

**Protecting aging populations,
especially those with intellectual
and developmental disabilities,
is crucial yet often difficult**

How do we promote compliance
and prevent abuse among the
most vulnerable members of
our communities?



One of the biggest threats to adults with intellectual and developmental disabilities (I/DD) living at home is a caregiver using that disability to their own advantage. Sadly, it can be all too easy for someone to withhold help, services or access to needed medical equipment if an individual with a disability does not do what they want them to do, pay money in exchange for the assistance or even perform an undesired sexual act.

For the aging, the number of reported incidents has increased every year since 2014 – except for a six percent dip in 2020 attributed to COVID-19 era lockdowns and limited provider access to homes. Still, Adult Protective Services agencies nationwide received a combined 1.3 million reports of suspected abuse among aging adults in 2020, with 27 percent of the subsequent investigations substantiated.

For those who can be classified as both aging and I/DD, the risk for abuse and neglect is even greater, making diligent reporting and investigation of potential wrongdoing vital to the safety of these individuals. What's more, incidents of abuse among aging adults with I/DD often go unreported, as victims fear they may lose independence, be left without care or be moved to institutions, if a caregiver or family member was to be found guilty of wrongdoing.

Unreported incidents affecting the health and safety of Medicaid HCBS beneficiaries put already vulnerable populations at further risk for injury, illness or even death. If left unaddressed, critical (abuse, neglect, exploitation), and even non-critical (medication errors, rights violation, falls), incidents cause further harm to individuals and raise costs for the system overall. With the right technology, Medicaid program administrators and support coordinators can be equipped to report, investigate and prevent abuse among vulnerable populations more easily.

the sad reality

- Studies show one in 10 aging adults living in the community have experienced abuse in the prior year.
- Adults with disabilities are 1.5 times more likely to experience abuse. I/DD populations are 1.6 times more likely (as compared to those without disabilities).
- Combining risk factors such as aging and intellectual disability put individuals in greater danger for abuse.
- Approximately 65 percent of incidents of abuse against aging adults occur in private residences.
- Caregivers and relatives account for almost 20 percent of adult maltreatment incidents, according to 2020 data from 30 states.

BRINGING PEOPLE HOME, BENEFITS AND RISKS

For decades, there has been a national push to transition those living in traditional institutions back home to receive care in their communities. The rise in home- and community-based services (HCBS) has been aided by millions of dollars in federal investment and the availability of more services and supports outside of institutional settings.

Advocates for aging and disabled populations consider home and community living more beneficial than institutional settings to those requiring specialized care and support services. There is greater opportunity for independent activity, to work and to enjoy a diverse community. Additionally, the financial burden on those aging in place or living at home with a disability is greatly reduced, as compared to institutional settings.

Report Sources for 2020 Adult Maltreatment Incidents

Professional: 254,093

Relative: 60,983

Other Non-Professional: 34,016

Self: 20,699

Caregiver/Decision Maker: 18,024

Unknown: 61,235

**Based on incident data from 30 states for 426,601 investigations. Investigations may have more than one report source.*

Bringing people home and encouraging aging in place allows them to have more agency about where they live and thrive. The data from the NAMRS 2020 Adult Maltreatment Report suggests that 65 percent of reported incidents of abuse among aging populations occurs in private residences.

Disability-related abuse can come in many forms. Documented cases include destroying medical equipment, refusing to assist with basic activities and manipulating medication. The most common form of abuse among adults older than 65 with a disability is abandonment, according to a 2021 research brief from the National Center on Elder Abuse (NCEA).

While individuals with disabilities are more likely to experience interpersonal violence through their lifetimes, those with intellectual and developmental disabilities (I/DD) are at an even higher risk. Adults with disabilities are 1.5 times more likely to experience abuse. I/DD populations are 1.6 times more likely as compared to those without disabilities.

There are an estimated 15.5 million people in the U.S. living with I/DD. Individuals with I/DD tend to have greater dependency on their caregivers, lack opportunities for self-determination and higher rates of social isolation, factors that put them at greater risk. Studies have also found higher rates of sexual abuse among these populations.

