



Minnesota Adult Protection Policy and Procedure Manual

Revised September 2018

INTRODUCTION

The *Minnesota Department of Human Services Policy and Procedure Manual* supports the responsibilities of county and tribal agencies, who have accepted the duty to protect vulnerable adults who have been maltreated.

Adult Protective Services (APS) is an essential human service program delivered by counties or tribes who voluntarily participate under tribal resolution. It is the statutory responsibility of these agencies to respond to reports of suspected maltreatment of a vulnerable adult made under the Vulnerable Adult Act (VAA) to the centralized common entry point; the Minnesota Adult Abuse Reporting Center (MAARC).

It is the responsibility of the commissioner of human services to operate MAARC, maintain a data system, make available a standardized decision tool, track critical steps in response to reports and serve as a resource for evaluation, planning for prevention and remediation for vulnerable adults who are subject to maltreatment.

APS required duties include intake, response to emergency adult protective service notifications and response to reports when APS is the lead investigative agency (LIA) responsible for the reported allegation(s). APS has a statutory duty to offer adult protective services to safeguard the vulnerable adult and to conduct investigation of allegations of suspected maltreatment in appropriate cases. APS duties form a critical component of the state's adult protection system from intake through safety planning to remediate and prevent maltreatment experienced by vulnerable adults. APS is also statutorily responsible to coordinate a civil investigation with law enforcement, when the civil allegation may also be criminal and to respond to requests for investigative coordination, or adult protective services, when another civil LIA is responsible for the MAARC report.

LEGAL AUTHORITY

[Minnesota Statute 626.557 Vulnerable Adult Act](#)

[Minnesota Statute 626.5572 Definitions](#)

[Minnesota Statute 626.5571 Adult Protection Multi-Disciplinary Teams](#)

POLICY

Minnesota's VAA outlines state policy for the protection of vulnerable adults and establishes the adult protection system. The state's adult protection system consists of civil reporting, with notification to law enforcement when the allegation may also be criminal, and requires adult protective services and civil investigation of suspected maltreatment in appropriate cases. The VAA both allows and requires cooperation and coordination between law enforcement, county and tribal agencies, state licensing agencies, background studies for volunteers and professionals who work with vulnerable adults, prosecutors and the state court system.

Minnesota state policy identifies the state's commitment to providing safe services and safe environments for vulnerable adults, encouraging reporting of suspected maltreatment by any person and requiring reporting by mandated reporters, requiring investigation and the offering

of APS in appropriate cases. The VAA was originally adopted in 1980; it was substantially revised in 1995, 2009 and 2013. The law covers several key points: who is considered a vulnerable adult; how maltreatment is defined; who is mandated to report ; the standard for reporting; establishment of reporting and data systems under DHS; protections for reporters; penalties for failing to report; agencies responsible for emergency and continuing adult protective services; agencies responsible to investigate allegations; standards for intake, investigation and allegation determination; data requirements; the appeal process. Person centeredness, rights to self-determination, data privacy and due process protections are constructed within the APS system. Goals of APS interventions are to improve safety by safeguarding the welfare of the person who is vulnerable, improve client quality of life as defined by the person, reduce risk of victimization, and prevent further maltreatment.

Vulnerable adult laws contain civil statutes (MN Statute § 626.557), some of which reference criminal provisions (MN Statute § 609); this allows the civil investigation to support the potential to hold the perpetrator criminally accountable when the allegation may be both civil and criminal. Reports of suspected maltreatment of a vulnerable adult made to the MAARC, which is the designated Common Entry Point (CEP), are referred to the civil LIA identified in the VAA as responsible to respond to the reported allegation. Civil LIAs are the county/tribal social services agency/APS, the Minnesota Department of Human Services, or the Minnesota Department of Health.

TERMS

Adult protective services (APS): Adult protective services (APS) are offered by county or tribal agencies to safeguard the vulnerable adult and prevent further harm from maltreatment. APS includes offering and arranging health care, supervision and social services including food, shelter, or clothing necessary to maintain or attain the vulnerable adult's health, safety or comfort. The goal of APS is dignity and justice for the vulnerable adult victim. APS safety planning prevents further maltreatment, serious injury, loss of health, or death. APS may include involuntary interventions when necessary to prevent serious harm including seeking authority to remove a vulnerable adult, seeking a restraining order, or arranging for the appointment or replacement of a guardian or conservator. APS are also offered to vulnerable adults alleged to have been sexually assaulted and who have not received a sexual assault examination. MN Statute 626.557 Subd 10.

EPS: County is responsible to assess need for emergency APS for MAARC EPS notifications.

LIA: County is responsible for APS when County is the LIA for a MAARC report.

Another LIA requests APS: LIA (another county, DHS, MDH) responsible for a MAARC report investigation requests APS related to a MAARC report.

APS may also refer to the lead investigative agency responsible for civil investigation when investigation for the alleged maltreatment is under the jurisdiction of a county or tribal agency.

Agency: References either or both county and tribal agencies responsible for the essential human services function of APS.

Assess: To initiate intake using information in the MAARC report, other information from the reporter, and information known to the county or available within SSIS to prioritize county EPS or LIA intake response. The EPS standardized intake tool guides county decisions to screen EPS notifications in or out for county EPS response. The SDM[®] Intake assessment guides LIA intake decisions and decisions for referrals for APS by another LIA.

Activities of daily living (ADLs): Activities associated with personal care, including personal hygiene, bathing, eating, dressing, toilet use, walking, transferring from one surface to another, moving between locations, and bed mobility.

Authorized Representative: The individual with authority to apply for and complete ongoing eligibility paperwork for economic benefits or medical assistance.

Capacity: The ability, capability, or fitness to do something; a legal right, power, or competency to perform some act. An ability to comprehend both the nature and consequences of one's acts ([The Free Dictionary](#)).

