,701.00	\$7,394.5	3150	\$181.68
Unit 8b, Shelby	\$216,004.34	\$50,890.47	295	\$559.71
Unit 10, Monroe	\$244,499.34	\$19,890.39	431	\$521.13
Unit 11, Bartholomew	\$250,137.34	\$21,552.11	361	\$633.20
Unit 12, Dearborn	\$326,320.00	\$32,607.13	577	\$519.47
Unit 13a, Daviess	\$187,465.00	\$6,249.50	444	\$408.14
Unit 13b, Vanderburgh	\$293,299.34	\$2,840.69	1073	\$270.55
Unit 14, Clark	\$243,777.34	\$3,055.93	585	\$411.49
Unit 15, Washington	\$215,086.80	\$15,592.08	388	\$471.89
Total	\$5,083,745.96	\$251,531.70	14,168	Avg. cost per case \$335.97

Case Volume by Units

Annual case volume varies widely between the APS units. For calendar year 2019, unit case volume ranged from 295 cases in unit 8b (Shelby, Johnson, and Hancock Counties), to 3,150 in unit 8 (Marion, Hamilton, Boone, Hendricks and Morgan Counties). Geographic area, practice variations, and demographic variations between different units precludes a direct comparison of volume.

Figure 2 shows the number of cases investigated per APS units for the calendar year 2019.

Figure 2:



Distinguishing Calls for Service and Cases

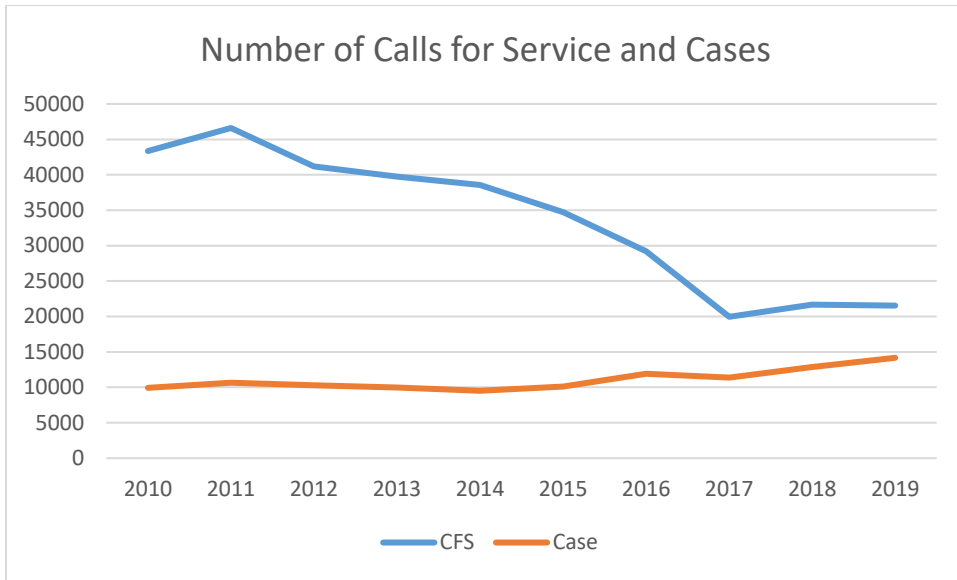
A call for service (CFS) generally includes any communication from the public to APS. These communications may be informational, or they may allege abuse (battery), neglect, or exploitation. Incident reports are submitted to APS units and include a wide range of occurrences from routine family member complaints to billing issues. While the administrative rule requires that some incident reports be sent to APS units, they often do not allege abuse, neglect, or exploitation. Until July 2016, calls for services included incident reports from social service providers and health care facilities. After July 2016, the Division of Aging stopped requiring units to enter data from incident reports that do not allege abuse, neglect or exploitation. Inclusion of the incident report will be at the discretion of the unit, as a call for service, unless the Director believes it serious enough to make it a case. This was done to better determine the true number of reports made to APS. This change resulted in a sharp drop in calls for services starting in July 2016 and continuing to drop in 2017. In 2018, the calls for service leveled out demonstrating a more realistic number of calls coming into the APS system.

Cases are those calls for service that meet the APS individual prosecuting attorney's intake criteria for an investigation to be conducted.

Ten year Statistical Roll-up

Figure 3 displays the number of calls for services and cases over the past 10 years.

