

Critical Questions

Category	Question	Answer	Resources	Status	Date
Committee Logistics	Can the process map be distributed as a PDF file?	Yes, the file was out by email following the May 8th meeting.		Resolved	05/08/2014
Process	Why doesn't OSDH use Adult Protective Services Long Term Care Investigations completed investigations?	Members of the OSDH Office of General Counsel have met with Adult Protective Services. Pat Cantrell added OSDH is working on a pilot to be directly utilize Adult Protective Services investigations.			05/08/2014
Process	What happens to the Long Term Care Investigations-Adult Protective Services complaint investigation report at the OSDH?	There are two possible routes the report can take. One is to the Office of General Counsel and the other is to the OSDH Complaint Division, where the complaints are triaged and determined if there is regulatory authority under OSDH			05/08/2014
Process	Why are state standards for abuse not used in nurse aide abuse investigations?	This is a matter for further inquiry.			05/08/2014
Data	How many residents die in the process? (data track)	That is a data question which will need further research.			05/08/2014
Resource	What kind of education do investigators have with abuse, neglect, and misappropriation? What about CEUs?	Investigators have education on these topics in their general training. As far as specialized training on abuse, neglect and misappropriation, OSDH is not currently providing that			05/08/2014
Data	What was the reason for increase in referrals to Office of General Counsel in 2013 (from 1,831 in 2011 to 2,455 in 2013)?	The reason for increase is unknown at this time.			05/08/2014
Process	It is my understanding that when a potential abuse is reported to OSDH and to Adult Protective Services; they do not share the outcomes of their investigation (at least this is what I was told). Is this true and if it is why don't they share outcomes?	OSDH and Adult Protective Services are working to share investigative resources. OSDH recently filed a petition against a nurse aide based on an Adult Protective Services investigation and report.			05/08/2014
Process	Are we applying 63 O.S. Sect. 1-1940 D. requirements for OSDH when they received complaint from DHS?	OSDH is currently evaluating to determine the process and accountabilities for meeting this requirement.			05/08/2014
Data	How often does Office of General Counsel initiate an investigation when AG declines to pursue changes?	See June 13, 2014 data handout.			05/08/2014
Process	What happens if aide gets fired? Does investigation stop?	No, the investigation does not stop.			05/08/2014
Process	Is failure of service a rate limiting step?	This will be covered later in the meeting.			05/08/2014
Legal interpretation	What does the Office of General Counsel use as a definition of abuse? How does the Office of General Counsel interpret the federal definition of abuse?	Abuse is defined in the Code of Federal Regulations at 42 CFR Section 488.301 as "the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish." 63 O.S. Sec. 1-1902 (1) has the exact same definition, but adds the word "impairment" between the words "pain" and "or".			06/13/2014
Process	According to Title 63 Section 1-1951 5. "upon receipt of an allegation the OSDH shall place a pending notation in the Nurse Aide Registry until a final determination has been made."	The complete quotation of the requirements contained in Title 63 of the Oklahoma Statutes, Section 1-1951 (D)(5) is as follows: "Upon receipt of an allegation of abuse, exploitation or neglect of a resident or client, or an allegation of misappropriation of resident or client property by a certified nurse aide or nurse aide trainee, the Department shall place a pending notation in the registry until a final determination has been made." Based on the language above, the following requirements must be demonstrated before a notation is placed on the nurse aide registry: (1) the OSDH received an allegation; (2) the allegation must contain sufficient information to demonstrate that either abuse, exploitation, neglect or misappropriation has occurred (as those terms are defined in either state and/or federal law concerning nurse aides); and (3) the allegation must state that a nurse aide or nurse aide trainee abused, exploited, neglected or misappropriated property from a resident. If any one of these requirements is not met, then the notation on the registry cannot occur until sufficient information is obtained that meet all the requirements.			06/13/2014
Process	Why is the complaint referred to the Attorney's General Office (under what authority)?	Title 56 of the Oklahoma Statutes, Section 1001 established the Oklahoma Medicaid Program Integrity Act. Within this act is created the Medicaid Fraud Control Unit for the Oklahoma Attorney General at 56 O.S. Sec. 1003. The Act gives the Attorney General's Office the authority to investigate and take action concerning Medicaid issues, which includes (according to the Attorney General's web site), "The Medicaid Fraud Control Unit is also tasked with investigating abuse, neglect and exploitation of residents in Medicaid paid nursing homes. Most referrals come from the Department of Health. However, the unit also receives information from local law enforcement, concerned family members, and hotline tips." Based on this authority the OSDH has entered into a Memorandum of Agreement with the AG's Office to send complaint referrals concerning nurse aides to the AG's Office for the AG's Office to determine which matter they wish to investigate. (A copy of the memorandum of understanding between OSDH and the Attorney General will be provided to the group.)			06/13/2014
Process	What are the reasons for dismissal by the Office of General Counsel?	The Office of the General Counsel will not file a Petition concerning a referral, if the information obtained does not meet one of the definitions for abuse, misappropriation or neglect and/or the information does not rise to the level of "clear and convincing evidence" as required by 63 O.S. Sec. 1-1951 (D)(7).			
Legal interpretation	How do you know when an allegation is "clear and convincing"?	The Oklahoma Supreme Court defined the term "clear and convincing evidence" as: "Clear-and-convincing evidence is that measure or degree of proof which will produce in the mind of the trier of fact a firm belief or conviction as to the truth of the allegation sought to be established. Matter of C.G., 1981 OK 131, 637 P.2d 66, 70, n. 12 (and cases cited therein). Cf. Oklahoma Civil Jury Instruction No. 3.2 ("When I say that a party has the burden of proving any proposition by clear and convincing evidence, I mean that you must be persuaded, considering all the evidence in the case, that the proposition on which the party has this burden of proof is highly probable and free from serious doubt.") and In re Interest of A.E., 722 A.2d 213, 214 (Pa.Super.1998) ("The standard of clear and convincing evidence means testimony that is so clear, direct, weighty, and convincing as to enable the trier of fact to come to a clear conviction, without hesitancy, of the truth of the precise facts in issue.")" See, Sides v. John Cordes, Inc., 1999 OK 36, 981 P.2d 301, 306.			06/13/2014
Process	Are facilities aware of when an aide is pink screened due to the longevity of investigations?				06/13/2014
Process	Can more things be investigated by the Long Term Care Service rather than the Office of General Counsel?				06/13/2014
Committee Logistics	Can we see the chart on triage?				06/13/2014
Process	Can all allegations or investigations that have apply to an aide, even those not substantiated, be made available so employers can make an informed decision when hiring?				06/13/2014