Caregiver: A facility, licensed provider, or personal care assistant who has responsibility for the care of a vulnerable adult based on license or payment, or an individual or other provider who

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has assumed responsibility for all or a portion of the care of a vulnerable adult by contract, or by agreement (MN Statute 626.5572, Subd. 4).

Categorically vulnerable adult: An adult who is a resident or inpatient of a facility, or who receives home and community based services licensed by the Minnesota Department of Health or the Minnesota Department of Human Services, or who receives personal care assistance from a person or organization that exclusively offers, provides, or arranges for personal care assistances services under the medical assistance program (MN Statute 626.5572, Subd. 21[a][1–3]). Excludes outpatient services for treatment of chemical dependency or mental illness, and inpatient services provided through the Minnesota sex offender program on a court hold order for commitment, or to persons committed as sexual psychopathic personalities or as sexually dangerous persons under chapter 253B.

Client: The vulnerable adult for whom an investigative or service case has been opened for adult protection services (APS).

Common entry point: “Common entry point” means the entity responsible for receiving reports of alleged or suspected maltreatment of a vulnerable adult under MN Statute 626.5572 Subd. 5 from mandated reporters and the public. The Minnesota Adult Abuse Reporting Center (MAARC) is the common entry point designated by the Commissioner of Human Services. MN Statute 626.557 Subd. 9.

Consent:

Informed Consent or Informed Decision Making: Ability to make a decision which includes: understanding the issue, options for decision, and consequences of the option selected, choosing an option, evaluating the outcome and ability to modify decision based on the person’s evaluation. Definition of consent for criminal sexual conduct is different. People who may not be able to exercise informed consent, may be able to make an informed decision to select a surrogate or supporter for decision making.

Criminal sexual abuse: A person who is mentally incapacitated or physically helpless may be the victim of criminal sexual conduct (MN Statute 609.341, Subd. 4a-b) regardless of ability to consent.

Conservatorship: A conservator is someone who has been given legal authority by a court to handle the financial affairs of an individual who is unable to manage his or her own finances. A protected person is a person who has a conservator. The court may appoint a conservator when it has been determined that an individual is not able to manage his or her own finances, usually due to a medical condition such as a developmental disability, dementia, brain injury or stroke and there are assets to manage and no less restrictive alternatives are available such as informal supports or power of attorney. The conservator acts as an agent of the court. The conservator has a fiduciary responsibility to conserve and manage the protected person’s

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estate and is accountable to the court for the management of the estate. MN Statute 524.5-401.

Current danger: The circumstances of a vulnerable adult, as described in an adult maltreatment report, suggesting that injury or death could occur within the short term (within a week).

Emergency Adult Protective Services (EPS): Emergency adult protective services are adult protective services (APS) offered and arranged by the county responsible for the MAARC EPS notification (MN Statute 626.557 Subd 10.) Emergency adult protective services (EPS) notifications are made by the Minnesota Adult Abuse Reporting Center (MAARC) to the county where the vulnerable adult is located when there is an immediate need to safeguard the life and health of a VA is assessed at MAARC. Minnesota Statutes 626.557 Subd. 9a. EPS is a notification of an assessed need for emergency social services and is different than need for law enforcement or emergency medical responders. APS may request 911 emergency medical response or law enforcement assistance and cooperation in the provision of EPS.

Emotional abuse: Conduct which is not an accident or therapeutic conduct, which produces or could reasonably be expected to produce emotional distress including, but not limited to, use of repeated or malicious oral, written, or gestured language toward a vulnerable adult or the treatment of a vulnerable adult which would be considered by a reasonable person to be disparaging, derogatory, humiliating, harassing, or threatening; use of any aversive or deprivation procedure, unreasonable confinement, or involuntary seclusion, including the forced separation of the vulnerable adult from other persons against the will of the vulnerable adult or the legal representative of the vulnerable adult; and use of any aversive or deprivation procedures for persons with developmental disabilities or related conditions not authorized under section 245.825 (MN Statute 626.5572, Subd. 2).

Fiduciary obligation: A fiduciary obligation may be considered to exist whenever there is a relationship of trust in which one person is superior to the other (Black's Law Dictionary)(STATE of Minnesota v. CAMPBELL; 2008).

Financial exploitation: (a) In breach of a fiduciary obligation recognized elsewhere in law, including pertinent regulations, contractual obligations, documented consent by a competent person, or the obligations of a responsible party under section 144.6501, a person: (1) Engages in unauthorized expenditure of funds entrusted to the actor by the vulnerable adult which results or is likely to result in detriment to the vulnerable adult; or (2) Fails to use the financial resources of the vulnerable adult to provide food, clothing, shelter, health care, therapeutic conduct, or supervision for the vulnerable adult, and the failure results or is likely to result in detriment to the vulnerable adult. (b) In the absence of legal authority a person: (1) Willfully uses, withholds, or disposes of funds or property of a vulnerable adult; (2) Obtains for the actor or another the performance of services by a third person for the wrongful profit or advantage of the actor or another to the detriment of the vulnerable adult; (3) Acquires possession or

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control of, or an interest in, funds or property of a vulnerable adult through the use of undue influence, harassment, duress, deception, or fraud; or (4) Forces, compels, coerces, or entices a vulnerable adult against the vulnerable adult's will to perform services for the profit or advantage of another. (c) Nothing in this definition requires a facility or caregiver to provide financial management or supervise financial management for a vulnerable adult except as otherwise required by law (MN Statute 626.5572, Subd. 9).

Functionally vulnerable adult: An adult who has impaired ability (mental, physical, emotional) to provide adequately for his/her own necessary food, shelter, health care or supervision without assistance AND because of this condition has an impaired ability to protect self from maltreatment (MN Statute 626.5572, Subd. 21[a][4]).

Guardianship: A legal arrangement under which a one person, a guardian who is appointed by a court, has the legal right and duty to care for another, the ward, because of the ward's inability to legally act on his or her own behalf due to minority or mental or physical incapacity. Black's Law Dictionary 707 (6th ed. 1990). A guardian powers and duties are limited to those identified in the court order (MN Statute 524.5-313). People with a guardian retain all rights not granted by the court to the guardian and retain rights to vote, marry, refuse medical care and to uncensored communication and visit with persons of their choice unless restricted by the court.