Figure 3:

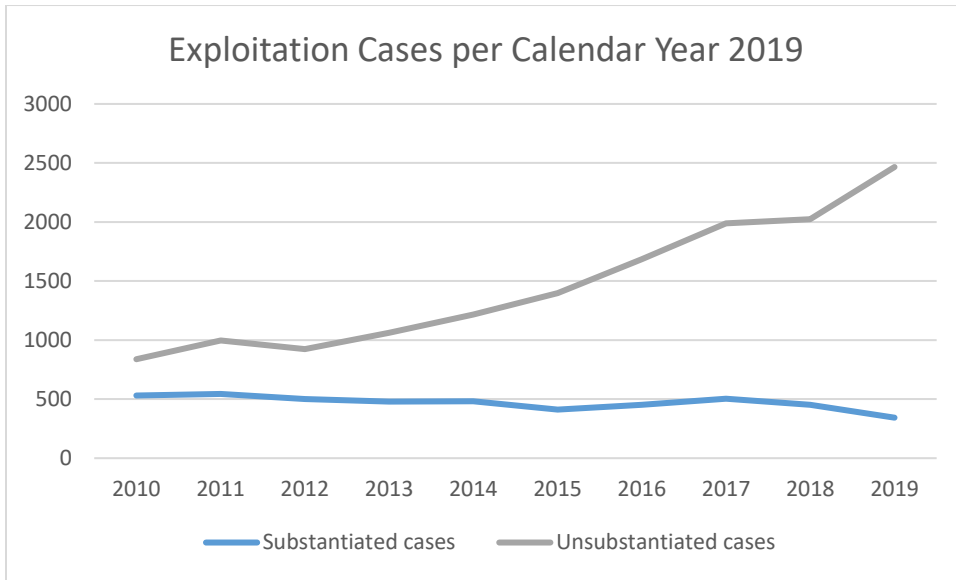


Exploitation

Exploitation is the illegal or improper use of an individual’s funds, property, assets, or services. This includes financial, physical, and sexual exploitation. In 2019, APS units received 2,809 calls regarding exploitation and of those calls 343 resulted in a case being investigated for exploitation. Some of the APS units have hired investigators specializing in exploitation.

Figure 4 displays the number of substantiated and unsubstantiated exploitation investigations over the past 10 years.

Figure 4:

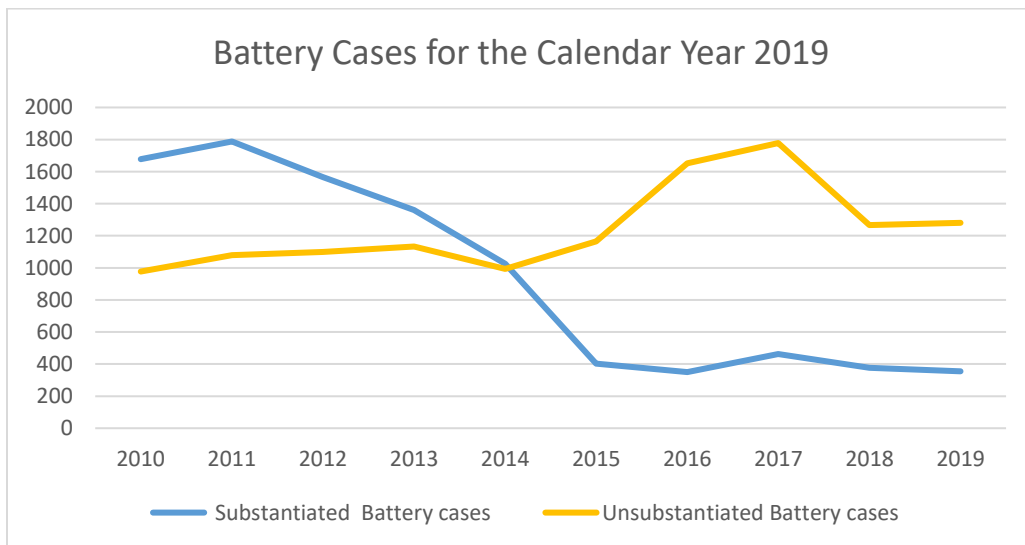


Battery

Battery, for APS purposes, includes confinement, medication errors, physical, emotional and sexual abuse. In 2019, APS received 1,635 calls for battery which resulted in 354 cases being investigated.

Figure 5 displays the number of battery investigations over the past 10 years.