New Barriers

Root/Cause	Resolution	Resources	Status	Date
Federal law vs. state law				05/08/2014
Legal requirements				05/08/2014
Resources				05/08/2014
Privacy on investigations				05/08/2014
Need to see certified nurse aide application.				06/13/2014
Chart is difficult to read and determine whose lane is whose. Could it broken down into sections to work on?				06/13/2014

MEETING NOTES

Special Meeting of the Ad Hoc Committee on Standards, Practices, and Procedures of the Oklahoma State Department of Health Relating to Nurse Aides of the Long Term Care Facility Advisory Board

June 13, 2014

12:45 – 4:00 PM

Rm. 1102

In Attendance:

Long Term Care Facility Facility Advisory Board Members Present: Wendell Short, Jimmy McWhirter, Joyce Clark, Robert Quatro, Esther Houser, Linda Brannon, Theo Crawley, Diana Sturdevant, Joanna Martin

Others Present: Becky Moore, Pat Cantrell, Elizabeth Vincent, Jonathan Walker, Vicki Kirtley, Lois Baer, Patricia Shildler, Mary Johnson, Henry Hartsell, James Joslin, Mia Smith, Jerry Hines, Eynade Kila, Evan Norton, Cindy Keever, Jim Kipps, Nancy Atkinson, Glenn Box, Trish Emig

Agenda Item 1: Informal Greeting

The meeting participants had an informal meet and greet starting at 12:45pm.