Imminent harm: When circumstances of the vulnerable adult, as described in the MAARC report, suggest that loss of health, serious injury or death could occur within a short time (within a week).

Immediate/Immediately: As soon as possible, but no longer than 24 hours. MN Statute 626.5572 Subd. 10.

Incapacitated person: Legal determination by the court. An individual who, for reasons other than being a minor, is impaired to the extent of lacking sufficient understanding or capacity to make or communicate responsible personal decisions, and who has demonstrated deficits in behavior which evidence an inability to meet personal needs for medical care, nutrition, clothing, shelter, or safety, even with appropriate technological assistance (MN Statute 524.5-102, Subd. 6).

Informal caregiver: Informal or primary caregivers are family, friends, neighbors and others who provide services and assistance to person without reimbursement for the services. ([Minnesota Long-Term Care Consultation Services Program](#))

Instrumental activities of daily living (IADLs): Activities associated with daily living including home management, washing dishes, making beds, cleaning, laundry, grocery shopping, meal preparation, transportation, telephone use, managing finances or medical care.

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Lead Investigative Agency (LIA): Primary administrative agency responsible for investigating reports made under section 626.557.

- The Department of Health is the lead agency for facilities which are licensed or are required to be licensed as hospitals, home care providers, nursing homes, residential care homes, boarding care homes, or residential facilities that are also federally certified as intermediate care facilities that serve people with developmental disabilities.
- The Department of Human Services is the lead agency for the programs licensed or required to be licensed for home and community based services including adult day care, adult foster care, programs for people with developmental disabilities, mental health programs, or chemical health problems.
- The county social service agency or its designee is the lead agency for all other reports, including reports involving vulnerable adults receiving services from an unlicensed personal care provider organization under section 256B.0659 (MN Statute 626.5572 Subd. 13). The county agency responsible is determined using guidelines from the commissioner. MN Statute 626.557 Subd. 9a.(5).

Tribal agencies may be designated responsible for adult protective services.

Loss of Health: The VA's current health status will be unable to be maintained due to suspected maltreatment and the VA will more likely than not to immediately experience serious injury or decreased functional ability, organ damage or a health condition that will require immediate medical care by a physician. Examples: infection, illness, hyperthermia; malnutrition; dehydration; toxic substance or gas; environmental hazard such as exposed electrical wires.

Maltreatment: Abuse as defined in subdivision 2, neglect as defined in subdivision 17, or financial exploitation as defined in subdivision 9 (MN Statute 626.5572, Subd. 15).

Mandated Reporter: Professionals required to report VA maltreatment to MAARC. Includes social services; law enforcement; educators; professionals engaged in the care of vulnerable adults; service providers licensed by DHS or MDH, enrolled Medical Assistance providers, medical examiner or coroners.

Medication diversion: Taking medication from its intended legal recipient and using it for illicit purposes, e.g., personal use or sale.

Medication misuse: Using medications in ways other than those prescribed or recommended by a health professional. This includes overuse, underuse, or erratic use, e.g., using at irregular intervals, using medicine prescribed for someone else, using drugs in combinations that cause problems, or drinking alcohol in combination with drugs for which alcohol is contraindicated. This term includes prescription drugs, over-the-counter drugs, and herbal and dietary supplements.

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Minnesota Adult Abuse Reporting Center (MAARC): The designated statewide single common entry point (CEP) for accepting reports of suspected maltreatment of vulnerable adults under MN Statute 626.555 Subd. 9.

Neglect by a caregiver: (a) The failure or omission by a caregiver to supply a vulnerable adult with care or services, including but not limited to food, clothing, shelter, health care, or supervision which is: (1) Reasonable and necessary to obtain or maintain the vulnerable adult's physical or mental health or safety, considering the physical and mental capacity or dysfunction of the vulnerable adult;

and

(2) Which is not the result of an accident or therapeutic conduct. (b) The absence or likelihood of absence of care or services, including but not limited to food, clothing, shelter, health care, or supervision necessary to maintain the physical and mental health of the vulnerable adult which a reasonable person would deem essential to obtain or maintain the vulnerable adult's health, safety, or comfort considering the physical or mental capacity or dysfunction of the vulnerable adult (MN Statute 626.5572, Subd. 17).

A failure or omission by a caregiver that results in the deprivation of essential services or supports necessary to maintain the mental, emotional, or physical health, comfort or safety of the vulnerable adult. Use this category if there is a responsibility under a MDH or DHS license or as a PCA or PCPO, payment, or contract or agreement between the vulnerable adult and alleged perpetrator. If this does not exist, review self-neglect report type. (Note: does not include situations when the VA refuses assistance). ([Structured Decision Making and Standardized Tools](#))

Physical abuse: (a) An act against a vulnerable adult that constitutes a violation of, an attempt to violate, or aiding and abetting a violation of:

(1) Assault in the first through fifth degrees as defined in sections 609.221 to 609.224 (great bodily harm, assault with a dangerous weapon, substantial bodily harm, bias crimes, and assaults intended to cause fear of immediate bodily harm or death); (b) Conduct which is not an accident or therapeutic conduct as defined in this section, which produces or could reasonably be expected to produce physical pain or injury or emotional distress including, but not limited to, the following: (1) Hitting, slapping, kicking, pinching, biting, or corporal punishment of a vulnerable adult (MN Statute 626.5572, Subd. 2).

Power of Attorney (POA): A fiduciary appointed by the person (VA) and can be revoked by the person (VA). The duty of a POA is to exercise their power in the same manner as an ordinarily prudent person would in their own affairs and shall have the interests of the principal (Vulnerable Adult) utmost in mind MN Statute 523.21.

