



# A Framework for Policies and Procedures for Tennessee Adult Protective Services to Protect Older & Vulnerable Adults

With Funding From the Administration for Community Living

Tennessee Department of Human Services | September 2018



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Tennessee Department of Human Services  
Tennessee Department of Health  
Tennessee Department of Mental Health and Substance Abuse Services  
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Tennessee Commission on Aging and Disability  
Tennessee Department of Commerce and Insurance  
Tennessee Department of Financial Institutions  
Disability Rights Tennessee  
Tennessee Council on Developmental Disabilities  
Tennessee Public Utility Commission  
Tennessee Bureau of Investigation  
Office of the Attorney General  
District Attorney Conference  
Tennessee Housing and Development Agency  
TennCare  
Tennessee Department of Transportation  
Department of Intellectual and Developmental Disability  
Chiefs of Police  
Administrative Office of the Courts  
Shelby County Medical Examiner's Office



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# Executive Summary

In September 2016 the TN Department of Human Services, Adult Protective Services (APS) division received a two-year federal grant award from the Administration for Community Living. The goal of the grant is twofold. First, it provides support to deliver aggregate-level data from APS regarding abuse of vulnerable adults to the National Adult Maltreatment Reporting System, NAMRS. Second, it enhances the collaborative efforts of approximately 20 state and non-profit agencies in Tennessee to improve the investigation, response and service delivery of protective services to vulnerable adults. This report will provide information related to the efforts of the Coordinated Community Response (CCR), a proposed intervention to address the second goal.

*A CCR holds its members accountable, identifies service gaps and coordinates member efforts in order to create a seamless, victim-centered response to protect vulnerable adults.*

The National Clearinghouse on Abuse in Later Life has defined a CCR as a collection of professionals from various disciplines and professions which share a broad vision of a community's responsibility for enhancing safety for victims of elder abuse. A CCR holds its members accountable, identifies service gaps and coordinates member efforts in order to create a seamless, victim-centered response to protect vulnerable adults. Additionally, according to the United Nations Virtual Knowledge Centre and Violence Against Women and Girls, "the benefits of a CCR model are many, but the primary benefit should be increased victim safety. Other benefits may include:

- More effective use of limited financial resources;
- Coherent, integrated, long-term policy directions;
- Better transfer of knowledge across sectors;
- Linked trainings to enhance inter-disciplinary coordination; and
- Greater attention to neglected and under-resourced issues through community response".

This grant was an opportunity for Tennessee to improve the cumulative impact of investigations, response and services regarding vulnerable adults and to make

changes at the system level. In November 2016, the first CCR kickoff meeting was held and over 40 people attended from 15 organizations to begin paving the way to reach the objectives of enhancing:

1. Government efficiency
2. Collaboration, education and satisfaction among state agencies and with the community, and
3. Client outcomes

The intent of the CCR is to “alter how work or an activity is done, produce visible, positive differences and have a lasting impact.”<sup>1</sup> It is recognized that “all improvements require change, but not all change results in improvement.” (Institute for Healthcare Improvement). After developing over 40 ideas to create a positive impact, the CCR team produced four workgroups to meet the needs of protecting vulnerable adults and to fill the gaps that existed. These four groups of the CCR are:

1. Improve communication and coordination among agencies via the APS 1215 notification form
2. Streamline investigations as it relates to prosecution and abuse registry placements
3. Improve the coordination and communication among all organizations that serve vulnerable adults
4. Identify all unlicensed facilities and reduce the number of unsanitary and abusive ones.

The following report will provide more detailed information regarding these four groups, along with a Coordinated Response Model to connect their efforts while working with the local community. In addition, recommended policies/procedures will be offered to make the model practical, efficient and beneficial for years to come.

### ***1. Coordination among CCR Agencies: The Challenges and the Needs***

From our first gathering in November 2016 through August 2018 when the grant ended, there were 18 CCR meetings, 9 workgroup meetings, and several conference

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<sup>1</sup> Langley, Moen, Nolan, Nolan, Norman, Provost. The Improvement Guide: A Practical Approach to Enhancing Organizational Performance. 2<sup>nd</sup> Edition. 2009.

calls to determine focus areas, streamline processes and improve efficiency. Facilitating 20 agencies to work together is not an easy task. The element of varying policies and procedures within each agency, along with busy schedules, changes in personnel and differing opinions creates unusual challenges. However, even with those obstacles, the speed and progress of the work completed was outstanding. The collaboration, commitment and comradery displayed by the members helped propel the efforts toward reaching our goal.

During the process of developing the CCR, surveys were conducted to gauge the needs of APS and Frontline staff across Tennessee. A Frontline Survey was provided to Adult Protective Service Front Line Staff in February 2017 and August 2018 and to Frontline staff from agencies across the state in August 2017 and August 2018. The goal of the survey was to receive information to improve the working relationship between APS and other state agencies, to determine the gaps/barriers and to create solutions for the efficiency of services and protection of vulnerable adults in Tennessee. Additionally, an APS Field Innovation Survey was conducted in March 2018 to collect feedback and ideas from APS staff across the state to innovate processes/operations and customer service while improving personal development and performance. Information from that survey directly impacts work done by the CCR.

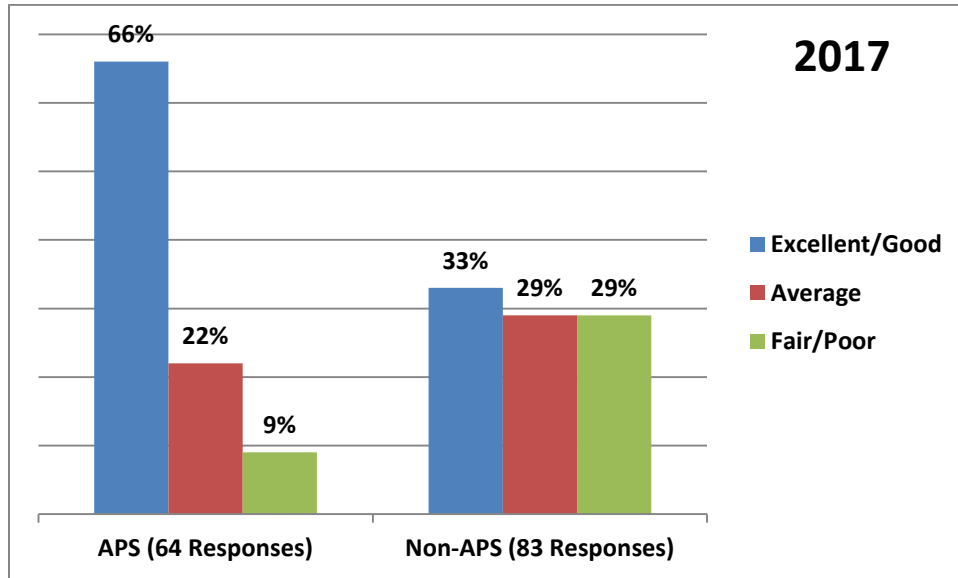
### **APS Frontline Survey Demographics**

The APS Frontline survey was conducted with APS staff in February 2017 and August 2018. In 2017, there were eighty-one responses (81) and fifty (50) in 2018 by APS Frontline Staff who participated in the survey. In August 2017 and again in August 2018, the Frontline Survey was also conducted with one-hundred three (103) non-APS Frontline Staff from sixty (60) agencies around the state and in 2018 sixty (60) responses from twenty- seven (27) agencies throughout the state.

### **APS Frontline Survey Key Questions and Analysis**

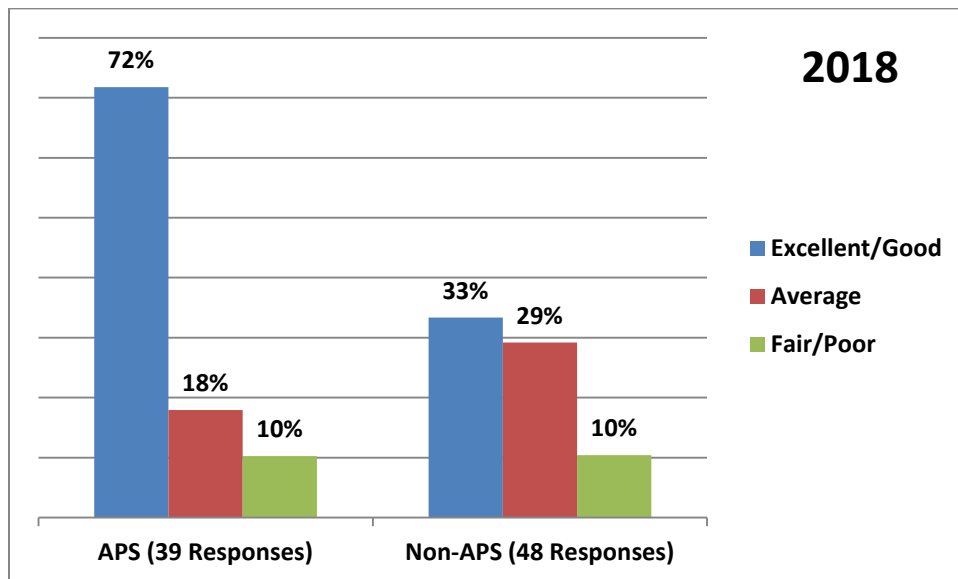
Following are key questions and a comparison of answers from those surveys.

**The legislative intent of the TN APS is to “protect (older and vulnerable) adults from abuse, neglect or exploitation.” How well is APS doing this in your coverage area?**



\*out of the 81 APS Frontline Staff who took the survey, only 64 answered this question

\*out of the 103 Non-Frontline Staff who took the survey, only 83 answered this question.

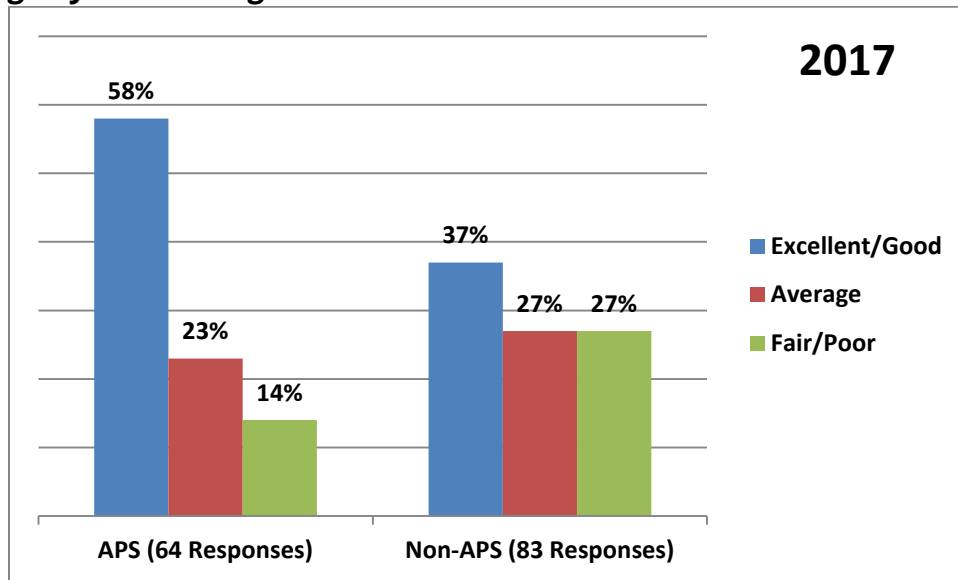


\*out of the 50 APS Frontline Staff who took the survey, only 39 answered this question

\*out of the 60 Non-Frontline Staff who took the survey, only 48 answered this question.

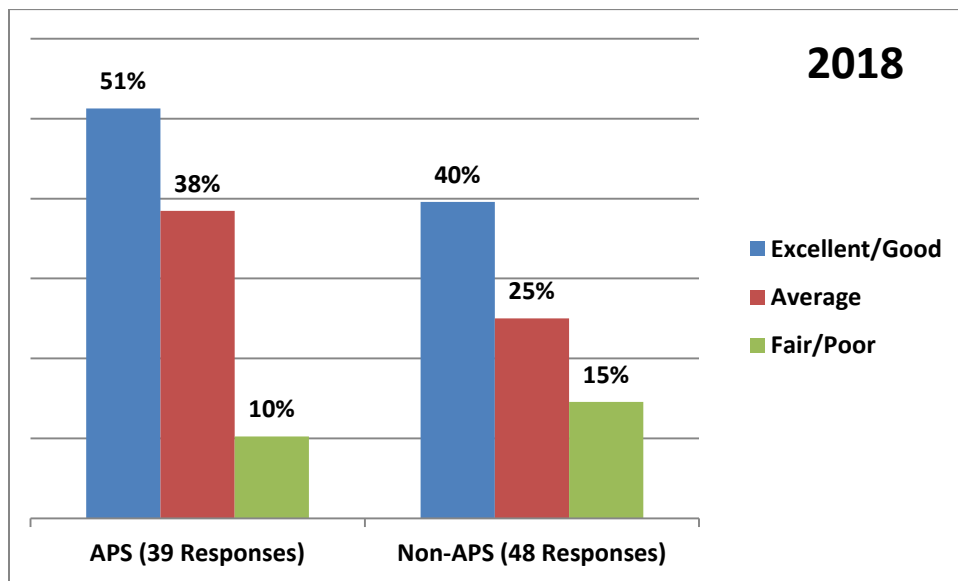


***TN APS "recognizes that adequate protection of (older and vulnerable) adults requires the cooperation of many agencies and service providers." How well is this happening in your coverage area?***



\*out of the 81 APS Frontline Staff who took the survey, only 64 answered this question

\*out of the 103 Non-Frontline Staff who took the survey, only 83 answered this question.



\*out of the 50 APS Frontline Staff who took the survey, only 39 answered this question

\*out of the 60 Non-Frontline Staff who took the survey, only 48 answered this question.

***In your coverage area, how would you describe your relationship with each of the following agencies?***

2017: According to APS staff, relationships with law enforcement and district attorneys were rated highest (Average/Good). Relationships with the Tennessee



Department of Transportation (TDOT) received the lowest rating (Fair/Good). Non-APS Frontline Staff rated relationships with law enforcement and district attorneys highest (Good). Relationships with TennCare and TDOT were rated lowest (Fair).

2018: In the 2018 survey, APS and Non-APS staff (combined) rated relationships with law enforcement and district attorneys the highest again. Relationships with Veterans Services received the lowest rating.

***In your coverage area, how would you describe access to the following services?***

2017: According to APS staff, access to Long-Term Care Ombudsman and hospital/emergency room services were rated highest (Good). Access to Financial Abuse Support Services and Housing and Relocation Services received the lowest ratings (Fair). Non-APS Frontline Staff selected access to Domestic Violence (DV) Services and Sexual Assault (SA) Services as the highest rated (Good). Access to transportation and housing, and relocation services received the lowest ratings (Fair).

2018: In the 2018 survey, APS and Non-APS staff (combined) rated access to Long Term Care Ombudsman the highest. Access to Housing and Relocation Services received the lowest rating.

*APS Frontline Staff rated themselves significantly higher compared with ratings from across the state*

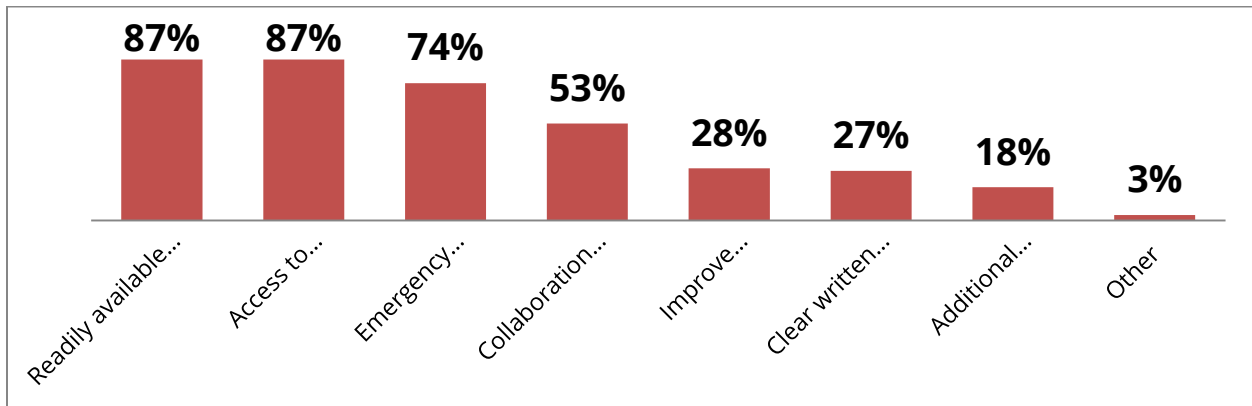
**APS Field Innovation Survey Demographics**

Ninety-four (94) APS staff completed the survey in March 2018. This comprises more than 75% of the APS staff. Eleven percent (11%) were intake counselors or supervisors, 83% were investigative counselors or supervisors and 6% were state office staff or directors.

**APS Field Innovation Survey Key Question and Analysis**

One question in this survey pertained to areas that are directly impacted by the CCR.

**Investigations: How could your ability to protect vulnerable adults be improved?**



Of the 78 answers received, the top five items in this question point directly to solutions being addressed through the CCR. These areas of improvement include accessibility of services, improved collaboration among state agencies and improved customer relationships.

Through the use of surveys, self-assessments and feedback gathered during CCR meetings, it was evident that one of the first areas of concern to address was duplicative investigations. Workflows from 11 agencies that conduct investigations of vulnerable adults were completed. (Appendix A) Although agency coordination has not, and may not, be able to be resolved because of legal and political considerations, these workflows can be useful for greater refinement and potential changes to policy.

Another area of concern was the need for better coordination of services. Workflows from the eight (9) agencies that provide services were completed (Appendix B), and a list or “bucket” of services were compiled. These buckets included: Transportation, Housing, Case Management, Legal, Crisis, Non-Medical Personal Support, Health/Medical Needs, Life Skills, Therapy/Counseling, and Assessment.