Agenda Item 2: Call to Order and Welcome and Introductions

Wendell Short called the Ad Hoc Meeting to order at 1:00pm and the meeting participants gave a brief introductions of themselves.

Agenda Item 3: Establishment of Ground Rules for Ad Hoc Committee Discussions

Ginger Thompson discussed the establishment of ground rules for the Ad Hoc Meeting. The following were the ground rules established:

- Only one person talks at a time
- Silence cell phones
- Knock-knock rule

Agenda Item 4: Review of Meeting Notes from May 8, 2014

The Ad Hoc Committee participants reviewed the meeting notes draft from the May 8, 2014 meeting. One correction was noted to add Trish Emig to the list of those present at the May 8th meeting.

Henry Hartsell discussed the critical questions which were raised in the May 8th meeting and provided answers to some of those questions as follows:

- Can the process map be distributed as a PDF file?

Yes, the file was sent out by e-mail following the May 8th meeting.

- Why doesn't OSDH use APS LTCI completed investigations?

Members of the OSDH OGC have met with APS. Pat Cantrell added OSDH is working on a pilot to be able to directly utilize APS investigations.

- What happens to the LTCI-APS complaint investigation report at the OSDH?

There are two possible routes the report can take. One is to the Office of General Counsel and the other is to the OSDH Complaint Division, where the complaints are triaged and determined if there is regulatory authority under OSDH.

- Why are state standards for abuse not used in nurse aide abuse investigations?

This is a matter for further inquiry.

- How many residents die during the process? (data track)

That is a data question which will need further research.

- What kind of education do investigators have with abuse, neglect and misappropriation? What about CEUs?

Investigators have education on these topics in their general training. As far as specialized training on abuse, neglect and misappropriation, OSDH is not currently providing that.

- What was the reason for increase in referrals to Office of General Counsel in 2013 (from 1,831 in 2011 to 2,455 in 2013)?

The reason for increase is unknown at this time.

- It is my understanding that when a potential abuse is reported to OSDH and to APS; they do not share the outcomes of their investigation (at least this is what I was told). Is this true and if it is why don't they share outcomes?

This was answered in an earlier question.

- Is failure of service a rate limiting step?

This will be covered later in the meeting.

- Are we applying 63 O.S. Sect. 1-1940 D. requirements for OSDH when they received complaint from DHS?

A copy of the law is included in the handouts. Staff does not have a final answer to this question at this point in time.

- How often does OGC initiate an investigation when AG declines to pursue changes?

This will be addressed later in the meeting with the data presentation.

- What happens if aide gets fired? Does investigation stop?

No, the investigation does not stop.

Agenda Item 5: Description of Current State: Review of Updated and Corrected Process Map for Nurse Aide Registrations, Investigations, and Registry Notions

Nancy Atkinson presented the corrected process map with suggested changes from the May 8th Ad Hoc meeting. Some of these changes included: Separating DHS APS and ombudsman investigations into separate lanes, added district attorneys, an added swim lane for local law enforcement, sub process box for complaint triage was added, facility responsibilities, content of reports submitted to the OSDH, and baseline and target timelines were added. Potential failure points were also added to the process map.

See Nurse_Aide_Investigations_and_Notations.pdf for the process map that was presented.

The Committee participants broke into four brainstorming groups to discuss questions regarding the process map. The following is the result of the discussion:

Are the important responsibilities (lanes) and steps identified on the map?

Group 1

- Yes, it appears so.

Group 2

- Yes, but not totally accurate on Department of Human Services Ombudsman lane.
- Sometimes acronyms are difficult to understand. A legend for acronyms would be helpful.

Group 3

- Yes.

Group 4

- Yes, but some steps are incorrect.

Are the potential failure points identified on the map?

Group 1

- Yes, unless more are found.

Group 2

- Yes

Group 3

- Group would like to have the Department more fully explain the triage process. The group would like to understand triage process.

Group 4

- Law requires Nurse Aide Registry sufficiently accessible to the public and employees

Agenda Item 6: Description of Current State: Review of Sample Data

Nancy Atkinson presented data collected from the OSDH Office of General Counsel on complaints filed against Nurse Aides. The data presented was regarding the types of complaints, the types of actions taken on those complaints, and the amount of time to close out complaints.