“Adults with I/DD are instructed to follow the instruction of those in charge, increasing the risk of victimization.”

NCEA Research Brief:
Mistreatment of Adults with Disabilities

ADDRESSING HEIGHTENED RISK FOR I/DD

Disability-related incidents refers to forms of abuse directly tied to the needs of those with disabilities, such as denial of assistive technology or medical equipment and refusal to assist with basic needs, like eating, bathing, getting up, etc. Unfortunately, these instances can be hard to identify, track and investigate, as they often rely on self-reporting.

These definitions of abuse, as they relate to the elderly with disabilities, overlap with the concept of neglect, or the failure to provide basic needs for an individual. When referring to Medicaid HCBS incident management, neglect often falls in the critical category.

The development of the Abuse Assessment Screen-Disability in 2001 has helped with this problem, but more needs to be done, especially for I/DD populations. Aging I/DD is a growing segment of the country's older generations, and there is very little research on the experiences of abuse of older adults with I/DD and successful prevention efforts. The National Center for Elder Abuse advocates for more education and training around identifying potential signs of violence among disabled populations. If law enforcement and APS investigators do not pick up on sometimes subtle signs, investigations will be inaccurate, and cases may be unduly dismissed.

Additional recommendations from the NCEA include:

- Improve collaboration among the groups that serve victims of adult mistreatment and those that serve older adults with I/DD to increase sensitivity to the needs of these populations
- Develop programs that teach skills for responding to abusive situations
- Build protective systems and services for all life stages for individuals with I/DD

Learning to spot the signs of abuse

Meet Mary, an octogenarian who has lived quite contentedly in a group home for seven years. Her physical health has remained stable, and she enjoys the company of her housemates and the opportunity to see her daughter regularly. During a recent visit, Mary's daughter noticed a sudden change in her mother's behavior – she was withdrawn and angry and wouldn't interact with others in the house. Mary looked thinner too, as if she had been skipping meals.

In an otherwise stable behavioral scenario, sudden changes like Mary's can be the first sign of abuse or neglect. The National Institutes on Aging and the National Center for Elder Abuse advocate for education and training on identifying signs of abuse for loved ones and others in the community. These signs depend on the type of abuse and are not always obvious. Signs of physical abuse may include bruises, scrapes, burns, broken bones, limping or trouble walking. If a loved one is suddenly demonstrates poor grooming, smells of urine or feces or has major shifts in daily activity, these can be signs of neglect by caregivers.