The initial efforts of the CCR galvanized the team to create four more specific and tangible areas. Three of the groups fall within investigations areas of improvement, and one of the groups is working to support service delivery across the state. All of the groups, however, are meeting the needs of each of the CCR members, their agencies, and most importantly, vulnerable adults in Tennessee.

## ***II. The Four Groups: From Here to There***

The four groups developed organically from the initial needs assessment, gap analysis and work regarding investigations and services. The groups became the “heart and soul” of the CCR. The teamwork within the group was heartening, despite the sometimes challenging ambiguity of the process which created angst for some members because of their desire to see immediate impact and a clear vision. Each CCR member shared their dreams of making improvements to protect vulnerable adults and an initial list of 48 improvements were shared, then condensed, then reviewed by all invested agencies’ legal representatives in order to reach the “final four.”

The groups moved from an idealistic perspective to a more practical and applicable approach that could not only be met, but also measured. At the CCR monthly meetings, the four groups provided an update on their team’s progress. They received feedback from other members and groups so that there was interagency, and intergroup, collaboration and consideration. For progress and sustainability there were three fundamental questions from the Model for Improvement which the teams tried to follow. They are:

- What are we trying to accomplish?
- How will we know that a change has led to an improvement?
- What changes can we make that will result in an improvement?<sup>2</sup>

Not only was a focus on positive change important for success, keeping the teams as cohesive and involved as possible was also a key factor. Team members chose their own workgroup; therefore, teams were selected, not assigned. Changes among team members could be made at any time based on individual preference and/or group request. That foundation was important for continued interest in the work being done, which would contribute to long-term impact and sustainability. The four workgroups or change concepts, including members, initial expectations and action plans, are described in detail below.

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<sup>2</sup> Langley, Moen, Nolan, Nolan, Norman, Provost. [The Improvement Guide: A Practical Approach to Enhancing Organizational Performance](#). 2<sup>nd</sup> Edition. 2009.

### ***Group 1: Improve Communication and Coordination Among Agencies Via the APS 1215 Notification Form.***

*Team Members: Mamawah Hill, Adult Protective Services (APS); Alex Heart, Department of Intellectual and Developmental Disabilities (DIDD); Alex King, Department of Mental Health and Substance Abuse Services (DMHSAS); Ann Mikkelsen, Attorney General's Office; Todd Staley, Tennessee Department of Financial Institutions (TDFI); Caroline Tippens, Tennessee Department of Health (TDH)*

APS law requires certain notifications be made to other agencies which are done via the APS 1215 notification form (HS-0875). The 1215, as it is typically referred, provides the necessary information to all agencies that need to be involved in order to provide protection to vulnerable adults. The 1215 must be completed on all assigned and screened-out reports for any allegation, except self-neglect, and sent no later than two business days to all appropriate agencies. The reporter's name is never provided.<sup>3</sup>

Initially, Group 1 considered a statewide centralized electronic system for intake and investigations in an effort to triage consumers. Some believed a single point of entry would result in improved customer service and streamlined information and referrals. Prior to understanding statutory barriers to the concept, the group believed this would improve coordination and information sharing, enhance delivery of and access to services, decrease cost, improve efficiency, eliminate gaps and be more customer focused. Some of the barriers they faced were:

- *Federal and state statutes which restrict the state's sharing of information.*
- *Each agency has a different process, with various criteria definitions and varied length of time for investigations.*
- *Each agency takes its own complaints/calls and assigns for investigations as deemed appropriate.*
- *Some agencies do not operate 24 hours a day, seven days a week.*

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<sup>3</sup> TN Dept of Human Services, Adult Protective Services Policy Manual. Chapter 5: Notifications. November 2015.

- *Information was not always distributed to the appropriate state agencies, which negatively impacted underserved populations.*

After reviewing the federal statutes, intake process, hours of operation, data collection systems and resource sharing possibilities, the team realized they needed to get more specific in their efforts. Because of this, they chose to streamline the 1215 processes to ensure all agencies have the information they need.

Current Efforts:

**What are we trying to accomplish?** Adult Protective Services (APS) notifies other authorities of allegations reported to them through a form labeled the 1215. The 1215 lists information received from a reporter and provides basic information to other entities that need to be notified. Periodically, the information on the form as transmitted is insufficient in detail and lacks critical information to allow other agencies to establish their specific jurisdiction. Improving the information gathered on the front end, while the intake worker is still on the phone with the reporter, will result in a more accurate and timelier external reporting process.

*The goal of this team is to enhance the notification system already in place*

**How will we know that a change led to an improvement?** We would know if we experience a better exchange of communication between APS and other agencies so that a vulnerable adult has the proper investigation, response and services available to them. We believe we will know a change has occurred when state agencies no longer have to reach out and request additional information from APS, meaning enough information was captured in the 1215 to ascertain each state agency's appropriate jurisdiction on the matter at hand. A survey will be conducted at the point-of-contact for each participant agency to determine the effectiveness of the revised 1215. Also, by measuring the number and range of referrals to other state agencies, and the results of those referrals, we will be able to determine if the process has improved.

**What changes can we make that will result in an improvement?**

- APS should attempt to gather a broader range of details and educate APS employees to use the accumulated data to refer the client to additional state agencies who may be able to help address his/her issues. An item that is not currently captured in the form and that has been identified as being

beneficial is whether the location where the allegations took place and/or the perpetrator/company involved is licensed by another state authority or not.

- The ultimate goal would be to have an automated system of tying a particular licensed individual and/or company to a particular state authority so the intake worker does not have to search various license verification screens and the appropriate authority is the one initially notified.
- Draft a revised 1215 to capture additional information.
- Create a worksheet for APS staff to use to better understand other agencies' statutory requirements.
- Determine how to measure success prior to full implementation. One option for measuring the success of the revised 1215 form would be to conduct a survey. The survey would be sent to the point-of-contact at each participating agency 60-90 days after implementation. This survey could gauge whether the revised 1215 form is more informative/effective at helping the agencies with their investigations. It could be short, with less than five questions, and it could use a rating system along with a space for specific comments. The timeframe for the survey may need to be further out than 60-90 days, to capture the best sample from the participating agencies. We believe this would be an excellent means of obtaining input from state agencies.
- Do a trial run and assess results.

With this method, Group 1 learned they needed to streamline the process to ensure all agencies have the information needed to protect vulnerable adults and to meet their own agency's protocols. Improving the 1215 notification form will enable more agencies to receive critical information, effectively address complaints and further enhance overall communication among state agencies. Their goal is a win/win, because it fulfills reporting requirements for the other agencies and supports each agency working together.

### ***Group 2: Streamline Investigations as it relates to Prosecution and Abuse Registry Placements.***

*Team members: Lindsey Vawter, DMHSAS; Renee Bouchillon, APS; Maggi Duncan, TN Association of Chiefs of Police; Angela Friedenrich, DIDD; Wanda King, TDH; Vicki Loveday, DIDD; Ramona Smith, Tennessee Bureau of investigation (TBI); Lisa Zavogiannis,*

*District Attorney General's Conference; Amber Lovelady, Tennessee Department of Commerce and Insurance (TDCI)*

The Vulnerable Adult Protective Investigative Team (established by Tennessee Code Annotated 71-6-125), also known as VAPIT, was written into law on January 1, 2017. In Tennessee, the district attorney general (DAG) of each judicial district is required to establish a VAPIT team to address and respond to elder abuse. VAPIT meetings are held regularly (quarterly at a minimum) and includes a multi-disciplinary team appointed by the DAG. The VAPIT conducts coordinated responses and investigations of instances of suspected abuse, neglect or exploitation (ANE) of vulnerable adults, and typically reviews all 1215 notification forms by APS. An annual report summarizing the work of VAPIT for the previous year must be filed by each DAG.

Group 2 was aware of concerns related to the Registry of Persons Who Have Abused, Neglected, or Misappropriated the Property of Vulnerable Individuals as codified in T.C.A 68-11-1001, et. seq. (Appendix C) The Abuse Registry (AR), operated and maintained by the Department of Health, serves as a repository for referrals from Tennessee government agencies or any state or federal court or administrative body. As outlined in T.C.A. 68-11-1004, state agencies providing services to vulnerable persons or entities that are licensed by a state agency providing services to vulnerable persons are required to consult the registry prior to hiring employees or utilizing volunteers. No employee or volunteer who is listed on the registry may be hired or otherwise permitted to provide regulatory oversight or services.

Concerns were expressed that multiple agencies may be involved with the same investigation which has the potential to result in confusion concerning evidence, statements, prosecution, hearings and provider agencies. Agencies questioned whether only one investigation could be initiated and whether only one agency could assume responsibility for due process in accordance with the Tennessee Uniform Administrative Procedures Act to achieve placement on the AR.

An early project Group 2 initiated was to reduce the workload for APS and improve communication among the investigative agencies. It was discovered that duplicate investigations primarily existed between DIDD

*We quickly found that each agency has varying federal and state statutory requirements related to investigation and referral to the AR (including definitions of abuse) and there is no statutory basis that provides for delegation of those responsibilities.*



and APS. At that point, this project did not require input from the entire composition of Group 2 and focus shifted to education of field staff, VAPITs and local court systems.

Their second project related to work within the VAPIT structure to increase inter-agency cooperation, build relationships between agencies/law enforcement/DA's to promote efficiency, and continue education regarding the referral process. The idea was that educating all DA's and local law enforcement about agency missions and contact information would enable VAPIT organizers to better understand who needs to attend VAPIT meetings and when. Currently, APS is required to attend VAPIT meetings; all other agencies are included by invitation only.

When researching this issue, the group discovered all VAPITs are not inviting all agencies to all meetings. They discovered gaps in the knowledge of roles and responsibilities of different agencies, and the lack of education of agencies/contacts causes the bigger problem of duplicative efforts and inefficiency of placements in the AR.

#### Current Efforts:

***What are we trying to accomplish?*** The goal of Group 2 is fluid, as the underlying emphasis is reducing duplicative investigations and coordinating the abuse registry process among state and non-profit organizations that serve vulnerable adults. Reducing duplicative investigations is more or less a result of the second half of the stated goal. It is almost impossible to reduce duplicative investigations amongst agencies. Agencies are tasked with looking at different issues, requiring the need for overlap often because of statutory responsibilities. As a result, Group 2 is focused on the coordination and statewide understanding of the abuse registry process. Group 2 believes much of this understanding comes from providing information regarding agency-specific jurisdictional limits to audiences who may not have this information. In providing this written education, and hopefully expanding efforts to in-person trainings, Group 2 hopes to educate interested parties in how agencies operate, and more importantly, how agencies can work together through administrative regulation and/or the abuse registry process.

***How will we know that a change has led to an improvement?*** We will know a change has led to an improvement when agencies are able to support, and not just pass off information in situations where more than one agency may have an interest.

*Each agency will have an understanding of other agency's jurisdictional limits, and will be able to operate within those limits to efficiently move perpetrators through the abuse registry process in an effective way. Additionally, the VAPIT teams will be able to use information provided by Group 2 to further expand their own efforts, creating a relationship between the CCR and the VAPITS for future indictments.*

**What changes can we make that will result in an improvement?**

- Continue supporting VAPIT teams by mapping out the current processes in order to have a better understanding of where any education is needed, develop training materials, and to possibly include VAPIT procedures that occur across the state.
- Coordinate with Elder Death Review Teams (EDRT), Financial Abuse Specialized Teams, etc. that also occur around the state in an informal way.
- Develop surveys for the VAPIT to determine how effective meetings are and how to improve their efficiency and collaboration with the CCRs.
- Create a contact sheet for agencies/law enforcement field card.
- Develop joint protocols/cooperative agreements with APS and other CCR investigative agencies.
- Determine how to measure success – ideas might include increasing prosecutions across the state; putting more people on the abuse registry in a timelier manner; and having fewer undetermined reasons for manner of death via the EDRT.

One of the main actions this group took in fall 2017 was to create a brochure entitled “Coordinated Community Response: Investigative Agencies in Tennessee Responding to Abuse of Vulnerable Adults.”(Appendix D) This brochure was given to attendees at the annual District Attorney Generals Conference and provided information about 10 agencies involved in the alleged abuse of a vulnerable adult.

**Group 3: Improve the Coordination and Communication Among All Organizations That Serve Vulnerable Adults.**

*Team members: Daina Moran, Office of Criminal Justice Program (OCJP); Vicki Moorehead, APS; Laura Brown, Tennessee Commission on Aging and Disability (TCAD); Alicia*

*Their ongoing efforts will help coordinate how investigations occur, locally and statewide, to ensure timely intervention, prosecution and prevention occurs which will be in the best interest of vulnerable adults and the community-at-large.*

*Cone, Council on Developmental Disabilities; Kinisha Floyd and Toni Shaw, Tennessee Housing and Development Agency (THDA); Kim Lilley, DHS Vocational Rehabilitation; Sally Pitt, TDH; Cynthia Wiel, Zack Nitzschke and Lindsey Balthrop, TDCI; Anne Louise Wirthlin, Administrative Office of the Courts; Jerry Kettles Tennessee Public Utility Commission (TPUC); Emily Duchac, TDOT*

Group 3 wanted to address the complicated system for employees and clients which impedes the ability to offer effective and efficient services. Initially, the group wanted to streamline communication to close gaps, reduce duplication, minimize silos and provide the best service to vulnerable adults. After developing and disseminating surveys to service providers, identifying community-based resources to enhance a service directory, and identifying potential community CCR members, it was decided that the group would focus on coordinating with local efforts across the state. The survey revealed an added benefit: 95% of respondents reported learning of at least one new resource to assist in their work.

#### Current Efforts:

***What are we trying to accomplish?*** Incorporate statewide initiatives and improve the referral process in order to maintain high quality services for vulnerable adults.

***How will we know that a change has led to an improvement?*** We will know if the Tennessee Commission on Aging and Disability (TCAD) service directory website is utilized more. There is coordination and communication between local CCRs and the statewide CCR team to resolve concerns and support one another. This can be measured through the number of times a concern is referred, the number of concerns resolved, and a satisfaction survey.

#### ***What changes can we make that will result in an improvement?***

- Update the TCAD statewide service directory to include new services and categories
- Create and provide input for the community-based CCR's tool kit
- Develop marketing materials which include a statewide logo for the CCR and a resource identifying all state CCR members and their connection to this population
- Develop a communication dissemination process among State CCR and community-based CCRs

*This directory is city and county based and provides information on housing, transportation and other services.*

Through research, this group discovered various resource directories that were already in place, and determined the TCAD resource directory was the most comprehensive. The team was able to obtain approval through TCAD to centralize their efforts via one web-based system to learn about services for vulnerable adults.

***Group 4: Identify All Unlicensed Facilities and Reduce the Number of Unsanitary and Abusive Ones.***

*Team members: Will Hines, TennCare; Jennifer Mitchell, APS; Lauren Meeker, TCAD; Ann Reed, TDH; April Mancino-Rosete, Disability Rights Tennessee; Robin Wilmoth, DIDD.*

Initially, Group 4 wanted to improve the identification, reporting, and remediation of unlicensed facilities in the state. Unlicensed facilities in this context refer to those facilities that provide assistance with activities of daily living, including help with toileting, mobility, eating, and medication assistance for which a license is required by one of the four state licensing entities covering community providers (the Departments of Human Services, Health, Mental Health and Substance Abuse Services, and Intellectual and Development Disabilities).

Such unlicensed settings exist for a variety of reasons, including providers encountering difficulty with or lack of knowledge about the licensing process and therefore foregoing it, and providers with bad motives who seek to exploit individuals, especially by acting as a representative payee for these individuals without the supervision and checks required from the licensure process. Additionally, many residents in unlicensed homes lack proper nutrition or access to sufficient amounts of food, and there are also health and sanitation issues because regular health and safety licensure checks are not being conducted. Finally, staff in these residences are not subject to background checks reviewed by the licensing entities as is customary practice for licensed settings, and therefore there is concern that individuals working in these settings may have committed crimes, including crimes for which they appear on state abuse registries, but are able to have direct contact with a vulnerable population.

To address the foregoing concerns, Group 4 is working to create an accurate and current database of providers operating illegally without a license, and to connect relevant stakeholders – district attorneys, state licensing entities, law enforcement, advocacy organizations, VAPIT teams and others – to collaboratively address these facilities when they are identified.

Current Efforts:

***What are we trying to accomplish?*** The goal is to develop a process to investigate and remediate suspected and known unlicensed settings – both by working with those unlicensed providers that have a quality operation to gain and maintain appropriate licensure and transitioning individuals out of those providers operating with unsafe and unsound business practices.

***How will we know that a change has led to an improvement?*** We will know there is an improvement when there is a decrease in the number of unlicensed homes referred via VAPIT referrals and the homes that have been referred have been remediated.

***What changes can we make that will result in an improvement?***

- Work with state licensing entities to clearly articulate and understand the scope of their authority to remediate unlicensed settings under their jurisdiction, including improving systems for tracking such settings.
- Establish investigative processes with non-licensing department entities (e.g., Disability Rights TN and APS) to assist in investigations when state licensing entities do not have jurisdiction.
- Identify state entities that provide subsidized benefits to assist individuals who live in these homes with needed goods and services (e.g., working with TennCare to determine if individuals are Medicaid eligible and are further eligible for long-term services and supports programs, or working with food banks or other subsidized food programs to provide nutritious food to individuals lacking adequate food in their residences).
- Reach out to VAPIT to receive concerns/complaints of unlicensed homes.

One of the most challenging aspects Group 4 has had to deal with was how to receive information about unlicensed facilities, since there is no current feasible way to keep track. The group learned the focus needs to be on suspected and known unlicensed settings. They also learned there are challenges related to restrictions on the authority of licensing departments to take remedial actions. There was often a lack of a designated responsible entity to take action when settings do not fall under the purview of a particular licensing department. To address these concerns, Group 4 created an evaluation and accompanying form which was piloted by APS in select counties. This strategy was amended to focus on suspected and known unlicensed settings. An investigative process was drafted to

be led by Disability Rights TN (Appendix E) which will be able to conduct ongoing site-specific reviews as requested.