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Primary support person (PSP): The individual who is providing or managing the majority of ongoing care for the vulnerable adult. If there is more than one support person, the primary support person may self-identify or be identified by the client. The primary support person should be the person who completes the fundamental tasks of caregiving (e.g., assistance with ADLs/IADLs). The primary support person can be different than a caregiver defined under MN Statute 626.5572 Subd. 4.

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.

Responsible Party: (Under MN Statute 144.6501) Agrees to apply the VA’s resident’s income and assets to pay for the care, usually applies to nursing home care or contract for services.

Self-neglect: An act or omission by a vulnerable adult that results or could result in the deprivation of essential services or supports necessary to maintain his/her minimum mental, emotional, or physical health and safety (MN Statute 626.5572, Subd. 17). ([Structured Decision Making and Standardized Tools](#))

Serious Harm: The VA is more likely than not to immediately experience any of the following due to suspected maltreatment: 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.

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, sexual assault, death or injury requiring medical attention, injury considered serious by a physician.

Sexual abuse: Contact or interaction of a sexual nature by a licensed provider, or contact or interaction of a sexual nature involving a vulnerable adult without his/her informed consent (MN Statute 626.5572, Subd. 2[a][4] and Subd. 2[c]). If the vulnerable adult is mentally incapacitated or physically helpless, the allegation may be criminal regardless of ability to consent. Consent requires a freely given present agreement. Consent does not mean the existence of a prior or current social relationship or that the vulnerable adult failed to resist (MN Statute 609.341, Subd. 4a-b). Allegations may not be civil sexual abuse when the vulnerable adult has the ability to give informed consent and is not unduly influenced, or if the

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alleged perpetrator is a caregiver and the vulnerable adult, who is not unduly influenced, gives informed consent for a sexual relationship that existed prior to the caregiving relationship.

- Physical contact of a sexual nature. This includes rape, fondling, or caressing of the VA by another person, directly or through clothing. Include any penetration or attempted penetration with a body part, including intercourse, cunnilingus, fellatio, or anal intercourse.
- Physical contact of a sexual nature involving an object. This includes penetration or touching of the VA with an object, including bodily fluids.
- Sexual utilization of vulnerable adult for gratification of others. This includes use of the VA for the purposes of prostitution and other forms of sexual gratification, such as posting explicit photos/videos of the VA on the Internet or electronic devices; or allowing the VA adult to be viewed by others for sexual gratification (e.g., dancing/stripping).

Sexual abuse (criminal): (a) Criminal sexual conduct defined in 609.342 includes sexual penetration, regardless of consent, when the victim has: cause to have reasonable fear of bodily harm, a weapon or accomplice is involved, injury results, force or coercion is used, or the victim is cognitively impaired or physical helpless.

(b) "Sexual contact," for the purposes of sections 609.343, subdivision 1, clauses (a) to (f), and 609.345, subdivision 1, clauses (a) to (e) and (h) to (o), includes any of the following acts committed without the complainant's consent, except in those cases where consent is not a defense, and committed with sexual or aggressive intent:

(i) The intentional touching by the actor of the complainant's intimate parts; or (ii) The touching by the complainant of the actor's, the complainant's, or another's intimate parts effected by a person in a position of authority, or by coercion, or by inducement if the complainant is under 13 years of age or mentally impaired; or

(iii) The touching by another of the complainant's intimate parts effected by coercion or by a person in a position of authority; or

(iv) In any of the cases above, the touching of the clothing covering the immediate area of the intimate parts; or

(v) The intentional touching with seminal fluid or sperm by the actor of the complainant's body or the clothing covering the complainant's body.

(c) "Sexual contact," for the purposes of sections 609.343, subdivision 1, clauses (g) and (h), and 609.345, subdivision 1, clauses (f) and (g), includes any of the following acts committed with sexual or aggressive intent:

(i) The intentional touching by the actor of the complainant's intimate parts;

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(ii) The touching by the complainant of the actor's, the complainant's, or another's intimate parts;

(iii) The touching by another of the complainant's intimate parts;

(iv) In any of the cases listed above, touching of the clothing covering the immediate area of the intimate parts; or

(v) The intentional touching with seminal fluid or sperm by the actor of the complainant's body or the clothing covering the complainant's body.

Sexual penetration: Means any of the following acts committed without the complainant's consent, except in those cases where consent is not a defense, whether or not emission of semen occurs: (1) Sexual intercourse, cunnilingus, fellatio, or anal intercourse; or (2) Any intrusion, however slight, into the genital or anal openings: (i) Of the complainant's body by any part of the actor's body or any object used by the actor for this purpose; (ii) Of the complainant's body by any part of the body of the complainant, by any part of the body of another person, or by any object used by the complainant or another person for this purpose, when effected by a person in a position of authority, or by coercion, or by inducement if the child is under 13 years of age or mentally impaired; or

(iii) Of the body of the actor or another person by any part of the body of the complainant or by any object used by the complainant for this purpose, when effected by a person in a position of authority, or by coercion, or by inducement if the child is under 13 years of age or mentally impaired.

SSIS: The State of Minnesota's electronic records system; Social Services Information System.

Structured Decision Making® (SDM®) system: Assessment system comprised of research based and structured assessments designed to provide workers with a simple, objective, and reliable framework to assess individuals involved in APS at critical decision points in the life of a case and to provide managers with information for improved planning, evaluation, and resource allocation. SDM® support decisions and do not replace professional judgement.

Standardized Decision Tool: Tools made available by the commissioner for required use by county agencies for supporting APS decisions. Tools include: EPS Intake, Intake, Initial and Final Safety; Strengths and Needs assessment. Standardized tools include the SDM® system. Tools support decisions and do not replace professional judgement.

Substance abuse/dependency: The maladaptive pattern of alcohol and/or other drug use that leads to impairment, distress, or negative consequences. The term includes substance abuse and addiction.

