



ANOTHER FACE OF ELDER ABUSE

By **Valorie Taylor, Program Director**
Child & Family Service, Gerontology Program

Elder abuse and neglect is a problem in Hawaii as it is elsewhere in the U.S., but the precise dimensions of the problem are unknown due to under-reporting. In FY 2007 there were 711 (73%) cases reported to Adult Protective Service on Oahu involving individuals who were age 60 and older. A total of 335 (48%) of those reported were investigated and 79 (24%) of those cases were confirmed as being abusive. A total 84% of the confirmed cases of abuse involved individuals 60 and older. These numbers are similar on all islands.

To fully understand the depth and breadth of elder abuse, it is important to look at the variety of abuse situations. At one end of the continuum are those who are over 60, who, after many years of abuse, have decided to end the abusive relationship. Their needs are similar to the needs of younger individuals but with the possible addition of needing help with physical limitations. This limits their ability to use shelters as the shelters may

not be equipped to help those who need assistance with Activities of Daily Living and/or Instrumental Activities of Daily Living.

Older battered women are a nearly invisible, yet tragically sizable population and uniquely vulnerable to domestic violence. They are more likely to be bound by traditional and cultural ideology that prevents them from leaving an abusive spouse or from seeing themselves as a victim. Many are financially dependent on their abusive spouse and do not have the financial means needed to leave the relationship. Many find themselves isolated from their family, friends and community due to their spouses' neglect and abuse. This is especially true because older women suffer greater rates of chronic illness, making them dependent upon their spouses or caregivers and thus, reluctant or unable to report abuse.

Late onset domestic violence begins in old age. There may have been a strained relationship or emotional abuse earlier that got worse as the

Continued on page 2

INSIDE THIS ISSUE

- 1-2 ANOTHER FACE OF ELDER ABUSE
- 3 STATE LONG TERM CARE OMBUDSMAN PROGRAM
- 3 HAWAII DISABILITY RIGHTS CENTER
- 4 BITS AND PIECES
- 5 MEDICAID FRAUD CONTROL UNIT
- 5 MIPPA HELPS LOW-INCOME SENIORS WITH MEDICARE
- 6 ADULT PROTECTIVE SERVICES IN HAWAII
- 7 CALENDAR OF EVENTS

EDITOR'S NOTE

In the September-November 2010 edition of the Aloha Pumehana, the issue focused on elder abuse, the types of abuse, and why seniors are targeted for abuse. Several resources dealing with various abuse situations were highlighted. This issue of the newsletter continues its focus on abuse by providing a more detailed description of what these important resources can do to help prevent, to detect, and to intervene in suspected cases of elder abuse. Foremost, if you suspect that a crime has been committed, you should call 911.

-The Editor

Continued from page 1

partners aged. When abuse begins or is exacerbated in old age, it is likely to be linked to retirement, disability or changing roles of family members. Some older people enter into abusive relationships late in life. As the abusive spouse becomes more dependent, there have been reports of the abused retaliating and abusing the person who had abused them for many years.

Another face of elder abuse is individuals who fall victim to scams, fraud or others taking advantage of them. Sometimes these are family or friends who are facing tough economic times, substance abuse issues and other times the senior may be “collateral damage” as was recently seen in the murder of a woman in Hawaii Kai.

The stress of care giving also impacts seniors who are more dependant or vulnerable. Many times spouses, themselves having physical limitations, are caring for the more dependent spouse. Younger family members are being overwhelmed by work, family and other obligations and are having difficulty providing the help needed. They may be dealing with issues they are not equipped to deal with such as a senior who is resistant to care, having violent outbursts or even how to care for someone as they decline in function.

Research shows that elder abuse victims suffer from depression more commonly than their non-abused counterparts. Depression often leads to social isolation, which is itself a risk factor for abuse. In a 2000 study, “The finding of a high prevalence

of depression in neglected patients is meaningful for several reasons. Depression can result in a decrease in executive function that can impair the patient’s decision making capacity, rendering them unable to make proper judgments about their care. Depression may be a major reason why neglected patients, especially those suffering from self-neglect, refuse medical treatment or assistance in the home. It may be why patients neglect their daily needs or allow others to do so.”