### ***III. Coordinated Response Model***

These four groups ultimately guided and supported the development of the Coordinated Response Model, or CRM, and the proposed policies and procedures. Even with the months of group work and without certainty about how all the efforts were going to be actualized individually and collectively, the CRM was developed to connect statewide efforts to the local level. The CRM does not address every situation, but it does encourage continued momentum.

*It is a building block, a framework, which uses three programs/systems that already exist in Tennessee.*

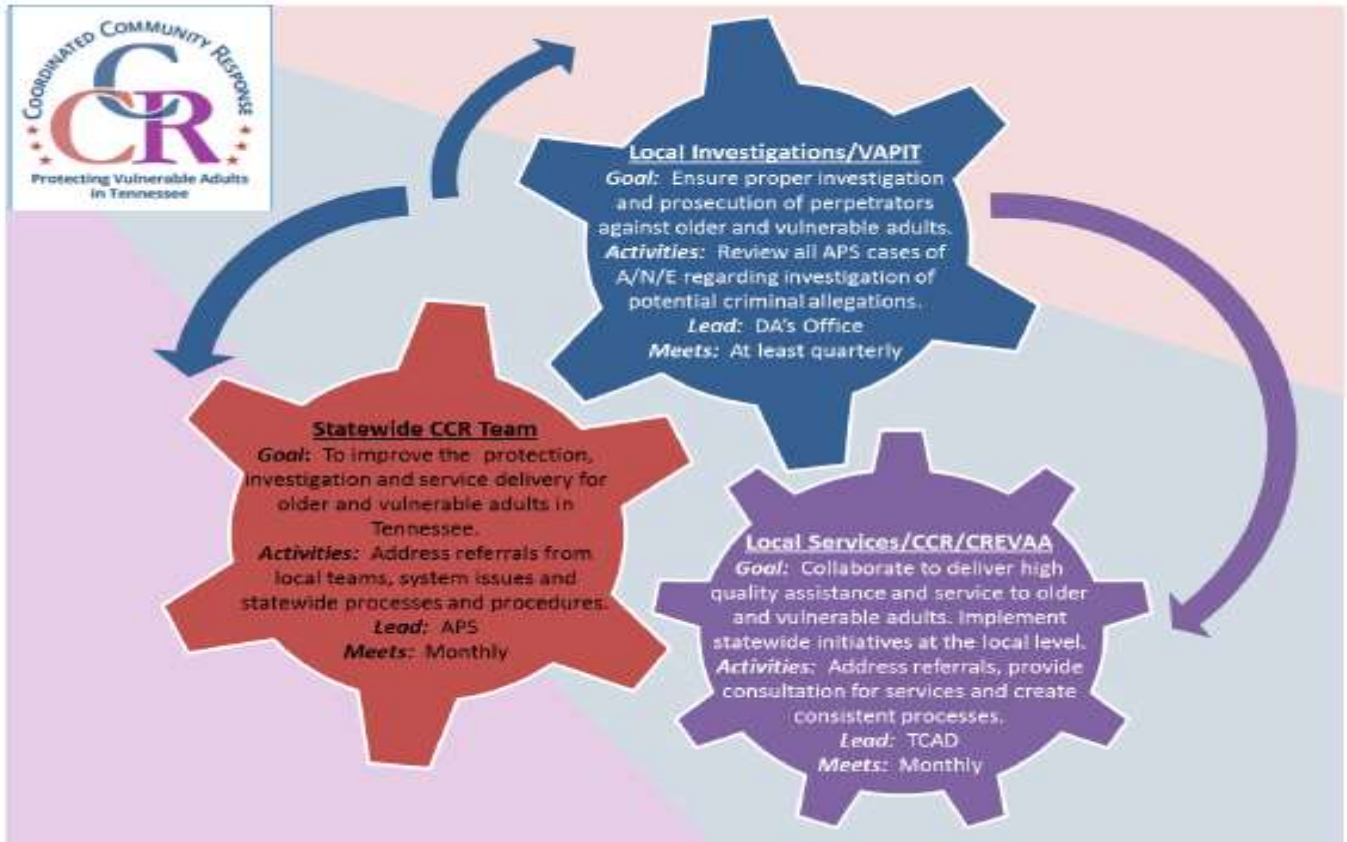
The Coordinated Response Model, Figure 1.0 located below, represents a cyclical response involving state and local teams. The goal is to create an organized, streamlined system of programs to protect vulnerable adults. This model can start immediately, and it:

- Leverages existing programs
- Offers flexibility
- Delegates responsibilities
- Delivers a sustainability plan with minimal leadership
- Provides a non-hierarchical response to protect vulnerable adults, and
- Inspires communication, collaboration and coordination to address issues from each organization and among state and local teams.

The CRM provides “lanes” with defined roles, each entity relying on the others for support. Once begun, the process can be adjusted and modified for greater usability and effectiveness. Once it runs smoothly, other programs and services can be added/incorporated (such as APS’s Multidisciplinary Team (M-Team), the Abuse Registry, the Committee Against Abuse in Residential Environment (CARE) program, Elder Death Review Teams, Financial Abuse Teams, Self-Neglect Investigations, etc.).

*The CRM can also support the future needs of protecting vulnerable adults to address gaps, apply for grants, etc. in a systematic and thoughtful way.*

**Figure 1.0 – The Coordinated Response Model**



The Statewide CCR Team is responsible for taking referrals, processing solutions and communicating answers to questions posed by the local level (investigations and services). The state and local teams have invaluable input, and woven together they can produce the greatest results. The proposed model should be flexible enough and can be adjusted to meet the needs of the local community to provide insight and offer solutions to ongoing issues only state administrators can resolve. The bulk of the work and specific situations are observed at the local level therefore, it is important that the model be flexible enough to meet local needs. However, a systematic approach is essential to ensure important issues are not missed, potentially posing a threat/non-response to a client and/or creating duplicative work. Coordination between agencies and a more proactive response will occur at the state and local level, creating greater accountability and furthering the protection of our most vulnerable adults.

*The model is a combination of three cogs on a wheel that, when processed consistently, will produce a standardized and efficient way of communicating.*



## ***IV. Proposed Policies and Procedures to Coordinate with the Three Areas of the Statewide Model***

The Coordinated Response Model provides a framework. Within that framework, detailed processes and procedures are addressed below. A diagram, Figure 2.0, illustrates details following the description

### **I. STATEWIDE CCR**

*Goal: To improve the protection, investigation and service delivery for vulnerable adults in Tennessee*

*Members/Agency:* Same entities in the current group and per Governor Haslam's letter – Department of Human Services, Tennessee Department of Health, Tennessee Department of Mental Health and Substance Abuse Service, Tennessee Finance and Administration - Office of Criminal Justice Programs, Tennessee Commission on Aging and Disability, Tennessee Department of Commerce and Insurance, Tennessee Department of Financial Institutions, Disability Rights Tennessee, Council on Developmental Disabilities, Tennessee Public Utility Commission, Veterans Services, Tennessee Bureau of Investigation, Office of the Attorney General, District Attorney Conference, Tennessee Housing and Development Agency, TennCare, Tennessee Department of Transportation, Department of Intellectual and Developmental Disability, Chiefs of Police, and Administrative Office of the Courts

*Meetings:* Monthly, either with the four individual groups or the entire team.

*Process:*

- REFERRAL MADE BY LOCAL TEAMS TO THE STATEWIDE CCR LEAD: After a situation has been discussed by the local CCR or VAPIT team, ongoing barriers and gaps can be referred to the Statewide CCR Lead to address the issue.
- STATEWIDE CCR LEAD LOGS THE INFO AND REFERS IT TO EACH OF THE FOUR LEADS (Group1, 2, 3, and 4): If the issue is not related to the four groups, the situation will be shared with the entire Statewide CCR team. *This creates the agenda for the monthly meetings.* The Statewide Lead will redact all names and identifying information before sending it to the teams for confidentiality purposes.
- INFORMATION SENT BACK TO THE LOCAL TEAM: The Statewide CCR Team provides information directly to the local team to ensure ongoing coordination/communication/follow-up where needed. The Statewide Lead helps ensure there is ongoing communication.

## **II. INVESTIGATIONS (A/N/E Cases Only) via LOCAL VAPIT:**

*Goal: Ensure proper investigation and prosecution of perpetrators against vulnerable adults.*

*Members/Agency: As determined by the local DA's office but minimally at*

*Meetings: At least quarterly and determined by the DA*

*Process:*

- DA RECEIVES ALL 1215 A/N/E REFERRAL FORMS FROM APS INCLUDING SCREENOUTS
- MEETING OCCURS TO DISCUSS CASES: When services are needed, agencies can refer cases to the local services or Coordinated Response to Elder and Vulnerable Adult Abuse (CREVAA)

## **III. SERVICES via LOCAL CREVAA/CCR:**

*Goal: Collaborate to deliver high quality assistance and service to vulnerable adults.*

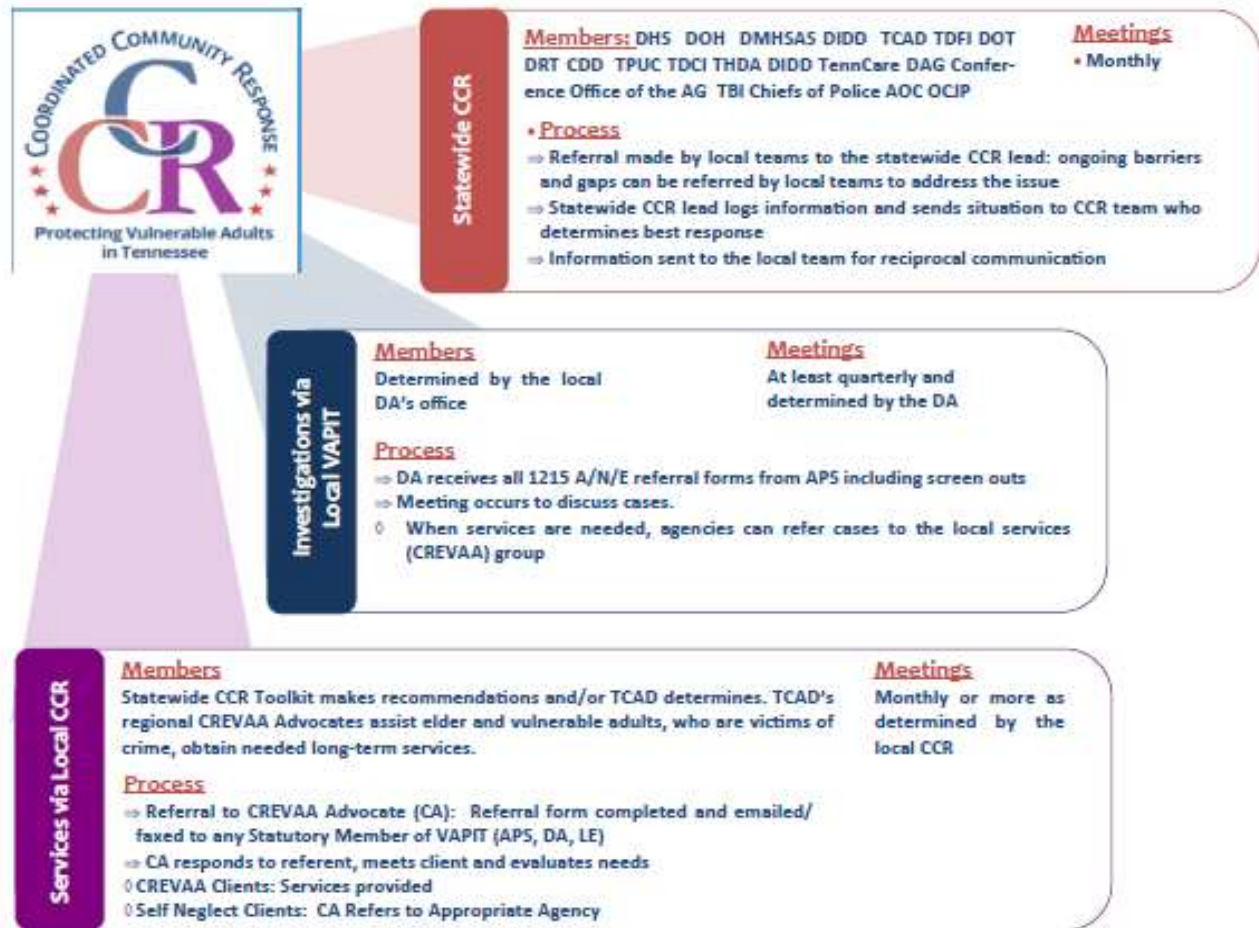
*Members/Agency: The Tennessee Commission on Aging and Disability (TCAD) will work with local teams to determine who should attend. A statewide toolkit will be offered to local teams (to be completed by Statewide CCR Group 3). TCAD has CREVAA Advocates located within their nine (9) regions that will assist elder and vulnerable adults who are victims of crime to obtain needed long-term services. (Appendix F)*

*Meetings: Monthly or more as determined by the local CCR*

*Proposed Process:*

- REFERRAL TO CREVAA ADVOCATE (CA): Referral form completed and emailed/faxed by any statutory members of VAPIT (APS, DA's Office and LE).
- CA RESPONDS TO REFERRANT, MEETS CLIENT AND EVALUATES NEEDS:
  - CREVAA CLIENTS: CA provides services to include emergency assistance, home repairs, personal care assistance, homemaker services, durable medical equipment, transportation, medication replacement and emergency housing.
  - SELF-NEGLECT CLIENTS: CA refers to appropriate agency

**Figure 2.0 – Coordinated Response Model with Proposed Processes**



***V. Additional Policies/Programs to Support the Statewide Model***

The CRM and these processes are just a start. To complement these core processes, other activities supporting the protection of vulnerable adults have been added below:

Tennessee Vulnerable Adult Coalition (TVAC): TVAC is a proactive group of partners across Tennessee focused on raising awareness of the various forms of abuse committed against vulnerable and older adults. The group meets monthly basis and has five committees: Communications and Media, Forms Review and Update, Fraud & Financial Abuse Awareness, World Elder Abuse Awareness Day, and

Membership Committee. Membership is open and the application process can be obtained at [www.tvaconline.org](http://www.tvaconline.org)

Shelby County Elder Death Review Team (SCDERT): SCDERT brings together an interdisciplinary team to conduct formal, confidential and systematic evaluation and analysis of cases of possible elder abuse or neglect related deaths occurring in Shelby County, TN. The four goals of the team include:

1. Coordinate the review of possible elder abuse and neglect cases to assist the Medical Examiner (ME) in determining manner of death, and to reduce the number of cases in which the manner of death could not be determined.
2. Create a database for analysis of elder abuse and/or neglect death cases to evaluate gaps in care, establish trends and/or prevention strategies.
3. Identify areas for system change improvements including, but not limited to, referrals to the ME's office when there is a suspicion of elder abuse and/or neglect.
4. Provide data and other information to the local CCR and for the local VAPIT annual report.

*Current Membership:* Medical Examiner's Office, Memphis Police Department, Shelby County Sheriff's Office, Shelby County District Attorney General's Office, Health Care Partners, Shelby County Health Department (Epidemiology and Health Officer), APS and others as recommended by the current members.

*Procedure:*

1. REFERRAL TO ME'S OFFICE: Any death case with concerns of elder abuse/neglect (and/or vulnerable adults) to be referred (by any party with knowledge of a case) to the Medical Examiner's Office who is available 24/7 by calling 1.800.204.9105.
  - a. Referrals are made by VAPIT, CREA, nursing home, hospital, law enforcement, etc.
2. ME INITIATES A CASE REVIEW FORM (Appendix G) AND KEEPS IT IN A BINDER
3. ME SCHEDULES/HOLDS QUARTERLY SCDERT MEETING: ME invites all participants and sends out a list of cases to review.

- a. At the start of the meeting, a Confidentiality Form is signed by all members (Appendix H).
- b. Team reviews each case and findings are noted on the Case Review Form with areas for follow up.
- c. Epidemiologist helps the ME complete the Epidemiology Data Form (Appendix I).

*Expected Outcomes:*

- ✓ ME determines cause and manner of death.
- ✓ DA's office makes a determination about prosecution.
- ✓ Shelby County Health Dept. creates a database with information.
- ✓ Possible areas for system improvement are identified.

Vulnerable Adult Protection Investigative Team (VAPIT) in Davidson County: The relationship between the District Attorney General (DAG) and APS in Nashville has evolved since the VAPIT law went into effect in January 2017. This has created a much more collaborative and effective process. The Davidson County VAPIT includes the Tennessee Bureau of Investigation (TBI), Metropolitan Nashville Police Department (MNPd), the Ombudsman Office, Adult Protective Services (APS), and the District Attorney's Office. The VAPIT meeting that initially took 6-8 hours a month has been reduced to 1-2 hours a month, depending on the number of cases. The monthly VAPIT meeting now only reviews cases that may be prosecutable in criminal court. Previously, the majority of the meeting was spent discussing non-prosecutable cases, which was not beneficial to the majority of the VAPIT members or a good use of time.

*Current Procedure:*

1. The APS Supervisor and the DAG speak on a weekly basis (Monday, if available) about all 1215s from the previous week. Any 1215 report where there was no APS contact made is reviewed the following week.
2. The VAPIT meeting is held the 3<sup>rd</sup> Thursday of each month and only the serious/criminal cases are reviewed. Referrals to law enforcement occur at the meetings if they have not been previously involved.

## ***VI. Measurement Strategy***

The project abstract that APS submitted and was awarded by the Administration for Community Living had an overall goal of “improving the investigation, response and service delivery of protective services to vulnerable adults by Tennessee state agencies.” Although it included a variety of ways that the grant would show impact and improvements, there was not a clear process for implementation. There were statements that included “a structured CCR model that will lead to shorter wait lists, greater access to services for vulnerable adults, ensure coordinated services are provided to vulnerable adults in the state in an efficient manner, improved point of entry for homemaker services”; but no clear process to affect those changes.