The Ad Hoc Committee participants broke into small brainstorming groups to discuss questions. The following are the results of those :

What should the baseline measure be?

Group 1

- Cases of abuse.

Group 2

- Shorter time frame from beginning to end (60 days) and notification of pending investigation available to public via nurse aid registry.

Group 3

- To measure the timeline from intake to close

Group 4

- 100% of cases should not be forwarded to the Attorney General for review and possible action
- Same timelines for investigation as used by Long Term Care Service(based on triage and why doesn't Long Term Care Service investigate)

What should the measureable objectives be?

Group 1

- Nurse aide registry, Details and open records and bring down number of cases of abuse.

Group 2

- Number of abuse cases down as cases are resolved quicker with more transparency for public
- Start notification of NA pending case within 10 days on internet
- Pink screen should be noted from 1 to 5 depending on severity of allegation

Group 3

- Reduce days from intake to close
- Establish days for each step of the process
- Result: reasonable time for alleged to know result

Group 4

- Number of days before the on-site investigation

Agenda Item 7: Review of Draft Ad Hoc Committee Charter

Hank Hartsell led a review of the Draft Ad Hoc Committee Charter. Four elements were added to the desired accomplishments on the Charter. Below are the proposed four additional accomplishments:

1. Conflicts or inconsistencies between federal and state requirements have been resolved (federal law vs. state law).
2. Legal requirements have been resolved or reconciled so that investigation and enforcement processes contribute to accomplishment of goals (legal requirements).
3. Necessary resources have been allocated to ensure effective operation of the registration, investigation and notation system (resources).
4. Essential information is shared among the areas of responsibility (privacy on investigations).

Committee participants then broke into small brainstorming groups to discuss the Ad Hoc Committee Charter Draft which led to the following results:

Is the draft goal a clear statement of the general end purposes for which the Ad Hoc Committee's efforts are directed?

Group 1

- Yes

Group 2

- No, order of pages and add page #'s.

Group 3

- N/A

Group 4

- N/A

If not, how should the goal be changed?

Group 1

- Why list certifications on bullet #1
- Use non-technical verbiage

Group 2

- Add “and timely” in fulfilling

Group 3

- Add timeliness as a factor of each process

Group 4

- The conducting of a service process or process service immediately before administrative hearings

The brainstorming groups then discussed the following questions:

How would the group describe or characterize the current state of the process (that is, what is the starting point for the improvement project)?

Group 1

- The registry does not allow a decision to be made at hiring time based on the potential employee’s background and investigation.

Group 2

- Cumbersome, not timely, no transparency, lack of immediate action, too long

Group 3

- N/A

Group 4

- The use of different definitions by different entities is confusing and unnecessary
- Registry was established in state law and state definitions should apply
- It takes too long
- It is not transparent (public and employers can't see pending notation)
- No one knows how the Office of General Counsel determines substantiation

What are the important problems to be solved, or key accomplishments needed, to reach the goal?

Group 1

- Nurse Aide Registry needs to be timely, accessible, and transparent.
- People need to see what they need to see.

Group 2

- Serving notification to the alleged perpetrators
- Transparency with pending allegations
- Quicker resolution
- May need to change regulations on certified nurse aides regarding notification guidelines

Group 3

- Accessibility to the Nurse Aide Registry
- Define timeliness and establish a time frame
- Clarify process and terms

Group 4

- Investigation should not stop if aide can't be served
- Allegations should be screened before sending to AG office
- Allegations should be weeded earlier in the process which would not tie up needed resources for unreasonable time lines, allowing investigators/counsel to better focus on probably abuse

What is(are) the measurable objective(s) for the project?

