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Ronald W. Cates
Interim Director

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Governor

Dear Reader:

The Missouri Division of Senior Services is pleased to present the third edition of the Division of Senior Services Annual Report. Material in this report covers program and service activities for State Fiscal Year 2003 (July 1, 2002 through June 30, 2003).

The information provided in this report includes data for the Division of Senior Services, Home and Community Based Services only. The Division of Senior Services provides services to seniors ages 60 years and above, and adults with disabilities ages 18 to 59. We hope this report will be useful to anyone interested in all clients served by the division. Also included is information regarding abuse, neglect, exploitation of the elderly, and all services and programs which are designed to keep individuals in home and community based settings as long as possible.

Elder abuse is a widespread problem affecting hundreds of thousands of elderly people across the country. However, it is believed to be largely under-reported because of shame and the shroud of family secrecy. Some experts estimate that as few as 1 out of 14 elder abuse incidents come to the attention of authorities, and reports received by the Division of Senior Services represent only a small portion of this large problem.

Questions about this report should be directed to the Department of Health and Senior Services, Division of Senior Services at (573) 526-3626.

Sincerely,

Linda T. Allen, Ph.D.
Director
Division of Senior Services

The Missouri Department of Health and Senior Services enhances quality of life for all Missourians
by protecting and promoting the community's health and the well-being of citizens of all ages.
AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.

Department of Health and Senior Services

Section for Senior Services
Annual Report
FY2003

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CONTENTS

Division of Senior Services Annual Report

Introduction to Senior Services, Statutory Authority, Clients Profile..…… Page 2

Office of Director…….…… Page 3

Section for Home and Community Services ……..…... Page 4

Bureau of Senior Programs & the Area Agencies on Aging …….… Page 5

Bureau of Quality Assurance…….…… Page 6

Program and Policy Development Unit……. Page 7

Elder Abuse Hotline/Information Line ……..…….…… Page 8

Adult Protective Services

Reporters and Initial Reports …….……...…….… Page 9

Classification of Reports ……... Page 10

Nature of Allegations, Investigation and Investigative Findings …….. Page 11

Completed Investigative Findings ……. Page 12

Referrals, Resolutions & Services ……. Page 13

Source & Nature of Abuse/Neglect/Victim Demographics…… Page 14

Perpetrator Demographics…….. Page 15

Missouri Care Options and In-Home Services

Pre-Long Term Care Screenings (PLTCS) ……..……Page 16

MCO and State Funded In-Home Services ……. Page 17

Definitions of In-Home Services …….……... Page 18

In-Home Services Outcomes, Clients, and Annual Expenditures……... Page 19

FY01 Long-Term Care Cost

Nursing Home Care and Home and Community Based Care…….. Page 20

Medicaid Expenditures, Cost of Long Term Care……. Page 21

Appendix

A Resource Agencies……... Page 22

B Definitions and Acronyms…….…….. Page 24

C In-Home Services Unit Rate Chart …….. Page 25

D Mandated Reporters …… Page 26

E FY03 Reporter Relationship to Victim ……... Page 27

F FY03 Hotline Reports by County……...…….……... Page 28

G FY03 Investigative Findings by County...…….…….. Page 30

H FY03 PLTCS Referral Outcomes by County……...…..……. Page 33

I FY03 Missouri Family Caregiver Support Program….....…… Page 36

J Area Agencies on Aging Profile of Services Provided…… Page 37

K Senior Services Regional Offices Map ……..……. Page 38

L Area Agencies on Aging Map ….…….…….. Page 39

Division of Senior Services

The Division of Senior Services (DSS) is the central state agency charged with coordinating matters relating to the lives of Missouri's elderly and adults with disabilities living in the home or community. Through the administration of state and federal community-based programs, the division seeks to ensure that individuals remain independent and safe in their homes and communities. The division advises legislators, advocates, state agencies, and other organizations and individuals regarding services and resources available to support this function. Most older adults who are ill or have a disability can remain in the community and avoid or delay institutionalization with the help of support services. DSS administers a coordinated, integrated home and community service delivery system to assure that the needs of Missouri's elderly and adults with disabilities are met. The primary funding sources for services and programs operated within DSS are General Revenue, Medicaid, Social Services Block Grant, and the Older Americans Act. Through a combination of these programs, over 100,000 elderly and persons with disabilities receive help each year.

Senior Services Statutory Authority and Regulation Citation

- 660.053-660.320, RSMo (Adult Protective Services);
- 565.002-570.145, RSMo (Crime of Elder Abuse);
- 198.003-198.186, RSMo (Omnibus Nursing Home Act);
- 570.145, RSMo (Crime of Financial Exploitation);
- Title 19 Division 15 Code of State Regulation (CSR) addresses the authority for the Division of Senior Services.

Senior Services Client Profile

The Division of Senior Services (Elder Abuse Hotline) serves seniors age 60 and over, and adults with disabilities, ages 18-59, who are:

- Reported to the Central Registry Unit, Elder Abuse Hotline as being a potential victim of abuse, neglect, or financial exploitation;
- Reported to the Central Registry Unit, Elder Abuse Hotline to be an in-home services client alleged to be a victim of abuse, neglect, or misappropriation of funds or property;
- Referred to the Central Registry Unit, to be an individual who is considering long term care and needs information about care options in Missouri through a pre-long term care screening;
- Assessed by DSS staff to need in-home services to prevent premature institutionalization or to guard against potential abuse, neglect, or financial exploitation.

Eligibility for Services funded through the Older Americans Act

- Adults age 60 or older; and
- Determined to be in greatest social or economic need.

Adults with disabilities, ages 18-59 are eligible for some services offered through the Area Agencies on Aging (AAAs) using state or other funding sources.

Office of the Director

The Office of the Director is primarily responsible for the administration of programs for non-institutionalized elderly and adults with disabilities ages 18-59 in Missouri. In fullfilling these requirements, the director:

- Provides information and advice to the Deputy Department Director and information to the Board of Senior Services about issues pertaining to seniors and adults with disabilities;
- Fulfills the responsibilities of the State Unit on Aging as designated in the Older Americans Act;
- Serves on the Personal Independence Commission as the department representative for issues related to the care delivery system of home and community-based care in Missouri;
- Acts as the liaison for the department to the Governor's Advisory Council on Aging;
- Responds to proposed legislation and legislative issues regarding seniors and adults with disabilities living in the home or community;
- Ensures staff responsibility for decisions, including communication and feedback from clients, employees and the public;
- Gives leadership to the development and implementation of policy and program initiatives to improve access, quality of care, service delivery, and staff development;
- Promotes service integration and collaboration with state agencies and community-based social service agencies;
- Approves public information regarding the division's role in serving seniors and adults with disabilities;
- Allocates Social Services Block Grant (SSBG) and General Revenue (GR) funds for the Home and Community In-Home Services Program;
- Provides direction and oversight to managers and staff employed by the divsion; and
- Monitors operations and expenditures to ensure cost effectiveness and program efficiency.

The Division Director's Office consists of the Office of the Deputy Division Director and Assistant Deputy Director in charge of division-wide training, the Financial Officer and staff responsible for fiscal functions, the Designated Principal Assistant to the Director, and a Consultant Community Health Nurse responsible for the clinical integrity of the division.

Four major program subdivisions are located within the Office of the Director:

- Section for Home & Community Services;
- Bureau of Senior Programs;
- Bureau of Quality Assurance; and,
- Program and Policy Development Unit.

Section for Home and Community Services

The Home and Community Services (HCS) Section has ten geographical regions in Missouri grouped into seven regional field operations offices located in St. Louis, Kansas City, Springfield, Cape Girardeau, two in Columbia, and St. Joseph (Appendix K). Professionally trained social service workers, community health nurses, and long-term care specialists serve each of the state's 114 counties, plus the city of St. Louis. Staff under the direction of the HCS Section Chief primarily respond to the following charges:

- Investigate all reports of elder abuse, neglect, and exploitation of non-institutionalized eligible adults;
- Investigate reports of abuse, neglect, and exploitation of nursing facility residents when the perpetrator named in the report lives outside the facility.
- Intervene on behalf of eligible adults believed to be at risk of injury or harm, including preparing cases for litigation based on investigative findings;
- Conduct pre-long term care screenings (PLTCS) for individuals meeting MCO criteria (i.e., is medically eligible for nursing facility care, eligible or potentially Medicaid eligible, and considering long-term care) and provide information about available care options. PLTCS are intended to assure that potential recipients of state-funded long-term care services have information sufficient to choose the care setting most appropriate to meet their care needs;
- Provide case management services to individuals requiring assistance to remain in their homes, including intake and screening, assessments, service planning and authorization of in-home services, monitoring, reassessment, and assist with discharge planning;
- Coordinate state (SSBG/GR) and Medicaid funded in-home services, home health, and community resources on behalf of clients to strengthen the support system necessary to maintain independence;
- Develop and maintain services and policies which assure the maximum degree of dignity and independence for the elderly and eligible adults with disabilities in Missouri; and
- Authorize in-home services to be delivered in accordance with established service standards and client choice as a safeguard for vulnerable adults at risk of elder abuse or premature nursing facility placement.

Significant Data:	**FY99**	**FY00**	**FY01**	**FY02**	**FY03**
Total HCS Customers	65,491	65,887	67,359	67,421	69,107
In-Home Services Clients	47,009	49,039	50,389	50,213	48,722
Pre-Long Term Care Screenings	24,287	24,775	23,762	20,435	20,386
Hotline Reports	14,099	14,732	15,718	15,331	14,772
Hotline Investigations	12,467	12,572	12,733	12,976	13,111
Average Monthly Number of Protective Services Clients	3,219	3,142	3,225	3,477	3,406

Bureau of Senior Programs

The Bureau of Senior Programs is responsible for ensuring effective and efficient management of state and local activities authorized through the Older Americans Act (OAA) and supplemented through state funding. In accordance with the requirements of the 1973 OAA amendment the state is divided into planning and service areas designated as the Area Agencies on Aging (AAAs). The AAAs provide local leadership in the development and implementation of programs and services for seniors at the local level. Services funded through the OAA are available to all seniors (age 60 and over) who are of greatest social or economic need with special emphasis on serving low income and minority seniors.

Bureau of Senior Programs Staff

- Conduct annual monitoring, review of program design, and service provision for compliance with state and federal policies and regulations;
- Review and approve AAA area plans for compliance with the requirements of the OAA and state regulations; compile the Missouri state plan for submission and approval by the Administration on Aging, offer assurances mandated under the OAA to secure federal funding for Missouri; and
- Provide training and technical assistance to AAA staff and respective boards upon request, regarding new developments in the aging field, and federal and state policies and procedures.

Area Agency on Aging Service Areas

Missouri has ten AAA planning and service areas responsible for providing services within specifically defined geographic boundaries. AAA offices are located in Springfield, Cape Girardeau, Warrensburg, Albany, Kirksville, Columbia, Kansas City, Manchester, St. Louis, and Joplin (Appendix L). Each AAA tailors its services and contracts to fit the local needs of seniors within their respective planning and service areas. The ten AAA offices plan and coordinate programs and services for senior citizens and are required to:

- Submit an annual area plan to the division which outlines the use of state, federal, and local funds, which must be reviewed and approved by DSS prior to distribution of funds designated for the provision of services;
- Administer a nutrition program that includes congregate meals, home-delivered meals and nutrition education activities;
- Offer access services (transportation, information and assistance, and general outreach /advocacy services), legal services, case management and in-home services (homemaker chore, personal care, and respite);
- Provide disease prevention and health promotion activities, develop and implement services designed to support family caregivers (information and assistance, counseling, support groups, caregiver training, respite and supplemental support services), services designed to support the employment of older workers, provide ombudsman services and information about the prevention of abuse, neglect, and exploitation of seniors; and
- Provide additional services unique to the planning and service area such as minor home modification, counseling, adult day care, friendly visiting, telephone reassurance, and volunteer recruitment (Appendix I and J).

Bureau of Quality Assurance

The Bureau of Quality Assurance is responsible for conducting quality assurance reviews, revisits, complaint investigations, and providing technical assistance to in-home services providers and counselors that provide services to clients of DSS. Services are funded through Medicaid, Social Services Block Grant, and General Revenue. The in-home services providers are authorized to deliver services to individuals in the home and community including homemaker chore, personal care, nurse visits, respite, and advanced personal care services.

