# Minnesota Adult Abuse Reporting Center Mandated Reporter Guide

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Overview
The Minnesota Adult Abuse Reporting Center (MAARC) Mandated Reporter Form is a web-based reporting system available 24/7 for mandated reporters to meet requirements for civil reporting of suspected maltreatment of vulnerable adults. The web address is mn.gov/dhs/reportadultabuse/ and can also be accessed from the DHS Adult Protective Services page.

The MAARC Mandated Reporter Form is only for use by mandated reporters. Mandated reporters are professionals identified by law (MS626.5572 Subd. 16) who are required to make a report if they have reason to believe that abuse, neglect, or financial exploitation of a vulnerable adult has occurred. Mandated reporters have not met their duty to report until the report has been submitted and web report number is provided. Reports made by the general public are reported over the phone 24/7 by calling MAARC at (844) 880-1574.

System Maintenance
The form may be unavailable occasionally for system maintenance. If the form is unavailable, mandated reporters may make an oral report 24/7 by calling MAARC, (844) 880-1574.

Compatible Browsers
Before making a report, mandated reporters should verify their browser is compatible and is updated to the latest version. Compatible browsers include:

- Microsoft Internet Explorer
- Google Chrome
- Safari (iPad and Mac)
- Mozilla Firefox
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MAARC Reporting Guidelines

**Emergency**

MAARC is a civil, not an emergency or criminal, reporting system. To report an emergency that requires immediate assistance from law enforcement, the fire department or an ambulance, first call 911.

**Crime**

Reporting suspected civil maltreatment of a vulnerable adult, to MAARC for response by state agency regulators and adult protective services, is not a substitute for reporting a crime to law enforcement. 911 should be called before making a MAARC report when reporting abuse, which is also a suspected crime, such as physical or sexual assault, or caregiver neglect that results in injury or death, so police can protect the victim, gather evidence and talk to those involved in a timely manner.

**Child Maltreatment**

Mandated reporters do not meet their duty to report child maltreatment by using MAARC. Suspected child maltreatment associated with the adult maltreatment incident or suspected maltreatment that occurred when the victim was under 18 years old, must be reported with the county or reservation where the child resides. To report concerns about child abuse, neglect or sexual abuse, contact the county or reservation where the child lives during business hours. Count and Tribal Child Protection Agencies. If the child is in immediate risk of harm, please contact your local law enforcement agency or dial 911.

**Multiple Alleged Perpetrators**

Each report can accommodate reports of up to ten (10) alleged perpetrators. If the allegation involves more than ten (10) alleged perpetrators, document in the Description of Incident field, on the “Maltreatment Allegation Detail” page, that multiple alleged perpetrators may be involved.

**Multiple Vulnerable Adults (victims)**

A separate report must be completed for each vulnerable adult victim. If the allegation involves more than five (5) vulnerable adult victims:

1. Enter information for only one vulnerable adult AND
2. Document in the Description of Incident field, on the “Maltreatment Allegation Detail” page, that multiple vulnerable adult victims may be impacted.

**Out of State Maltreatment**

The MAARC reporting form is to report suspected maltreatment of vulnerable adults that occurred in the state of Minnesota. Allegations of suspected maltreatment of a vulnerable adult that did not occur in Minnesota must be reported to the state in which the allegation occurred.

MAARC only accepts reports of suspected maltreatment of a vulnerable adult that occurred in:

1. Minnesota
2. Another state, but the vulnerable adult is currently located in Minnesota and the reporter suspects the maltreatment is continuing.

Refer to the National Adult Protective Services Association (NAPSA) website napsa-now.org/get-help/help-in-your-area for information on reporting suspected maltreatment of a vulnerable adult to other states.
Using the Form

1. **Do not** use your browser arrow buttons to navigate between pages as you could lose all of the information entered.
2. Data entered in the report is saved when navigating between pages. To navigate to a specific page in the report select the page from the dropdown menu or by clicking **<< Go Back** or **Continue >>** button located at the top and bottom of each screen.
3. Partially completed reports cannot be submitted or saved for later completion.
4. The Web Report number is the confirmation number that will appear after successful submission of the report.
5. A copy of the completed report may be printed or saved for your records after successful completion of the report.
REPORTER/INFORMATION SOURCE

The Reporter/Information Source screen captures information regarding the mandated reporter making the report.

Fields with an * are required and must be completed in order to submit the report.