Group 1

- N/A

Group 2

- Speedier outcome
- Nursing facility can be proactive & make better informed decisions on hiring

Group 3

- Is information shared on a timely and practical basis

Group 4

- Number of cases referred to Attorney General
- Timeline from complaint receipt to notation on registry
- Timeline from start to finish
- Reduce # of steps and length of time between attempted service and conclusion

Agenda Item 8: Discussion of New Barriers and Critical Questions

Committee participants discussed New Barriers and Critical Questions. The results were the following:

New Barriers

- Need to see CNA application.
- Chart is difficult to read and determine whose lane is whose. Could it be broken down into sections to work on?

Critical Questions

- What does the legal department use as a definition of abuse?
- According to Title 63 Section 1-1951 5. “upon receipt of an allegation the OSDH shall place a pending notation in the Nurse Aid Registry until a final determination has been made.”
- Why is the complaint referred to the Attorney’s General Office (under what authority)?
- What are the reasons for dismissal by the Office of General Counsel?
- What does the legal department use as a definition of abuse?
- How do you know when an allegation is “clear and convincing”?
- How does the legal department interpret the federal definition of abuse?
- Are facilities aware of when an aide is pink screened due to the longevity of investigations?

Agenda Item 9: Discussion of Draft Task List and Next Steps to be Addressed in the Improvement Project

The Committee participants reviewed and discussed the draft task list and the next steps to be addressed.

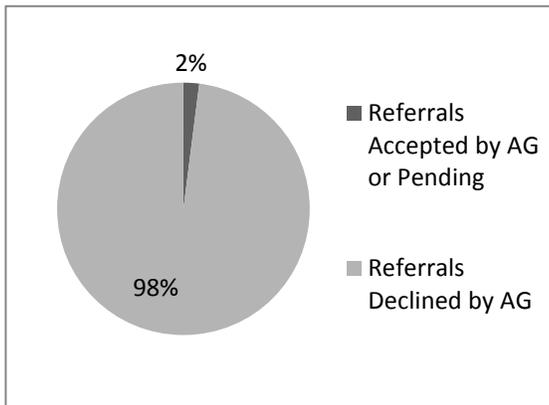
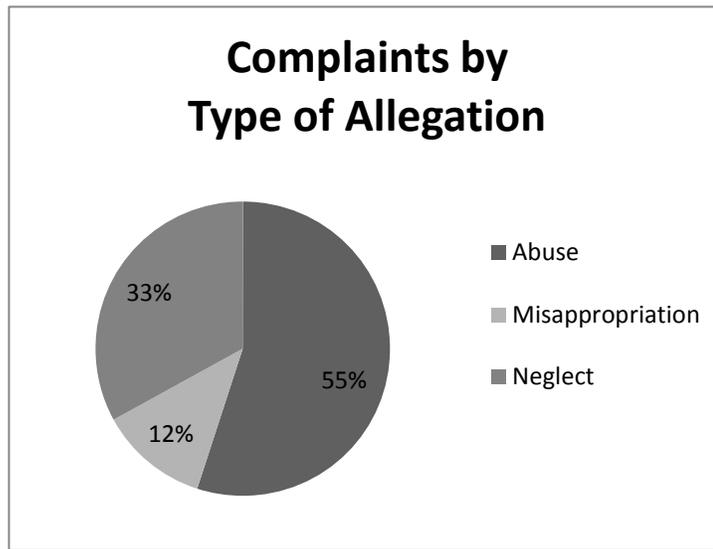
Agenda Item 10: Establishment of Additional Meeting Date(s) for the Ad Hoc Committee

The Ad Hoc Committee participants set the next Ad Hoc meeting date for July 9th from 10:00am to 1:00pm.

Agenda Item 11: Adjourn

The meeting adjourned at 4:00p.m.