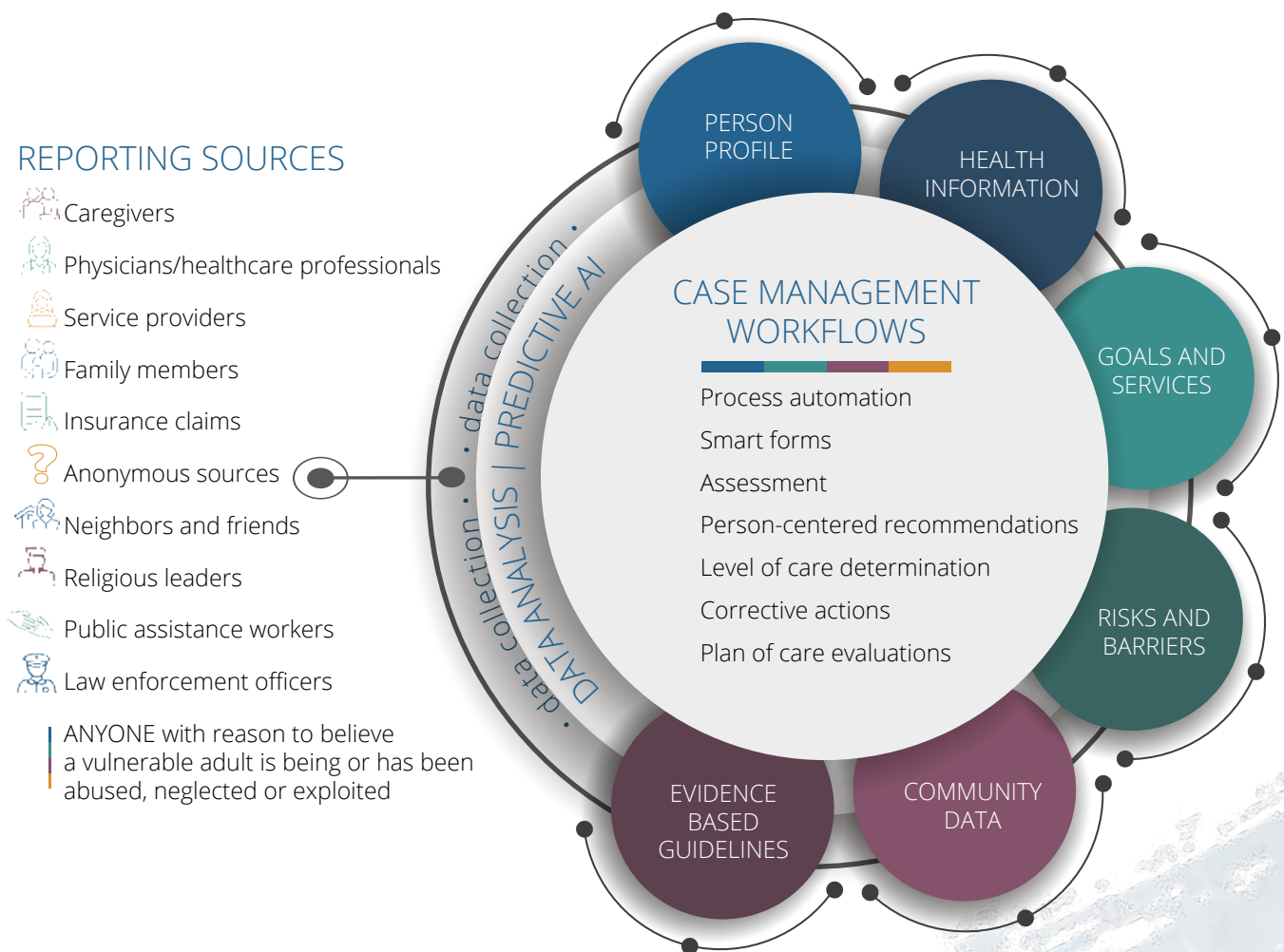
For more information on spotting signs of abuse and how to seek help, visit www.nia.nih.gov/health/topics/elder-abuse.