Because of this, the CCR team provided information to complete a Key Driver Diagram to display a roadmap to improvement by predicting what needed to be accomplished to reach the goal and how to do it (Appendix J). The four groups were established within the CCR to help implement the improvements. In order to conduct change that makes an improvement, training and videos were provided regarding the Model for Improvement. The Key Driver Diagram was transformed into an ACL dashboard in order to track the efforts of all four groups, along with the expectations written in the grant. (Figure 3.0)

**Figure 3.0 – ACL Grant Dashboard**

DASHBOARD 3Q2018—End of Grant as of 9/18/2018							
Aim/Purpose: To improve the investigation, response and service delivery of protective services to vulnerable adults by TN state agencies by August 2018.							
Goals/Objectives	Measurement Strategy - how will we measure this?	Grant Target Goal	Baseline (with dates)	Current Score 3Q 2018	Trend (from prev. quarter)	Comments	
<b>1.0 Improve Government Efficiency via the CCR Team</b>							
1.1	Increase other agency notification via the APS 1215 referral form (group 1)	Surveys to orgs that receive 1215s to see if APS response met expectations	TBD				
1.2	Improve communication between the DA's, CCR investigative agencies and abuse registry placement (group 2)	Survey from VAPIT; Data/attendance from educational opportunities; Feedback from Frontline Staff across the State.	TBD				
1.3	Improve access to services (group 3)	Compare CCR agencies frontline survey from year 1 to year 2 Survey Item 9	>2.96	2.96	3.13	n/a	this data is based on year 1 to year 2 only
1.4	Identify and centralize a tracking system of all unlicensed facilities (group 4)	Numbers of unlicensed homes identified, shutdown or become licensed	TBD				
<b>2.0 Improve Collaboration, Education and Satisfaction Between State Agencies and With the Community</b>							
2.1	CCR team members believe CCR meetings are efficient and effective *	Monthly CCR evaluations	75%	86%	72%	↓	Baseline 3-8/2017
2.2	CCR team members attend each CCR meeting*	Sign-in sheets (1 person per CCR org.)	75%	53%	70%	↑	Baseline 9-12/2017
2.3	Improve relationships among state agencies using the front line survey tool *	Compare CCR agencies frontline survey from year 1 to year 2 Survey Item 8	>3.57	2017 Score 3.37	2018 Score 3.38	n/a	Year 2 data
2.4	CCR team evaluates best practices using the NCALL self-assessment tools*	compare survey from framework and process/components from year 1 to year 2	75%	2017--no/never 15% yes/always - 37%	2018-- no/never - 1% yes/always - 48%	no/never ↓ yes/always ↑	Year 2 data. Goal is to decrease no/never and increase the yes/always
2.5	CCR agencies integrate processes with other agencies *	at end of grant we will review the process maps to determine % of CCR agencies integrated	75%	n/a	100%	n/a	End of Grant Data as of Aug. 31, 2018
2.6	Training integrated with CCR state agency representatives and staff*	at end of grant we will report the CCR agencies that receive training on the processes established	75%	n/a	90%	n/a	End of Grant Data as of Aug. 31, 2018
<b>3.0 Improve Client Outcomes</b>							
3.1	Reduce the number of abusive and unsanitary unlicensed facilities (group 4)	Numbers of unlicensed homes identified, shutdown or become licensed	TBD				
3.2	Decrease recurrence (recidivism) for self-neglect*	clients with more than one allegation of self-neglect that are substantiated within the state fiscal year	<5.71%	7.36% (2016) 5.71% (2017)	4.17%	↓	End of Grant data for SFY2018

**VII. Stories Showing Collective Impact**

*Systems Level Change to Increase Funding for Services:* The Tennessee Office of Criminal Justice Programs (OCJP) has been significantly impacted through its participation in the CCR to protect vulnerable adults in three areas: awareness of service provisions, collaboration and funding. This has enabled OCJP to share these additional resources (for example, accessing equipment for deaf and hard of hearing victims; resources for victims of financial fraud and abuse; and

*Through the meetings, OCJP gained increased awareness of the services and resources of other state departments that work with this population.*



assistance with ramps and rails for victims with physical limitations) with our sub-recipient agencies that do this work in local communities (such as victim witness coordinators, sexual assault centers, family justice centers and domestic violence programs). Additionally, OCJP has reached out to CCR members regarding expertise from their departments on a host of other criminal justice related matters and committees. It has allowed OCJP to develop and strengthen collegial relationships with other departments which has greatly enhanced the work of OCJP. Through OCJP strategic planning, Victims of Crime Act (VOCA) funding has been administered to TCAD. As a result, TCAD has been able to establish a statewide program to provide services to vulnerable adults who are victims of crime. This program has been integrated into the statewide model and enhances the availability of services to protect vulnerable adults.

*Improving Efficiency and Communication:* Another example showed how over 100 hours of the District Attorney's (DA) time could have been saved with the initiation of the Statewide CCR Team. After many discussions during the Shelby County's VAPIT meeting and among stakeholders outside of that meeting, the DA's office requested the support of the Statewide CCR team that was working to address issues related to unlicensed care homes. Many state agencies, law enforcement and the DA's office had concerns about a particular unlicensed home and wanted it to be shut down because the people living there were presumed to not being treated well. There were concerns that the owner of the home was taking money from older and vulnerable adults and not providing an adequate living environment. When the information was shared with the statewide CCR team, it was realized that the home was shut down and placements made for all the individuals in it. Had that information been shared to the DA's, it would have saved over 100 hours of time and shifted the conversation and strategy to protect the vulnerable adults in that home.

*Enhancing Coordination and Sharing of Resources:* Knoxville had received the Department of Justice Office on Violence Against Women grant to improve their coordination of services and investigations. The Statewide CCR collaborated well with Knoxville by receiving input on how statewide agencies could support the local level. In addition, Knoxville shared their legal resources document to support other law enforcement agencies across the state. (Appendix K)

*Improving Client Outcomes:*

Additional resources were established during this grant period and were able to be included in the statewide model. The services, supported by the CREVAA program,

reduced the risk to older and vulnerable adults and provided needed resources to support them. Some examples shared by APS are listed below:

- One of our first referrals to CREVAA was an older adult whose daughter and son-in-law were financially exploited him. Because of this, he was unable to purchase medications, pay for transportation to dialysis, pay bills or buy food. The CREVVA program coordinator stepped in and helped him obtain his medications, transportation to dialysis and a phone for emergency needs.
- A potential custody client was removed from an abusive situation and CREVAA arranged for emergency funds to allow placement of the client as well as advocated/referred this client to other services (CHOICES) needed for her to be placed in an appropriate long-term facility.
- CREVVA was able to help a client get an order of protection and navigate through the eviction process to successfully evict tenants in her home which reduced the risk and potential harm to her.

### ***VIII. Next Steps***

The information within this report was provided at the Tennessee State University's Center on Aging Research and Education Services (CARES) Conference in Nashville on June 15, 2018 in conjunction with events for World Elder Abuse Awareness Day. There were also eight additional meetings across the state to share the Coordinated Response Model. Feedback from the events will make the model more practical and effective and are located in Appendix L.

Since the event in June and the statewide tour, several additional deliverables and a sustainability plan have occurred. The deliverables include:

- A Public Service Announcement for the general public to understand the role of APS and the Statewide CCR will be available.
- A Webinar was produced for providers to understand how to utilize the model and seek support from the statewide CCR team.

Regarding sustainability, a full-time Statewide CCR Program Director has been funded by Adult Protective Services to maintain and continue the efforts referred to in this report and across the state. This means the Statewide CCR is actively and eagerly open to receiving referrals from local CCR and VAPIT teams in order to provide support to providers and to protect vulnerable adults in a more coordinated way.

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## Appendix A: Investigation Workflows

**STATE OF TENNESSEE WORKFLOW TO PROTECT VULNERABLE ADULTS**

**Coordinated Community Response (CCR)**

### TN DEPT OF HUMAN SERVICES—Adult Protective Services (APS) Intake

Criteria: 18 and over, Abuse/Neglect/Exploitation by caregiver allegation; self-neglect and sexual abuse reports regardless of caregiver; and/or an adult unable to protect him/herself.



**REPORT MADE** ⇒ Obtain Info  
⇒ Record case into TNAPS



**SCREENING DECISION**

**IF ACCEPTED** ⇒ Assign Priority Status (A, B, or C ) and send to Investigations. (see below)  
⇒ 1215 Generated ((except for self-neglect) by TNAPS and sent to LE, DA and appropriate agencies

**IF NOT ACCEPTED (b/c does not meet criteria but could be abuse)** ⇒ It is considered a "Screen Out"  
⇒ Intake Supervisor agrees to the "Screen Out" and it is sent to Field Supervisor  
⇒ Field Supervisor reviews "Screen Out"  
- If agree, a 1215 is generated, reporter is notified and case is closed.  
- If disagree, returned to intake and assigned for investigation

### APS INVESTIGATION / ONGOING SERVICES

**REPORT RECEIVED FROM INTAKE W/PRIORITY STATUS**

- ⇒ Priority A (24 hours)
- ⇒ Priority B (5 business days)
- ⇒ Priority C (7 business days)



**CLIENT FACE-TO-FACE VISIT**

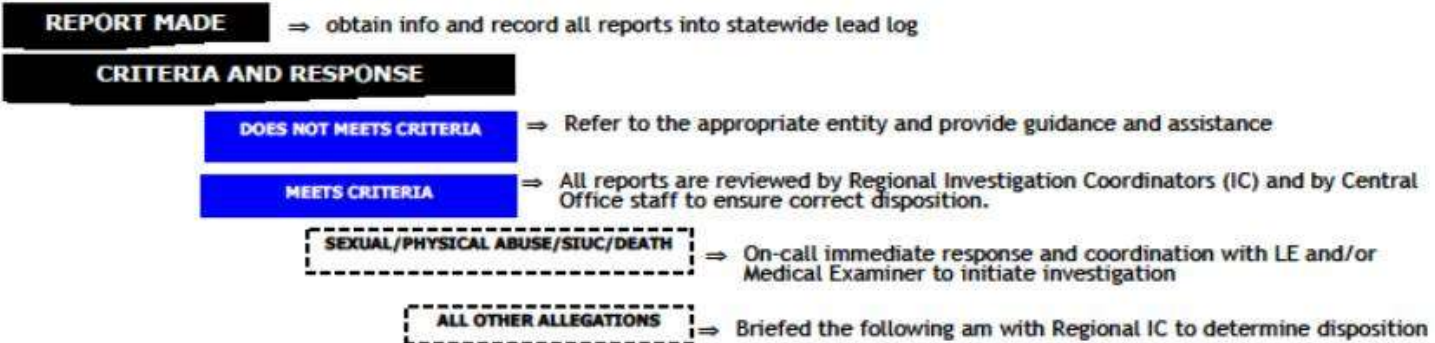
- ⇒ Info collected, witnesses interviewed, records requested
- ⇒ 60 days to complete investigation with two 30 day extensions allowed (with approval)

**ALLEGATION OUTCOME**

- ⇒ Substantiated- adults wishes are considered—if services are accepted, referrals will be made. Possible due process case if paid caregiver is involved.
  - Ongoing Services: case to be monitored and can be opened for up to 1 year, unless a custody case
- ⇒ Unsubstantiated- Allegation cannot be validated, no services are needed and case is closed

**DEPT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (DIDD) INVESTIGATIONS**

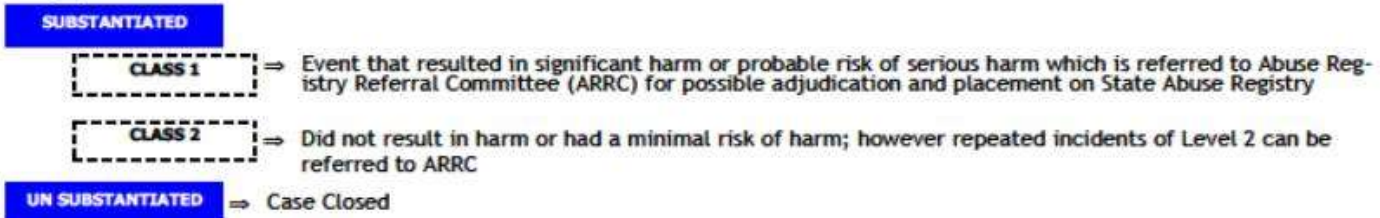
- Criteria: Allegations of Abuse, Neglect or Exploitation (A/N/E), Serious Injury of Unknown Cause (SIUC), Suspicious Injury, Unexplained/Unexpected Deaths for persons receiving services with DIDD through Home and Community Based Services (HCBS) or Employment and Community First (ECF CHOICES)



**INVESTIGATION INITIATED WITH FACE TO FACE MEETING WITHIN 3 BUSINESS DAYS**

- ⇒ All interviews and documents/evidence collected within 10 business days
- ⇒ 30 days to complete final report with possible extension up to 30 days

**ALLEGATION OUTCOME**



**REQUEST FOR THE REVIEW OF REPORT** ⇒ Is allowed for HCBS waiver investigations only and by specific entities when they do not agree with the outcome or if they want additional evidence to be considered. The Investigation Review Committee (IRC) will review and make final decision/resolution.



## DISABILITY RIGHTS TENNESSEE (DRT) INTAKE

Criteria: Must be an individual with at least one functional limitation in self-care; receptive or expressive language; learning; mobility; self-direction; capacity for independent living; OR require assistive technology; or have a traumatic brain injury. Documentation is required.



### REPORT MADE

⇒ Any interested person reports in person, online, email. Documentation is required



### SCREENING DECISION

⇒ Legal reviews within one day

### IF ACCEPTED

⇒ Case assigned to investigator in the region closest to the individual

### IF NOT ACCEPTED

⇒ Facility may be referred to the region for monitoring  
 ⇒ Report may be made to other investigating agency in the state

## DRT INVESTIGATION/ONGOING SERVICES

### DRT INVESTIGATOR RECEIVES REPORT

- ⇒ Contacts the reporter within 2 business days, if available
- ⇒ Face-to-Face visit with client within 4 business days, unless there is high concern
- ⇒ Information is collected, records are review, observations are made and interviews are conducted. Investigations from other agencies may be requested and reviewed.



### ALLEGATION OUTCOME

- ⇒ Evidence Supports Initial Report– DRT will advocate to change policy, placement or staffing to ensure safety. A facility may be monitored for a period of time, legal action may be necessary or secondary complaints may be drafted
  - Investigations that are supported will be reported to state departments for whom DRT has an MOU
- ⇒ Issue is Not Supported- Client notified and investigation closed.
  - Recommendation for changes to policy, practice or placement may be made if an issue was identified during the investigation other than abuse and neglect

## TN COMMISSION ON AGING AND DISABILITY INVESTIGATIONS Long Term Care Ombudsman

The Long Term Care Ombudsman acts as an educator and advocate for residents of licensed nursing homes, assisted care living facilities and residential homes for the aged in Tennessee. The Long Term Care Ombudsman works with residents of licensed long term care facilities to resolve problems related to the health, safety, welfare, and the violation of the residents rights.

### COMPLAINT RECEIVED

⇒ The Long Term Care Ombudsman can receive complaints from anyone.

### OMBUDSMAN VISITS RESIDENT

⇒ The Long Term Care Ombudsman program is an advocacy based program that is Resident Focused and Resident Directed. The Ombudsman's investigation and advocacy are controlled by the resident.

#### If Resident does not give consent for Ombudsman involvement

⇒ Educate the resident on consequences of not investigating the complaint further.  
⇒ If the complaint is something that could affect the health, safety or wellbeing of others the Ombudsman will check with other residents to determine if anyone else has this issue, that would consent to the investigation.

#### If the Resident is unable to give consent for Ombudsman involvement

⇒ The Ombudsman will speak to the Residents Legal Representative to obtain consent.  
⇒ If there is no Legal Representative, the State Long Term Care Ombudsman can make a choice to act in the residents best interest.

#### If the Resident gives consent

⇒ The Ombudsman will investigate the complaint and work toward an outcome that is satisfactory to the resident.

### OUTCOMES

⇒ The goal is to resolve all cases (if possible and legal) to the residents satisfaction.





**TN DEPARTMENT OF COMMERCE AND INSURANCE (TDIC)**  
**Investigations and Complaints**

**Division of Consumer Affairs (DCA)** ⇒ Serves as the central coordinating agency and clearinghouse for complaints by TN consumers alleging unfair or deceptive acts or practices by person. Ex. home improvement/repair, professional services, motor vehicle repair/sales, utilities, landlord/tenant, timeshares/vacation clubs, health product, etc.

**COMPLAINT RECEIVED**

- ⇒ Ask for additional information to clarify complaint
- ⇒ Does not do investigatory work but helps supply information to those agencies that do
- ⇒ Action occurs within 30 days

**ACTIONS**

**Add to Records**

⇒ Enter complaint into DCA records. Note any influx of a particular kind of complaint or trend.

**Copy or Transfer**

- ⇒ Complaint forwarded to business: Requests to work directly with consumer to resolve dispute and respond back with any resolution or change in business practice
- ⇒ Consumer provided a copy of the correspondence with business

**Correspond**

⇒ Copy or transfer complaint to another state or federal agency, when appropriate asking for their review of the complaint as they may have jurisdiction over it.

**Add to Records and Analysis**

- ⇒ Receive information from the business related to any resolution reached per complaint, add this to business file and regularly analyze data for indication of trends or need for investigation.
- ⇒ If an unfair or deceptive acts are suspected, a report will be made to the Atty Generals Office for enforcement action

**Securities Division**

⇒ Receives referrals from other agencies such as FINRA, SEC, and Consumers and investigates investment and insurance fraud. Can provide any kind of assistance to the DA's so long as the case involves securities or insurance.

**CONDUCT INVESTIGATION**

⇒ Draft Report of Investigation (ROI) that includes narrative of investigation, details and evidence

**INITIATE LEGAL PROCEEDINGS**

- ⇒ Notice and a hearing: respondent entitled to notice and a hearing before action taken by agencies before APD (Administrative Procedures Division)
- ⇒ Judgment rendered: Fines or penalties, revocation/suspension

**Consumer Insurance Services**

⇒ Provides regulation for all insurance products and services that are sold within TN. All companies and agents who are licensed to sell insurance products are licensed through our agency. Deal with the misappropriation of funds, deceptive marketing and sales, suitability issues and unfair claim practices.