COMPLAINTS/ALLEGATIONS RECEIVED IN OFFICE OF GENERAL COUNSEL DURING 2013

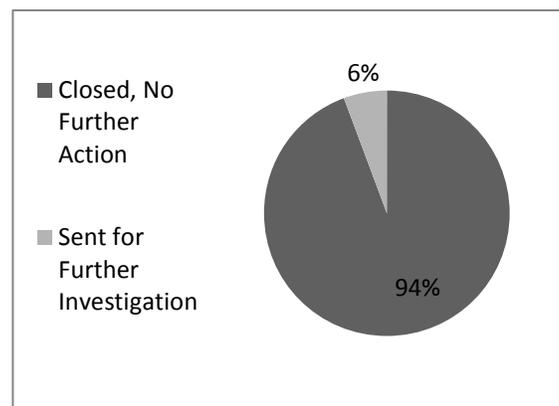


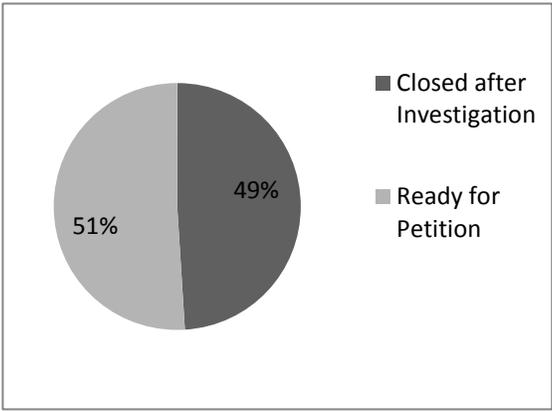
100% of cases were forwarded to the Attorney General's Office for review and possible action.

- 32 referrals were accepted
- 12 referrals are still pending
- 2411 referrals were declined

2411 referrals were returned to the Office of General Counsel for further review.

- 2274 referrals were closed with no further action
- 137 referrals were held for further investigation



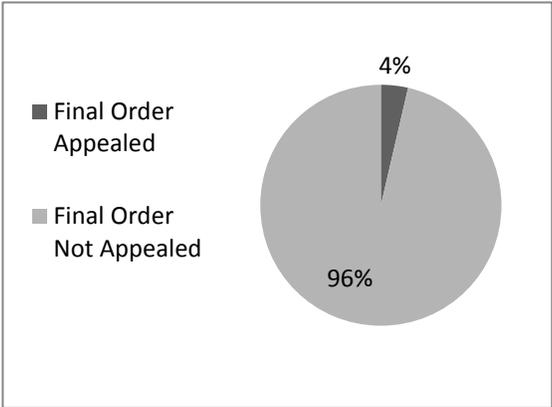
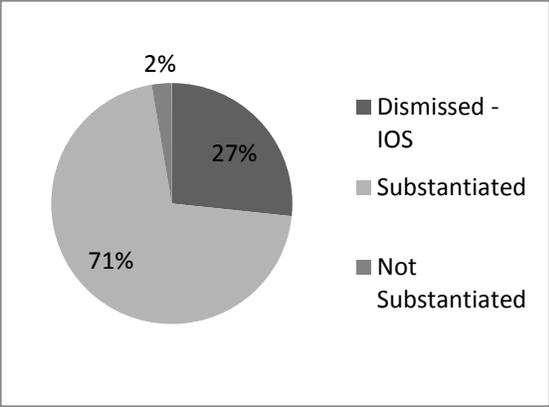


137 referrals held for further investigation

- 79 closed after investigation, no further action
- 75 ready for Petition to be drafted

During 2013, the Office of General Counsel filed 75 Petitions. This represents referrals from the years of 2010-2013.

- 20 Petitions were dismissed due to Inability to Obtain Service
- 55 Final Orders entered wherein OSDH met its burden of proof and Finding was substantiated
- 2 Final Orders entered wherein OSDH did not meet its burden of proof and finding was not substantiated



55 Final Orders had a substantiated finding

- 53 did not appeal
- 2 appealed

Summary statistics of difference in date between incident date, referral date and closed date

Variable	Label	N	Mean	Std Dev	Median	Minimum	Maximum
Days_diff	number of days between incident date and closed date	2409	31.91	41.53	20.00	1.00	446.00
days_diffref	number of days between incident date and referral date	2465	16.78	17.52	12.00	1.00	410.00
days_diffag	number of days between referral date and closed date	2408	15.18	37.21	4.00	0.00	404.00

Average number of days between incident date and closed date

The mean difference in days between incident date and closed date of nurse aide referrals is 31.9, with a standard deviation of 41.5, a minimum of 1 day and maximum of 446 days.