As the number of seniors rise, so does the need for services. We need to look to prevent and address the needs of those at risk. These include:

- Services promoting prevention, addressing the needs of family caregivers, offering safe places for seniors to go if they need to leave the situation but are in need of some assistance.
 - Greater prosecution of individuals who abuse others. This is very difficult as the victims may not be “good witnesses” for the prosecution. This could be due to dementia, inability to speak (aphasia), language differences, or fear of retaliation. Many fear they will be placed in an institution if their caregiver is found guilty.
 - Looking at increasing services that impact the problem such as Mental Health Services, Caregiver Respite services, Senior Centers, etc.
 - Focusing on educating the public so that they are more likely to report abuse.
- Also trying to shift the values we as a community hold. This includes a focus on how we value our seniors. In our State Constitution, Article 9, Section 10 – The Law of the Splintered Paddle - “Let every elderly person, woman and child lie by the roadside in safety” shows that we recognize the value of providing safety for those who may be vulnerable. Let our words guide us in our actions to take a stand against violence.

The mission of Child and Family Service is strengthening families and fostering the healthy development of children. We do this by providing services from our youngest Keiki to our oldest Kupuna. Within our Gerontology Programs we deal with the issue of Elder Abuse through our REACH Program as well as our other case management and care giving programs. For more information, call **(808) 543-8468**. 📞

STATE LONG TERM CARE OMBUDSMAN PROGRAM

By John G. McDermott, LSW, ACSW, M.Div., Long Term Care Ombudsman

The State Long Term Care Ombudsman Program (SLTCOP) serves as an advocate for all residents living in licensed nursing homes, adult residential care homes (ARCHs), expanded adult residential care homes (E-ARCHs), community care foster family homes (CCFFHs) and assisted living facilities (ALFs). Currently, Hawaii has 51 nursing homes, 254 ARCHs, 189 E-ARCHs, 986 CCFFHs, and 10 ALFs spread over six neighbor islands with a total of approximately 10,234 beds which fall under this federal and state mandate.

Established through the Older Americans Act of 1965, Title III, Chapter 2, it states that the responsibilities of the LTCO are to:

1. Investigate and resolve complaints made by, or on behalf of, residents of long term care facilities relating to acts which may adversely affect the health, safety, welfare, and rights of residents;
2. Monitor the development and implementation of federal, state, and local laws, regulations and policies affecting long term care facilities in the state;
3. Provide information as appropriate to public agencies regarding the problems of older persons residing in long term care facilities;
4. Train volunteers or employees to serve institutionalized persons and to promote the development of citizen organizations to participate in the advocacy programs; and
5. Establish procedures for appropriate access to long term care facilities, to resident records and to the LTCO case files.

In June of 2001, the Hawaii Legislature approved and established a volunteer component of the SLTCOP. The program utilizes certified volunteers to promote the mission of the LTCOP and to provide culturally sensitive advocacy and referral services to all of Hawaii's long term care residents.

The Long Term Care Ombudsman Program is a component of the State Executive Office on Aging. For more information about the LTCOP or on becoming a certified ombudsman volunteer, call **586-0100**. 

HAWAII DISABILITY RIGHTS CENTER

By John P. Deller, Executive Director



The Hawaii Disability Rights Center (HDRC) is a not-for-profit corporation

formed in 1977 as Kahua Ho'omalua Kina (A Place of Protection for the Handicapped). It was designated in 1977 by then Governor George Ariyoshi as Hawaii's protection and advocacy agency and provides legal and advocacy services to individuals with disabilities. It has the power and authority to investigate allegations of abuse and neglect against individuals with disabilities of any age.

HDRC provides services using state and federal funds. The Protection and Advocacy for Persons with Developmental Disabilities program

protects those with a severe, chronic disability manifested before age 22 that substantially limits at least three major life activities. HDRC investigates cases of abuse or neglect and pursues legal remedies in cases involving special education, employment, housing, and transportation.

Another service is the Protection and Advocacy for Individuals With Mental Illness which offers protection to individuals who reside in treatment facilities and federal and state prisons. The program also includes individuals with significant mental illness or emotional impairment who are not institutionalized.

Under its Client Assistance Program, HDRC advises individuals with disabilities in vocational rehabilitation,

independent living and supported employment.

HDRC also offers advocacy and legal representation to individuals with disabilities who are not covered by the foregoing programs, to disabled Social Security beneficiaries, to clients seeking assistive technology, to individuals with traumatic brain injury and to ensure full participation in voting by individuals with disabilities.

HDRC employs advocates, attorneys and administrative staff. It also refers clients to law firms that have agreed to provide pro bono representation. The agency is a member of the National Disability Rights Network in Washington, D.C. For more information, call **(808) 949-2922**. 