Primary responsibilities of the bureau staff include:

- Review providers on-site to determine compliance with state and federal laws and regulations, which intend to set minimum standards for quality of care delivered to in-home clients.
- Receive and review proposal packets for entities that desire to obtain a contract with the department to deliver in-home services;
- Issue new contracts between the provider and the Department of Health and Senior Services to deliver services for the elderly and adults with disabilities;
- Review provider files/records and conduct interviews with provider staff to determine the effectiveness and compliance of services delivered to Home and Community Services clients;
- Investigate specialized complaints regarding in-home providers that are reported to the Bureau of Quality Assurance;
- Conduct quarterly training sessions for potential providers that includes information regarding the purpose of in-home services and the mission of the division; and
- Participate in quarterly education sessions held throughout the state for provider staff.

Significant Data:	**FY99**	**FY00**	**FY01**	**FY02**	**FY03**
Providers Under Department Contract	333	370	375	374	378
Providers Monitored for Compliance	187	175	120	120	105
Technical Assistance Visits	97	30	52	19	28
Complaint Investigations	184	385	250	302	247

Program and Policy Development Unit

Programs and services administered by DSS are governed by state and federal laws, rules, and regulations. The Program and Policy Development Unit is responsible for the interpretation, development, implementation and maintenance of Missouri policies and regulations regarding senior services staff. Policies which govern the provision of in-home services are developed in compliance with the state and federal requirements, the state plan personal care program administered by the Division of Medical Services, and the assurances offered under the Medicaid Aged and Disabled Waiver. Staff within the unit:

- Promulgate rules for program initiatives authorized through the General Assembly;
- Provide interpretive guidelines to managers, Home and Community Services (HCS) staff and service providers;
- Interpret rules and policies governing the in-home services providers who have a participation agreement with the department;
- Assist with training HCS staff, managers, and providers regarding policy revisions and new program initiatives;
- Oversee implementation of programs, developing and revising operational policies, and revise, amend or rescind regulations (CSR) as necessary to maximize staff resources and quality of care to recipients;
- Conduct statistical analysis of data regarding the authorization and delivery of in-home services, screenings, abuse and neglect reports, investigations, and findings;
- Assist in developing program data necessary to provide an accurate response to proposed legislation and budget decision items;
- Compile and analyze data regarding all aged or disabled clients that are authorized for in-home services by DSS HCS staff; and
- Act as a liaison with state and federal agencies/departments/divisions that have a common mission of working with elderly and/or disabled residents in Missouri to ensure their health, safety, and welfare in the least restrictive care setting.

Long-Term Alternative Care Subsystem (LTACS)

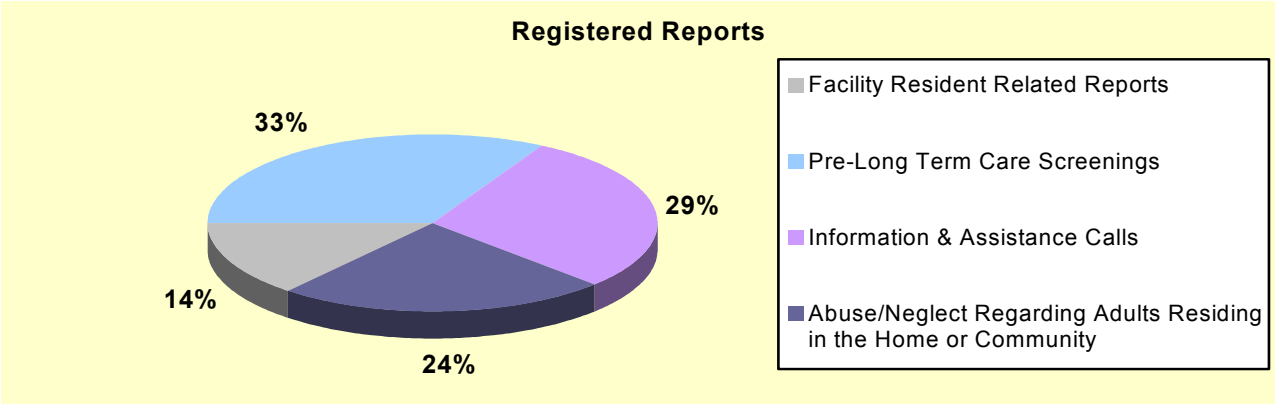
Also a part of the Program and Policy Development Unit, the LTACS or payment unit is responsible for the reimbursement for providers delivering care authorized by the HCS staff. Responsibilities include:

- Provide technical assistance and training to division staff, managers, and providers regarding data screens, data entry problems, and respond to inquiries concerning mainframe and payment issues;
- Oversee the production of management reports, including special data requests;
- Process invoices submitted for payment to the division (approximately $12M last FY);
- Conduct research regarding payment or authorization problems for contracted providers; and
- Propose and implement system enhancements and automation initiatives to maximize effectiveness and efficiency of the authorization and payment procedures as well as the integrity of the data stored in the LTACS subsystem (service authorization; payment reporting).

Elder Abuse, Neglect, and Exploitation Hotline [1-800-392-0210] Information and Referral Line [1-800-235-5503]

In October 1980, a statewide hotline was established to accept reports alleging abuse, neglect, or financial exploitation of elderly adults and register those reports in a central location, the Central Registry Unit (CRU). In 1987, revised legislation expanded the mandate to include protection of adults with disabilities. The toll free hotline operates 24-hours each day. Additionally, local staff receive calls regarding elder abuse at the local office and registers those reports into the CRU.

In addition to receiving calls regarding alleged abuse, neglect, and exploitation (A/N/E) of eligible adults, the CRU receives pre-long term care screening referrals, information and assistance calls often resulting in referrals to other agencies; and facility resident related calls including regulation violations for facilities licensed by DHSS, abuse of nursing facility residents, and self-reports by facility administrators regarding incidents within the facility.



- During fiscal year 2003, CRU registered 61,575 reports:
  - Approximately 33% were pre-long term care screening referrals regarding individuals considering nursing facility care.
  - Just under one-third (25%) of the reports registered by CRU were for information requests and referrals to other agencies. Requests or referrals may include information about Area Agencies on Aging (AAA), Alzheimer's information and support group referrals; heat crisis and cooling center information; referrals to local DSS offices; and, referrals to other agencies. During fiscal year 2003, the CRU received 17,820 information requests and referrals to other agencies.
  - Over 20% of registered reports included hotline calls alleging abuse, neglect, or exploitation of individuals living in home or community-based settings. The state experienced a 3.6% decrease in the number of hotlines registered in FY03.
  - The remainder of the hotline calls (8,597) received by the CRU and registered as reports, involve reports concerning nursing or residential care facility residents.
  - Since the inception of the hotline, approximately 344,018 total abuse, neglect, and exploitation reports have been registered into the Central Registry Unit (1980-2003).

Adult Protective Services

Each year across the nation, thousands of elderly become victims of abuse, neglect, and exploitation. In accordance with state statute, DSS investigates incidents of alleged maltreatment of vulnerable adults in an effort to protect against injury or harm resulting from abuse, neglect, and exploitation. Adult Protective Services include an array of services provided by public and private agencies to assist adults who are no longer able to protect his/her own interests or to access services necessary to meet the essential activities of daily living. The role of the division is to investigate reports, refer to and assist law enforcement in criminal investigations, provide crisis intervention services, and develop a protective service plan to maximize the safety of the reported adult.

Reporters

Missouri law mandates certain professionals who provide care or services to seniors and adults with disabilities to report any circumstances which would cause someone to suspect an eligible adult may be a victim of abuse, neglect, or exploitation (A/N/E) (Appendix D). In fiscal year 2003, over half of the home and community A/N/E reports were from mandated reporters. Health care professionals, such as doctors, nurses, and hospital social services employees provided 26 percent of reports (Appendix E).

Initial Reports

"Report" refers to a call in which an individual, the reporter, registers allegations of abuse, neglect, or financial exploitation of an eligible adult (Appendix F). The intake worker (CRU or local staff) requests the following information from the reporter:

- name, address, and telephone number of the victim;
- name, address, and telephone number of other persons significant to the victim;
- nature and extent of the victim's condition or nature of the abuse, neglect, or exploitation;
- name of the reporter (which is protected as confidential);
- summary of the allegation and degree of potential injury or harm; and
- identity of the perpetrator (when applicable).

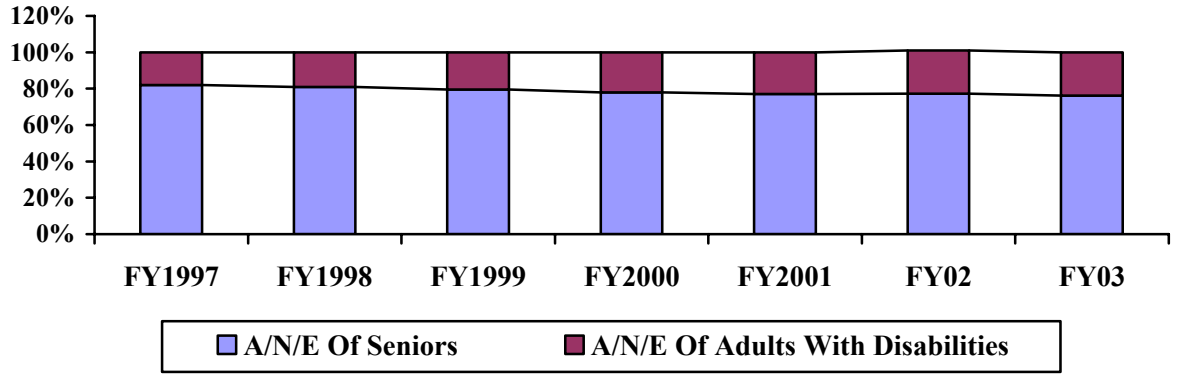
The division investigates any allegation of physical abuse and/or neglect, including medical abuse or neglect, verbal abuse, financial neglect, fiduciary abuse, and financial exploitation. Although there are various classifications of allegations that may be contained in a report, circumstances usually fall into one of six major categories: physical abuse, physical neglect, emotional abuse, emotional neglect, financial exploitation, or financial neglect. Reports generally involve more than one problem and an investigation may uncover problems not contained in the original report.

Reports regarding adults living in the home and community have increased over the past five years. Although the majority of reports involve seniors, the number of reports concerning adults with disabilities has doubled in the last decade. The overall proportion of home and community hotline reports naming younger adults with disabilities as victims increased slightly in FY2003.

Hotline Reports
Regarding Seniors and Adults with Disabilities
Living in the Home or Community
(Includes Percent of Annual Change)

	Seniors		Adults with Disabilities		Total	
FY99	11,209	3.5%	2,890	13.2%	14,099	5.3%
FY00	11,477	2.4%	3,255	12.6%	14,732	4.5%
FY01	12,117	5.6%	3,601	10.6%	15,718	6.7%
FY02	11,834	-2.3%	3,497	-2.9%	15,331	-2.5%
FY03	**11,261**	**-4.8%**	**3,511**	**.40%**	**14,772**	**-3.64%**

Reports of Home and Community A/N/E of Seniors and Adults with Disabilities



Classification

Calls received by the 24-hour toll-free Elder Abuse Hotline or in one of the local DSS offices initiates an investigation by HCS field staff. Reports are classified based on the information given to the intake worker by the reporter. Initiation of the report is guided by the information contained in the report regarding the likelihood of serious physical harm and need for protective services.

- **Class I Reports**: contains allegations of imminent danger or an emergency situation. Investigations are generally initiated immediately and a face-to-face contact is made with the adult within 24 hours of receipt of the report.
- **Class II Reports:** allegations in the report indicate that circumstances exist that will jeopardize the health, safety, or welfare of the reported adult, but does not create imminent danger. Investigations are generally initiated within 48 hours (or by close of the first business day following a weekend or holiday) and a face-to-face visit with the alleged victim is conducted as soon as possible, but within seven calendar days.
- **Class III Reports:** calls to the hotline of a non-protective situation; generally requests for services or additional information (investigation is usually not warranted).