**COMPLAINT RECEIVED**

⇒ Via our online complaint form, mail, fax or walk in clients. Complaints are assigned to investigators based upon the line of insurance

**ACTION**

- ⇒ Mediation efforts begin. Companies/Agents are required to respond within 30 days of initial letter
- ⇒ Complaints are loaded into a database. Communication occurs between the parties and resolution is expected within 45 days of receipt.
- ⇒ Will enforce fines, penalties and license revocations when violations occur

**TN DEPT FINANCIAL INSTITUTIONS (TDFI) CONSUMER RESOURCES SECTION (CRS) INTAKE**

Criteria: Investigates consumer complaints involving financial institutions regulated by TDFI

**REPORT MADE BY CONSUMER**

**REVIEWED FOR JURISDICTION**



**IF NOT ACCEPTED** ⇒ Referred to appropriate agency.

**IF IT IS ACCEPTED** ⇒ Forwarded to financial institution for response (15 day with 10 day extension)  
- Consumer Follow-up with the copy of financial institutional response

**ALLEGATION OUTCOME**

**SUBSTANTIATED** ⇒ Corrective Action by Financial Institution (ex. refund, policy)  
⇒ Regulatory Division refers to Legal for Administrative Action (confidential—becomes public if resolved by an administrative hearing.

**UNSUBSTANTIATED** ⇒ Case closed

**TDFI INVESTIGATION PROCESS** ⇒ Response Reviewed (Follow-up, check records)  
⇒ Forwarded Suspected Statutory Violation to Regulatory Division (each has own SOP)

### TN DEPARTMENT OF HEALTH (TDH) INTAKE

- Criteria: TDH facility only

**REPORT MADE** ⇒ Obtain Info and record case

**SCREENING DECISION MADE**

**IF ACCEPTED** ⇒ P1 - 2 days  
⇒ P2 - 10 days  
⇒ P3 - 90 days  
⇒ P4 - next survey

**IF NOT ACCEPTED** ⇒ Advise complainant, make referral to accused's professional licensing agency and/or provide contact on accrediting agency to complainant for additional reporting.



### TDH ONGOING SERVICES

- Events are investigated by surveyor and referred to Abuse Panel as appropriate



**TN DEPT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES (TDMHSAS) INTAKE**

- Criteria: 18 and over with substance abuse and/or mental health diagnosis or potential diagnosis, and residing in, or being served, by a TDMHSAS licensed facility.

**REPORT MADE**

- ⇒ Obtain info and record case into licensure system (face to face may not be needed)
- ⇒ Assigned to Surveyor (aka, Investigator) based on type of incident

**INVESTIGATORY DECISION MADE BY SURVEYOR**



**IF INVESTIGATION IS WARRANTED, ASSIGNED PRIORITY STATUS**

**PRIORITY 1**

- ⇒ 45 days to completion

**NON-PRIORITY 1**

- ⇒ 60 days to completion

**IF INVESTIGATION IS NOT WARRANTED**

- ⇒ Transfer to another agency or close case with explanation

**TDMHSAS INVESTIGATION /ONGOING SERVICES**

**INVESTIGATION INITIATED**

- ⇒ Site visit is not required and depends on the incident

**ALLEGATION OUTCOME**

- ⇒ Substantiated - Citation of Licensed Agency, Due process, Abuse Registry Committee (ARC) decision and case closed
- ⇒ Unsubstantiated- Case is closed

## TN ATTORNEY GENERAL CONSUMER PROTECTION INTAKE AND INVESTIGATION PROCESS

- Criteria: Receives allegations of unfair or deceptive trade practices from the TN Department of Commerce and Insurance (TDCI) Division of Consumer Affairs, other state agencies/officials or individuals.

### DIVISION SCREENING

⇒ Pursue initial investigation, use databases, gather all complaints.

### NEXT STEPS

⇒ The Attorney General has statutory authority for confidential investigations up to and including issuing a Request for Information or Civil Investigative Demand.

### DECIDE HOW TO PURSUE: SEEK SETTLEMENT, INJUNCTION, SUE (FILE A COMPLAINT)

- ⇒ Enhance penalties if victims are seniors (targeted)
- ⇒ Can obtain injunctive relief, restitution, fees, costs, and/or penalties



## Appendix B: Service Workflows

### STATE OF TENNESSEE WORKFLOW TO PROTECT VULNERABLE ADULTS

Coordinated Community Response (CCR)

#### DEPARTMENT OF HUMAN SERVICES

Mission: Offer temporary economic assistance, work opportunities, and protective services to improve the lives of Tennesseans.  
For information about services, go to [www.tennessee.gov/humanservices](http://www.tennessee.gov/humanservices)

#### FAMILY ASSISTANCE AND CHILD SUPPORT

**Child Support Program** ⇒ Services to promote parental responsibility to meet financial needs of children and their families

**Families First (TANF)** ⇒ Provides temporary cash assistance and/or a variety of other support services available to help customers make the transition to self-sufficiency

**SNAP** ⇒ Provides nutritional assistance benefits to children and families, the elderly, disabled, unemployed and working families

#### REHABILITATION SERVICES

**Vocational Rehab** ⇒ Provides assistance to Tennesseans with disabilities to promote employment. Services may include medical, psychological or vocational assessments, training, job development and placement.

**TN Council for Deaf, Deaf-Blind & Hard of Hearing** ⇒ Coordinates communication, information and advocacy services for Deaf, Deaf-Blind and Hard of Hearing through regional Community Service Centers.

**TN Technology Access Program (TTAP)** ⇒ Promotes awareness about and access to assistive technology devices and services in order to increase independence of individuals and disabilities.

**Disability Determination Services (DDS)** ⇒ Makes disability determinations for the Social Security Administration for Tennesseans applying for Disability Insurance Benefits (DIB) and Supplemental Security Benefits (SSI) through the Social Security Program.

#### COMMUNITY AND SOCIAL SERVICES

**Adult Protective Services and Social Services Block Grant (SSBG)** ⇒ Services for adults, 18 years of age or older who are abused, neglected or financially exploited and unable to protect themselves due to mental or physical disabilities or advanced age.

**Child Care Licensing, Resources and Assistance** ⇒ Establishes licensed child care agency or adult care agency and report complaints. Provides personalized and detailed information to parents searching for child care and assistance for low-income families

**Food Service Programs** ⇒ Provides payments to eligible agencies such as child and adult care centers and child care homes for serving meals to participants who meet age and income requirements.



## DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITY (DIDD) SERVICES

Mission: To become the nation's most person-centered, cost effective state support system for people with intellectual and developmental disabilities. Includes Medicaid waiver, Home and Community Based Services (HCBS), state-operated ICF/IDDs, and the Family Support Program. DIDD administers services directly or through contracts with community providers.



### CONSUMER INFORMATION

#### Employment First

⇒ Employment in the general workforce should be the first and preferred option for individuals with disabilities receiving assistance from publicly funded systems—with real jobs and real wages.

#### Enabling Technology

⇒ Includes tele-caregiving, remote sensors and mobile applications to assist persons in its programs to fulfill their life goals, engage with their communities, and increase their self-reliance

#### Family Support Program

⇒ Designed to assist individuals with severe disabilities and their families to remain together in their homes and communities. Services include respite, day care, home modifications, equipment, supplies, personal assistance, transportation, homemaker services, housing costs, health-related needs, nursing and counseling.

#### Seating and Positioning

⇒ Offers 3 clinics in Arlington, Nashville and Greeneville staffed with physical and occupational therapist with specialized expertise in evaluating individuals who have complex seating and position needs. Their clinics house a manufacturing shop with custom design fabricators.

#### DIDD Waiver Information

⇒ Includes Day Services, Case Management, HCBS Setting Rule, Medicaid Redetermination, and Outreach

#### Law Enforcement Training

⇒ Materials developed for law enforcement officers as an introduction to intellectual and developmental disabilities and the role of Protection From Harm Investigations Unit.  
 ⇒ Information can be accessed via <https://www.tn.gov/didd/divisions/training/law-enforcement-training.html>

### PROVIDER MANUAL

⇒ [https://www.tn.gov/content/dam/tn/didd/documents/providers/provider-manual/Provider\\_Manual.pdf](https://www.tn.gov/content/dam/tn/didd/documents/providers/provider-manual/Provider_Manual.pdf)

### DIDD DIVISIONS

- Accreditation & Person Centered Practices
- Community Homes
- Health Services
- Legal Services
- Office of Civil Rights
- Office of Licensure
- Policy and Innovation
- Program Operations
- Protection from Harm
- Quality Management
- Regional Offices
- Training



## DISABILITY RIGHTS TN SERVICES

**Mission:** Disability Rights Tennessee is a nonprofit legal services organization dedicated to protecting the rights of Tennesseans with disabilities.

**Vision:** All Tennesseans with disabilities have equal rights and opportunities and are free from abuse, neglect, and discrimination.

### LEGAL ADVOCACY AND REPRESENTATION

- ⇒ Supporting clients with their legal needs
- ⇒ Criteria: Indiv. w/a disability dependent on grant funding , priority with DRT issues and agreement to services. Priority given to unserved and underserved population.
- ⇒ Apply via [disabilityrightstn.org/get-help](http://disabilityrightstn.org/get-help) or intake at 800.342.1660

### TECHNICAL ASSISTANCE AND TRAINING SERVICES

- ⇒ Related to legal rights, protection from harm
- ⇒ Criteria: Anyone interested in advocating on behalf of an individual with a disability
- ⇒ Apply via [disabilityrightstn.org/get-help](http://disabilityrightstn.org/get-help) or intake at 800.342.1660

### INFORMATION AND REFERRAL SERVICES (I&R)

- ⇒ Provides agency information, referrals or mailing educational materials. No direct advocacy.
- ⇒ Criteria: None
- ⇒ Apply via [disabilityrightstn.org/get-help](http://disabilityrightstn.org/get-help) or intake at 800.342.1660

### MONITORING

- ⇒ DRT has broad access authority to monitor community and institutional environments that serve people with disabilities. Monitoring locations are selected 1. From reports of abuse and/or neglect that were not selected for investigation 2. As the result of an investigation 3. Random selection.

### OUTREACH AND COMMUNITY RELATIONS

- ⇒ DRT routinely provides community education through publications, newsletters, electronic communications, and social media. Additionally, DRT participates in large community education events.

### PUBLIC POLICY

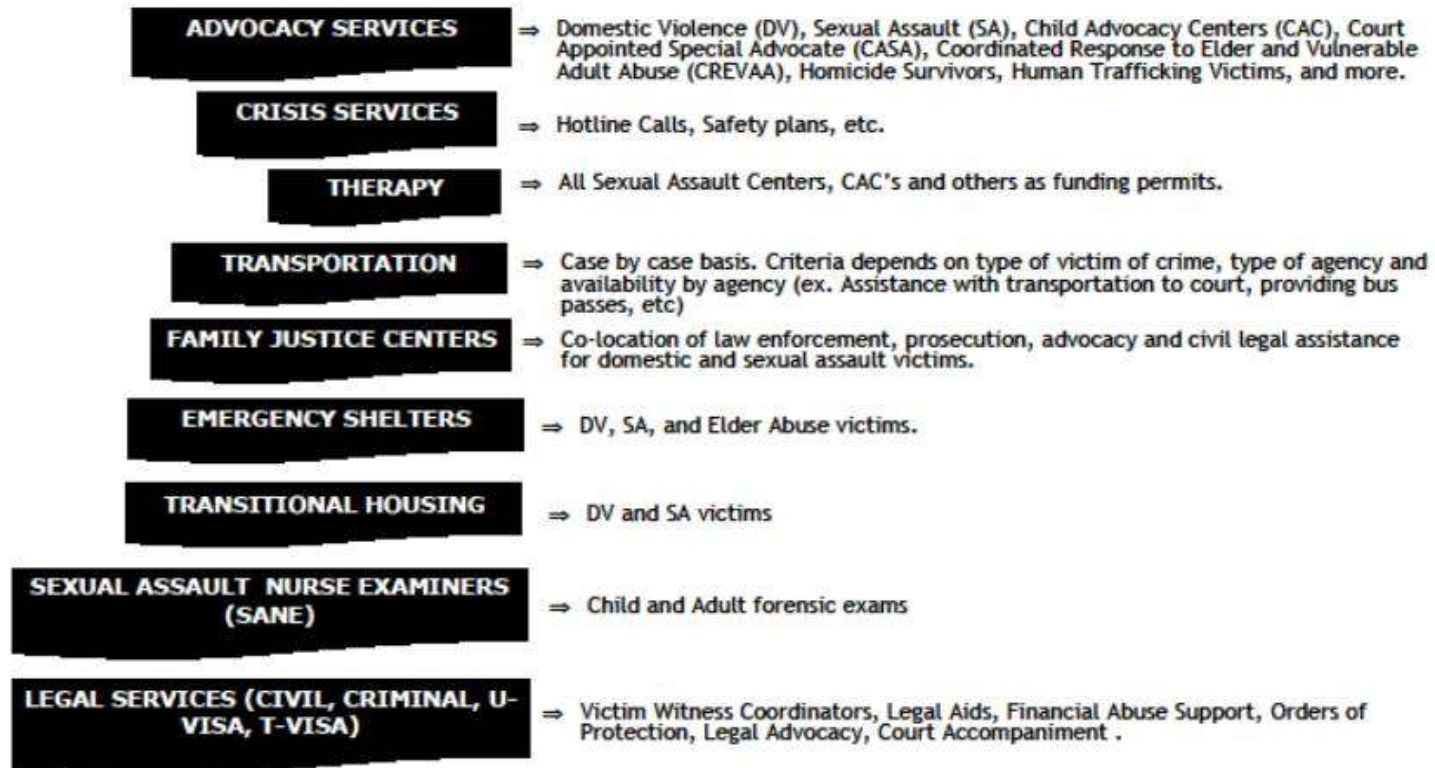
- ⇒ DRT engages with community partners in ensuring that national, state, and local policy makers have educational information that may assist them as they consider policy that impacts people with disabilities.

### PROTECTION AND ADVOCACY GRANTS

- ⇒ Developmental disabilities, mental illness, individual rights, traumatic brain injury, assistive technology, voter access, beneficiaries of social security, barriers to return to work, vocational rehabilitation

**TN DEPT OF FINANCE AND ADMINISTRATION -  
Office of Criminal Justice Programs (OCJP) Services**

- Mission: Working together for a safer Tennessee
- Provides funding for the following services to Victims of Crime (VOC) across TN.



**TN COMMISSION ON AGING AND DISABILITY (TCAD) SERVICES**

Mission: To bring together and leverage programs, resources, and organizations to protect and ensure the quality of life and independence of older Tennesseans and adults with disabilities.  
 Eligibility criteria for all programs is located at [www.tn.gov/aging](http://www.tn.gov/aging)



- Caregiver Support** ⇒ The National Family Caregiver Support Program provides phone support to gain information about services including individual counseling, support groups, caregiver training and respite care.  
 ⇒ Contact 1.866.836.6678 to learn about eligibility criteria
- Information and Assistance (I&A)** ⇒ Connects people to health and human service needs, as well as provide information of a general nature.  
 ⇒ For resources, go to [tn.gov/aging](http://tn.gov/aging) or call 1.866.836.6678.
- Long Term Care Ombudsman** ⇒ Provides assistance to those residing in nursing homes, homes for the aged, and assisted care living facilities. When residents and families cannot resolve their problems, the Ombudsman is available to help resolve problems and advocate for solutions.
- Nutrition Services** ⇒ Nutritive needs can become more complicated as we age and our bodies change, and access to food is not the same as access to healthy food. Congregate and home delivered meals are available to eligible participants.
- OPTIONS for Community Living** ⇒ Program was created to provide the elderly, as well as adults with disabilities, home-and community-based service choices such as homemaker, personal care and home delivered meals based on eligibility criteria.
- Public Guardianship Program/ Conservators** ⇒ Provides persons 60 years and older who can no longer help themselves (aka, may not be able to make decisions about money or medical care) and have no other ready, willing or able person to care for client, may be able to access a conservator who can help them meet their needs, yet remain as independent and comfortable as possible. Conservators are protectors for seniors who find themselves alone.
- State Health Insurance Assistance Program (SHIP)** ⇒ Provides counseling and assistance with Medicare and other related health insurance questions  
 ⇒ Call 1.877.801.0044 for more information.



**TN DEPARTMENT OF HEALTH SERVICES**

- Abuse Registry TCA 68.11.1001 et. Seq. Criteria: Any person who has abused a child or vulnerable adult not necessarily based on a conviction.

**REPORT MADE** ⇒ From referring department/agency that has their own ARC (abuse registry committee)  
⇒ From surveyors of TDH Abuse Panel

**ENSURE REFERRAL INCLUDES REQUIRED DATA AND PROOF OF DUE PROCESS**

**IF ACCEPTED** ⇒ Proceed with placement on the abuse registry

**IF NOT ACCEPTED** ⇒ Pursue missing items

**IF A TDH REFERRAL** ⇒ Panel hears report for the definition of vulnerable person, abuse, preponderance of evidence

**IF ACCEPTED** ⇒ Initiate due process

**IF NOT ACCEPTED** ⇒ Close or pursue missing items

**SUBSTANTIATION OUTCOME** ⇒ Persons on registry are prohibited from working in health care facilities, day care and/or other institutions.

**OTHER SERVICES**

- ⇒ Patient Care Advocate
- ⇒ Emergency Nursing Home Placement (via Office of Health Care Facilities)
- ⇒ Disaster and Emergency Preparedness for Licensed Health Care Facilities



**TN DEPT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES (TDMHSAS )**

- Mission: Provide, plan for and promote a comprehensive array of quality prevention, early intervention, treatment, habilitation, and recovery support services for Tennesseans with mental illness and substance abuse issues.