BITS & PIECES

By Tony Baccay



EAD WELCOMES NEW STAFF:

Ashley Muraoka was recently hired as the new Medicare Improvement for Patient and

Providers Act (MIPPA) Coordinator, where she helps individuals qualify for the low income subsidy, Medicare Savings Program, and State Pharmacy Assistance Program. These cost-saving programs provide assistance in paying for Medicare premiums, deductibles, and/or co-payments. Recently, a couple saved over \$900 in prescription drug costs through these programs.

Ashley is no stranger to the aging network. She was a Community Service Aide with EAD in 2007 and also volunteered with Project Dana. While pursuing her Masters of Urban and Regional Planning degree at UH Manoa, she complemented her Certificate on Aging by working with Dr. Dolores Foley on the Re-Visioning of the State's Kupuna Care program with the Executive Office on Aging and the Area Agencies on Aging. "Helping Hawaii's kūpuna has always been a passion of mine," she said. "Growing up in a multi-generational household, I learned to respect my elders at a very young age and cherish the knowledge I gained from my grandparents. Our kūpuna have an abundance of knowledge to teach. We just need to listen."

Eligibility for MIPPA is based on income and asset determination. For more information, please call Ashley at 768-7723.

THE FUTURE IS HERE WITH THE "CAPTEL" CAPTIONED TELEPHONE!

An Innovative Telephone for Individuals Experiencing Difficulty Hearing on the Telephone

Sleek, Smart, SIMPLE! There are two kinds of CapTel® 800 phone models. One is CapTel® 800i and the other is CapTel® 800. Both models have same look except for a minor phone line requirement difference.

The CapTel® phone combines the convenience of a traditional telephone, with the text capabilities of the internet, to display captions of what the other person is saying right on the telephone. Captions appear virtually at the same time as the person speaks, allowing callers to enjoy the natural flow of an interactive telephone conversation.

CapTel® is a FREE service that allows a person to use their own voice for speaking and listening, while reading word-for-word captions of what the other person is saying. Long distance charges will be handled just the same as they are today, according to the user's long distance telephone provider. Captions are available in both English and Spanish and are available free of charge, 24 hours-a-day, 7 days-a-week.

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- Captions can be turned on or off at any point during a call.
- The display screen tilts for comfortable reading or lies flat to mount the phone on the wall.

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- Adjustable volume control (up to 40dB) for captioned calls. The volume button is easy to see and adjust during a call.
- One-touch access to CapTel® Customer Service (during standard business hours).
- Easy-to-follow menu with Yes/No questions.

For more information on CapTel 800, visit www.hawaiicaptel.com. Hawaii residents may be eligible to receive a CapTel phone at no charge through the Relay Hawaii Equipment Program (RHEP). This service is regulated by Hawaii Public Utilities Commission. Contact RHEP office at 808-847-9032 or email relayhawaii@sprint.com.

*CapTel Operators are governed by the same FCC requirements regarding confidentiality of communications as those of the traditional relay service. 🗣️



MEDICAID FRAUD CONTROL UNIT

By Michael L. Parrish, Director

Department of the Attorney General, Medicaid Fraud Control Unit

The Medicaid Fraud Control Unit (MFCU) investigates and prosecutes provider fraud and patient abuse statewide. The MFCU is comprised of investigators, auditors, and attorneys who field complaints from the Department of Human Services, Medicaid Providers, and the public. The complaints are first screened to determine whether the MFCU has jurisdiction, or whether the

complaint should be forwarded to a different agency. The MFCU's jurisdiction extends to fraud and abuse, including financial exploitation perpetrated by Medicaid Providers and board and care facilities. It is always a good idea to check your Explanation of Benefits to ensure that you received the treatment for which the Medicaid Program has paid your provider. If you identify claims for which no

services were provided, you should contact the MedQuest Division of the Department of Human Services fraud hotline at **808-587-8444**. If you suspect that someone you know may have suffered abuse or financial exploitation, then you should call the MFCU at **808-586-1058**. 

MIPPA HELPS LOW-INCOME SENIORS WITH MEDICARE

By Ashley Muraoka,

MIPPA Coordinator

The Medicare Improvements for Patients and Providers Act was signed into law on July 15, 2008. Part of its purpose is to identify and assist low-income Medicare beneficiaries enroll in programs that subsidize their Medicare premiums, deductibles and co-payments.

These programs include the Low Income Subsidy for Medicare Part D (LIS), the Medicare Savings Program (MSP), and in Hawaii, the State Pharmacy Assistance Program (SPAP). While most eligible seniors have already signed up for these

programs, there are still many who do not know about these programs or may need assistance in applying. These seniors are in the "gap" group because they have difficulty paying for their Medicare premiums and copays, but are not poor enough to qualify for Medicaid.