Average number of days between incident date and referral date

The mean difference in days between incident date and referral date of nurse aide referrals is 16.8, with a standard deviation of 17.52, a minimum of 1 day and maximum of 410 days.

Average number of days between referral date and closed date

The mean difference in days between incident date and closed date of nurse aide referrals is 15.2, with a standard deviation of 37.21, a minimum of 0 days and maximum of 404 days.

Summary statistics of mean difference in date between referral date and closed date by those referrals that proceeded to hearings

Analysis Variable : days_diffag number of days between referral date and closed date						
Proceed_to_Hearing	N	Mean	Std Dev	Median	Minimum	Maximum
no	2372	12.91	30.47	4.00	0.00	404.00
yes	21	171.81	98.30	153.00	29.00	347.00

The average days between referral and closed date among those that didn't proceed to hearing was 12.9 with a standard deviation of 30.5 while the average days that proceeded to hearing was 172 with a standard deviation of 98.3.

Summary statistics of mean difference in date between referral date and closed date that proceeded to hearings categorized by AG's office and Admin office

Analysis Variable : days_diffag number of days between referral date and closed date						
decision	N	Mean	Std Dev	Median	Minimum	Maximum
ADMIN	17	154.76	88.82	153.00	29.00	333.00
AG OFFICE	4	244.25	117.06	247.00	136.00	347.00

Among those that proceeded to hearings, the average mean days between referral and closed date by those treated by Don's office is 154.76 with a standard deviation of 88.82, while those treated by AG's office was 244.25 with a standard deviation of 117.05.

Summary of Nurse Aide Cases Post Judicial Decision for Years 2010 to 2013

Factor	2010		2011		2012		2013		Grand Total
	Count	%	Count	%	Count	%	Count	%	
Decision									
Dismissed-Inability to Obtain Service	17	30%	16	31%	23	32%	8	19%	
Not Substantiated	8	14%	6	12%	9	13%	1	2%	
Substantiated	31	55%	29	57%	40	56%	34	79%	
Total	56		51		72		43		222
Gender									
F	48	86%	42	82%	60	83%	34	79%	
M	8	14%	9	18%	12	17%	9	21%	
Total	56		51		72		43		222
Place of Incident									
Assisted Living Center	5	9%	5	10%	7	10%	0	0%	
Home Health Agency	5	9%	5	10%	2	3%	4	9%	
Nursing Facility	45	80%	40	78%	62	86%	38	88%	
Residential Care Home	1	2%	1	2%	1	1%	1	2%	
Total	56		51		72		43		222
Event Type									
Abuse-Physical	11	20%	9	18%	7	10%	7	16%	
Abuse-Sexual	0	0%	1	2%	4	6%	1	2%	
Misapp-Meds	9	16%	13	25%	12	17%	6	14%	
Misapp-Money	14	25%	12	24%	12	17%	14	33%	
Misapp-Property	8	14%	2	4%	6	8%	2	5%	
Neglect	6	11%	5	10%	12	17%	4	9%	
Neglect-Transfer	8	14%	9	18%	19	26%	9	21%	
Total	56		51		72		43		222
Age									
18-25	16	33%	15	33%	18	29%	9	22%	
26-30	9	19%	8	18%	9	15%	8	20%	
31-40	14	29%	15	33%	18	29%	10	24%	
41-50	4	8%	4	9%	8	13%	12	29%	
51-60	5	10%	2	4%	4	6%	2	5%	
greater than 60	0	0%	1	2%	5	8%	0	0%	
Missing	0	.	0	.	1	.	1	.	
Total	56		51		72		43		222

Factor	2010		2011		2012		2013		Grand Total
	Count	%	Count	%	Count	%	Count	%	
Certification Type									
Long Term Care	54	96%	48	94%	65	90%	39	91%	
Certified Medication Aide	14	25%	15	29%	23	32%	14	33%	
Home Health Aide	17	30%	20	39%	27	38%	10	23%	
Dev Disabled Direct Care	4	7%	6	12%	7	10%	4	9%	
Advanced Certification(s)	5	9%	3	6%	8	11%	6	14%	
Total	56		51		72		43		222