Supportive Decision Making (SDM): SDM is a process of working with an individual to identify where help is needed and devising an approach for providing that help (Administration for Community Living (ACL)). SDM recognizes we all need help making decisions and everyone has

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a right to make choices (National Resource Center for Supported Decision-Making). SDM promotes self-determination, control and autonomy. It is person centered and fosters independence. SDM enables the person to make decisions with assistance from a trusted network of supporters.

Trustee: Appointed by the person (VA), or the court with specific duties under the trust agreement or court order.

Vulnerable adult (VA): Person over age 18 who is vulnerable under the categorical or functional definitions in MN Statute 626.5572 Subd. 21.

ACRONYMS

ADLs Activities of daily living

AMR Adult Maltreatment Report

AP Alleged perpetrator

APS Adult protection services

CEP Common entry point

DOB Date of birth

DPO Data Privacy Official

EPS Emergency Adult Protective Services

IADLs Instrumental activities of daily living

LE Law enforcement

LIA Lead Investigative Agency

MAARC Minnesota Adult Abuse Reporting Center

MDT Multidisciplinary Team

PSP Primary Support Person

SDM[®] Structured Decision Making[®]

SDM Supported Decision Making

SSIS Social Services Information System

VA Vulnerable adult

VAA Vulnerable Adult Act

ETHICAL PRINCIPLES OF ADULT PROTECTION

OVERVIEW

Minnesota Department of Human Services recommends adult protective services adhere to the National Adult Protective Services Association (NAPSA) code of ethics and that training on ethics be covered by agencies during pre-service training and ongoing staff education. Federal guidelines recommend the agency's code of ethics is signed by employees at the time of employment with APS.

POLICY

NAPSA CODE OF ETHICS

Adult Protective Services programs and staff promote safety, independence, and quality-of-life for older persons and persons with disabilities who are being mistreated or in danger of being mistreated, and who are unable to protect themselves.

GUIDING VALUE

Every action taken by Adult Protective Services must balance the duty to protect the safety of the vulnerable adult with the adult's right to self-determination.

SECONDARY VALUE

Older persons and persons with disabilities who are victims of mistreatment should be treated with honesty, caring, and respect.

PRINCIPLES

- Adults have the right to be safe.
- Adults retain all their civil and constitutional rights, i.e., the right to live their lives as they wish, manage their own finances, enter into contracts, marry, etc. unless a court adjudicates otherwise.
- Adults have the right to make decisions that do not conform with societal norms as long as these decisions do not harm others.
- Adults have the right to accept or refuse services.
- Learn about the APS practice guidelines developed from these principles.

NAPSA (OR APS) PRACTICE GUIDELINES

APS worker practice responsibilities include:

- Recognize that the interests of the adult are the first concern of any intervention.
- Avoid imposing personal values on others.
- Seek informed consent from the adult before providing services.
- Respect the adult's right to keep personal information confidential.

PROGRAM ADMINISTRATION

- Recognize individual differences such as cultural, historical and personal values.
- Honor the right of adults to receive information about their choices and options in a form or manner that they can understand.
- To the best of one's ability, involve the adult as much as possible in developing the service plan.
- Focus on case planning that maximizes the vulnerable adult's independence and choice to the extent possible based on the adult's capacity.
- Use the least restrictive services first whenever possible—community-based services rather than institutionally-based services.
- Use family and informal support systems first as long as this is in the best interest of the adult.
- Maintain clear and appropriate professional boundaries.
- In the absence of an adult's expressed wishes, support casework actions that are in the adult's best interest.
- Use substituted judgment in case planning when historical knowledge of the adult's values is available.
- Do no harm. Inadequate or inappropriate intervention may be worse than no intervention.

CONFIDENTIALITY AND DATA REQUIREMENTS

LEGAL AUTHORITY

Minnesota Statute 626.557 Subd. 9b. Response to reports.

Minnesota Statute 626.557 Subd. 12b. Data Management.

Minnesota Statute Chapter 13 Government Data Practices

[Maltreatment of Vulnerable Adults](#)

POLICY

A case file shall be maintained in the state data system for the vulnerable adult who is the subject of a report of suspected maltreatment by the agency responsible for investigation and adult protective services for each report referred by the Minnesota Adult Abuse Reporting Center (MAARC).

The Vulnerable Adult Maltreatment Act (VAA) contains specific requirements for obtaining, exchanging, disclosing and destruction of data associated with a report to the common entry point, MAARC. APS is responsible to follow the VAA and government data practice requirements during intake, investigation, adult protective services, appeal and following case closure. APS receives advice on data management requirements under the agency's policy and procedure and through the agency's Data Privacy Official (DPO).

PROCEDURE

The case file shall document all activities and critical step decisions associated with response to each MAARC report referred to the agency including: initial intake decision, initial disposition, response time, investigation activities, assessments, safety planning, interviews, document requests and response, consultations, weighing of the evidence, investigation final dispositions, required notices and appeal requests and outcomes. All documentation must include date, time, contacts involved and activity.

Data maintained by the common entry point, MAARC, are confidential data on individuals, or protected nonpublic data as defined in MN Statute [13.02](#)

Data collected by APS under their duties under the VAA is welfare data under MN Statute 13.46.

Data involving maltreatment of a vulnerable adult reported to MAARC generally is private, confidential, or protected nonpublic depending on the status of the report, investigation and data subject. The identity of the reporter is protected regardless of the status of the report.

While the investigation is active, information associated with the report, including names of the reporter, victim and alleged perpetrator and anyone else interviewed, is confidential.

Data obtained in the investigation of the abuse or neglect of a vulnerable adult may be shared as necessary between lead agencies, prosecuting authorities, and law enforcement agencies.

PROGRAM ADMINISTRATION

A lead investigative agency (LIA) may notify other affected parties if the agency has reason to believe maltreatment has occurred and dissemination of the information will safeguard the well-being of the affected parties or dispel wide-spread rumor.

Names, other than the reporter, and other data collected become private when the investigation terminates. The identity of the reporter is required to be protected regardless of the stage of the investigation with exceptions noted in the VAA.

POPULATION SERVED

LEGAL AUTHORITY

Minnesota Statute 626.557 Subd. 1. Public policy.