Figure 5

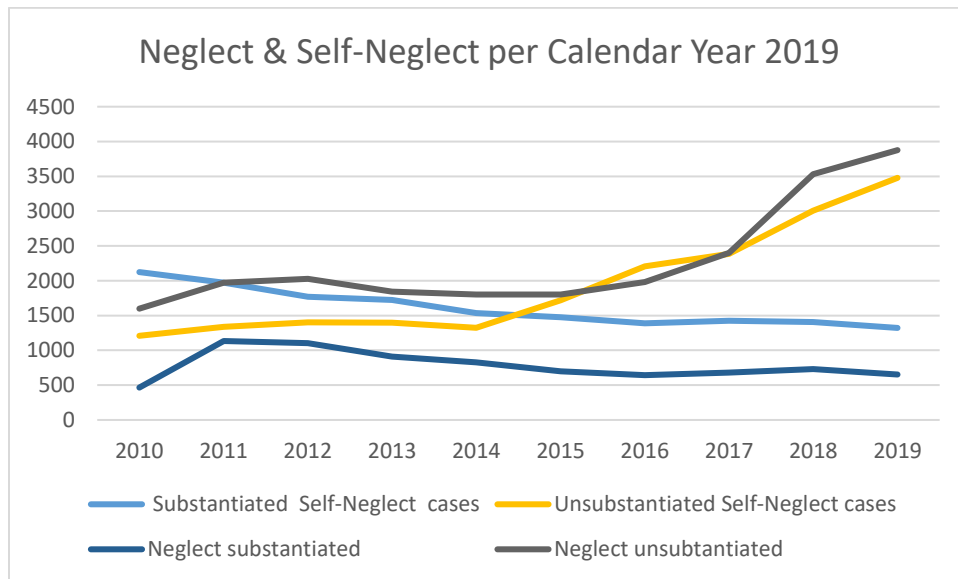


Neglect and Self-Neglect

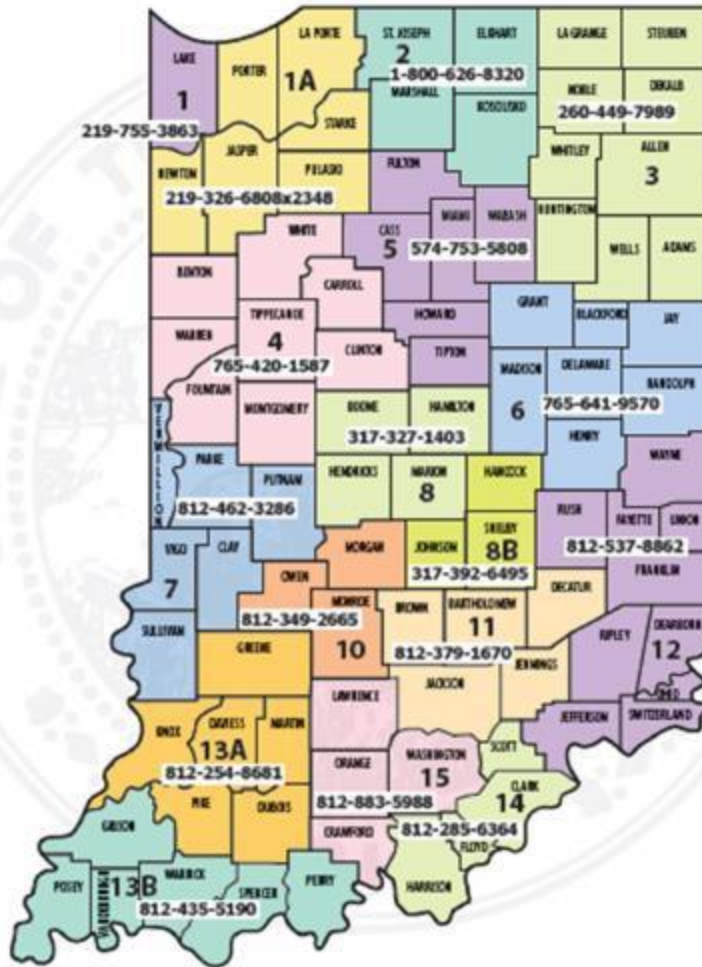
Neglect means that the person taking care of the individual is unable or fails to provide adequate food, clothing, shelter, or medical care. Self-neglect means the individual is unable or refuses to care for his/her self. In 2019, APS received 9,330 call regarding neglect and self-neglect, this was an 8% increase over the previous year.

Figure 6 displays the number of neglect and self-neglect cases, as well as the number of calls that were unsubstantiated for the allegation of neglect over the past 10 years.

Figure 6:



Indiana Adult Protective Services Units



Adult Protective Services State Hotline
1-800-992-6978

#5300
 01/16/2018

2019 Accomplishments

In 2019, there were several APS program accomplishments including:

- (1) The first-ever learning collaborative bringing together all the APS units and their community partners;
- (2) accomplishing the 2108 goal of streamlining the claim procedures;
- (3) hiring a business computer analyst to assist in the process of acquiring a new case management system;
- (4) and creating a taskforce to improve the IN-211 call center's process and procedures.