Summary of average age at incident for post judicial cases 2010 to 2013

Age at Incident	Mean	STD	Median	Minimum	Maximum
2010	33.41	10.12	32.00	19	57
2011	33.00	12.94	33.00	19	76
2012	36.94	14.57	33.50	18	66
2013	34.86	10.93	33.00	20	59

Summary of average years from initial certification to incident for post judicial cases 2010 to 2013

Years from Initial Certification to Incident	Mean	STD	Median	Minimum	Maximum
2010	5.70	4.38	4.80	0.40	18.90
2011	6.11	5.31	4.55	0.30	18.60
2012	6.21	5.50	3.80	0.10	21.90
2013	7.61	5.68	6.30	0.20	20.20

Summary of average years from incident to decision for post judicial cases 2010 to 2013

Years from Incident to Decision	Mean	STD	Median	Minimum	Maximum
2010	1.33	0.52	1.20	0.40	3.10
2011	1.41	0.78	1.35	0.40	3.40
2012	0.89	0.46	0.70	0.40	2.00
2013	1.27	0.80	1.00	0.30	2.90

Summary of Nurse Aide Cases Substantiated for Years 2010 to 2013

Factor	2010		2011		2012		2013		Grand Total
	Count	%	Count	%	Count	%	Count	%	
Gender									
F	28	90%	23	79%	34	85%	27	79%	0.5931
M	3	10%	6	21%	6	15%	7	21%	
	31		29		40		34		
Place of Incident									
Assisted Living Center	2	6%	4	14%	3	8%	0	0%	0.4980
Home Health Agency	3	10%	2	7%	1	3%	4	12%	
Nursing Facility	25	81%	22	76%	35	88%	30	88%	
Residential Care Home	1	3%	1	3%	1	3%	0	0%	
Total	31		29		40		34		134
Event Type									
Abuse-Physical	5	16%	4	14%	1	3%	5	15%	
Abuse-Sexual	0	0%	1	3%	2	5%	1	3%	
Misapp-Meds	3	10%	7	24%	10	25%	6	18%	
Misapp-Money	10	32%	6	21%	6	15%	12	35%	
Misapp-Property	4	13%	2	7%	2	5%	2	6%	
Neglect	2	6%	3	10%	8	20%	3	9%	
Neglect-Transfer	7	23%	6	21%	11	28%	5	15%	
Total	31		29		40		34		134
Age									
18-25	10	32%	9	31%	10	26%	9	26%	0.3644
26-30	5	16%	3	10%	7	18%	6	18%	
31-40	10	32%	11	38%	9	23%	8	24%	
41-50	3	10%	3	10%	5	13%	9	26%	
51-60	3	10%	2	7%	3	8%	2	6%	
greater than 60	0	0%	1	3%	5	13%	0	0%	
Missing	0		0		1		0		
Total	31				40		34		134

Summary of average age at incident for substantiated cases 2010 to 2013

Age at Incident	Mean	STD	Median	Minimum	Maximum
2010	32.55	10.08	31.00	19	57
2011	34.07	11.39	33.00	19	68
2012	36.67	14.28	33.00	18	66
2013	35.12	10.99	34.00	20	59

Summary of average years from initial certification to incident for substantiated cases 2010 to 2013

Years from initial certification to Incident	Mean	STD	Median	Minimum	Maximum
2010	5.36	4.21	4.25	0.40	13.10
2011	6.03	5.31	4.95	0.30	18.60
2012	6.22	5.01	3.90	0.30	16.50
2013	7.81	5.65	6.40	0.20	20.20

Summary of average years from incident to decision for substantiated cases 2010 to 2013

Years from incident to decision	Mean	STD	Median	Minimum	Maximum
2010	1.38	0.54	1.20	0.40	3.10
2011	1.43	0.71	1.50	0.40	2.90
2012	0.89	0.49	0.70	0.40	2.00
2013	1.29	0.80	1.00	0.30	2.90