**SUBSTANCE ABUSE PROGRAMS**

- Adult substance abuse treatment is for adults with an alcohol or drug dependency, or adults with co-occurring substance abuse and psychiatric diagnosis.
- Criteria: no financial means to obtain services or if you meet the 133% of the fed poverty guidelines
- To access services contact the TDMHSAS Helpline

Outpatient Services	⇒ Non-residential services which allow the persons receiving services function as they go about their daily lives in the community.
Intensive Outpatient Services	⇒ Structured nonresidential treatment program which consists of multiple face-to-face therapeutic contacts per week.
Halfway House	⇒ Structured residential treatment program , low-intensity clinically managed program
Residential	⇒ Structured residential treatment programs designed to restore the severely dysfunctional alcohol and/or drug dependent person to levels of functioning appropriate to that individual.
Social Detox	⇒ Residential social setting detoxification program located in a supportive environment designed to facilitate the withdrawal of the alcohol and/or drug dependent person and could include the limited use of medication.
Medically Monitored Detoxification	⇒ Residential program medical detoxification program delivered by medical and nursing professions providing medically-supervised evaluation and withdrawal management under a defined set of physician-approved policies and physician -monitored procedure of clinical protocols.

**MENTAL HEALTH SERVICES**

- Mental health services are for adults with mental illness diagnosis or those with an emotional disturbance or those adults with a co-occurring substance abuse and psychiatric diagnosis.

Peer Support Services	⇒ Peer support services are often run by trained individuals with lived experience of mental illness or co-occurring disorders that provide education, support, and socialization.
Crisis Services	⇒ Crisis services are short-term services that allow individuals experiencing a behavioral health crisis to receive stabilization, behavioral health services, and follow-up services or referrals when the individual does not meet criteria for involuntary commitment to a psychiatric hospital, and who cannot be appropriately and/or safely managed through less-restrictive means.
Housing/Transition Services	⇒ Programs that support the funding and services required to coordinate housing, transitional opportunities, and supported employment for individuals diagnosed with mental illness and co-occurring disorders.
Suicide Prevention	⇒ Statewide initiative to develop and implement cross-system suicide prevention strategies that include training for clinical providers/stakeholders, enhanced follow-up services with individuals discharged from a mental health program or provider, and emphasis on suicide prevention within health care services.
Intensive Long-Term Support	⇒ Provides intensive long-term, wrap-around support services that are community-based and long-term recovery oriented in each of the three grand regions (East, Middle, and West).



**TN DEPT OF FINANCE AND ADMINISTRATION—TennCare Services**

• TennCare Mission: Improving lives through high-quality, cost-effective care.

**CHOICES:** For adults 21+ with physical disabilities or older adults (65+) who meet Nursing Facility Level of Care (NFLOC) or are at risk of needing NFLOC. Those who meet NFLOC can choose to be in a nursing home or in the community.

- GROUP 1 - Nursing facility, any age
- GROUP 2 -21+ w/physical disability or 65+ and meet NF LOC but want/are able to safely receive services in the community
- GROUP 3 - 21+ w/physical disability or 65+ at risk of NF LOC

**EMPLOYMENT AND COMMUNITY FIRST (ECF) CHOICES:** For people with intellectual and other developmental disabilities who can live safely in the community

- GROUP 4—Children under 21 and adults 21 + who are living at home with family caregivers and meet either NF LOC or are at risk of needing NF LOC
- GROUP 5— 21+ individuals at risk of NF LOC, and certain 18-20 individuals transitioning from institutional setting or state custody
- GROUP 6—21+ individuals who meet NF LOC and are receiving specialized services for people with IDD, and certain 18-20 individuals transitioning from institutional setting or state custody

**Step 1: REFERRAL**

- ⇒ Contact AAAD, if a person is NOT currently Medicaid eligible and applying for CHOICES
- ⇒ Contact DIDD, if a person is NOT currently Medicaid eligible and person is applying for ECF CHOICES
- ⇒ Contact MCO, if a person is currently Medicaid eligible and applying for CHOICES or ECF CHOICES

**Step 2: PROCESS**

- ⇒ If an applicant qualifies after screening from one of the above entities, he or she will have an intake visit from an MCO Care or Support Coordinator who will conduct a Comprehensive Assessment and develop a Person-Centered Support Plan (PCSP). The PCSP will include information about the member, including what services the member needs and their interests and goals.

**CHOICES Services (services contracted via MCOs)**

- Personal Care and Attendant Care
- Home-Delivered Meals
- Personal Emergency Response System (PERS)
- Adult Day Care
- In-Home Respite
- Assistive Technology
- Minor Home Modifications
- Pest Control
- Community-Based Residential Alternatives (Assisted Care Living Facilities, Community Living Supports, and Critical Adult Care Homes)

**ECF CHOICES Services (contracted via MCOs)**

- Includes CHOICES services at left (with some exceptions) and over 30 services related to employment (for example, exploration, discovery, and job coaching) and also community integration (for example, community integration services and supports and independent living skills training)
- Includes a dental benefit
- Includes a community transportation benefit
- The available residential benefits are community living supports and community living supports-family model

## TN HOUSING AND DEVELOPMENT AGENCY (THDA) SERVICES



Mission: Leading TN Home by creating safe, sound, affordable housing opportunities.

### MEANS BASED PROGRAMS

#### Weatherization Assistance Program

- ⇒ Reduce Home Energy Costs
- ⇒ Criteria: 200% below pov level for elderly, disabled and kids < 6 (priority)
- ⇒ Apply via [thda.org](http://thda.org) (programs)

#### Low Income Home Energy Assistance Program (LIHEAP)

- ⇒ Energy Bill Payment Assistance
- ⇒ Criteria: 150% below pov level for elderly, disabled, and kids <6 (priority)
- ⇒ Apply via [thda.org](http://thda.org) (programs)

#### Section 8 HUD Program

- ⇒ Rental Housing and Apartments via 2 Voucher Programs (can sign up for both)
- ⇒ Criteria: less than 80% AMI to US citizens or non-citizens with eligible immigration status
- ⇒ Voucher Programs:
  - Housing Choice—go to [thda.org](http://thda.org) (renters) for waitlist for 4 regions
  - Project Based—go to the property for availability

### OTHER SERVICES

#### Emergency Solutions Grant Program

- ⇒ Shelters, assistance with housing and services for prevention of homelessness
- ⇒ Criteria: homeless or at risk of homelessness
- ⇒ Apply via [thda.org](http://thda.org) (programs) - call one of 9 continuum of care agencies across the state

#### Emergency Repair Program for the Elderly or Disabled

- ⇒ Provides a grant up to \$10K (with a match) for minor home repairs.
- ⇒ Criteria: 60+ or disabled 18+ and receiving SSI or SSDI
- ⇒ Apply at [thda.org](http://thda.org) (TN Housing Trust Fund Programs) or contact local service agency

#### Housing Modification and Ramps Program

- ⇒ Provides wheelchair ramps and accessibility modifications with a 50% match
- ⇒ Criteria: Any vulnerable adult 18 and over
- ⇒ Apply via [thda.org](http://thda.org) (TN Housing Trust Fund Programs) or contact [ucpmidtn.org](http://ucpmidtn.org) (Programs & Services, Wheelchair Ramps)

#### Rental Locator Housing Search

- ⇒ Home/Apartment Rental web-based search. Go to [www.tnhousingsearch.org](http://www.tnhousingsearch.org)



**TN COUNCIL ON DEVELOPMENTAL DISABILITIES**

Criteria: Work with any agency needing the following resources to support the rights of Tennesseans with intellectual and developmental disabilities including the right to live free of abuse, neglect and exploitation. To access resources, contact the TN Council on Developmental Disabilities.

**OUTREACH AND MARKETING** ⇒ The Council conducts communications activities (social media, e-newsletters, agency print/electronic magazine, presentations, exhibits, and website) to inform, educate and promote broad awareness of disability programs, policies, and practices among Tennesseans with disabilities, their families, professionals in the disability field, policymakers and the public.

**FACILITATING WORKGROUPS** ⇒ The Council is uniquely positioned as a neutral facilitator among groups working on various topics, with broad expertise in the field of disability but no role in direct service or implementation policy.

**PUBLIC POLICY ANALYSIS AND DEVELOPMENT** ⇒ The Council stays abreast of national best practices relevant to “vulnerable adults” and can contribute to well-researched, objective analysis of proposed policy changes.

**STATEWIDE NEEDS ASSESSMENTS** ⇒ The Council regularly conducts an objective analysis of the service systems relevant to “vulnerable adults” in an effort to identify service gaps and promote coordination across those systems.



**TN PUBLIC UTILITY COMMISSION (TPUC) SERVICES**

Mission: To ensure the safe and reliable provision of public utility services to the citizens of TN.  
Contact the TN Public Utility Commission for information and eligibility requirement for consumer-focused programs.

**TELECOMMUNICATIONS ACCESS PROGRAMS - SERVICES**

**Lifeline Discount Telephone Assistance** ⇒ Ensures that wireless and wireline telephone services are available and affordable for low income telephone subscribers.

**Relay Center Services** ⇒ Provides free, statewide assisted telephone services to those with speech, hearing and visual impairments. Relay services links conversations between people who use text telephones (TTY's) or telebraille (TB) devices and people who use standard telephones.

**CapTel** ⇒ CapTel is a telephone service that allows users to speak, read, and hear calls using a special phone in conjunction with and specially trained operators.

**TELECOMMUNICATIONS ACCESS PROGRAMS - DEVICES**

**Telecommunications Devices Access Programs (TDAP)** ⇒ Distributes telecommunications devices so that persons who have a disability may effectively access telephone service.

**National Deaf Blind Equipment Distribution Program** ⇒ Provides free equipment including smartphones, tablets, computers, screen readers, braille displays and more to people who meet federal disability and income guidelines

**DO NOT CALL PROGRAMS**

**TN Do Not Call Program** ⇒ Provides relief to TN citizens from unwanted telemarketing calls to their residence

**TN Do Not Fax Program** ⇒ Provides relief to TN citizens from unwanted fax advertisements

## Appendix C: Abuse Registry TCA Code



### REGISTRY OF PERSONS WHO HAVE ABUSED, NEGLECTED, OR MISAPPROPRIATED THE PROPERTY OF VULNERABLE INDIVIDUALS

TCA 68-11-1001, et seq

TCA 68-11-1003. Prerequisites to including name on registry—

(a)(3)(b) The department shall also include an individual's name on the registry when it receives a copy of a criminal disposition from the Tennessee bureau of investigation, other federal, state or local law enforcement agency, court, or criminal justice agency, indicating that a criminal disposition against the named individual was the result of an offense against a vulnerable person.

TCA 68-11-1003 Notification shall include . . . any other information that the department . . . determines is necessary to adequately identify the individual . . . when inquiry to the registry is made.

When making a referral from a court, PLEASE be sure to include:

- 1-Name as complete as possible.
- 2- SSN (Additions to the registry cannot be completed without a SSN.)
- 3-DOB
- 4-Last known mailing address.
- 4-Any related indictments or court documents that will assist in determining that the victim was a vulnerable person and provide an understanding of the related event.
- 5-A stamped, filed copy of the judgment that has either the box checked that the accused agrees to placement, the box checked that the court ordered placement or notations in the special conditions box that orders placement.

Information can be submitted via email to [Wanda.King@tn.gov](mailto:Wanda.King@tn.gov) or regular mail to:

Wanda J. King  
Health Care Facilities Program Manager  
TN Department of Health-Abuse Registry  
665 Mainstream Drive  
Nashville, TN 37243

Questions: 615-532-7841

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Division of Health Licensure and Regulation • Office of Health Care Facilities  
665 Mainstream Drive • Second floor • Nashville, Tennessee • 37243

## Appendix D: DA Brochure

Human Services, Authorization No. xxxxxx, 250 copies, October, 2017. This public document was promulgated at a cost of \$0.60 per copy.

"This brochure was supported, in part, by a grant No. 9 0EJSG0010-01-00 from the Administration for Community Living (ACL), U.S. Department of Health and Human Services (DHHS). Grantees carrying out projects under government sponsorship are encouraged to express freely their findings and conclusions. Therefore, points of view or opinions do not necessarily represent official ACL or DHHS policy."



### Coordinated Community Response

### Investigative Agencies in Tennessee

### Responding to Abuse of Vulnerable Adults

For more information, please contact:  
**Patti Tosti, APS Program Director**  
**Patti.Tosti@tn.gov, 615-313-4726**





*The Tennessee Department of Human Services, Coordinated Community Response (CCR) to Protect Vulnerable Adults by TN State Agencies is supported by Adult Protective Services with funding by the Administration for Community Living. Our GOAL is to improve the investigation, response and delivery of protective services to vulnerable adults in Tennessee.*

**Department of Human Services, Adult Protective Services (APS)**  
Investigates reports of abuse and neglect by a caregiver, financial exploitation of government funds, self-neglect and sexual assault. APS is not just for the elderly. APS helps adults 18 years of age or older who, because of a mental or physical impairment or advanced age, are unable to care for themselves. Additionally, APS makes referrals to resources within the community for further assistance and to help keep the individual in the safest environment. Investigations take about 60 days to complete. <http://tn.gov/humanservices/article/adult-protective-services>

*TCA Code 71-6-110 Mandatory Duty to Report: Any resident in TN who suspects abuse, neglect or exploitation of a vulnerable adult, including those over the age of 60, must make a referral to Adult Protective Services.*

**Department of Health (TDH)**  
Investigates all health care facilities and health care professionals that are licensed in Tennessee. Investigations can require up to 100 days to complete. TDH also serves as the repository for Abuse Registry referrals from all agencies of state government. <http://tn.gov/health>

**Department of Intellectual and Developmental Disabilities (DIDD)**  
Investigates allegations of abuse, neglect or exploitation (ANE), serious injury of unknown cause (SIUC), suspicious injuries and suspicious or unexplained death for persons receiving services with DIDD, Intermediate Care Facilities for ID/DD or Employment and Community First (ECF) via TennCare. Investigations take 30 days to complete. <https://www.tn.gov/didd/divisions/protection-from-harm.html>

**Department of Mental Health and Substance Abuse Services (TDMHSAS)**  
Investigates reports for those with substance abuse and/or mental health diagnosis or potential diagnosis, and residing in, or being served by a TDMHSAS licensed facility. Investigations are strived to be completed within 60 days of the first report. <http://tn.gov/behavioral-health>

**Tennessee Bureau of Investigation, Medicaid Fraud Control Unit**  
Investigate allegations of abuse, neglect, and financial exploitation of vulnerable adults. Investigation must have a Medicaid nexus. <https://www.tn.gov/tbi/divisions/criminal-investigation-division/medicaid-fraud-control-unit.html>

#### **Disability Rights Tennessee**

Monitors and investigates reports of abuse and/or neglect in licensed and unlicensed facilities or programs that provide services to people of all ages with disabilities. These facilities or programs could include: board and care homes, mental health institutions, jails and prisons, nursing homes, juvenile detention facilities, residential behavioral health settings, day programs, and more. The length of monitoring or investigation is determined on a case by case basis. <http://www.disabilityrightstn.org/>

#### **TN Commission on Aging and Disability (TCAD)**

The Ombudsman advocates on behalf of nursing home residents to make sure the resident's rights, health, and safety are protected. Complaints are investigated within a set time frame (maximum of seven days) and the Ombudsman strives to resolve matters to the satisfaction of the resident. <http://tn.gov/aging>

#### **TN Commerce and Insurance**

- **Consumer Affairs Division:** Serves as the central coordinating agency and clearinghouse for complaints by TN consumers alleging unfair or deceptive acts or practices by a person. Examples include home improvement/repair, professional services, motor vehicle repair/sales, utilities, landlord/tenant, timeshares/vacation clubs, health products/services related to billing, etc. The Division of Consumer Affairs works with the TN Attorney General's office in the investigation of alleged violations. <http://tn.gov/commerce/section/consumer-affairs>
- **Securities Division:** Investigates both investment fraud and insurance agents. Investment fraud includes those who are brokers, dealers and investment advisors (ex. Ponzi and pyramid schemes, etc.). Insurance fraud investigates insurance agents (aka, misappropriation of funds). This division does not deal with consumer fraud, only the industry side for investigations. Statutorily, they have to complete insurance fraud investigations within 2 years but internally they want to complete the investigation within 6 months. Investment cases have no statutory compliance but they strive for the same time frame. <https://www.tn.gov/commerce/securities-division.html>

#### **TN Attorney General Consumer Protection and Advocate Division**

Investigates allegations of unfair or deceptive trade practices and files civil enforcement actions when appropriate. <https://www.tn.gov/attorneygeneral/working-for-tennessee/protecting-consumers.html>

#### **TN Department of Financial Institutions (TDFI)**

Investigates consumer complaints involving financial institutions regulated by TDFI including state chartered banks, credit unions and other consumer lenders. Once a complaint is filed, it is sent to the institution for a response which they need to complete within 15 business days. If the appropriate regulatory division (bank, credit union, compliance) has to be brought in for further review of the complaint, the length of time can be extended. TDFI works mainly with TN Commerce and Insurance and the Attorney General's Office. <http://tn.gov/tdfi>

## ***Appendix E: Group 4 DRT Investigation Draft Proposal***

### **DRT Investigative Process:**

1: **Intake** team receives call and takes necessary information (I&R)

The Intake Director (who is also the A&N Atty) reviews all I&R's to determine if it meets DRT Priorities/Objective

No: Then the caller will get a letter informing them if ineligibility with any referral resources that may assist them.

Maybe: Intake may be asked to call the caller back to get more information, The I&R may be sent to the subject area attorney for further review/determination.

A&N Advocate maybe asked to go visit client if more information is needed before opening a full investigation.

### **2. Case is Assigned:**

Case is assigned to A&N Advocate. There is an A&N Advocate in East, Middle and West.

### **3. Initial Contact.**

Depending on the type of facility and the allegations contact maybe made by phone or in person. If the caller was not the alleged victim, then a call to the caller is made by the investigator to inform that an investigation has been opened and to get any additional information needed. If the caller is also the conservator then the investigation process is explained and release of information forms are sent to them.

In most cases DRT investigator will make an unannounced visit to the alleged victim to observe the environment, gain more information and get any necessary forms signed.

\*Note DRT can investigate without signed releases if it is a death investigation, efforts to contact conservator are unsuccessful, conservator refuses, the alleged victim does not have a conservator but appear to not be competent to give consent or if the allegation is substantial and there is fear for the alleged victim's safety but the alleged victim refuses services. Any information obtained using this access authority cannot be released or shared with anyone outside DRT.