Minnesota Statute 626.5572 Subd. 21. Vulnerable adult.

POLICY

Minnesota statutes define an adult as a vulnerable adult based on categorical and functional criteria.

DEFINITION

Any person 18 years of age or older who:

1. Is a resident or inpatient of a facility*;
2. Receives services required to be licensed to serve adults under sections 245A.01 to 245A.15, except that a person receiving outpatient services for treatment of chemical dependency or mental illness, or one who is served in the Minnesota sex offender program on a court-ordered commitment, or is committed as a sexual psychopathic personality or as a sexually dangerous person under chapter 253B, is not considered a vulnerable adult unless the person meets the requirements of clause 4;
3. Receives services from a home care provider required to be licensed under section 144A.46; or from a person or organization that exclusively offers, provides, or arranges for personal care assistant services under the medical assistance program as authorized under sections 256B.04, subdivision 16, 256B.0625, subdivision 19a, 256B.0651, 256B.0653 to 256B.0656, and 256B.0659; or
4. Regardless of residence or whether any type of service is received, possesses a physical or mental infirmity or other physical, mental, or emotional dysfunction†:
 - That impairs the individual's ability to provide adequately for the individual's own care without assistance, including the provision of food, shelter, clothing, health care, or supervision; and
 - Because of the dysfunction or infirmity and the needs for care or services, the individual has an impaired ability to protect the individual's self from maltreatment

*A facility is also defined as certain types of licensed service that are provided in the VA's own home, or at an unlicensed location 626.5572 Subd. 6.

†Adults do not have to lack capacity in order to be vulnerable and be in need of protection under the statute. Some adults are vulnerable based solely on the services they receive or their place of residence.

TYPES OF MALTREATMENT

LEGAL AUTHORITY

Minnesota Statute 626.5572 Definitions.

Subd. 2 Abuse;

Subd. 4. Caregiver;

Subd. 9. Financial exploitation;

Subd.17. Neglect.

POLICY

Minnesota statues define 3 types of maltreatment.

ABUSE

Physical Abuse: Use of physical force that is non-accidental or non-therapeutic which produces or could reasonably be expected to produce physical pain or injury to the vulnerable adult. Include also assault in the first through fifth degrees as defined in sections 609.221 to 609.224.

Emotional Abuse: The misuse of power, authority, or both; verbal harassment; unreasonable confinement; or behavior that is not accidental or therapeutic which produces or could reasonably be expected to produce mental anguish or emotional distress of a vulnerable adult. MN has a “reasonable person standard” which means a reasonable person would have to consider it emotional abuse.

Sexual Abuse: Contact or interaction of a sexual nature involving a vulnerable adult and a licensed provider or contact or interaction of a sexual nature involving a vulnerable adult without his/her informed consent. If the vulnerable adult is mentally incapacitated or physically helpless, he/she cannot give informed consent. Consent does not mean the existence of a prior or current social relationship or that the vulnerable adult failed to resist (MN Statute 609.341, Subd. 4a-b). Incidents where a sexual relationship existed prior to impaired capacity, or when the vulnerable adult engages in sexual activity with persons other than licensed facility or service providers, may not be sexual abuse.

NEGLECT

Neglect is classified in two categories; caregiver or self neglect.

Neglect by a Caregiver: A failure or omission by a caregiver that results in the deprivation of care or services including but not limited to food, shelter, clothing, health care or supervision which are reasonable and necessary to obtain or maintain the vulnerable adult’s mental, emotional, or physical health and safety. Failing or omitting to provide services or supports outside of those required by the caregiver’s regulation, licensure, certification or registration may not be neglect.

PROGRAM ADMINISTRATION

A caregiver is an individual or facility who has responsibility for a vulnerable adult's care or services including but not limited to food, shelter, clothing, health care or supervision by regulation, licensure, certification or registration, or who has assumed responsibility for all or a portion of the care of a vulnerable adult voluntarily, by contract, or by agreement.

Self-Neglect: The Minnesota Vulnerable Adult Statute does not specifically identify "self-neglect" as a discrete category of neglect. Self neglect is defined under the section (b) of subdivision 17 when an act or omission by a vulnerable adult results or could result in the deprivation of food, shelter, clothing, health care or supervision reasonable and necessary to obtain or maintain the vulnerable adult's health, safety, or comfort and there is no caregiver with responsibility for the necessary care or services.

FINANCIAL EXPLOITATION

Minnesota Statutes defines financial exploitation as the use of a vulnerable adult's person or property by another for that person's profit or advantage, or by a fiduciary in breach or violation of fiduciary's obligation, regulation or duty owed the vulnerable adult. Financial exploitation includes but is not limited to situations where a person obtains money, property, or services from a vulnerable adult through the use of undue influence, harassment, duress, deception, or fraud.

LEAD INVESTIGATIVE AGENCY JURISDICTION

OVERVIEW

The Vulnerable Adult Act (VAA) identifies jurisdiction for response to each report made under the VAA with a civil lead investigative agency (LIA). LIAs include county social services and state licensing agencies. LIAs are responsible for civil investigation of reported abuse, neglect or financial exploitation. County LIAs have additional responsibility to offer protective services to the vulnerable adult. Tribes may assume responsibility for adult protection as an essential human service program. Law enforcement agencies have responsibility under VAA for response to civilly reported allegations which may also be criminal. Law Enforcement is not a civil lead investigative agency.

People live their lives across geographic lines and outside of the responsibility of caregivers. Cooperation across lead investigative agencies, law enforcement jurisdictions, state and federal agencies, counties and tribes is necessary for the protection of vulnerable adults, for investigation of maltreatment allegations and to bring consequences for perpetrators.

LEGAL AUTHORITY

Minnesota Statute 626.557 9b. Response to reports.

Minnesota Statute Subd. 10. Duties of county social service agency.

Minnesota Statute 626.5572 Subd. 13. Lead investigative agency.