First/Last Name: Mandated reporter’s first and last name
Address Type: Select from dropdown menu
Street Address/City/State/Zip Code: Mandated reporter’s mailing address
Phone Type: Select from dropdown menu
Phone Number: Number where mandated reporter may be contacted, if needed, regarding the report
1. Does the Reporter/Information Source wish to receive notification of the status of the report?: Select Yes or No
   a. If “Yes”, the lead investigative agency responsible for the report will notify the individual listed as the Reporter/Information Source if the report was opened for investigation.
   b. The agency responsible has up to seven (7) working days to make this determination and notify the Reporter/Information Source.

2. Is this information being entered by a member of Law Enforcement, MDH, DHS or County on behalf of a reporter as required by MN Stat. 626.557, Subd. 9(e)?: Select Yes or No
   a. If “Yes”, you are entering the report as a worker from law enforcement, MN Department of Health, Department of Human Services or County agency as a result of a complainant contacting your agency to report suspected maltreatment of a vulnerable adult.
      i. Enter your information in the resulting name fields and the complainant’s name should be entered as the Reporter/Information Source.
   b. If “No”, the agency discovered the suspected maltreatment during their course of work and are entering the report to meet a duty as a mandated reporter.

3. Are you the Designated Facility Reporter for a DHS licensed provider or a MDH licensed provider?:
   a. “Yes, MDH Licensed Provider”, enter the Health Facility ID Number and select the checkbox affirming the report is also being filed to comply with federal regulations.
   b. “Yes, DHS Licensed Provider”, enter the primary provider’s license number in the Primary License Number field

Note: This question only applies to DHS or MDH licensed providers. A Designated Facility Reporter is staff at a licensed facility designated to initiate all alleged maltreatment reports that have occurred to a VA within their facility.
The Vulnerable Adult (VA) page captures information about the vulnerable adult victim. Fields with an * must be completed in order to submit the report.

First/Last Name: VA’s full name (enter “Unknown” in the first and/or last name field(s) if VA name isn’t known)
Date of Birth: VA’s date of birth
Estimated Age: Enter VA’s estimated age if VA’s date of birth is not known
Gender: Select from dropdown menu
Physical Location: Physical Location address for the VA is required. Enter correct address, including city and county as this information is critical for agencies responsible to locate the vulnerable adult for protection.

- Physical Location address is where the VA is living temporarily or permanently.
- The physical location is not a clinic or work site address where the vulnerable adult is located at the time the report is taken.

1. Is the VA currently located at a hospital or other temporary location?: Select Yes or No
   a. If “Yes”, a secondary address is required to assist with locating the VA upon discharge.

Facility/Provider: Select Resident of Facility or Non-residential licensed services if the VA resides in a licensed facility or receives licensed services.
Facility/Provider Name: Enter the name of the facility where the VA resides or the name of the licensed provider.
This section of the Vulnerable Adult (VA) page is used to identify if the victim is a vulnerable adult. *At least one option under the Disabilities of Needs Assistance must be selected.*

### Disabilities

This person may be a VA based on the following condition or need:

- Chemical abuse
- Developmental disability
- Frailty of aging
- Impaired memory
- Impaired reasoning or judgment
- Mental/emotional impairment
- Physical impairment
- Traumatic brain injury

**Diagnosis, if known:**

### Needs Assistance

This person is unable to meet their own needs or requires assistance for:

- Clothing
- Financial management
- Food
- Health care
- Hygiene
- Safety
- Shelter
- Supervision
- Toileting
- Unable to protect self from abuse/neglect/financial exploitation
- Other
- Don’t Know
- None

### Receives Services

This person receives services from:

- Adult Day Care
- Adult Rehabilitative Mental Health Services (ARHMH)
- Ambulatory Surgical Center
- Assertive Community Treatment (ACT)
- Assisted Living
- Behavioral Support Services
- Board and Care
- Inpatient of Residential Chemical Dependency Treatment
- Intensive Residential Treatment Service (IRTS)
- Intermediate Care Facility for Person w/ Dev/Disability (ICF/DD)
- Meals on Wheels
- Mental Health Clinic/Center
- Night Supervision
- Nursing Home/Long Term Care Facility
- Other

### Disabilities and Needs Assistance

Select the VA’s condition/disability or assistance needed. **At least one selection under Disabilities or Needs Assistance is required.**

### Receives Services

Select all services the VA receives. **At least one selection is required.** If it’s unknown if the VA receives services, select **Unknown.**
**ALLEGED PERPETRATOR (AP)**

The Alleged Perpetrator (AP) page captures information regarding the alleged perpetrator (AP) and the allegation(s) that are alleged. Fields with an * are required and must be completed in order to submit the report.