To qualify for the LIS and SPAP, single persons with Medicare part D must have incomes less than \$1,557/month and assets less than \$12,510. For couples, the eligibility is \$2,095/month and \$25,010 in assets. To qualify for the Medicare Savings Program, single persons must have

incomes less than \$1,401/month and assets less than \$8,100. For couples the threshold is \$1,885/month and \$12,910 in assets.

Income includes Social Security, pension, and interest before any deductions (such as Medicare premiums). Assets include money in the bank, cash on hand, investments, and property you do not live on. For more information, call the Senior Helpline at **768-7700**. 

ADULT PROTECTIVE SERVICES IN HAWAII

By David Tanaka, MSW

Protecting Hawaii's elderly residents has evolved from an Elder Protective Services law passed in 1982, covering adults age 65 years and older, to the current Adult Protective Services (APS) law enacted in 2009, covering the "vulnerable adult" population, age 18 and over.

In the last fiscal year, approximately 80 percent of APS cases investigated statewide involved victims age 60 and older. APS is part of the Department of Human Services (DHS) and is required by state law (HRS Chapter 346, Part X) to receive and investigate reports of vulnerable adult abuse that has occurred or is in danger of occurring if immediate action is not taken.

On Oahu, a team consisting of a social worker, a registered nurse, social service assistant and an auditor (for financial exploitation cases) is assigned to investigate reports.

The biggest obstacle preventing APS from taking action is gaining the victim's consent for protective services. In many cases of elder abuse, the perpetrator is a family member or someone else the elderly person is close to or dependent on for care and support. Without this person in their life, an elderly person may not have anyone to care for them, meaning they might have to consider moving into a care home or nursing facility. Elderly residents often choose to remain in abusive

situations because they fear the alternatives.

However, if an elderly person lacks the mental capacity to consent to protective services, APS may be able to obtain a court order or initiate guardianship proceedings to prevent further abuse. Court intervention is the last resort for DHS, which attempts to resolve problems civilly and informally whenever possible.

APS does not have police powers and therefore relies on law enforcement agencies when crimes have been committed. These agencies include county police departments, the Elder Abuse Unit within the Oahu Prosecuting Attorney's Office, and the Attorney General's Office.

APS investigates various types of abuses including:

- Physical abuse;
- Caregiver neglect;
- Psychological abuse;
- Sexual abuse;
- Financial exploitation; and
- Self-neglect.

While the majority of abuse cases occur within the homes of elderly victims, APS also investigates abuses occurring in facilities such as hospitals and nursing homes.

The number of abuse reports involving financial exploitation against elderly persons has increased over the past few years. Sometimes this involves financial abuse

perpetrated by family members or caregivers, or by someone who befriends the elderly person. Also prevalent are bogus sweepstake offers and lottery scams. Elder abuse has no economic or geographic boundaries and affects people from many different backgrounds.

To report suspected abuse, please call the DHS Adult Intake Unit on Oahu at **832-5115**. Callers can remain anonymous, and all reports of vulnerable adult abuse are confidential. ☎



CALENDAR OF EVENTS 2010-2011

DECEMBER 2010

3 AARP Driver Safety Program: This is the first and most recognized comprehensive nationwide course designed especially for the older driver. This course is presented in a one-day, 4-hour session. There is a \$14 fee for each attendee. A \$2 discount will be given to AARP members who bring in their 10-digit membership card number. A valid driver's license is also required. A Certificate of Completion will be issued to each attendee at completion of the course. Registration is required.

Lanakila Multipurpose Senior Center, 847-1322, Fri, Dec 3, 9 a.m. – 1 p.m.

AARP Information Center, 843-1906, Fri, Dec 3, 12 noon – 4 p.m.

Waikiki Community Center, 923-1802, Wed, Dec 8, 9 a.m. – 1 p.m.

Kaiser Honolulu Clinic, 432-2260, Mon, Dec 13, 8:30 a.m. – 12:30 p.m.

4 26th Anniversary of Honolulu City Lights, Sat, Dec 4 at Honolulu Hale, 6 p.m. Tree Lighting Ceremony, Electric Light Parade and Holiday Concert.

7 What Now? is designed for non-professional family caregivers to provide information and allow for guided group discussion and sharing in a one-hour period. The series will be scheduled throughout the year so caregivers can elect to select the training that is most needed at the time and pick up the other classes later in the year, or take the complete eight (8) week course. Classes are on Tuesdays, 9:30 a.m. – 10:30 a.m. at the Alzheimer's Association Aloha Chapter Office, Ward Warehouse, 1050 Ala Moana Blvd., Suite 2610, Honolulu, HI 96814, phone 591-2771.