### **4. Information gathering**

Records, facility policies and other needed documentation is requested from facility, and other providers (as necessary). Then reviewed.

5. Once DRT has gathered enough information to determine a **finding**:

If there is not enough information to support the allegation or determine alternative findings then the investigation is closed and the alleged victim is notified by phone and mail.

If DRT is able to determine concerns of any kind, DRT will develop a recommendation(s) letter that is sent to the facility and any oversight agency. DRT will request that the facility respond in writing with any actions that they plan to take.

Investigation is closed and client is notified by phone and in writing of the outcome.

DRT will follow up with the facility within 6 months regarding their implementation of the recommended actions.

In instances where there may be continued concerns with a facility, DRT may open a monitoring project at that facility. When monitoring a facility DRT has access to all residents, unannounced visits to the facility and facility policies.

## **6. Other services**

If during an investigation it is determined that our client is in need of Advocacy services outside of the investigation purview, DRT can assist them with that. For example, If during an investigation and it is determine that our client needs higher/lower level of care and they desire this assistance, DRT can help link them to providers and services and Advocate on their behalf.

### **REPORTING TO OTHER INVESTIGATIVE AGENCIES:**

DRT is a Legal Advocacy agency, as such our communications with the people we serve is considered privileged. With that said, DRT will encourage our clients to report to the appropriate agencies, as this will not impact DRT ability to investigate. DRT may also make a report to the appropriate agency if the reported allegation may warrant criminal action and/or the client is in continued threat of harm.

DRT also has a strong Collaborative relationship with may state agencies through a MOU. We often work with these agencies to gather information for the investigative process, and to aid in providing effective services for the people we serve.

### **DRT Monitoring Process:**

DRT is a statewide agency. DRT is charged with protecting the rights of Tennesseans with disabilities across the state. DRT has the authority to monitor and investigate any facility that provides overnight care to anyone with a disability. DRT receives federal funding through various grants, as such we are obligated to monitor facilities (licensed/unlicensed) that provide care to varied disability types. These include residential providers of people with Intellectual &



developmental Disabilities, mental illness, aged population, persons with Traumatic Brain Injuries and persons with other physical/medical impairments. DRT also monitors all state operated facilities/homes year round.

DRT investigators/advocates will choose a facility/home to monitor based on reported concerns, or randomly based on facility type.

DRT initially will send a letter or email to the facility administrator to inform them of DRT's intent to monitor and DRT's access authority to do so. DRT requests in this letter that the facility administrator contact DRT to schedule an initial visit to the home/facility to further discuss this process and observe the the physical environment.

During the initial visit policies are requested, the monitoring prices is explained, posters/notifications/and materials are provided, a tour of the facility is completed, facility contacts are obtained and dynamics of the future unscheduled visits are worked out.

Subsequent visits are typically not scheduled. They are normally conducted during office hours and at time that are least disruptive to the residents. During the visits DRT staff will interview residents, educate them on DRT services and reporting complaints, observe staff/resident interactions and interview willing staff.

During these monitoring's DRT can provide short-term Advocacy services to assist the residents and/or the home operator. DRT will document any concerns and address them with the facility administrator and is necessary the appropriate oversight agency.

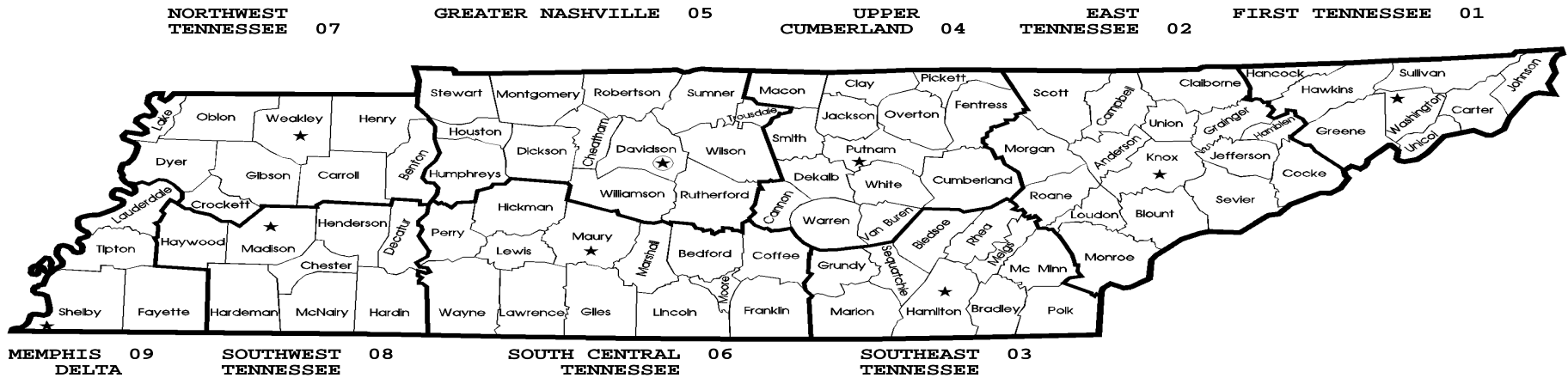
DRT may also pen an investigation if a report is made or if warrant as the result of the DRT Advocates observation.

A typical Monitoring is open for a period of one quarter, there is usually not a written report as issues are addressed during the monitoring process. However, if there are continued concerns DRT can continue to monitor the facility until satisfied.

**\*\*DRT's Highest level of resolution is a civil law suit, which is usually only done if there is potential for systemic impact and the issue cannot be resolved at a lower level.**

## Appendix F: CREVAA Advocate Map - Form Q

### Collaborative Response to Elder and Vulnerable Adult Abuse Program Advocates



**01 Carolyn Phillips**  
 First TN Area Agency on  
 Aging and Disability  
 3211 North Roan Street  
 Johnson City, TN 37601  
 Office: 423-722-5211  
[cphillips@ftaaad.org](mailto:cphillips@ftaaad.org)

**02 Tracy Armstrong, LBSW**  
 East Tennessee Area Agency on  
 Agency on Disability/East  
 Tennessee Human Resource Agency  
 9111 Cross Park Drive  
 Suite D-100  
 Knoxville, TN 37923  
 Office: (865)691-2551 x4306  
 Fax: (865)691-2555  
[tarmstrong@ethra.org](mailto:tarmstrong@ethra.org)

**03 Rebekah Gouger**  
 Southeast TN Area Agency on  
 Aging and Disability  
 1000 Riverfront Parkway  
 Chattanooga, TN 37402  
 Office: 423-424-4217  
[rgouger@sedev.org](mailto:rgouger@sedev.org)

**04 Lisha Wiley**  
 Upper Cumberland AAAD  
 1225 S. Willow Ave.  
 Cookeville, TN 38506  
 Office (931) 432-4111  
 Direct (931)-476-4017  
 Fax (931) 476-4099  
[lwiley@ucddd.org](mailto:lwiley@ucddd.org)

**05 Shalita Thomison**  
 Mid-Cumberland Human Resource  
 Agency  
 1101 Kermit Drive, Suite 300  
 Nashville TN 37127  
 Phone: (615)850-3937  
[sthomison@mchra.com](mailto:sthomison@mchra.com)

**06 Tamekia Harris**  
 South Central Development District  
 101 Sam Watkins Blvd  
 Mt. Pleasant, TN 38474  
 Direct Office phone: 931-379-2942  
[tharris@sctddd.org](mailto:tharris@sctddd.org)

**07 Angie Morehead**  
 124 Weldon Drive  
 Martin, TN. 38257  
 Phone 731-587-4213 (ext. 239)  
 Fax 731-587-6823  
[angie.morehead@nwtddd.org](mailto:angie.morehead@nwtddd.org)

**08 Dana Holmes**  
 Southwest TN Area Agency on Aging  
 and Disability  
 102 E. College St  
 Jackson, TN 38301  
 Office: 731-668-6409  
 Fax: 731-668-6438  
[dholmes@swtddd.org](mailto:dholmes@swtddd.org)

**09 Kimberly T. Meabon**  
 Aging Commission of the Mid-South  
 2670 Union Avenue Extended, Suite  
 1000 Memphis, TN 38112  
 (Office) 901-222-4183  
 (FAX) 901-222-4199  
[kmeabon@agingcommission.org](mailto:kmeabon@agingcommission.org)

### **Appendix G: SCEDRT Case Review Form**

Name:				Date of death:		MEC#			
Age:		Race:		Sex:		Referring agency:			
Follow up dates:									
Final disposition date:			Abuse?  Y / N	Charges?  Y / N	ME:				

Case Summary:	
---------------	--

Notes:



**Appendix H: SCEDRT Confidentiality Form**

SHELBY COUNTY ELDER DEATH REVIEW TEAM DATE \_\_\_\_\_

By signing below the attendee agrees to the following: I, as a member of the Shelby County Elder Death Review Team (SCEDRT) , agree to keep confidential all information disseminated prior to or discussed at the SCEDRT meetings. I understand and agree that any oral or written communication or a document shared within or produced by the SCEDRT or provided by a third party to SCEDRT is confidential. I also agree to return to the SCEDRT coordinator or director all documents containing case specific information provided during the SCEDRT meeting held on the date indicated above. Should a breach of confidentiality be discovered, I may be asked to resign from the SCEDRT.

NAME	AGENCY	SIGNATURE	EMAIL



If Yes, describe number and stages:

---



---

Dehydration       Burns       Bruises       Malnourished  Other (specify below)

---



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**12.) Alleged Abuser Information**

1. Name of Alleged Abuser: (First, M. Last) / / AKA's		2. Age	3. Additional Suspects:
4. Gender of Alleged Abuser Male      Female	5. Race/Ethnicity (check all that apply) African Am      Asian      Caucasian      Hispanic/Latino     Native Am          Pacific Is <input type="checkbox"/> Other:		
6. Relationship of alleged abuser with elder: <input type="checkbox"/> Son <input type="checkbox"/> Girlfriend <input type="checkbox"/> Nursing home staff <input type="checkbox"/> Daughter <input type="checkbox"/> Boyfriend <input type="checkbox"/> Wife <input type="checkbox"/> Sibling <input type="checkbox"/> Home health aid <input type="checkbox"/> Husband <input type="checkbox"/> Other Relative <input type="checkbox"/> Friend/Acquaintance <input type="checkbox"/> Grandchild <input type="checkbox"/> Same sex partner <input type="checkbox"/> Other		7. Describe circumstances and length of relationship:	

**13.) CONCLUSIONS AND RECOMMENDATIONS FROM TEAM REVIEW**

**Conclusions**

1. Did elder abuse occur in this case? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear Explain:	2. Did abuse directly contribute to elder's death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear Explain:
3. Was elder's death preventable? <input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, probably <input type="checkbox"/> Probably not <input type="checkbox"/> Not at all <input type="checkbox"/> Unable to tell Explain:	

4. Lessons learned from this case (narrative).

## Group Activity – Key Driver Diagram Details

What are our Shared Vision and Goals

- *AIM STATEMENT* - What are we trying to accomplish?
- *PRIMARY DRIVER* - What do we predict it will take to accomplish the aim?
- *SECONDARY DRIVERS* - What will be required for the primary driver to occur?
- *MEASURES* - What will be improved, by how much/how many and by when?



## Updated Key Driver

Diagram (DRAFT 12/13/16)

**Aim:**  
To improve the investigation, response and service delivery of protective services to vulnerable adults by TN state agencies by August 2018

**Measures:**  
What do we want to measure, how much and by when?  
\* 90% of assigned leadership attend meetings  
\* 100% of agencies review policies for coordination  
\* \$ and time saved with reducing duplication and creating efficiency (How?)- can each agency determine this?

### Primary Drivers

**Coordinated Community Response (CCR) Amongst State Agencies & Identified Stakeholders**

**Responsive, Coordinated and Communicative Investigations**

**Accessible, Timely, Coordinated and Victim-Centered Services**

**Public Awareness, Outreach, Education and Institutional Training**

**Coordinate Data**

### Secondary Drivers

Understand intake and investigation processes, all available resources and training and recommend best practices

Review agency policies and procedures to coordinate (where applicable) and review state agency annual reports

Provide policy and legislative updates to impact change

Consistent representation at meetings

Review duplicative work and streamline processes

Create joint investigations with LE, assign a lead agency and share investigation outcomes.

Develop resource list

Coordinate and streamline services (where applicable)

Provide training for all state agencies to send appropriate referrals

Offer a conference for investigative agencies /World Elder Abuse Awareness Day event coordination

Increase consumer education via PSAs, posters, radio and informational materials where vulnerable adults frequent.

Provide methodology of data for each agency.

Include due process system to incorporate into abuse registry

Centralized IT system: tracking and trending system of investigations, victims/perpetrators and revealing best practices

## ***Appendix K: Knox County Legal Resources***



### Special Thanks To:

Knoxville-Knox County Elder Abuse Coordinated Community Response  
Memphis-Shelby County Elder Support & Protection Resources  
National Clearinghouse on Abuse in Later Life

This project was supported by Grant No. 2015-EWAX-K009 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.  
Grant No. 2015-EWAX-K009 obtained by the Knoxville Police Department.

Updated: 09/01/2018

Contact: Knox County CAC Office on Aging, 865-524-2786

### Statutory Definitions

**Please note:** The law is currently changing regarding elder physical abuse, neglect, and financial exploitation. Please see the included chart for applicable definitions/statutes in relation to date of offense & which statutes applies. The following definitions are provided for general reference.

**"Capacity to Consent"** is the mental ability to make a rational decision, which includes the ability to perceive, appreciate all relevant facts and to reach a rational judgment upon such facts. A decision itself to refuse services cannot be the sole evidence for finding the person lacks capacity to consent. See **TCA 71-6-102(4)**.

**"Caretaker"** or **"Caregiver"** is generally defined as any person who has assumed the duty to provide care for an elderly or vulnerable adult. This duty can be based upon a family relationship, arise from a contract or be by conduct alone. A caretaker/caregiver does NOT necessarily have to be paid for their services. Also, a "caregiver" can be a caregiver for financial purposes only. For specific definitions based upon date of offense and facts of case, see **TCA 71-6-102(5)**, **TCA 39-14-111(2)**, or **TCA 39-15-501**.

**"Domestic Abuse Victim"** is any person who falls within the following categories: (1) Adults or minors who are current or former spouses; (2) Adults or minors who live together or who have lived together; (3) Adults or minors who are dating or who have dated or who have or had a sexual relationship, but does not include fraternization between two (2) individuals in a business or social context; (4) Adults or minors related by blood or adoption; (5) Adults or minors who are related or were formerly related by marriage; or (6) Adult or minor children of a person in a relationship that is described in subdivisions (a)(1)-(5). See **TCA 39-13-111**.

**"Elder Abuse"** is a general term that includes the abuse, neglect, financial exploitation, or sexual abuse of an elderly adult. There are specific statutes in **Title 39** and **Title 71** addressing individual offenses. There is currently no statute specifically addressing sexual abuse of an elderly adult. See **TCA 71-6-101 et seq.**, **TCA 39-14-111**, or **TCA 39-15-501 et seq.**

**"Elderly Adult"** is defined as someone who is over sixty (60) years of age for the purposes of **Title 71**. Please note that "elderly" is defined as seventy (70) years of age or older in **TCA 39-15-501**.

**"Emotional Abuse"** is not covered in the TCA specifically, however someone intentionally or knowingly causing another to reasonably fear imminent bodily injury could be charged with assault. See **TCA 39-13-101**.

### Statutory Definitions

**"Financial Exploitation"** generally occurs when a person misuses or takes the assets of an elderly or vulnerable adult without authorization and does so for his/her own personal benefit or for the benefit of a third party. For specific definitions based upon date of offense and facts of case, see **TCA 71-6-102(8)**, **TCA 39-14-111(3)**, or **TCA 39-15-501**.

**"First Degree Murder"** shall include the killing of another committed in the perpetration of or attempt to perpetrate any first degree murder, ... physical abuse (of an elderly or vulnerable adult) as defined in **TCA 71-6-119**, aggravated neglect of an elderly or vulnerable adult in violation of **TCA 39-15-508**... **TCA 39-13-202** (effective Jan. 1, 2019).

**"Neglect"** is generally defined as a caregiver's failure to provide for an elderly or vulnerable adult's basic physical, emotional, or social needs, or failure to protect them from harm. Neglect may also include abandonment and confinement. For specific definitions based upon date of offense and facts of case, see **TCA 71-6-102(8)**, **TCA 39-14-111(3)**, or **TCA 39-15-501**.

**"Abuse"** is the infliction of physical pain, injury, or mental anguish. See **TCA 71-6-102(1)**.

**"Sexual Abuse"** occurs when an adult, as defined in this chapter, is forced, tricked, threatened, or otherwise coerced by a person into sexual activity, involuntary exposure to sexually explicit material or language, or sexual contact against the adult's will. It also occurs when an adult is unable to give consent to such sexual activities or contacts and is engaged in such sexual activities or contact with another person. Not a specific offense under adult protection statute, but can be prosecuted under general criminal code for sexual assault, etc. See **TCA 71-6-102(13)**.

**"Vulnerable Adult"** is generally defined as any person eighteen (18) years or older who, due to intellectual disability, advanced age, or physical dysfunction, cannot fully manage resources, carry out all activities of daily living, or protect themselves without help from others. Please note that a victim can be elderly, vulnerable, or both elderly and vulnerable. For specific definitions based upon date of offense and facts of case, see **TCA 71-6-102(2)**, **TCA 39-14-111(1)**, or **TCA 39-15-501**.