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Total Perpetrators</td>
<td>Select the number of perpetrators from the dropdown menu. If more than 1 (one) alleged perpetrator is selected, the Next AP &gt;&gt; icon is enabled.</td>
</tr>
<tr>
<td>Is the report for self-neglect because the vulnerable adult is neglecting his/her needs?</td>
<td>Select Yes or No. If “Yes”, the VA is the alleged perpetrator. Selecting Yes will autofill the VA’s information and allow only self-neglect allegations to be available. If “No”, the suspected maltreatment is believed to have occurred by another known or unknown person, service provider or licensed facility.</td>
</tr>
</tbody>
</table>

1. **Number of Total Perpetrators:**
   a. Select the number of perpetrators from the dropdown menu.
   b. If more than 1 (one) alleged perpetrator is selected, the Next AP >> icon is enabled.

2. **Is the report for self-neglect because the vulnerable adult is neglecting his/her needs?:** Select Yes or No
   a. If “Yes”, the VA is the alleged perpetrator. Selecting Yes will autofill the VA’s information and allow only self-neglect allegations to be available.
   b. If “No”, the suspected maltreatment is believed to have occurred by another known or unknown person, service provider or licensed facility.
The following alert will display, “Enter the Person or licensed provider believed to be responsible for the alleged maltreatment”, select **OK** to continue to the demographic information fields.

**First/Last Name:** If report is not for self-neglect, enter AP’s first and last name. If the AP’s name is not known, proceed to the alleged **Perpetrator Description** field.

**Date of Birth:** Enter AP’s date of birth

**Estimated Age:** Enter AP’s estimated age if AP’s date of birth is not known

**Gender:** Select from dropdown menu

**Perpetrator Description:** Only required if the AP’s name, age and gender is not known  
**Example:** “Approx. 45 yrs. old, Caucasian female, nickname is Bunny”

3. **Was the alleged perpetrator providing services licensed by the Minnesota Department of Human Services or Department of Health at the time of the alleged maltreatment?** Select **Yes, Department of Human Services, Yes, Minnesota Department of Health, No, Other or Don’t know**
   
a. If **“Yes, Minnesota Department of Human Services”** or **“Yes, Minnesota Department of Health”** is selected, response to the following question is required
   
i. **Is neglect of supervision suspected due to the vulnerable adult being maltreated by another vulnerable adult in the same licensed facility or service?** Select **Yes** or **No**
      1. If **“Yes”** is selected, the incident of suspected maltreatment is alleged to have occurred between two (2) vulnerable adults residing in the same licensed facility or attending the same licensed service.

b. If **“No”, “Other”, or “Don’t know”** is selected, response to the following question is required
   
i. **Is the alleged perpetrator also a vulnerable adult in the same facility or attending the same service as the vulnerable adult at the time of the alleged maltreatment?** Select **Yes, Department of Human Services, Yes, Minnesota Department of Health, No, Other or Don’t know**
      1. If **“Yes, Minnesota Department of Human Services”** or **“Yes, Minnesota Department of Health”** is selected, the incident of suspected maltreatment is alleged to have occurred between two (2) vulnerable adults residing in the same licensed facility or attending the same licensed service.
ALLEGATIONS
Select the alleged maltreatment that is suspected by the AP towards the VA. **At least one allegation must be selected.** (Check all that apply)

- If maltreatment is **Financial Exploitation (fiduciary)**, indicate from the dropdown menu the AP’s financial relationship to the VA.
  - **Fiduciary** is a guardian, conservator, power of attorney, trustee, representative payee, executor, etc.

MALTREATMENT ALLEGATION DETAIL
The **Maltreatment Allegation Detail** page is used to capture details regarding the incident of alleged maltreatment towards the VA. 
*Fields with an * are required and must be completed in order to submit the report.*
1. **VA is deceased?** Select *Yes* or *No*
2. **VA is deceased as a result of suspected maltreatment?** Select *Yes* or *No*
3. **VA has experienced serious injury as a result of maltreatment?** Select *Yes* or *No*

**Estimated Date/Time:** Enter the estimated date/time the maltreatment occurred. If the incident date is unknown, or can’t be estimated, select the *Unknown.*

4. **Is the maltreatment continuing?** Select *Yes* or *No*

**Location of Incident:** Enter the address where the alleged maltreatment occurred

**County or Incident:** Select the county where the alleged maltreatment occurred

**Facility/Provider:** Enter the facility or provider name if the alleged maltreatment occurred at a licensed facility or by a licensed provider.

**Description of Incident** (30,000 character limit): Enter information regarding the alleged maltreatment. Information should be limited to details regarding the alleged maltreatment that will be helpful to the agency responsible for the report and the protection of the vulnerable. **Suspected child maltreatment associated with the adult maltreatment incident must be reported with the county or reservation where the child resides.**
IMPACT/EFFECTS ON VA

This page is used to identify impacts the maltreatment has had or is suspected to have had on the VA. Impacts are reviewed for prioritization decisions by the agency responsible to respond. Details regarding the safety impact to the vulnerable adult must be addressed on the “Impacts/Effects on VA” page for each positive selection to the Assessment for Emergency Protection section of the Safety page.