Nature of Allegations

Various pre-described conditions are commonly used to code the allegations contained within reports of abuse, neglect, or exploitation. Allegations are coded based on the information received from the individual calling the hotline or county office and may include:

Beatings	Financial Exploitation	Isolation
Behavior Problems	Financial Management Need	Legal Need
Bone Fractures	Financial Need	Locked In/Out of Home
Bruises/Welts	Guardian Needed	Medical Abuse
Confused	Harassment	Medical Neglect
Cuts/Wounds	Heavy Care Responsibility	Physical Restraint
Depressed	Improper Supervision	Placement Needed
Disregard for Personal Safety	Inadequate Food	Sexual Abuse
Emotional Abuse	Inadequate Housing	Stressed
Emotionally Disturbed	Inadequate Physical Care	Substance Abuse
Eviction	Inadequate Utilities	Suicidal
Family Discord	Incapable of Self Care	Verbal Abuse
Filth/Squalor		

Investigation

The investigator initiated the investigation and met face-to-face with the victim within the 24-hour timeframe in 88% of the Class I hotline reports. Class II investigations were initiated within 48-hours in 40% of the cases. The investigator met face-to-face with the alleged victim in 81% of the cases within seven days of the report. Initiation of an investigation is often beyond the control of the investigator when there is an inability to locate the victim, lack of cooperation by the victim/perpetrator, or there is a need to coordinate with law enforcement or other agencies involved in the investigation. The time frames for initiation may also be affected by the admission of the reported adult to a facility, hospital, or other protective environment.

Upon receipt of a report alleging maltreatment of a senior or adult with disabilites, the investigator immediately determines whether or not it is appropriate to involve law enforcement or other investigative agencies. During the investigation process, field staff may engage the assistance of various public and private entities such as law enforcement officers, public administrators, prosecutors, physicians, health care professionals, licensing boards and agencies, and probate judges as necessary. Additionally, staff work with other departments including: Department of Mental Health; Department of Elementary and Secondary Education, Division of Vocational Rehabilitation; Department of Insurance; Department of Social Services; and Department of Public Safety. Staff intervene on behalf of vulnerable adults when necessary and appropriate to reduce the risk of continued injury or harm.

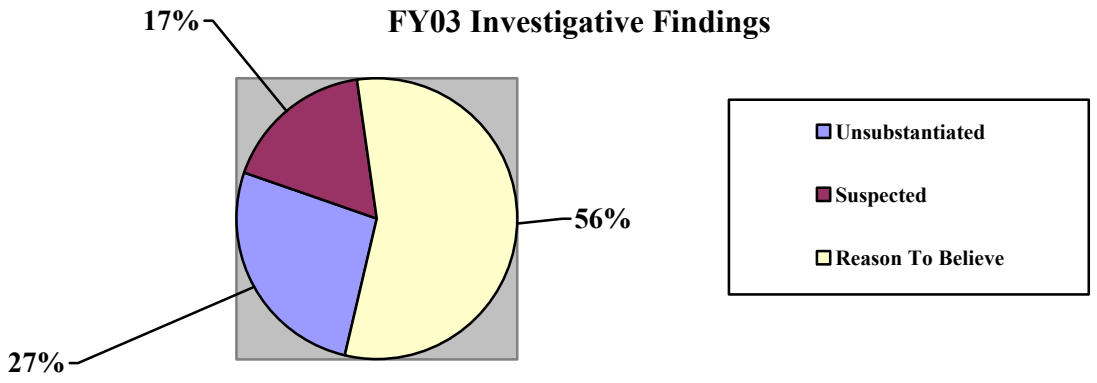
Investigative Findings

At the conclusion of the investigation, a determination is made as to the validity of the allegations contained in the original hotline report. The investigative findings are forwarded to the CRU for entry into the Central Registry for Abuse, Neglect and Exploitation (CRANE) database.

"Investigation" refers to a completed review of the facts in a reported situation for which the "investigative findings" are entered into the CRANE database. Investigative findings are classified based on the amount of evidence that has been obtained that gives findings or refutes allegations contained in the report. Additional abuse/neglect problems that are identified during the investigation are added to the report findings and entered into the database. Findings are classified as:

- **Reason to Believe:** A substantial amount of evidence is found supporting the allegations contained in the report;
- **Suspected:** Based on the investigator's judgment, the reported allegations are probable or likely; or
- **Unsubstantiated:** The evidence of the investigation does not support the allegations in the report.

In FY (fiscal year) 2003, Senior Services staff completed 13,111 investigations (Appendix G). Cases in which the investigator found "Reason to Believe" the allegations in the report to be true made up 56% of completed investigations. Cases in which the investigator found the allegations to be "Suspected" the allegations in the report to be true were 17%, and cases in which the investigator found were to be "Unsubstantiated" made up 27%. Reason to Believe or Suspected cases increased an average of 6.6% in FY02. Unsubstantiated findings increased over 10%. More than half (55.7%) of the investigations completed in fiscal year 2003 were found "Reason to Believe".



Findings of Completed A/N/E Investigations

(Including Percentage of Annual Change)

	Reason to Believe		Suspected		Unsubstantiated		Total	
FY98	6,640	4.4%	2,579	12.0%	2,555	11.0%	11,774	7.4%
FY99	6,857	3.3%	2,680	3.9%	2,930	14.7%	12,467	5.8%
FY00	7,167	4.5%	2,452	-8.5%	2,954	0.8%	12,573	0.8%
FY01	7,181	1.9%	2,356	-3.9%	3,196	8.1%	12,733	1.3%
FY02	7,228	6.5%	2,517	6.8%	3,231	10.0%	12,976	1.9%
FY03	**7,329**	**1.4%**	**2,281**	**-9.37%**	**3,501**	**8.35%**	**13,111**	**1.0%**

FY03 Completed Investigative Findings

Nature of Allegation	Total	Reason to Believe	Suspected	Unsubstantiated
Physical Neglect	18,630	7,335	2,833	8,462
Emotional Neglect	4,742	2,270	978	1,494
Emotional Abuse	3,514	1,253	725	1,536
Physical Abuse	3,088	1,098	515	1,475
Financial Exploitation	3,697	807	647	2,243
Financial Neglect	1,971	856	292	823
Mental Disability	978	612	160	206
Other	335	98	47	190

Referrals

Three types of allegations were commonly included in the reports regarding abuse of elders and adults with disabilities in FY03. Physical neglect was the most commonly cited allegation in reports and was identified through investigations to be the highest verifiable finding (7,335 of 18,630 cases).

On the basis of the investigative findings, staff may refer cases to the local prosecutor when it has been determined that the findings regarding abuse, neglect, or financial exploitation of an eligible adult may meet the elements of a crime. Referrals may also be made to a licensing agency when it has been determined that there is reason to believe that a professional has violated their licensure or ethical requirements in the delivery or non-delivery of care to a vulnerable adult. Staff also forward cases to the Department of Health and Senior Services (DHSS), Office of General Counsel for review or the department designee when it is determined that a perpetrator of abuse or neglect may be appropriate for placement on the Employee Disqualification List (EDL).

The EDL is a statutory mechanism intended to protect vulnerable adults from individuals who have been found to have abused, neglected, misappropriated funds or property, or falsified service delivery documents during the delivery of care in a facility, hospital, or the adult's home. State statute prohibits health care entities that are licensed by or contracted with the state from hiring individuals whose name appears on the EDL.

Resolutions and Services Provided

Upon conclusion of an investigation, the majority of cases found "reason to believe" result in providing protective services (25.6% in FY03) or the problem was resolved through a conclusive action or plan (30% in FY03). In FY03, 8.0% of investigations resulted in the reported adult being placed in a long-term care facility or referred to another agency for help.

Various services are provided to individuals after investigation. In most cases, the victim and/or his/her family received counseling by division staff regarding the risks associated with aging in the home and community. As a result of a hotline call, 30% of the reported adults were authorized for an in-home service, such as personal care, homemaker, or home delivered meals. Another 19% were provided legal or financial services, including assignment of a guardian, a power of attorney, or financial management.

Source and Nature of Abuse, Neglect, or Exploitation

In Missouri, as well as nationally, the majority of perpetrators of abuse, neglect, or exploitation are family members of the victims. Causes identified by researchers that contribute to the occurrence of abuse include: caregiver stress; impairment of the dependent adult; a cycle of violence; and personal problems of abusers such as mental and emotional disorders, alcoholism, drug addiction, and financial difficulty.

The source, nature or types of alleged abuse and/or neglect are examined to determine if evidence is found supporting the allegation. Circumstances or environment were found to be the most common associated source of abuse and/or neglect in more than half of the cases investigated in Missouri. The nature of abuse found in these cases included the victim being incapable of self-care (11%), confusion of the victim (6%), and inadequate physical care (8%).

The reported adult was identified to be the primary perpetrator (self-neglect or self-abuse) in nearly 28% of the cases found "Reason to Believe". Self-abuse and self-neglect is characterized as the behavior of a person that threatens his/her own health or safety and generally manifests itself as a refusal or failure to provide himself/herself with adequate food, water, clothing, shelter, personal hygiene, medication, and safety precautions.

Nearly 22% of the substantiated cases were attributed to another person inflicting the abuse, neglect, and/or exploitation. Financial exploitation cases accounted for 15% of the reports. Approximately 14% of the third-party perpetrator cases were the result of physical abuse such as: beatings, bruises, cuts, burns, etc. Sexual abuse accounted for 1% of the cases.

Victim Demographics by Race

	Region 1/10	Region 2	Region 3/7	Region 4	Region 5	Region 6	Region 8/9
White	1,964	1,571	2,182	559	601	1,170	2,403
Black	19	159	672	13	48	69	1,250
American Indian	3	0	3	0	0	1	2
Oriental	2	1	6	0	1	3	15
Unknown / Error	2	0	1	0	0	0	4
Total	**2,469**	**1,731**	**2,864**	**572**	**650**	**1,243**	**3,674**

Victim Demographics by Sex

	Region 1/10	Region 2	Region 3/7	Region 4	Region 5	Region 6	Region 8/9
Female	1,338	1,118	1,846	359	410	803	2,497
Male	689	645	1,103	228	251	474	1,331
Unknown	2	0	5	0	0	0	12
Total	**2,029**	**1,763**	**2,954**	**587**	**661**	**1,277**	**3,840**

Victim Demographics by Age

	Region 1/10	Region 2	Region 3/7	Region 4	Region 5	Region 6	Region 8/9
20 and Under	21	13	26	4	5	11	33
20-29	51	54	101	16	13	27	76
30-39	83	82	77	14	25	37	106
40-49	128	148	207	29	52	94	220
50-59	204	214	292	64	57	133	467
60-64	136	149	209	48	37	112	344
65-69	168	202	274	57	61	99	330
70-74	237	216	357	68	82	161	502
75-79	298	217	484	79	111	204	639
80-84	315	219	456	89	67	166	610
85-89	213	148	290	55	95	142	391
90-94	133	82	131	47	35	67	205
95 and Over	42	19	50	17	21	24	98
Total	**2,029**	**1,763**	**2,954**	**587**	**661**	**1,277**	**4,021**

Perpetrator Demographics in Hotline Investigations

An analysis of the demographic characteristics of perpetrators reveals that the typical perpetrator was white, with an average age of 54 years old, and related to the victim. Females were somewhat more likely than males to be perpetrators. This is partly attributable to the discrepancy between the sexes in our population and the prevalent sociological gender roles of females as the primary caregiver. Age was reported for 51% of the perpetrators. In cases where age was reported, the majority of perpetrators were found in the 50 and under category.