Dec 7: Putting Legal and Financial Affairs in Order: How to begin with legal and financial issues.

Dec 14: Learning to Manage Challenging Behaviors: How to approach some of the more challenging care situations that arise.

Dec 21: Taking Care of Yourself: How can I cope while I care for my loved one?

Dec 28: Hiring and Managing In-Home Caregivers: Introductions to homecare planning and management.

11 6th Kapolei City Lights, Sat, Dec 11 at Kapolei Hale. Tree Lighting Ceremony, Electric Light Parade, Block Party, Keiki Games, and Santa. 6 p.m.

JANUARY 2011

4 What Now?

Jan 4: **When is it Time to Move Our Loved One into a Facility?** Steps to take when exploring residential facilities.

Jan 11: **Extending Family and Friends:** Facing the challenges as a family and the impact on friends ~ navigating the waters of family relationships.

Jan 18: **Community Resources:** An easy guide to community resources.

5 AARP Driver Safety Program

Waikiki Community Center, 923-1802, Wed, Jan 5, 9 a.m. -1 p.m.

AARP Information Center, 843-1906, Fri, Jan 7, 12 noon – 4 p.m.

Waipio Kaiser Clinic, 432-2260, Fri, Jan 14, 8:30 a.m. – 12:30 p.m.

Queen's Medical Center, 537-7117, Sun, Jan 16, 9 a.m. – 1 p.m.

JANUARY 2011

26 Living with Parkinson's, presented by Attention Plus Care, Wed, Jan 26, 9 a.m. – 11 a.m. Gain knowledge on the symptoms and treatments of Parkinson's disease by a Registered Nurse. Share tips and stories with other families on how to manage daily activities, mobility, safety, and locate resources. Call for reservations at **(808) 440-9372**.

FEBRUARY 2011

1 What Now?

Feb 1: **Alzheimer's Educating Yourself About the Disease:** A comprehensive guide to understanding the specifics of the disease.

Feb 8: **Putting Legal and Financial Affairs in Order**

Feb 15: **Learning to Manage Challenging Behaviors**

Feb 22: **Taking Care of Yourself**

2 AARP Driver Safety Program

Waikiki Community Center, 923-1802, Wed, Feb 2, 9 a.m. – 1 p.m.

AARP Information Center, 843-1906, Fri, Feb 4, 12 noon – 4 p.m.

Kaiser Waipio Clinic, 432-2260, Fri, Feb 11, 8:30 a.m. – 12:30 p.m.

8 Valentine's Dance, sponsored by the Department of Parks and Recreation, Tuesday, Feb 8, 9 a.m. – 12 noon, Blaisdell Exhibition Hall.

23 End-of-Life Care, presented by Attention Plus Care, Wed, Feb 23, 9 a.m. – 11 a.m. Caring for a loved one during end-of-life involves physical, emotional, and spiritual knowledge. Learn from a Registered Nurse on how to increase your loved one's comfort, including pain and symptom management. Call for reservations at **(808) 440-9372**.

MARCH 2011

1 What Now?

Mar 1: **Hiring and Managing In-Home Caregivers**

Mar 8: **When is it Time to Move our Loved One into a Facility?**

Mar 15: **Extending Family and Friends**

Mar 22: **Community Resources**

2 AARP Driver Safety Program

Waikiki Community Center, 923-1802, Wed, Mar 2, 9 a.m. – 1 p.m.

AARP Information Center, 843-1906, Fri, Mar 4, 12 noon – 4 p.m.

Queen Medical Center, 537-7117, Sun, Mar 20, 9 a.m. – 1 p.m.

30 Diet & Nutrition for Seniors, presented by Attention Plus, Wed, Mar 30, 9 a.m. – 11 a.m. Learn nutritious recipes to help reduce common problems with diabetes, high-blood pressure, and constipation. Discover healthy recipes that is easy to whip up at home. Participants will have an opportunity to watch food demonstrations and taste food samples. Call for reservation: **(808) 440-9372**. ☎

ALOHA PUMEHANA

ELDERLY AFFAIRS DIVISION
715 South King Street, Suite 200
Honolulu, Hawaii 96813
Phone: 768-7705

Elderly Affairs Division is the Area Agency on Aging for Oahu. Our mission is to develop and support opportunities that enable older adults to live their fullest capacity in their own homes and communities.

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ALOHA PUMEHANA is published four times a year to provide the public with information on aging issues and programs. To be placed on the mailing list, please send us your e-mail address or call **768-7700**. Written contributions are welcomed.



Peter Carlisle
Mayor of Honolulu