At least one (1) selection is required. Select all that apply and provide applicable information within that field.

Refer to the MAARC Mandated Reporter Guide for information on using the web-based reporting system.
ADDITIONAL SOURCES OF INFORMATION AND VA SUPPORT PERSONS

This page is used to capture information regarding other individual(s) mentioned in the report, support persons that may protect the VA or provide information about the incident of alleged maltreatment.

Select *Add Support Person* to enter more than one (1) support person.

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Role In Report | Relationship To Alleged Victim/Alleged Perpetrator
Select one | Select one

<table>
<thead>
<tr>
<th>Address Type</th>
<th>Street Address</th>
<th>Apt/Unit#</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select one</td>
<td>Select one</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone Type</th>
<th>Phone Number</th>
<th>Extension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select one</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email Type</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select one</td>
<td></td>
</tr>
</tbody>
</table>

[Add Support Person] [Remove Support Person]
SAFETY

The **Safety** page is used to capture action(s) already taken to protect the vulnerable adult (VA) from further harm and to assess whether Emergency Protective Services are needed. **Who is responsible** is completed when an individual or licensed provider accepts responsibility for the protective action. Fields with an * are required and must be completed in order to submit the report.

Refer to the [MAARC Mandated Reporter Guide](#) for information on using the web-based reporting system.

<table>
<thead>
<tr>
<th>Safety</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Protection</strong></td>
</tr>
<tr>
<td>Has action been taken to protect the vulnerable adult from future harm? *</td>
</tr>
<tr>
<td>What was the action taken?</td>
</tr>
<tr>
<td>Who is responsible?</td>
</tr>
</tbody>
</table>

**Environmental Safety**

Please indicate any safety concerns regarding the current location of the vulnerable adult.

- [ ] Criminal Activity
- [ ] Dangerous animals
- [ ] Environmental Hazards
- [ ] Weapons
- [ ] Other

**Notification Made by Reporter**

- [ ] 911
- [ ] Law Enforcement because crime was alleged
- [ ] Ombudsman for Mental Health and Developmental Disabilities
- [ ] Medical Examiner
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Assessment for Emergency Protection

The Assessment for Emergency Protection section is used for the mandated reporter to provide information about conditions which may occur within 72 hours of the report submission. Any positive selection under this section will result in notification to a county agency to assess, within 24 hours, if emergency adult protective services are needed. Call 911 if emergency response is needed by police, medical or fire personnel.

Details regarding the safety impact to the vulnerable adult should be referenced on the Impacts/Effects on VA page for each positive selection. Provide details in the appropriate Impact/Effect text box explaining why this safety risk requires immediate protection of the vulnerable adult by the county agency.

EPS Definitions:

Loss of Health: May be any of the following when the VA’s current health status will be unable to be maintained and the VA will more likely than not suffer from decreased function, organ damage or a health condition that will require medical care by a physician within 72 hours. Examples: untreated medical condition, hypothermia, hyperthermia, malnutrition, dehydration, toxic substance or gas, environmental hazard.

Recent Sexual Assault: “Recent” can describe a time period of up to several weeks after the vulnerable adult is alleged to have experienced a sexual assault with penetration, or with a potential injury, for which the VA has not received medical attention.

Serious Injury: May be any of the following: bone fracture or dislocation, internal injury, head injury, loss of consciousness, lacerations to tendons or organs, 2nd or 3rd degree burns, complications from burns, 2nd or 3rd degree frostbite, complications from frostbite, loss of teeth, injury to the eye, ingestion of harmful objects or substances, near drowning, heat exhaustion or sunstroke, irreversible immobility, poisoning, suicide, death or injury requiring medical attention, injury considered serious by a physician.

Note: Selections under the Assessment for Emergency Protection are not necessary when action has been taken to protect the vulnerable adult from further harm. i.e. VA is now hospitalized, actions are taken by law enforcement or by a county, care provider, reporter or an informal support person to address the immediate risk or provide necessary protection, care, or services. Capture these details in the Protection section under “What was the action taken?”
SUBMIT

Data entered in the report is saved when navigating between pages. In order to move to the next screen, all required fields must be completed.

1. Read the final instructions
2. Select the checkbox to affirm information in the report.
3. Click Submit.

Once all errors have been resolved, a confirmation number will display and the option to print or save PDF copy of the report will be available.

Errors

If there are any data entry errors, a pop up window will appear. A single pop up window will appear for each error.