Age		**Relationship to Victim**	
Less Than 30	24.3%	Adult Child	30.3%
30-39	22.7%	Other Relative	21.9%
40-49	23.3%	Spouse	10.7%
50-59	14.3%	In-Home Services Provider	16.4%
60-69	05.2%	Health Care Professional	04.0%
70-79	04.6%	Housemate, Friend, Neighbor	07.0%
80+	05.6%	Other	10.6%

Average Age = 54 (based on cases in which age was reported)

Race		**Living With Victim**	
White	68.1%	Yes	58.2%
African American	18.9%	No	41.8%
Hispanic	0.4%		
Asian	0.2%	**Sex**	
Native American	0.1%	Male	48.0%
Other	0.1%	Female	51.2%
Not Reported	12.2%	Not Reported	0.8%

Missouri Care Options

Missouri Care Options (MCO) is the name used to describe the programs that offer choices to seniors and adults with disabilities in the state of Missouri, which often result in the authorization of home and community-based care. The 1992 legislative initiative intended to ensure that adults who are facing decisions regarding long-term care are aware of information sufficient to exercise choice regarding their decision about long-term care. To ensure that adults in Missouri facing decisions regarding long-term care have options for receiving care in the home or community, the state legislature has invested in funding an array of services as an alternative to a more costly, more restrictive care setting.

Through a screening and assessment process, the division helps the individual determine the feasibility of home-care options in lieu of facility placement. After discussing long-term care needs of the individual, the worker reviews services available within the state, including home-based, community-based, and residential-based care settings. For persons who choose to remain in the community, types of care including agency-based and consumer-directed care are explained. Services in the home may be paid for through private insurance, Medicaid, General Revenue, Older Americans Act (Title III), or by private arrangements between the provider of care and the consumer. In-home services for Medicaid recipients are authorized by Senior Services staff and are delivered by department contracted and/or Medicaid enrolled providers. Individuals choosing consumer-directed care are referred to the appropriate Center for Independent Living and services are administered through the Department of Elementary and Secondary Education, Division of Vocational Rehabilitation.

Prior to admission, Missouri nursing facilities are generally required to contact the Elder Abuse Hotline to make a referral on individuals who are entering nursing facilities that are eligible or potentially eligible for Medicaid. Additionally, hospitals are encouraged to make referrals on any patients being considered in need of long-term care prior to discharge.

MCO Pre-Long Term Care Screening (PLTCS)

The division is required to conduct PLTCS for adults in Missouri who are:

- referred to the Central Registry Unit as an individual who is facing decisions regarding long-term care;
- medically eligible for nursing facility level of care; and
- is a Medicaid recipient or will potentially need access to state-funded long-term care.

In FY03, the division revised policies governing issuance of a referral number. As a result, the number of referrals decreased for the first time in over a decade. Policies were revised to maximize efficiency and effectiveness of staff resources. In some cases, new referral numbers are not assigned to clients the division is already serving, as these individuals are aware and often recipients of home and community based care. Additionally, screening referrals need not be reissued for a one-year period. All individuals, however, who are referred to or contact the hotline are mailed information regarding long-term care options and are encouraged to contact the division or a provider of services if he/she is exploring home care as an alternative to facility placement.

In FY03, the division received over 23,000 referrals. CRU staff complete the screening when it can be determined that there is no viable option to facility care, or the individual does not meet the requirements for state staff to conduct a PLTCS. Upon completion of the screening by CRU, information regarding care options is mailed to the individual/family for review or the individual is referred to the field for follow-up contact. HCS staff conducted 60% of the screenings.

In FY03, approximately 30% of individuals screened by staff were able to remain in the home with authorization of state-funded in-home services (20.58% at home and 9.17% receive personal care in a Residential Care Facility).

- Approximately 4.0% of the screened individuals entered a nursing facility for a short-term stay and another 61% entered the Nursing Facility based on need and/or choice.
- The remaining 5.48% of the individuals screened returned to the community on his/her own resources, improved to where no care was needed, relocated to another state, moved in with a relative, died, or there was insufficient data to determine the outcome (Appendix H).

	FY99	**FY00**	**FY01**	**FY02**	**FY03**
PLTCS Referrals	24,287	24,775	23,762	20,435	20,386
Percent of PLTCS Resulting in Authorization of In-Home Services	38.3%	40.2%	33.2%	31.9%	29.75%
Percent of PLTCS Resulting in Nursing Facility Placement	44.1%	43.8%	35.7%	60.8%	60.78%

MCO and State-Funded In-Home Services

The division's social service workers respond to requests for assistance and complete an assessment of functional, medical, and environmental limitations that affect the ability of the individual to perform activities of daily living and live independently. Provision of state-funded in-home services are available to individuals who need help to remain in the home or community and would otherwise be eligible for Medicaid payment in a nursing facility.

State-funded assistance to pay for services include a combination of Medicaid, General Revenue, Social Services Block Grant, and Older Americans Act funding. Once the need for state-funded assistance and Medicaid eligibility is determined and the individual chooses agency-based care, staff identify formal and informal support systems that are available to meet the client's need. In-home services are authorized as necessary to provide the support needed to maximize independence and quality of life.

Providers of in-home services deliver care to clients as authorized by the division in every county in the state. The client is able to choose the provider from whom he/she wishes to receive care. Providers often work with clients or his/her family when a specific individual has been identified to deliver the needed care. In-home services are governed by standards promulgated by rules of the Division of Senior Services [19 CSR 15-7.021] and the Division of Medical Services [13 CSR 70-91.010] and a contract with the department. Included in the minimum standards and contract provisions are hiring prohibitions regarding employees who will deliver care, training quirements, and reimbursable tasks. The maximum reimbursement rates for care delivery are set annually by the Missouri General Assembly (Appendix C).

The Division Authorizes In-Home Care Using The Following Service Definitions:

Personal Care – medically oriented tasks related to a client's physical needs based on their limitations such as general grooming, brushing hair, cleaning fingernails, shaving, bathing, and medically related household activities. Personal care services are also available to residents of residential care facilities (RCFs). Services are funded primarily through Medicaid. In some areas of the state, Personal Care services may be available through Area Agencies on Aging.

Advanced Personal Care – medically oriented services for clients who have altered body functions such as care for clients with ostomies or catheters, bowel programs, require lifts to transfer, assistance with medications, care of non-sterile dressings, and passive range of motion exercises. Advanced personal care services are also available to residents of residential care facilities (RCFs). Services are funded primarily through Medicaid.

Authorized Nurse Visits –nursing activities including skin monitoring, pre-filling insulin syringes, set-up and administration of prescribed medications, nail care for diabetic clients, APC care plans, aide training, and general health evaluations. Authorized nurse visits are also available to residents of residential care facilities. Services are funded primarily through Medicaid.

Homemaker – involves general household activities such as cooking, cleaning, laundry and other household tasks that are not direct or hands-on services to the clients. Services are funded primarily through the Medicaid Aged and Disabled Waiver (limited to individuals age 63 or older). In some areas of the state, homemaker chore services may be available through the Area Agencies on Aging.

Adult Day Health Care – services ranging from active rehabilitation to social and health-related care through a structured program of social and therapeutic activities in a facility outside the client's home. This service, in areas of the state where available, is authorized in full-day or half-day units. Services are funded primarily through the Medicaid Aged and Disabled Waiver. In some areas of the state, Adult Day Care services available through Area Agencies on Aging.

In-Home Respite – care provided in the home setting to supervise clients, giving temporary relief to primary caregivers. Services are funded primarily through the Medicaid Aged and Disabled Waiver (limited to individuals age 63 or older) and through state funds. In some areas of the state, in-home respite may be available through Area Agencies on Aging.

Advanced In-Home Respite – targeted to clients with special needs (such as Alzheimer's, bedfast clients requiring turning, repositioning or transfer, etc.) who have a live-in caregiver needing respite. This service is available in hourly units and in 8-hour or 24-hour blocks. Services are funded primarily through the Medicaid Aged and Disabled Waiver (limited to individuals age 63 or older).

Nurse In-Home Respite – respite services delivered by a licensed nurse available to clients whose care needs require skilled services that must be provided by a licensed nurse during periods of respite for the normal caregiver. This service is available in 4-hour blocks. Services are funded primarily through the Medicaid Aged and Disabled Waiver (limited to individuals age 63 and older).

Counseling – the process of guiding, instructing, or providing information through therapeutic interaction between counselors and clients consisting of purposeful and goal-directed verbal/ nonverbal communication such as listening, talking, interviewing, discussing, and observing. Services are funded primarily through Social Services Block Grant and state General Revenue.

Home-Delivered Meals – nutritious meals delivered to homebound individuals. Services are provided through the Area Agencies on Aging using a combination of federal (primarily Older Americans Act) and state funds including the Aged and Disabled Medicaid Waiver.

Significant Data:	**FY1999**	**FY2000**	**FY2001**	**FY2002**	**FY2003**
Number of In-Home Provider Agencies	333	370	375	374	378

Average Monthly Number of In-Home Services Clients

	FY99	FY00	FY01	FY02	FY03
Personal Care	3,422	3,183	2,952	2,743	2,279
Advanced Personal Care	222	233	234	221	199
Authorized Nurse Visits	616	681	788	852	754
Homemaker Chore	4,605	3,863	3,440	2,922	2,487
Hourly Respite	355	309	323	324	295
Advanced Respite (Includes Hourly, 6-8 Hr Block, 24 Hr Block)	97	109	102	105	107
Nurse Respite	66	38	38	42	41
Adult Day Health Care	35	87	75	78	76
Counseling	82	89	27	20	65
Clinical Consultation	10	10	11	N/A	N/A
Self-Directed Attendant Care Service Pilot	N/A	9	10	N/A	N/A

Annual Number of In-Home Services Clients

	FY99	FY00	FY01	FY02	FY03
Annual unduplicated in-home service clients	47,009	49,039	50,389	50,213	48,722

Annual Expenditures By Service

Service Type	FY99	FY00	FY01	FY02	FY03
Personal Care	$6,735,239	$7,148,422	$5,781,786	$6,015,475	$5,312,546
Advanced Personal Care	$698,845	$780,251	$629,733	$615,790	$577,459
Authorized Nurse Visit	$536,0047	$606,512	$616,016	$773,999	$738,722
Homemaker	$7,014,809	$6,481,104	$5,344,206	$5,359,788	$4,719,063
Hourly Respite	$1,226,832	$1,174,225	$1,113,262	$1,320,660	$1,249,513
Advanced Respite	$678,167	$569,859	$376,553	$368,440	$385,127
Nurse Respite	$270,950	$192,362	$155,271	$177,483	$186,565
Adult Day Health Care	$97,267	$141,668	$92,125	$132,941	$116,955
Counseling	$69,761	$81,582	$60,174	$66,254	$63,674
Clinical Consultation	$87,300	$87,300	$87,300	$45,000	N/A
Personal Care Attendant	$173,536	$186,464	$154,074	$54,474	N/A
Self-Directed Attend. Care	N/A	$15,787	$209,615	$139,571	$30,448

FY 03 Long Term Care Cost Estimates

Long-term care in Missouri includes a combination of care to residents living in facility care settings and individuals living in the home and/or community. Programs and services are administered by various state departments to individuals who are not Medicaid recipients but meet specific eligibility requirements for participation. Approximately 22% of the Medicaid expenditures in Missouri are used to fund long-term care.

- Medicaid reimbursement for residents of facility care settings accounts for approximately 15.7% of total Medicaid expenditures. General Revenue is also appropriated for individual, needs-based grants [administered by the Division of Family Services] to assist residents who live in state licensed (non-Medicaid) nursing facilities and residential care facilities (RCFs).
- Home and community-based care from various departments include: in-home services; personal care attendant; services for the mentally ill; and, mentally retarded/developmentally disabled living in the community. Approximately 7.0% of the Medicaid long-term care expenditures pay for in-home services. Additionally, General Revenue is appropriated to various state departments to pay for care in the home and community.

In all care settings, the costs related to ancillary benefits (medication, doctor procedures, surgery, etc.) are billed outside the cost of reimbursement to the facility or the provider of care. In comparing cost of care, the following considerations must be given to actual reimbursement for care:

Nursing Home Care: Nursing facility reimbursement is paid based on a per-diem established for the facility and is intended to cover the cost of care regardless of the degree of need required by the resident. Reimbursement is made based on the requirement that the facility meet the needs of the resident.