The May 2019 APS training focused on collaboration with Area Agencies on Aging (AAA), and the October collaborative meeting expanded the idea by bringing many stakeholders to the table. Stakeholders at the May meeting included AAA's, the Division of Mental Health and Addiction, Division of Disability and Rehabilitative Services, Long Term Care Ombudsman, Office of Medicaid Policy and Planning, Division of Financial Resources, Department of Child Services, and the Indiana State Department of Health. Stakeholders were seated at a table according to their geographic location and were tasked with problem solving issues based on anonymous but real scenarios encountered by the stakeholders. Feedback from the attendees was very positive, and the event sets the ground work for future collaborative efforts and problems solving.

On December 1, 2016, FSSA submitted a report to the legislature in accordance with Senate Enrolled Act 192. Report preparation was coordinated between the FSSA and IPAC. A copy of the report can be found at <https://iga.in.gov/legislative/2016/publications/agency/reports/fssa/#document-a63ca538>. Using the topics outlined in this report, the Division of Aging has further broken down some of its accomplishments in the APS program in 2019:

- Emergency Placement: Provide funding for emergency short-term placement options for persons who need to be removed from dangerous environments and are unable to care for themselves.

Update

- In SFY 2019, FSSA distributed \$700,000 of federal Medicaid participation dollars among the 17 APS units. The funds were distributed according to population with the restriction that funds are to only be used for emergency short-term services and housing.
- Improved APS Case Management: Cooperate with case management specialists, such as the Area Agencies on Aging, to provide APS case managers who are specially trained and well versed in the systems of services and supports for the elderly and disabled populations. This will serve to enhance the continuum of care for those engaged in APS services.

Update

- In 2019, the Division of Aging hired a business analyst to conduct a review of the current APS database, assess available systems, develop business requirements, and host feedback sessions with APS Units. This information will be used to select a vendor to develop a true case management system for APS.
- Staffing: Establish a consistent funding formula based on either a per capita allocation according to the target population or an allocation according to historical caseload.

Update

- In 2019, many of the APS units continue to hire full and part-time case monitors. Some of the units have hired investigators specializing in financial exploitation. Contract funding allocation was based on prior year caseload.
- Statewide Operational Consistency: APS is required by statute to collaborate with IPAC on the implementation of standard operating procedures as well as provide formalized APS training for pre-service, in-service, and supervisor training.

Update

- IPAC and APS units have worked diligently and collaboratively on standard operating procedures that should be ready to implement in calendar 2020.
- IPAC collaborated in the 2019 spring training and the fall collaboration meeting.
- State APS Hotline: Increase Staffing for the state APS hotline.

Update

- The Division of Aging contracts with IN-211 to provide 24 hours a day, 7 days a week, 365 days per year coverage of the state APS hotline.
- Indiana 211 and APS units have been working collaboratively through a workgroup to improve hotline wait times and to generally make the hotline more effective for the units and the public.
- Many of the units have chosen not to replace the intake specialist position, at the unit, and are utilizing the IN211 call center.

2020 Recommendations:

The Division of Aging has identified that many of its long-term goals for APS are dependent on a new case management system, as the current database hampers uniformity and does not provide the appropriate data to inform metrics or training. Therefore, the primary goal of 2020 and beyond is to procure and implement a new case management system. Many of the additional goals outlined below will be ongoing.

Pursuant to IC 12-10-3-30, the Division of Aging is making the following additional priority recommendations for 2020:

Training:

Recommendations

- Develop a training program based on the approved standard operating procedures.
- Develop and implement a risk and assessment procedures to be used when evaluating endangered adults.

Emergency Services and Housing

Recommendations

- Build the Hub prosecutor's capacity for implementing emergency services and short term housing by supporting local multi-disciplinary team development.

Statewide Operational Consistency

Recommendations

- Establish and implement standard operating procedures with metrics.
- Identify and establish measurement mechanisms of APS outcomes.

Staffing

Recommendations

- Establish caseload and staffing requirements at the APS unit level for program consistency and as a baseline for resource distributions. This can be done through the adoption of standard operating procedures.
- Determine appropriate staffing necessary to administer the APS program with FSSA to perform the duties as outlined in IC 12-10-3 and the IAC 1-2

APS Case Management

Recommendations

- Acquire and begin implementing a new case management system with quality control measures, which will allow greater consistency in APS procedures and better data to implement effective training.