Minnesota Statute 402A.10 Definitions.

POLICY

The LIA is the primary administrative agency responsible for responding to reports and making civil investigation decisions in response to reports made to the Common Entry Point (CEP).

The VAA directs data sharing, coordination, communication and cooperation of state and county agencies, mandated reporters, law enforcement, licensed providers and financial institutions for the protection of vulnerable adults and the investigation of suspected maltreatment. The VAA permits an exchange of information among these agencies to assist the investigation of the reported incident.

There are 3 LIAs:

COUNTY SOCIAL SERVICES – ADULT PROTECTIVE SERVICES (APS)

The county social service agency's adult protective services (APS) is the LIA for all reports alleging a vulnerable adult has been maltreated (abused, neglected or financially exploited) and the alleged perpetrator was not the provider or employee of a facility or service/program required to be licensed by the Minnesota Department of Health or Department of Human Service.

PROGRAM ADMINISTRATION

MINNESOTA DEPARTMENT OF HEALTH (MDH)

The Minnesota Department of Health (MDH), Health Regulation Division, is the LIA for all reports alleging a vulnerable adult who receives services licensed, or required to be licensed, by MDH, was maltreated (abused, neglected or financially exploited) and the alleged perpetrator is, or was, the service provider, or associated with the provider, such as an employee or another resident or services recipient. The Minnesota Department of Health licenses facilities and services such as; hospitals including some state operated hospitals, home care providers, nursing homes, boarding care homes, hospice providers, residential facilities that are also federally certified as intermediate care facilities that serve people with developmental disabilities, and any other facilities or services for the care of vulnerable adults.

MINNESOTA DEPARTMENT OF HUMAN SERVICES (DHS)

The Minnesota Department of Human Services (DHS), Office of the Inspector General, Licensing Division, is the LIA for all reports alleging a vulnerable adult who receives services licensed, or required to be licensed, by the Department of Human Services, was maltreated (abused, neglected or financially exploited) and the alleged perpetrator is, or was, the service provider, or associated with the provider, such as an employee, or another resident or service recipient. The Minnesota Department of Human Services licenses facilities and services such as; adult day care, adult foster care, community residential settings, programs for people with disabilities, family adult day services, mental health programs, mental health clinics, chemical dependency programs, the Minnesota Sex Offender program, supportive employment services and other facilities or services.

COMMON ENTRY POINT

LEGAL AUTHORITY

Minnesota Statute 626.557 Subd. 9. Common entry point designation.

Minnesota Statute Subd. 9a. Evaluation and referral of reports made to the common entry point.

POLICY

MINNESOTA ADULT ABUSE REPORTING CENTER (MAARC)

As Minnesota's designated common entry point (CEP), MAARC is required to accept and make required referrals for all reports of suspected maltreatment of vulnerable adults received from mandated reporters and the public. Minnesota statutes provide protections for reporters making a report in good faith, including the requirement for law enforcement, APS and all LIAs to protect the identity of the reporter.

MAARC:

- Is available 24 hours a day
- Accepts the report from the reporter
- Uses a standard intake form
- When appropriate refers reports not alleging maltreatment of a vulnerable adult
- Enters reports into the Social Services Information System (SSIS)
- Screens the report for immediate risk to the vulnerable adult (VA)
- Immediately notifies APS of immediate need emergency adult protective services (EPS)
- Immediately notifies law enforcement if a crime is alleged
- Immediately notifies the medical examiner and Ombudsman for Mental Health and Developmental Disabilities if death is alleged as a result of suspected maltreatment
- Refers the report to the appropriate lead investigative agency (LIA) as soon as possible, but no longer than within two working days

PROCEDURE

Reports of suspected maltreatment of vulnerable adults are made by calling MAARC at 1-844-880-1574. Mandated reporters can report online by going to mn.gov/dhs/reportadultabuse/

EMERGENCY PROTECTIVE SERVICES (EPS) SCREENING AND NOTIFICATION

LEGAL AUTHORITY

Minnesota Statute 626.557 Subd. 9a. Evaluation and referral of reports made to common entry point.

POLICY

MAARC screens reports for emergency protective services and makes referrals to county APS, or their designee.

MAARC screening is, based on the reporter's positive response to one of the following questions:

The vulnerable adult is/has:

- An incident of sexual assault is alleged within the past three weeks and VA has not received a sexual assault examination.
- Likely to be physically abused or sexually assaulted within the next 72 hours.
- Likely to be a victim of abuse, neglect or exploitation which will likely result in serious injury, harm or loss of health requiring medical care by a physician within the next 72 hours
 - Illness or condition and no way to obtain necessary medical care
 - Physical or sexual assault
 - No food or water and no way to obtain food or water
 - Does not meet own needs for necessary care and supervision and there is no way to obtain necessary care
 - Dependent on a caregiver who does not meet needs for necessary care or supervision
 - Exposure to extreme heat, cold, or other environmental hazard
 - Other

PROCEDURE

EPS notifications are made by MAARC to the county best able to protect the vulnerable adult. This is determined based on the county where the VA can be found by APS on the date of the MAARC report. This location may be where the VA is staying temporarily or may be a permanent address. The county responsible for EPS may be different than the county where the VA was located at the time the alleged maltreatment occurred, may be different than the county where the suspected maltreatment occurred and may be different than the county of financial responsibility.

PROGRAM ADMINISTRATION

MAARC EPS notifications are made to county APS or their after-hours designee electronically through SSIS 24/7/365. EPS notification is also made by phone when the LIA is a state agency (DHS or MDH).

MAARC EPS notification is not made when the VA's physical location is out of state regardless of LIA MN jurisdiction. MAARC refers reporter to the state's APS where the VA is physically located at the time of the report.

APS COORDINATION WITH OTHER ENTITIES

LEGAL AUTHORITY

Minnesota Statute 626.557 Subd. 9b. Response to reports.

Minnesota Statute 626.557 Subd. 12b. Data management.