The average annual cost of nursing facility care per resident is estimated at $35,557 after adjusting for the Federal Reimbursement Allowance. The "Nursing Facility Federal Reimbursement Allowance" (NFRA) enacted in 1994 by the Missouri General Assembly, imposed an annual fee on all residents of privately owned nursing facilities. The purpose of the fee was to generate additional revenue to provide for increased Medicaid reimbursement to nursing facilities. Nursing facility average costs are determined by dividing total expenditures by the average monthly number of recipients. Fiscal years 1997 through 2003 average cost of nursing facility care have been adjusted to exclude the Federal Reimbursement Allowance.

Home and Community-Based Care: Provider reimbursement for care in the home and community is prior-authorized by state staff based on the needs of the recipient and is reimbursed respectively—after the actual delivery of care. Reimbursement is made only for the tasks performed in accordance with the care plan and delivered by the provider to the recipient. The actual cost of care, therefore, is task-specific and reimbursed according to the amount billed by the provider and does not include any assistance with costs of maintaining the residence. The cost of care needed and authorized may, therefore, often be higher than the actual cost of care delivered to the recipient.

The average annual cost during FY03 to provide in-home services to MCO participants determined to be medically eligible for nursing facility level of care was estimated at $5,916. For those who received personal care (including the General Revenue cash grant) in an RCF, the estimated annual cost per recipient was $5,436.

Medicaid Long-term Care Expenditures for FY03

Medicaid Expenditures	FY2003 Expenditures	Average Monthly Number of Clients Served
Nursing Facility Expenditures	$719,173,688 (15.7%)	24,970
HCB Services	$308,766,298 (6.7%)	35,791
All Other Programs	$4,560,311,069 (77.6%)	

Average Estimated Annual Cost of Long Term Care

Year	In-Home*	RCF*	Nursing Facility
FY96	$2,834	$4,053	$24,596
FY97	$3,045	$3,916	$28,408
FY98	$3,731	$4,365	$31,765
FY99	$4,179	$4,503	$32,758
FY00	$4,194	$4,639	$32,385
FY01	$4,177	$4,672	$35,607
FY02	$5,573	$5,189	$34,815
FY03	**$5,916**	**$5,436**	**$35,557**

- Average cost of in-home services per recipient is based on a subset of consumers who are **tracked in the MCO database**. The average cost of care is based on the total amount of services paid by the date the annual cost is calculated. The division asserts that it is reasonable to assume that the subset of information is representative of the average cost of care for all division authorized in-home services clients.

Appendix A

Resource Agencies

Adoption Hotline	1-800-554-2222
Alzheimer's Disease Hotline	1-800-272-3900
American Association of Retired Persons (AARP)	1-202-434-2277
American Cancer Society	1-800-227-2345
American Diabetes Association	(573)-443-8611
American Lung Association	1-800-LUNG-USA
Attorney General's Consumer Protection Hotline	1-800-392-8222
Auditor's Office (Fraud)	1-800-347-8597
Better Business Bureaus:	
Kansas City	1-816-421-7800
St. Louis	1-314-645-3300
Child Abuse Hotline	1-800-392-3738
CLAIM	1-800-390-3330
Consumer Fraud and Welfare Hotline	1-800-392-8222
Consumer Product Safety Commission	1-800-638-2772
Courage Stroke Network-American Heart Association	1-800-553-6321
Department of Insurance Hotline	1-800-726-7390
Department of Mental Health	1-800-364-9687
Department of Health and Senior Services	(573)-751-6001
Department of Social Services	(573)-751-4815
Division of Family Services (State Office)	(573)-751-3221
Division of Medical Services (State Office)	(573)-751-3425
Division of Senior Services (State Office)	(573)-751-3082
Division of Senior Services (TDD)	1-800-735-2966
Division of Senior Services (Voice)	1-800-735-2466
Elder Abuse and Neglect Hotline	1-800-392-0210
ElderCare Locater	1-800-677-1116
Family Care Safety Registry	1-866-422-6872
Guide Dog Foundation for the Blind	1-800-548-4337
Home Health Care Reports	(573)-751-6336
Information and Referral Hotline	1-800-235-5503
Kansas City Secret Service	1-816-512-2000
Legal Services:	
Mid Missouri Legal Services (Columbia)	1-800-568-4931
Legal Services of Eastern Missouri (St. Louis)	1-800-444-0514
Legal Aid of Western Missouri (KC)	1-816-474-6750
Mark Twain Legal Services (Canton)	1-573-288-5643
Legal Services of Southern Missouri (Springfield)	1-417-881-1397
Medicare Hotline	1-800-447-8477

Mental Health Associations:

Kansas City	1-913-281-2221
St. Louis	1-314-773-1399

Long-Term Care Ombudsman Program	1-800-309-3282
MO Assistive Technology Project	1-800-647-8557
MO Capitol Police	(573)-522-2222
MO Dental Association-Senior Care Program	1-800-688-1907
MO Hospital Association (Hospital Reports)	(573)-893-3700
MO Rehabilitation Services for the Blind	1-800-592-6004
MO Senate Hotline (January-May)	1-800-877-5982
MO Senior Rx Program	1-866-556-9316
MO Water Patrol	(573)-751-3333
National Center for Missing and Exploited Children	1-800-843-5678
National Fraud Information Center	1-800-876-7060
National Kidney Foundation	1-800-622-9010
National Multiple Sclerosis Society	1-800-344-4867
National Parkinson Foundation	1-800-327-4545
Parental Stress Hotline	1-800-367-2543
Poison Control Center	1-800-366-8888
Public Service Commission (Utility Complaints)	1-800-392-4211
Rape and Abuse Crisis Hotline	(573)-634-4911
Secretary of State Investor Hotline	1-800-721-7996
Shelter for Battered Women and Children	1-800-303-0013
Social Security	1-800-772-1213

Suicide Crisis Emergencies:

Kansas City and Northwest MO Areas	1-888-279-8188
St. Louis and Metro Areas	1-800-811-4760
Northwest, Central, and Southeast Areas	1-800-356-5395

Toxic Chemical and Oil Spills	1-800-424-8802
US Inspector General (Medicare Issues)	1-800-368-5779
Women's Center (UMC)	1-573-882-6621

Definitions and Acronyms

AAA: Area Agencies on Aging.

A/N/E: Abuse, Neglect, or Exploitation.

A/N: Abuse or Neglect.

Abuse: The infliction of physical, sexual or emotional injury or harm including financial exploitation by any person, firm, or corporation.

CRU: Central Registry Unit.

CSR: Code of State Regulations.

DHSS: Department of Health and Senior Services

DSS: Division of Senior Services.

EDL: Employee Disqualification List.

Eligible Adults:

- Missouri residents who are aged 60 or older;
- Adults age 18-59 with physical or mental impairments that limit his/her ability to perform activities of daily living; and
- Residents of nursing facilities, residential care facilities, or intermediate care facilities for the developmentally disabled (ICFMR).

Financial Exploitation: A person in a position of trust and confidence obtains control of property by deceit or intimidation.

GR: General Revenue.

HCS: Home and Community Services.

HCSAS: Home and Community Services Area Supervisor.

LCSW: Licensed Clinical Social Worker.

LTACS: Long-term Alternative Care. Subsystem – Senior Services database containing data regarding authorization for in-home services.

LTCS: Long-term Care Specialists.

MCO: Missouri Care Options**.** Program in which persons are informed about care options when facing decisions regarding long-term care.

Neglect: The failure to provide services to an eligible adult by any person, firm, or corporation with a legal or contractual duty to do so, when such failure presents either an imminent danger to the health, safety, or welfare of the client or a substantial probability that death or serious physical harm would result.

OAA: Older Americans Act.

Perpetrator: An individual, other than the victim himself/herself, who is alleged to have abused, neglected, or exploited someone.

RCF: Residential Care Facility.

SSBG: Social Services Block Grant.

SSW: Social Service Worker I/II employed by the Division to investigate hotline reports involving abuse, neglect, and exploitation, conduct assessments, authorize in-home services, review care options with individuals facing decisions regarding long-term care and provide ongoing case management.

Title XIX: Medicaid.

*The above terms as defined by applicable **state statutes.**

In-Home Services Maximum Unit Reimbursement Rates Established by the General Assembly

Service Type	FY99	FY00	FY01	FY02	*FY03
Personal Care	$11.94	$12.94	$13.46	$13.71	$3.43
Advanced Personal Care	$15.98	$16.98	$17.50	$17.75	$4.44
Homemaker	$11.94	$12.94	$13.46	$13.71	$3.43
Respite (Hourly)	$10.08	$11.08	$11.60	$11.85	$2.97
Advanced Respite (Hourly)	$13.08	$14.08	$14.60	$14.85	$3.72
Advanced Respite (6-8 Hour Block)	$75.00	$76.00	$76.52	$78.52	$78.52
Advanced Respite (17-24 Hour Block)	$175.00	$176.00	$176.52	$182.52	$182.52
Nurse Respite	$75.00	$76.00	$76.52	$76.52	$4.85
Adult Day Health Care (Full day)	$42.70	$43.70	$43.70	$46.20	$38.00
Adult Day Health Care (Half day)	$21.35	$22.35	$22.35	$23.60	$23.60
Professional Counseling	$26.08	$27.08	$27.60	$27.85	$27.85
Semi-Professional Counseling	$17.08	$18.08	$18.60	$18.85	$18.85
Home-Delivered Meals (Aged and Disabled Waiver)	N/A	$5.00	$5.00	$5.00	$5.00
Care Provided in Residential Care Facilities					
Personal Care	$12.37	$12.89	$13.14	$13.14	$3.29
Advanced Personal Care	$13.41	$14.41	$14.93	$14.93	$3.80
Nurse Visits	$27.30	$27.82	$28.07	$28.07	$28.07

*** As a result of HIPAA Transaction and Code Set changes units of service for the following services: Advanced Personal Care, Advanced Personal Care in RCF, Basic Personal Care, Basic Personal Care in RCF, Homemaker, Chore, Basic Respite, Advanced Respite, and Nurse Respite were changed to 15 minute units resulting in rate adjustments listed above.**

MANDATED REPORTERS

198.070 RSMo: reasonable cause to believe that a resident of a facility has been abused or neglected

565.188 RSMo: reasonable cause to suspect such a person (age 60 or older) has been subjected to conditions or circumstances which would reasonably result in abuse or neglect

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

Failure to report is a class A misdemeanor under each of the above statutes.

- Adult Day Care Worker
- Chiropractor
- Christian Science Practitioner
- Coroner
- Dentist
- Employee of the Department of Social Services
- Employee of the Department of Mental health
- Employee of the Department of Health and Senior Services
- Employee of a local Area Agency on Aging (AAA) or an organized AAA Program
- Funeral Director
- Home Health Agency or Home Health Agency Employee
- Hospital and Clinic Personnel engaged in examination, care, or treatment of persons
- In-home Services owner, provider, operator, or employee
- Law Enforcement Officer
- Long-Term Care Facility administrator or employee
- Medical Examiner
- Medical Resident or Intern
- Mental Health Professional
- Minister
- Nurse
- Nurse Practitioner
- Optometrist
- Other Health Practitioner
- Peace Officer
- Pharmacist
- Physical Therapist
- Physician
- Physician's Assistant
- Podiatrist
- Probation or Parole Officer
- Psychologist
- Social Worker

FY03 Reporters of Home and Community A/N/E of Seniors and Adults with Disabilities

Relationship of Reporter to Victim	Number of Reports	Percent of Total
Hospital Social Services Employee	2,306	15.6%
Adult Child/Spouse/Grandchild/Sibling	1,840	12.5%
Health Care Professional, Physician, Dentist	1,654	11.2%
Self	1,463	9.9%
In-Home Services Provider, Private, Unpaid Caregiver	1,440	9.8%
Friend/Neighbor/Landlord/Housemate	1,160	7.9%
Anonymous/Unknown	1,005	6.8%
Circumstances, Environment	1,080	7.3%
Fire Department, Law Enforcement, Government Official/Legal Counsel	828	5.6%
Long Term Care Employee	730	4.9%
Other Relative/Guardian/Parents	436	2.9%
Division of Senior Services or AAA Employee	397	2.7%
Mental Health Professional/Ombudsman	272	1.8%
Financial Institution, Bank	161	1.1%
Total	**14,772**	**100.0%**