**Chart on Elder Abuse Laws as of September 1, 2018**

	Applicable date of offense	Caregiver required for L/E to charge	Caregiver required for APS Investigation	Government Funds required for L/E to charge	Government Funds required for APS Investigation	Definitions Found	*VAR	Currently Repealed	Class
ABUSE TCA 71-6-117	Current	No	Yes	N/A	N/A	TCA 71-6-702	Yes	No	D
GROSS ABUSE TCA 71-6-119	Current	No	Yes	N/A	N/A	TCA 71-6-702	Yes	No	C
NEGLECT TCA 39-15-507	Jan 1, 2019 forward	Yes	Yes, but under Title 71	N/A	N/A	TCA 39-15-501 (includes abandonment and confinement)	Yes	No	E felony, elderly adult; D felony, vulnerable adult; A misd., if abandonment or confinement and no injury to victim
AGGRAVATED NEGLECT TCA 39-15-508	Jan 1, 2019 Forward	Yes	Yes, but under Title 71	N/A	N/A	TCA 39-15-501	Yes	No	C felony, serious physical harm; B felony, serious bodily injury
NEGLECT TCA 71-6-117	Current, but to be repealed on Jan 1, 2019	Yes	Yes	N/A	N/A	TCA 71-6-702	Yes	No. Will be repealed 1/1/19	D
SERIOUS NEGLECT TCA 71-6-119	Current, but to be repealed on Jan 1, 2019	Yes	Yes	N/A	N/A	TCA 71-6-702	Yes	No. Will be repealed 1/1/19	C



	Applicable date of offense	Caregiver required for L/E to charge	Caregiver required for APS Investigation	Government Funds required for L/E to charge	Government Funds required for APS Investigation	Definitions Found	*VAR	Currently Repealed	Class
FINANCIAL EXPLOITATION TCA 39-14-111	July 1, 2015 – June 30, 2017	Yes	N/A	No – but limited to “funds”	N/A	TCA 39-14-111	No	Yes	D
FINANCIAL EXPLOITATION TCA 39-15-502	July 1, 2017 forward	No, but: (1) Deception, Intimidation, undue influence, force, or threat of force; (2) Breach of Fiduciary duty; or (3) Caregiver and not for benefit of victim	Yes, but under Title 71	No – includes all property	N/A	TCA 39-15-501	Yes	No	Increase 1 level above theft grading (minimum E Felony)
FINANCIAL EXPLOITATION TCA 71-6-117	Repealed after June 30, 2017	Yes	Yes	Yes	Yes	TCA 71-6-702	Yes	Yes	D

\*VAR = Vulnerable Adult Abuse Registry

State of Tennessee Criminal Codes Related to Elder Abuse			
Abuse/Neglect/Exploitation	TCA 71-6-117	Financial Exploitation	TCA 39-15-502
Aggravated Assault	TCA 39-13-102	Forgery	TCA 39-14-114
Aggravated Criminal Trespass	TCA 39-14-406	Gross Abuse or Neglect	TCA 71-6-119
Aggravated Kidnapping	TCA 39-13-304	Harassment	TCA 39-17-308
Aggravated Neglect (After 1/1/19)	TCA 39-15-508	Homicide for Abuse, Neglect (After 1/1/19)	TCA 39-13-202
Aggravated Rape	TCA 39-13-502	Identity Theft	TCA 39-14-150
Aggravated Robbery	TCA 39-13-402	Illegal Possession/Use of Credit Card	TCA 39-14-118
Aggravated Sexual Battery	TCA 39-13-504	Incest	TCA 39-15-302
Assault	TCA 39-13-101	Kidnapping	TCA 39-13-303
Carjacking	TCA 39-13-404	Neglect (After 1/1/19)	TCA 39-15-507
Coercion of Witness	TCA 39-16-507	Personal and Commercial Computer Violations	TCA 39-14-602
Contractor Fraud	TCA 39-14-154	Physical Abuse or Gross Negligence	TCA 71-6-119
Criminal Homicide	TCA 39-13-201	Rape	TCA 39-13-503
Criminal Impersonation	TCA 39-16-301	Reckless Endangerment	TCA 39-13-103
Criminal Trespass	TCA 39-14-405	Refusal to Allow Inspection of Adult Day Care	TCA 71-2-409
Cruelty to Animals	TCA 39-14-202	Refusal to Obey Command to Aid Officers	TCA 38-3-106
Deceptive Business Practices	TCA 39-14-127	Resisting/Preventing/Obstructing Legal Process	TCA 39-16-602
Destruction of Valuable Papers (Fraud)	TCA 39-14-130	Retaliation for Past Actions	TCA 39-16-510
Destruction or Concealment of Will	TCA 39-14-131	Robbery	TCA 39-13-401
Disorderly Conduct	TCA 39-17-305	Sexual Battery	TCA 39-13-505
Domestic Abuse	TCA 36-3-619	Sexual Battery by Authority Figure	TCA 39-13-527
Domestic Assault	TCA 39-13-111	Stalking/Aggravated Stalking/Especially	TCA 39-17-315
Entity's Duty to Report Abuse/Neglect/Misuse of Property	TCA 71-6-103	Theft of Property	TCA 39-14-103
Exploitation of Adult Unable to Manage Own Resources	TCA 39-14-111	Theft of Services	TCA 39-14-104
Extortion	TCA 39-14-112	Vandalism	TCA 39-14-408
False Imprisonment	TCA 39-13-302	Violation of Duty to Report	TCA 71-6-110
False Reports	TCA 39-16-502	Violation of Protection/Restraining Order	TCA 39-13-113



**Knoxville-Knox County Community Resources for Elder Abuse Victims**

<b>Organization Name</b>	<b>Address</b>	<b>Phone Number</b>	<b>Hours of Operation</b>	<b>Description</b>
Adult Protective Services <i><b>Remember, reporting is mandatory.</b></i>	7175 Strawberry Plains Pike, Suite 200 Knoxville, TN 37914	1-888-277-8366	M-F, 8 am - 4:30 pm Office closed select holidays. 24/7/365 Reporting	Investigates reports of abuse, neglect or financial exploitation of adults who are unable to protect themselves due to physical or mental limitations. Assess need for protective services and provides services to reduce risk.
Area Agency on Aging and Disability	9111 Cross Park Drive, Suite D-100 Knoxville, TN 37923	Contact CREVAA at (865) 691-2551 x4306. For all other programs, contact (866) 836-6678.	M-F, 8 am - 4:30 pm Closed select holidays.	Collaborative Response to Elder and Vulnerable Adult Abuse (CREVAA), CHOICES, Options for Community Living, National Family Caregiver Support Program, Ombudsman, Care Transitions, Public Guardianship for the Elderly, etc.
Bridge Refugee Services	3839 Buffat Mill Road Knoxville, TN 37914	(865) 540-1311	M-Thur, 8:30 am - 4:30 pm by appointment.	Refugee Case Management, Employment Assistance, and English Language Training.
Catholic Charities	3227 Division Street Knoxville 37919	(865) 770-5732	M-F, 9 am - 4:30 pm Closed select holidays.	Office of Immigrant Services; Five Rivers and Horizon House programs for mental health housing.
Catholic Charities-Samaritan Place	3009 Lake Brook Boulevard Knoxville, TN 37909	(865) 684-1880	M-F, 9 am - 4 pm (Office hours) Closed select holidays.	Emergency, Transitional and Long-Term Supportive Housing for Seniors. Basic eligibility criteria are: age 60 and older; not a threat to self or others; ambulatory; and able to manage daily activities with minimal assistance.
Community Action Committee-Office on Aging	2247 Western Avenue Knoxville, TN 37921	(865) 524-2786	M-F, 8 am - 4:45 pm Closed select holidays.	Rise Above Crime (Elder Abuse Case Management), Mobile Meals & Meal Sites, Senior Employment, Senior Companions, etc. Eligibility age varies.
Contact Care Line	P.O. Box 4641 Oak Ridge, TN 37831	(865) 312-7450 (Office) (865) 584-4424 (Crisis)	12/7/365, 10 am - 10 pm (crisis line)	Crisis intervention line, information and referrals, or simply someone who will listen. Daily Reassurance calls for seniors in 865 area code.
disABILITY Resource Center	900 E Hill Avenue, Suite 205 Knoxville, TN 37915	(865) 637-3666 TTY: (865) 637-6976	M-F, 9 am - 4 pm Closed select holidays.	Referrals, independent living skills, advocacy, peer support, and transitioning to home based living.

**Knoxville-Knox County Community Resources for Elder Abuse Victims**

<b>Organization Name</b>	<b>Address</b>	<b>Phone Number</b>	<b>Hours of Operation</b>	<b>Description</b>
East Tennessee 211	N/A	(865) 215-4211	M-F, 8 am - 5 pm Closed city holidays.	Referral service for hundreds of community resources.
Family Justice Center	400 Harriet Tubman Street Knoxville, TN 37915	(865) 215-6800	M-F, 8 am - 4 pm Closed select holidays.	Safety planning, Orders of Protection, danger assessment, prosecution, language interpretation, etc.
Helen Ross McNabb Center-Domestic Violence Services	Confidential location. Call for more information.	(865) 637-8000 (24/7 hotline)	24/7/365	Transitional housing, outreach programs, and Kent C. Withers Family Crisis Center.
Helen Ross McNabb Center-Sexual Assault Center	2455 Sutherland Avenue, Building B Knoxville, TN 37919	(865) 522-7273 (24/7 hotline)	24/7/365	Sexual assault nurse examinations, advocacy, therapy, and education & outreach.
Legal Aid of East Tennessee	607 W. Summit Hill Drive Knoxville, TN 37902	(865) 637-0484	M-F, 8:30 am - 5 pm Closed select holidays.	Civil legal services for elderly, abused, and low income persons; Hispanic outreach; community education; etc.
Love Kitchen	2418 Martin Luther King Jr. Boulevard Knoxville, TN 37915	(865) 546-3248	Meals: 1:30-3 PM Wed & Thur; Food Bag: 4:30-5:30 PM Wed.	Meal site; Food bag available to those who call ahead; weekly meals delivered to homebound and disabled regardless of age or income.
Positively Living	1501 E 5th Avenue Knoxville, TN 37917	(865) 525-1540	M-F, 8 am - 5 pm	Case management, supportive housing, food service, and mental health/addiction counseling to individuals who are homeless; mentally ill; addicted to drugs, alcohol, or other substances; and/or living with HIV/AIDS. Free HIV and HCV testing.
Senior Information & Referral	611 Winona Street Knoxville, TN 37917	(865) 546-6262	M-F, 8 am - 4:45 pm Closed select holidays.	Provides information about services and resources for people 60+ and persons with disabilities in Knoxville-Knox County.
The Community of St. Ninian	N/A	248-894-7102	Hours vary. Non-emergency response.	Referrals & Fellowship opportunities for LGBTQ people in Knoxville.
YWCA of Knoxville and the Tennessee Valley	420 West Clinch Ave. Knoxville, TN 37902	(865) 523-6126	M-F, 7 am - 5 pm Office hours, but can call 24/7. Office closed select holidays.	Bilingual Victim Advocacy Program, Keys of Hope Women's Housing Program, Phyllis Wheatley Center Senior Network.

## ***Appendix L: Notes from the Statewide Tour***

*Summer of 2018 ~ CCR Statewide Tour Presenting:*

### **THE STATEWIDE MODEL TO PROTECT VULNERABLE ADULTS IN TENNESSEE**

#### *Feedback from Participants*

Since November 2016, representatives from over 20 agencies in Tennessee have come together on a monthly basis to improve the investigation, response and service delivery to protect vulnerable adults, an effort funded by the Administration for Community Living. During this time, 4 focus areas were developed based on various needs assessments in order to better communicate and work collaboratively between local communities and statewide agencies. Building upon the Vulnerable Adult Protection Investigation Team (VAPIT) meetings and local CCR teams/CREVAA, a statewide model has been drafted to improve the efficiency of services and processes to protect vulnerable adults.

This workshop is open to anyone interested in understanding the statewide efforts and request feedback on the model's effectiveness.

1. Recognize the statewide model and how it coordinates with local efforts
2. Outline the statewide processes and know who to contact to address concerns
3. Receive feedback to improve its effectiveness
4. Value interdisciplinary collaboration to protect vulnerable adults

#### **Recommendations for each group and the efforts are located below:**

Group 1:

- Want accurate and detailed info included in the 1215
- Want to know if the 1215 is received
- Create a protocol to make sure that the 1215 goes to the correct agencies
- Instead of the APS 1215 should be initial report
- Get MCO's involved to help resolve issues
- Can prior cases/history be added to the 1215 pertaining to the victim? LE/Ref #/disposition/ date closed/allegation
- Don't use acronyms or have a standardized list on 1215s
- Referral #/unique identifier for confidentiality
- Request for referent name to help with the investigation
- How are false reports to APS dealt with?
- Want to make sure the 1215's go to the right people/county etc because they don't always
- Loop CREVAA into the 1215
- Referent wants a report back from APS (which state law requires) but doesn't always happen
- Anyway for 2-sided communication - formal response back to APS about whether the agency receiving the 1215 will get involved
- Streamline all agencies that may have some type of interest in APS reports by ensuring they all receive notification. Communicate within agencies who intend to become involved with allegations.
- The 1215 can be a good communication tool

- After reporting can we get some feedback of the outcome of the report?
- Want more descriptions on reason for screening out so LE and other agencies understand and can determine what their next steps need to be.
- Strengthens the ability of government agencies to understand what role their legal mandate and available resources will allow them to assist in a specific case.
- Would be nice to get notification that the receiving agency has actually received the 1215.

#### Group 2:

- Title name should be "THEY" relate
- Explain the AR and the 4 agencies criteria
- An there be an APS court designated for cases to be heard
- Some VAPIT's statewide, especially in rural areas, don't function well no matter how hard the communities wants it (resistance from DA's)
- Policies, laws, and responsibility with LE, APS, DA's
- Coordinate AR criteria so there is one set of rules
- Standardized format for the review of 1215s among the different investigative units for review at VAPIT meetings spreadsheet example.
- System in place to expedite alleged offenders notification and placements on abuse registry
- Ensure the 1215 is sent to all appropriate agencies
- Review all 1215s in VAPIT with maximized participation by DA, LE and other agencies
- Would like a toolkit for VAPIT to help DA's know who to invite
- Registry Regs are different and should match
- Resource list of agencies can help with prosecution/LE
- Look at deadlines for case completion
- Want flow charts for agencies
- Want to know where each agencies jurisdictional limits end and where does another begin
- Need psych evals that are home based
- Issues get dropped between the monthly VAPIT meetings – how can this not happen?
- Update names/contacts at VAPIT
- Sometimes there is push back from legal related to HIPPA and releasing info
- Name doesn't fit because it is too narrow of a name
- Want local points of contact
- When the 1215 gets assigned it would be good to know what other agencies/incidents have occurred to better plan on the front end
- Standardize DA involvement/VAPIT rules and expectations
- Ability to learn if an alleged perpetrator has been substantiated by CPS or vice versa
- Cut out wait time for ADA
- Review deadline dates per agency for completing the investigation
- Collect appropriate research to be an expeditious investigation will help bring quicker prosecutions and quicker abuse registry placements to deter future incidences by the same perpetrator

- Simplify the process into one gateway so information is consistent and accessible in order to increase the likelihood of success

#### Group 3:

- People don't know about the TCAD directory
- Is there a keyword database search field for services? (legal, housing, APS, etc)
- Want local names and connections related to the CCR where available
- Availability of services, contract services, who to contact, requirements to obtain approvals for paperwork
- Lists provided on a local level to pass out to clients, individuals, actual service providers
- MCO's need education too
- Want to know who the other organizations are and how to connect to the agencies – contact positions, not names, to communicate at the local level (since people change)
- Want ways to reduce redundancy and duplicative services.
- Want a work chart/protocol for services. Example, if x is needed, here is y.
- Continuous need for communication across disciplines and having a contact person would be helpful
- To have one local area that fields concerns and questions from other agencies and entities to avoid redundancy (a point of entry)
- Flow chart – protocol/procedure for procuring information and sharing information
- Very few services in the rural areas
- Need clarity on who does what and how to contact
- Quarterly meetings with agencies to keep in the loop
- Want a collaborative approach to providing services

#### Group 4:

- Help homes become licensed (don't always punish)
- Is this about having all homes be licensed and/or about safety?
- Hold hospital social workers accountable for feeding the unlicensed, corrupt homes
- What do you mean by "unlicensed facilities"
- Provide resources and info to the homes and residents
- Suggestion to use the word "eliminate" instead of reduce
- Would like a list of criteria for licensing
- What are the reasons for unlicensed vs licensed and who needs to be involved
- Reduce? Or clean them up? Or Eliminate
- List when licensing is needed – create a list of requirements
- Would like a list of all licensed facilities by DIDD, etc
- Want a list to know who doesn't fit criteria
- MCO's see unlicensed homes every day and don't know what to do about it – let them know to report to APS (even if not assigned, it can be forwarded to the right agency)
- Want to know more about licensed facilities
- Identify who/what facilities refers to unlicensed care homes – review 1215s with TBI and LE
- Develop an SOP to handle the situations



- Work with hospitals to identify these homes
- Conduct undercover Ops (such as cameras)
- 

How is the model helpful?

- It identifies local people involved (where there is a strong CCR)
- Provides services to victims of crime
- Gives a reason for a local CCR to be there – a bridge to help define a connection
- Helps resolves concerns at the local level and increases communication with the state entities
- Can get support with the CCR with a more formalized process
- Emergency services have been helpful

What are the barriers/improvements?

- Still need support with self-neglect clients
- Can there be a list of all the CCR's across the state?
- Some areas don't have a CCR and the model isn't as helpful without that
- Need help in Washington County
- Lots of paperwork for all the referrals, signed etc including CREVAA (is this something group 3 can help with)
- Tap into the local level for THDA for services
- A VAPIT toolkit would be helpful, per a local DA

**Other idea:**

Since there cannot be a central intake location due to a law/statute, there should be a way to have each database feed into a central location. All confidential information would not feed into the database, but information that was relevant would be available to all agencies.

Example below:

<p>Database 1 (TDH) -----&gt;</p> <p>Confidential</p> <p>Non Confidential</p>	<p>SS #: Name</p> <p>TDH Detail</p>
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<p>Database 2 (DMHSAS) ----&gt;</p> <p>Confidential</p> <p>Non Confidential</p>	<p>DMHSAS Detail</p>
<p>Database 3 (APS) -----&gt;</p> <p>Confidential</p> <p>Non Confidential</p>	<p>APS Detail</p>

A Notification system could be set up to notify relevant agencies once – a new case file is added/open. I would consider talking to STS to assess capabilities. Each worker would need to have log in credentials.