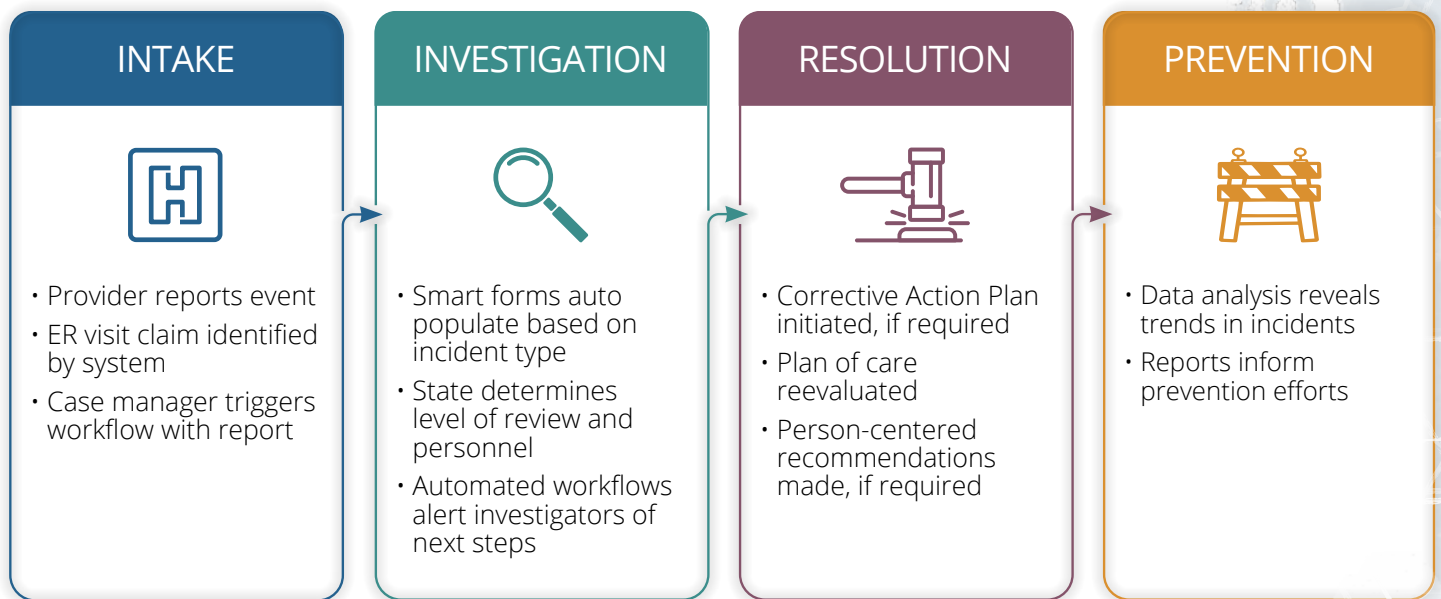
ENTERPRISE SOLUTIONS PROVIDE STREAMLINED PATH TO INCIDENT MANAGEMENT

With increased attention to the needs of I/DD populations, state agencies can also employ sophisticated technology solutions to aid in their abuse prevention efforts.

Enterprise, comprehensive technology solutions can set clear identifiers to trigger investigations into possible critical or non-critical incidents among vulnerable populations. For example, a Medicaid beneficiary's visit to the emergency room can trigger an alert to the support coordinator which triggers a workflow for follow-up forms to be filled out to begin the incident investigation process. The investigation, collected data and outcomes can all be tracked and reported from a single, comprehensive platform that also houses legacy incident data for state program participants. Program administrators can view and analyze incident data to identify potential risk factors and prevent future events.



All of this is possible with the Blue Compass suite of solutions for health and human services from FEI Systems. The CMS-certifiable incident management module assists with critical—and non-critical—incident reporting, investigation, follow up and prevention. With clearly defined rules for incident identification, our solutions can flag when potential non-critical or critical abuse has occurred based on rules set forth by the state. Upon implementation, this module can house all incident-related data and case notes from integrated legacy systems for reporting and analysis. The solution meets unique requirements for tracking and reporting critical and non-critical incidents across various programs and departments and can be implemented as a stand-alone solution, integrated into existing IT systems or included as a function-specific module within the Blue Compass comprehensive case management platform.



Ultimately, no software or health IT solution can replace adequate training in incident identification, reporting, investigation and resolution protocol. There is no technology solution that alone can prevent abuse among vulnerable populations. But, with the automated workflows and alerts our Blue Compass suite provides, case managers, incident investigators, and state agency administrators are kept abreast of next steps and requirements in reporting incidents and following a path to resolution. Our incident management module easily guides all interested parties through reporting, investigation and follow-up procedures to promote critical incident reporting compliance and keep members safe from harm.



For more than 20 years, FEI Systems has provided innovative IT solutions that assist federal, state and local health and human services agencies in caring for the most vulnerable members of the communities they serve.

FEI's Blue Compass suite of solutions includes a host of modules designed to address common requirements while meeting the unique and complex needs of each of the agencies and organizations we serve. Our case management for long-term services and supports system, our behavioral health case management system and our provider services platform offer comprehensive tools for the cross-agency delivery of person-centered, coordinated health and human services.

The suite also includes ancillary sub-modules and function-specific features for:

- data collection and reporting
- incident management
- reimbursement and claims processing
- consent management
- assessment for treatment services
- electronic health record (outpatient)
- visit verification, billing and waiver eligibility

Our Blue Compass incident management solution is designed to keep people safe, and we would be honored to partner with you in serving those you work tirelessly to protect.

To learn more or request a demo, visit feisystems.com