Appendix F

FY03 Hotline Reports By County

County	Under 60	Seniors 60+	Total	County	Under 60	Seniors 60+	Total
Adair	24	87	111	Dunklin	50	121	171
Andrew	4	26	30	Franklin	54	145	199
Atchison	0	7	7	Gasconade	6	23	29
Audrain	10	54	64	Gentry	8	13	21
Barry	19	63	82	Greene	177	523	700
Barton	4	30	34	Grundy	3	13	16
Bates	10	24	34	Harrison	6	32	38
Benton	12	33	45	Henry	16	57	73
Bollinger	7	35	42	Hickory	4	28	32
Boone	61	159	220	Holt	2	9	11
Buchanan	75	247	322	Howard	14	31	45
Butler	111	203	314	Howell	29	89	118
Caldwell	5	27	32	Iron	15	21	36
Callaway	12	49	61	Jackson	523	1550	2,073
Camden	10	59	69	Jasper	110	279	389
Cape Girardeau	42	104	146	Jefferson	93	285	378
Carroll	0	20	20	Johnson	9	60	69
Carter	8	21	29	Knox	2	16	18
Cass	24	112	136	Laclede	17	56	73
Cedar	14	13	27	Lafayette	27	47	74
Chariton	5	14	19	Lawrence	18	56	74
Christian	11	65	76	Lewis	7	13	20
Clark	8	33	41	Lincoln	27	64	91
Clay	49	203	252	Linn	6	24	30
Clinton	8	22	30	Livingston	7	19	26
Cole	40	106	146	McDonald	12	27	39
Cooper	2	14	16	Macon	13	49	62
Crawford	26	70	96	Madison	18	54	72
Dade	4	12	16	Maries	7	18	25
Dallas	12	33	45	Marion	21	54	75
Davies	1	8	9	Mercer	1	0	1
DeKalb	7	24	31	Miller	8	59	67
Dent	28	51	79	Mississippi	25	36	61
Douglas	4	14	18	Moniteau	2	10	12

FY03 Hotline Reports Continued:

County	Under 60	Seniors 60+	Total	County	Under 60	Seniors 60+	Total
Monroe	4	15	19	Stoddard	17	81	98
Montgomery	8	18	26	Stone	21	49	70
Morgan	8	44	52	Sullivan	0	10	10
New Madrid	34	107	141	Taney	21	93	114
Newton	17	89	106	Texas	19	61	80
Nodoway	1	18	19	Vernon	13	44	57
Oregon	4	31	35	Warren	13	38	51
Osage	6	23	29	Washington	24	63	87
Ozark	7	35	42	Wayne	17	40	57
Pemiscot	22	83	105	Webster	17	35	52
Perry	9	30	39	Worth	1	5	6
Pettis	19	94	113	Wright	25	34	59
Phelps	30	149	179	**Grand Total**	**3,511**	**11,261**	**14,772**
Pike	18	46	64				
Platte	23	71	94				
Polk	16	34	50				
Pulaski	22	65	87				
Putnam	4	4	8				
Ralls	1	7	8				
Randolph	25	58	83				
Ray	12	32	44				
Reynolds	1	19	20				
Ripley	22	52	74				
St. Charles	66	268	334				
St. Clair	5	18	23				
St. Francois	63	158	221				
St. Louis City	387	1,276	1,663				
St. Louis County	390	1,670	2,060				
Ste. Genevieve	11	22	33				
Saline	22	38	60				
Schuyler	4	14	18				
Scotland	2	16	18				
Scott	55	152	207				
Shannon	2	17	19				
Shelby	12	10	22				

Investigative Findings of Abuse, Neglect, and Exploitation Reports of Seniors and Adults with Disabilities By County for FY 2003

COUNTY	REASON TO BELIEVE	SUSPECTED	UNSUBSTANTIATED	TOTAL
ADAIR	81	18	12	111
ANDREW	4	10	11	25
ATCHISON	2	4	1	7
AUDRAIN	45	7	12	64
BARRY	51	7	14	72
BARTON	14	3	17	34
BATES	12	7	15	34
BENTON	22	12	1	35
BOLLINGER	24	5	7	36
BOONE	115	25	55	195
BUCHANAN	139	62	86	287
BUTLER	207	15	81	303
CALDWELL	12	10	4	26
CALLAWAY	35	7	17	59
CAMDEN	29	10	19	58
CAPE GIRARDEAU	59	20	42	121
CARROLL	9	3	7	19
CARTER	4	1	14	19
CASS	69	24	23	116
CEDAR	14	5	5	24
CHARITON	15	3	1	19
CHRISTIAN	37	11	21	69
CLARK	21	13	5	39
CLAY	108	51	78	237
CLINTON	16	5	5	26
COLE	74	22	37	133
COOPER	7	1	4	12
CRAWFORD	58	7	22	87
DADE	5	5	3	13
DALLAS	24	10	13	47
DAVIESS	5	1	0	6
DE KALB	19	7	14	40
DENT	45	10	23	78
DOUGLAS	8	0	5	13
DUNKLIN	88	18	62	168
FRANKLIN	69	64	57	190
GASCONADE	16	4	8	28
GENTRY	9	5	5	19
GREENE	439	93	118	650
GRUNDY	9	3	5	17
HARRISON	22	6	4	32

Investigative Findings (continued)
Abuse, Neglect, and Exploitation of Seniors and Adults with Disabilities by County for FY 2003

COUNTY	REASON TO BELIEVE	SUSPECTED	UNSUBSTANTIATED	TOTAL
HENRY	47	6	17	70
HICKORY	19	6	3	28
HOLT	4	4	2	10
HOWARD	20	3	10	33
HOWELL	77	4	31	112
IRON	20	2	11	33
JACKSON	1,004	369	528	1,901
JASPER	236	37	68	341
JEFFERSON	224	57	60	341
JOHNSON	42	6	14	62
KNOX	11	3	4	18
LACLEDE	25	19	32	76
LAFAYETTE	37	7	14	58
LAWRENCE	50	6	14	70
LEWIS	10	5	2	17
LINCOLN	52	11	15	78
LINN	18	1	6	25
LIVINGSTON	14	5	7	26
MCDONALD	27	4	4	35
MACON	29	7	8	44
MADISON	43	6	17	66
MARIES	18	3	3	24
MARION	42	6	15	63
MERCER	1	0	1	2
MILLER	16	33	23	72
MISSISSIPPI	51	9	8	68
MONITEAU	9	1	5	15
MONROE	10	2	3	15
MONTGOMERY	19	4	5	28
MORGAN	34	1	6	41
NEW MADRID	74	8	36	118
NEWTON	49	15	24	88
NODAWAY	11	5	2	18
OREGON	21	8	10	39
OSAGE	6	5	16	27
OZARK	25	9	13	47
PEMISCOT	63	28	27	118
PERRY	24	4	7	35
PETTIS	61	14	26	101
PHELPS	56	49	35	140
PIKE	42	7	11	60
PLATTE	59	6	17	82
POLK	37	6	6	49

Investigative Findings (continued)
Abuse, Neglect, and Exploitation of Seniors and Adults with Disabilities by County for FY 2003

COUNTY	REASON TO BELIEVE	SUSPECTED	UNSUBSTANTIATED	TOTAL
PULASKI	45	11	7	63
PUTNAM	3	1	3	7
RALLS	4	2	2	8
RANDOLPH	73	9	8	90
RAY	27	6	4	37
REYNOLDS	6	5	4	15
RIPLEY	46	11	16	73
ST. CHARLES	121	65	87	273
ST. CLAIR	13	4	2	19
ST. FRANCOIS	146	14	65	225
ST. LOUIS CITY	615	273	443	1,331
ST. LOUIS CO.	835	350	520	1,705
STE. GENEVIEVE	13	1	4	18
SALINE	36	12	9	57
SCHUYLER	13	8	0	21
SCOTLAND	13	4	3	20
SCOTT	144	19	47	210
SHANNON	9	2	3	14
SHELBY	8	1	3	12
STODDARD	45	11	27	83
STONE	33	18	19	70
SULLIVAN	6	0	2	8
TANEY	71	12	28	111
TEXAS	45	9	10	64
VERNON	24	21	10	55
WARREN	27	2	8	37
WASHINGTON	45	3	24	72
WAYNE	38	0	16	54
WEBSTER	18	7	15	40
WORTH	5	1	0	6
WRIGHT	28	9	14	51
TOTAL	**7,333**	**2,276**	**3,502**	**13,111**

FY03 MCO Pre-Long Term Care Screening (PLTCS) Outcomes

County	Total Referrals	In-Home Services		RCF-PC		Nursing Facility		NF Short-Term		No Services/Other	
		#	%	#	%	#	%	#	%	#	%
BARRY	153	12	7.84%	19	12.42%	107	69.93%	9	5.88%	6	3.92%
CHRISTIAN	150	13	8.67%	49	32.67%	76	50.67%	5	3.33%	7	4.67%
DADE	36	7	19.44%	0	0.00%	24	66.67%	3	8.33%	2	5.56%
DALLAS	57	8	14.04%	10	17.54%	34	59.65%	1	1.75%	4	7.02%
DOUGLAS	37	2	5.41%	8	21.62%	22	59.46%	1	2.70%	4	10.81%
GREENE	823	72	8.75%	73	8.87%	599	72.78%	27	3.28%	52	6.32
HOWELL	184	19	10.33%	18	9.78%	120	65.22%	20	10.87%	7	3.80%
LAWRENCE	149	19	12.75%	13	8.72%	101	67.79%	9	6.04%	7	4.70%
OREGON	88	40	45.45%	7	7.95%	28	31.82%	11	12.50%	2	2.27%
OZARK	43	6	13.95%	1	2.33%	34	79.07%	1	2.33%	1	2.33%
POLK	116	12	1.00%	11	81.00%	73	0.00%	4	3.45%	16	13.79%
SHANNON	39	6	15.38%	5	12.82%	20	51.28%	5	12.82%	3	7.69%
STONE	55	6	10.91%	4	7.27%	36	65.45%	7	12.73%	2	3.64%
TANEY	150	15	10.00%	17	11.38%	109	72.67%	2	1.33%	7	4.67%
TEXAS	84	10	11.90%	6	7.14%	56	66.67%	10	11.90%	2	2.38%
WEBSTER	89	10	11.24%	3	3.37%	66	74.16%	9	10.11%	1	1.12%
WRIGHT	88	16	18.18%	9	10.23%	55	62.50%	4	4.55%	4	4.55%
REG 1 TOTAL	**2,341**	**273**	**11.66%**	**253**	**10.81%**	**1,560**	**66.64%**	**128**	**5.47%**	**127**	**5.43%**
BOLLINGER	48	7	14.58%	12	25.00%	16	33.33%	9	18.75%	4	8.33%
BUTLER	208	24	11.54%	43	20.67%	120	57.69%	14	6.73%	7	3.37%
CAPE GIRARDEAU	340	49	14.41%	51	15.00%	201	59.12%	12	3.53%	27	7.94%
CARTER	17	2	11.76%	5	29.41%	10	58.82%	0	0.00%	0	0.00%
DUNKLIN	239	34	14.23%	10	4.18%	132	55.23%	46	19.25%	17	7.11%
IRON	59	8	13.56%	17	28.81%	27	45.76%	6	10.17%	1	1.69%
MADISON	74	21	23.38%	8	10.81%	39	52.70%	2	2.70%	4	5.41%
MISSISSIPPI	93	28	30.11%	0	0.00%	46	49.46%	12	12.90%	7	7.53%
NEW MADRID	111	35	31.53%	0	0.00%	44	39.64%	28	25.23%	4	3.60%
PEMISCOT	95	49	51.58%	1	1.05%	23	24.21%	18	18.95%	4	4.21%
PERRY	61	3	4.92%	9	14.75%	44	72.13%	5	8.20%	0	0.00%
REYNOLDS	29	1	3.45%	8	27.59%	13	44.83%	7	24.14%	0	0.00%
RIPLEY	61	16	26.63%	14	22.95%	21	34.43%	9	14.75%	1	1.64%
ST FRANCOIS	394	30	7.61%	113	26.68%	187	47.46%	34	8.63%	30	7.61%
STE GENEVIEVE	59	10	16.95%	22	37.29%	22	37.29%	2	3.39%	3	5.08%
SCOTT	222	54	24.32%	21	9.46%	108	48.65%	26	11.71%	13	5.86%
STODDARD	225	37	16.44%	27	12.00%	113	50.22%	33	14.67%	15	6.67%
WAYNE	47	19	40.43%	1	2.13%	19	40.43%	7	14.89%	1	2.13%
REG 2 TOTAL	**2,382**	**427**	**17.93%**	**362**	**15.20%**	**1,185**	**49.75%**	**270**	**11.34%**	**139**	**5.79%**
BATES	106	37	34.91%	6	5.66%	54	50.94%	3	2.83%	6	5.66%
BENTON	130	71	54.62%	6	4.62%	53	40.77%	0	0.00%	0	0.00%
CARROLL	75	47	62.67%	1	1.33%	25	33.33%	1	1.33%	1	1.33%
CEDAR	64	18	28.13%	7	10.94%	31	48.44%	6	9.38%	2	3.13%
CHARITON	95	35	36.84%	5	5.26%	55	57.89%	0	0.00%	0	0.00%

County	Total Referrals	In-Home Services		RCF-PC		Nursing Facility		NF Short-Term		No Services/Other	
		#	%	#	%	#	%	#	%	#	%
HENRY	143	57	39.86%	10	6.99%	68	47.55%	4	2.80%	4	2.80%
HICKORY	25	17	68.00%	0	0.00%	4	16.00%	2	8.00%	2	8.00%
JOHNSON	142	59	41.55%	11	7.75%	69	48.59%	0	0.00%	3	2.11%
LAFAYETTE	170	73	42.94%	4	2.35%	80	47.06%	5	2.94%	8	4.71%
PETTIS	228	92	40.35%	29	12.72%	96	42.11%	2	0.88%	9	3.95%
ST. CLAIR	70	40	57.14%	0	0.00%	25	35.71%	2	2.86%	3	4.29%
SALINE	160	73	45.63%	21	13.13%	55	34.38%	7	4.38%	7	4.38%
VERNON	110	11	10.00%	9	8.18%	83	75.45%	3	2.73%	4	3.64%
REG 3 TOTAL	**1,518**	**630**	**41.50%**	**109**	**7.18%**	**698**	**45.98%**	**35**	**2.31%**	**46**	**3.03%**
ANDREW	100	37	37.00%	2	2.00%	58	58.00%	1	1.00%	2	2.00%
ATCHISON	23	4	17.39%	0	0.00%	13	56.52%	6	26.09%	0	0.00%
BUCHANAN	470	109	23.19%	52	11.06%	240	51.06%	15	3.19%	54	11.49%
CALDWELL	46	22	47.83%	1	2.17%	18	39.13%	2	4.35%	3	6.52%
CLINTON	104	4	3.85%	1	0.96%	91	87.50%	4	3.85%	4	3.85%
DAVIES	31	12	38.71%	0	0.00%	18	58.06%	0	0.00%	1	3.23%
DEKALB	58	8	13.79%	10	17.24%	31	53.45%	4	6.90%	5	8.62%
GENTRY	44	10	22.73%	1	2.27%	21	47.73%	0	0.00%	12	27.27%
GRUNDY	79	37	46.84%	4	5.06%	28	35.44%	5	6.33%	5	6.33%
HARRISON	43	11	25.58%	1	2.33%	21	48.84%	8	18.60%	2	4.65%
HOLT	20	1	5.00%	0	0.00%	15	75.00%	4	20.00%	0	0.00%
LINN	93	34	36.56%	7	7.53%	35	37.63%	6	6.45%	11	11.83%
LIVINGSTON	97	31	31.96%	10	10.31%	53	54.64%	1	1.03%	2	2.06%
MERCER	14	9	64.29%	3	21.43%	0	0.00%	2	14.29%	0	0.00%
NODAWAY	67	5	7.46%	1	1.49%	52	77.61%	4	53.97%	5	7.46%
PUTNAM	43	24	55.81%	1	2.33%	14	32.56%	4	9.30%	0	0.00%
SULLIVAN	35	14	40.00%	7	20.00%	9	25.71%	2	5.71%	3	8.57%
WORTH	12	3	25.00%	1	8.33%	7	58.33%	0	0.00%	1	8.33%
REG 4 TOTAL	**1,379**	**375**	**27.19%**	**102**	**7.40%**	**724**	**52.50%**	**68**	**4.93%**	**110**	**7.98%**
ADAIR	159	67	42.14%	17	10.69%	52	32.70%	7	4.40%	16	10.06%
CLARK	66	35	53.03%	3	4.55%	21	31.82%	6	9.09%	1	1.52%
KNOX	35	7	20.00%	8	22.86%	14	40.00%	4	11.43%	2	5.71%
LEWIS	69	22	31.88%	3	4.35%	34	49.28%	3	4.35%	7	10.14%
LINCOLN	122	14	11.48%	28	22.95%	73	59.84%	1	0.82%	6	4.92%
MACON	131	43	32.82%	0	0.00%	73	55.73%	7	5.34%	8	6.11%
MARION	213	52	24.41%	46	21.60%	93	43.66%	11	5.16%	11	5.16%
MONROE	53	27	50.94%	7	13.21%	13	24.53%	6	11.32%	0	0.00%
MONTGOMERY	102	15	14.071%	5	4.90%	77	75.49%	1	0.98%	4	3.92%
PIKE	106	42	39.62%	2	1.89%	53	50.00%	8	7.55%	1	0.94%
RALLS	37	12	32.43%	1	2.70%	16	43.24%	4	10.81%	4	10.81%
RANDOLPH	205	71	34.63%	23	11.22%	96	46.83%	9	4.39%	6	2.93%
SCHUYLER	30	9	30.00%	1	3.33%	13	43.33%	5	16.67%	2	6.67%
SCOTLAND	28	13	44.44%	0	0.00%	7	44.44%	5	0.00%	3	11.11%
SHELBY	42	15	31.43%	3	0.00%	19	60.00%	4	0.00%	1	8.57%
WARREN	35	14	40.00%	6	17.14%	13	37.14%	2	5.71%	0	0.00%
REG 5 TOTAL	**1,433**	**458**	**31.96%**	**153**	**10.68%**	**667**	**46.55%**	**83**	**5.79%**	**72**	**5.02%**

County	Total Referrals	In-Home Services		RCF-PC		Nursing Facility		NF Short-Term		No Services/Other	
		#	%	#	%	#	%	#	%	#	%
AUDRAIN	105	25	23.81%	10	9.52%	61	58.10%	7	6.67%	2	1.90%
BOONE	338	101	29.88%	28	8.28%	182	53.85%	13	3.85%	14	4.14%
CALLAWAY	79	10	12.66%	23	29.11%	33	41.77%	10	12.66%	3	3.80%
CAMDEN	133	30	22.56%	4	3.01%	85	63.91%	7	5.26%	7	5.26%
COLE	218	33	15.14%	19	8.72%	134	61.47%	6	2.75%	26	11.93%
COOPER	62	3	4.84%	0	0.00%	56	90.32%	0	0.00%	3	4.84%
CRAWFORD	161	47	29.19%	18	11.18%	77	47.83%	5	3.11%	14	8.70%
DENT	63	21	33.33%	4	6.35%	34	53.97%	2	3.17%	2	3.17%
GASCONADE	78	11	14.10%	0	0.00%	55	70.51%	6	7.69%	6	7.69%
HOWARD	73	35	47.95%	7	9.59%	26	35.62%	2	2.74%	3	4.11%
LACLEDE	107	21	19.63%	19	17.76%	48	44.86%	11	10.28%	8	7.48%
MARIES	32	13	40.63%	2	6.25%	13	40.63%	4	12.50%	0	0.00%
MILLER	82	12	14.63%	7	8.54%	53	64.63%	8	9.76%	2	2.44%
MONITEAU	57	4	7.02%	4	7.02%	43	75.44%	6	10.53%	0	0.00%
MORGAN	88	11	12.50%	12	13.64%	47	53.41%	11	12.50%	7	7.95%
OSAGE	26	3	11.54%	6	23.08%	15	57.69%	0	0.00%	2	7.69%
PHELPS	164	55	33.54%	19	11.59%	77	46.95%	8	4.88%	5	3.05%
PULASKI	93	33	35.48%	2	2.15%	48	51.61%	7	7.53%	3	3.23%
WASHINGTON	173	90	52.02%	5	2.89%	64	36.99%	8	4.62%	6	3.47%
REG 6 TOTAL	**2,132**	**558**	**26.17%**	**189**	**8.86%**	**1,151**	**53.99%**	**121**	**5.68%**	**113**	**5.30%**
CASS	211	14	6.64%	18	8.53%	164	77.73%	5	2.37%	10	4.74%
CLAY	445	15	3.37%	45	10.11%	367	82.47%	7	1.57%	11	2.47%
JACKSON	2,800	803	26.68%	186	6.64%	1,542	55.07%	21	0.75%	248	8.86%
PLATTE	130	17	13.08%	13	10.00%	92	70.77%			1	0.77%
RAY	109	34	31.19%	1	0.92%	70	64.22%	0	0.00%	4	3.67%
REG 7 TOTAL	**3,695**	**883**	**23.90%**	**263**	**7.12%**	**2,235**	**60.49%**	**34**	**0.92%**	**280**	**7.58%**
FRANKLIN	265	21	7.92%	16	6.04%	213	80.38%	5	1.89%	10	3.77%
JEFFERSON	431	36	8.35%	70	16.24%	305	70.77%	5	1.16%	15	3.48%
ST. CHARLES	295	39	13.22%	23	7.80%	222	75.25%	1	0.34%	10	3.39%
ST. LOUIS CNTY	2,327	198	8.51%	107	4.60%	1,923	82.64%	14	0.60%	85	3.65%
REG 8 TOTAL	**3,318**	**294**	**8.86%**	**216**	**6.51%**	**2,663**	**80.26%**	**25**	**0.75%**	**120**	**3.62%**
ST. LOUIS CITY	1,397	225	16.11%	132	9.45%	960	68.72%	27	1.93%	53	3.79%
REG 9 TOTAL	**1,397**	**225**	**16.11%**	**132**	**9.45%**	**960**	**68.72%**	**27**	**1.93%**	**536**	**3.79%**
BARTON	31	5	16.13%	2	6.45%	23	74.19%	0	0.00%	1	3.23%
JASPER	452	47	10.40%	75	16.59%	279	61.73%	11	2.43%	40	8.85%
MCDONALD	50	5	10.00%	4	8.00%	33	66.00%	6	12.00%	2	4.00%
NEWTON	238	15	6.30%	9	3.78%	192	80.67%	6	2.52%	16	6.72%
REG 10 TOTAL	**771**	**72**	**9.34%**	**90**	**11.67%**	**527**	**68.35%**	**23**	**2.98%**	**59**	**7.65%**
STATE TOTAL	**20,386**	**4,195**	**20.58%**	**1,869**	**9.17%**	**12,390**	**60.78%**	**814**	**3.99%**	**1,118**	**5.48%**

Missouri's Family Caregiver Support Program

The Family Caregiver Support Program is a relatively new program established by the enactment of the Older Americans Act Amendments of 2000. The program establishes an infrastructure of program resources and assistance to family caregivers. States, Area Agencies on Aging (AAAs), and local community service providers work together to provide support and services to family caregivers.

The five areas of services allowed under the program include:

- **Information** to caregivers about available services;
- **Assistance** to caregivers in gaining access to supportive services;
- **Individual** counseling, organization of support groups, and caregiver training to caregivers to assist in making decisions and solving problems relating to their care giving roles;
- **Respite care** (which can include adult day care) to enable caregivers to be temporarily relieved from their care giving roles; and
- **Supplemental services**, on a limited basis, to complement the care provided by caregivers. These services may include: home adaptation/modification such as ramps, lift chairs, grab bars, assistive devices, nutritional supplements, incontinence supplies, door alarms or locks, home appliances, etc.

Eligible Populations:

- Family Caregivers of older adults who are 60 years of age and older; and
- Grandparents and relatives who are age 60 and over who are caregivers of children not more than 18 years (including grandparents who are sole caregivers of grandchildren and those individuals who are affected by mental retardation or who have developmental disabilities).

Priority is given to:

- Persons in greatest social and economic need with particular attention to low-income, minority individuals.

Who to Contact for Help:

For assistance or information about the Family Caregiver Support Program in your area, you may contact your local Area Agency on Aging. To locate your area agency in Missouri, please call 800-235-5503. For assistance in locating an area agency or Family Caregiver Support Program nationally, you may call the ElderCare Locator at 800-677-1116.

Area Agencies on Aging
Serving Missouri Seniors Through Funding Provided Under The Older Americans Act

Units of Service	FY99	FY00	FY01	FY02	FY03
Transportation	1,154,194	1,165,470	993,472	963,058	889,106
Information and Assistance	82,154	100,745	118,096	109,728	105,289
Homemaker/Personal Care	173,138	162,943	162,623	146,561	147,495
Respite Care	49,279	34,936	32,340	30,658	24,934
Adult Day Health Care	8,014	7,830	10,918	40,902	32,866
Legal Services	7,687	7,995	8,405	10,406	10,330
Older Worker Program (Persons)	303	302	303	303	306
Congregate Meals (Senior Centers)	3,504,337	3,524,225	3,290,318	3,288,983	3,161,417
Home Delivered Meals	5,156,597	5,949,088	5,861,702	5,807,902	5,538,559
Health Promotion, Disease Prevention	86,703	80,681	79,176	110,057	123,950
AAAs Monitored On-site Annually	5	5	5	5	5

Similar Services Funded Through the Family Caregiver Support Program

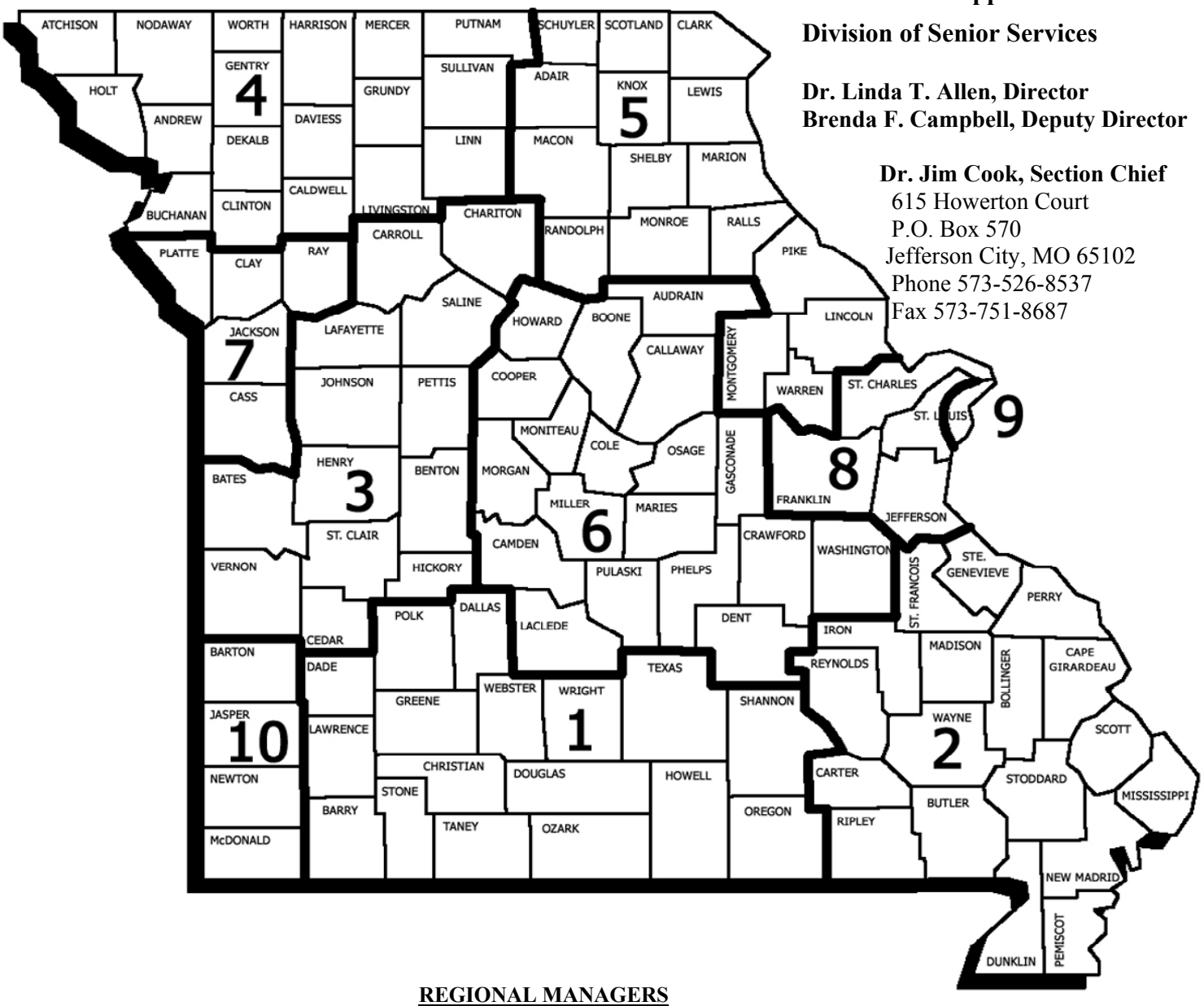
Service Title	FY03 Units of Service	FY03 Persons Served
Respite, and GAP Respite	68,939	734
Day Care	32,121	85
Information and Assistance	16,049	10,578
Case Management, Couseling, Individual, Support, Grp Counseling	11,925	3,419
Education, Outreach, Public Ed, Info, Training, Needs Assessment/Survey	24,691	38,144
Durable Medical Supplies, Equipment, Assistive Technology	1,396	741
Transportation	950	52
Flu Shots, Nutritional Supplements	369	166
Legal	130	27
All Other Services	1,844	531

Appendix K

Division of Senior Services

Dr. Linda T. Allen, Director
Brenda F. Campbell, Deputy Director

Dr. Jim Cook, Section Chief
615 Howerton Court
P.O. Box 570
Jefferson City, MO 65102
Phone 573-526-8537
Fax 573-751-8687



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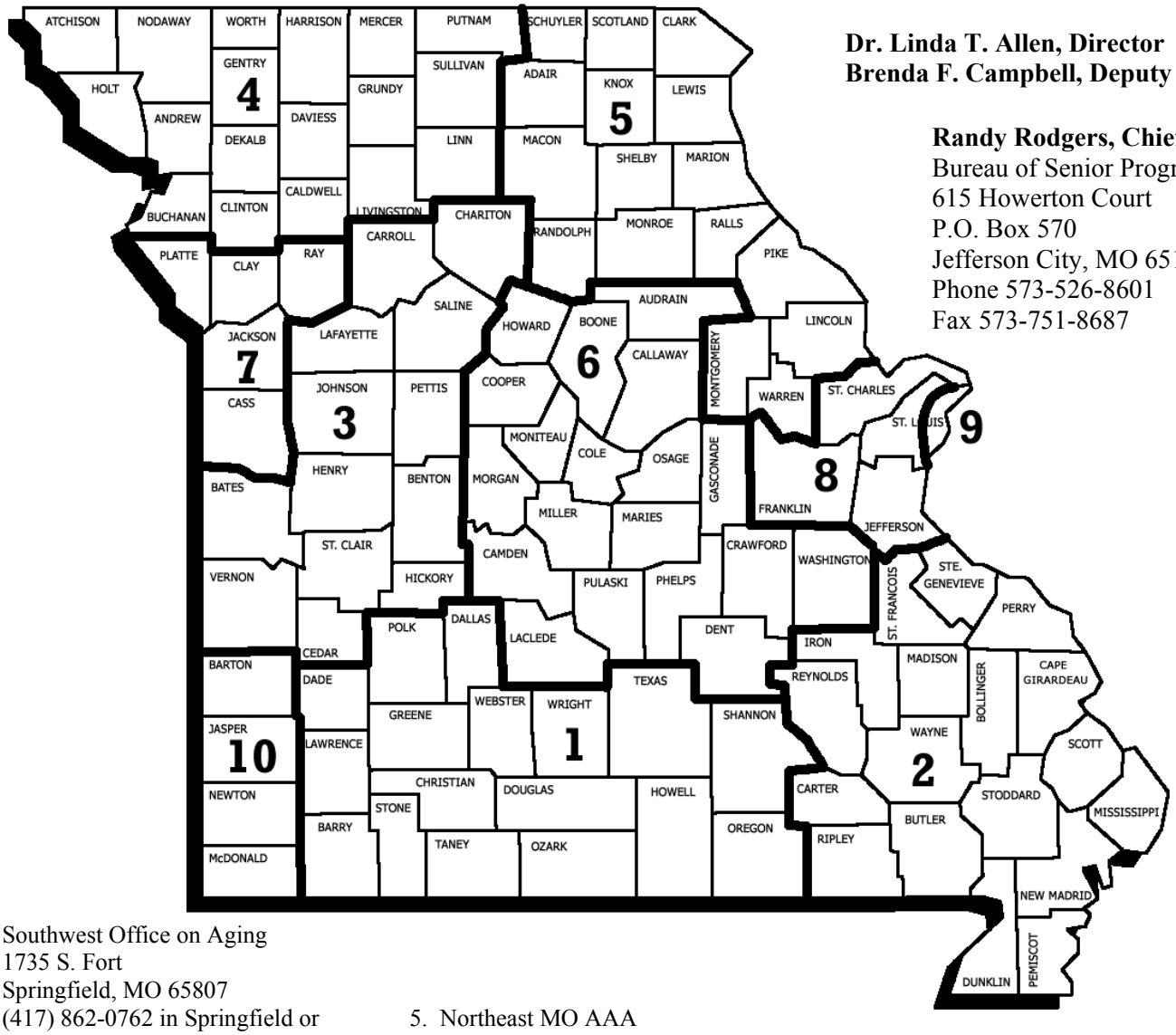
Missouri Information & Assistance Network (Operated through Area Agency on Aging Offices)



Dr. Linda T. Allen, Director
Brenda F. Campbell, Deputy Director

Randy Rodgers, Chief
Bureau of Senior Programs
615 Howerton Court
P.O. Box 570
Jefferson City, MO 65102
Phone 573-526-8601
Fax 573-751-8687

1. Southwest Office on Aging
   1735 S. Fort
   Springfield, MO 65807
   (417) 862-0762 in Springfield or
   1-800-497-0822

2. Southeast MO AAA
   1219 N. Kingshighway, Suite 100
   Cape Girardeau, MO 63701
   (573) 335-3331 – In Cape Girardeau, or
   1-800-392-8771

3. District III AAA
   106 W. Young St., Box 1078
   Warrensburg, MO 64093
   (660) 747-3107 – In Warrensburg, or
   1-800-886-4699

4. Northwest MO AAA
   PO Box 265
   Albany, MO 64402
   (660) 726-3800 – In Albany, or
   1-888-844-5626

5. Northeast MO AAA
   815 N. Osteopathy
   Kirksville, MO 63501
   (660) 665-4682 – In Kirksville, or
   1-800-664-6338

6. Central MO AAA
   1121 Business Loop 70 E. Suite 2A
   Columbia, MO 65201
   (573) 443-5823 – In Columbia, or
   1-800-369-5211

7. Mid-America Regional Council
   300 Rivergate Ctr., 600 Broadway
   Kansas City, MO 64105-9990
   (816) 474-4240 – In Kansas City, or
   1-800-593-7948

8. Mid-East MO AAA
   14535 Manchester
   Manchester, MO 63011-3960
   (636) 207-0847 – In St. Louis Co, or
   1-800-243-6060 in Jefferson, Franklin, or St. Charles Counties

9. St. Louis AAA
   634 North Grand, 7th Floor
   St. Louis, MO 63103
   (314) 612-5918

10. Region X AAA
    1710 E. 32nd, Box 3990
    Joplin, MO 64803
    (417) 781-7562
    For I&A call The Advantage Point
    (417) 627-0600