POLICY

The Vulnerable Adult Act (VAA) directs data sharing, coordination, communication and cooperation of state and county agencies, tribal health/human services, mandated reporters, law enforcement, licensed providers and financial institutions for the protection of vulnerable adults and the investigation of suspected maltreatment. The VAA permits an exchange of information among these agencies for protection of the vulnerable adult to assist the investigation of the reported incident.

PROCEDURE

People live their lives across county and tribal lines. Cooperation across agencies is necessary for the protection of vulnerable adults and investigation of suspected maltreatment. Cross agency cooperation and collaboration provides a challenge to improve partnerships and an opportunity to improve protective services for vulnerable adults when multiple locations are involved.

MULTIDISCIPLINARY ADULT PROTECTION TEAMS

LEGAL AUTHORITY

Minnesota Statute 626.5571 Multidisciplinary Adult Protection Team.

Minnesota Statute 626.557 Subd. 12. b. Data Management.

POLICY

APS is encouraged to establish multidisciplinary adult protection teams (MDT) as allowed under Minnesota statutes. MDT membership includes county director or designee, county attorney or designee, county sheriff or designee and health care representatives. Additional members from health care, human service agencies, tribal government and advocacy groups may be included in a MDT.

Counties which boarder tribal nations are encouraged to invite tribal health/human services representation to be a member of the county's MDT. Counties are encouraged to accept and participate in tribal sponsored MDTs when invited.

Data sharing is allowed among MDT members consistent with state and federal law and the agency's data privacy official (DPO).

PROCEDURE

MDTs determine purpose, function, membership and data sharing agreements. It is critical for county MDT's to include tribal government representatives when the county shares boundaries with a tribe.

MDTs may provide public and professional education; develop resources for prevention, intervention and treatment; provide case consultation for the service recommendations for the vulnerable adult and family. The purpose of the increase coordination for improved protection for vulnerable adults.

Members of an adult protection team may discuss public data and develop resources for intervention, prevention, and treatment surrounding maltreatment of vulnerable adults. Core members of the adult protection team may discuss private data about individuals allegedly subjected to maltreatment consistent with statute and the agency's data privacy official (DPO).

RESPONDING TO THE REPORT-EPS

EMERGENCY PROTECTIVE SERVICES (EPS) NOTIFICATIONS

LEGAL AUTHORITY

Minnesota Statute 626.557 Subd. 9b. Response to reports.

Minnesota Statute 626.557 Subd. 10. Duties of county social service agency.

POLICY

APS is responsible to immediately assess the protection needs for vulnerable adults who are the subject of emergency adult protective services (EPS) notifications from the common entry point, the Minnesota Adult Abuse Reporting Center (MAARC). *“Immediately” means as soon as possible, but no longer than 24 hours from the time of initial knowledge that the incident has occurred has been received.*

PROCEDURE

MAARC EPS notification is received by the agency electronically in the Social Services Information System (SSIS) or outside of SSIS through request from a LIA responsible for investigation of a MAARC report.

EPS intake assessment of the vulnerable adult’s need for EPS is initiated immediately by APS on receipt of EPS notification by MAARC, or request for EPS/APS by another LIA. EPS intake is completed no longer than 24 hours from the time of MAARC notification, or request for EPS/APS by another LIA. EPS intake assessment is completed using the Emergency Protective Services Standardized Intake Tool and the county’s prioritization guidelines.

Notification date, APS intake, response and response time frames are documented by APS in SSIS.

RESPONDING TO THE REPORT- LIA

LEAD INVESTIGATIVE AGENCY REFERRALS

LEGAL AUTHORITY

Minnesota Statute 626.557 Subd. 9b. Response to reports.

Minnesota Statute 626.557 Subd. 9c. Lead investigative agency; notifications, dispositions, determinations.

Minnesota Statute 626.572 Subd. 10. Duties of county social services agency.

POLICY

APS is responsible to immediately assess reports referred to the agency from the common entry point, the Minnesota Adult Abuse Reporting Center (MAARC), as the LIA responsible for investigation of the reported allegation (s), preventing further maltreatment and safeguarding the vulnerable adult.

APS is required to immediately notify MAARC if APS believes the report was referred to the agency in error, including the basis for belief the referral was made in error.

“Immediately” means as soon as possible, but no longer than 24 hours from the time of initial knowledge that the incident has occurred has been received.

APS shall notify the reporter that it has received the report and of its initial disposition within 5 working days of the receipt of the report provided the reporter requested notification and that the notification will not endanger the VA or hamper the investigation. Only the reporter is entitled to initial disposition.

PROCEDURE

LIA referrals are received by the agency electronically in the Social Services Information System (SSIS).

LIA intake assessment is initiated immediately on the agency’s awareness of electronic receipt of the report. Intake includes review, confirming the agency’s jurisdiction, the allegation, the vulnerable adult’s need for adult protective services.

APS intake results in an initial disposition decision for the report. Initial dispositions are that the report will or will not be opened for investigation of the reported allegation and offering APS to the vulnerable adult.

Report for which the agency determines it does not have jurisdiction are returned to MAARC electronically through SSIS. Reports returned to MAARC for lack of jurisdiction must include: date the report is being bounced, the reason the agency has determined it does not have jurisdiction, identify the agency with jurisdiction, identify staff at the agency with jurisdiction who have accepted jurisdiction, i.e. Inter-agency agreement, or the initials of staff at the agency

TIME FRAMES

with jurisdiction. This procedure supports timely adult protective services for vulnerable adult who is the subject of the report and avoids reports being bounced from agency to agency for jurisdiction.

Decisions to accept reports for investigation and adult protective services are made using the SDM® Intake Assessment tool and the agency's established prioritization guidelines.

Report intake and initial disposition decisions are completed within 5 business days from the date the agency received referral of the MAARC report.

Initial disposition is provided to the reporter within 5 business days of the agency's receipt of the MAARC report.

Report date, referral date, APS Intake, response and response time frames are documented in SSIS.

The initial disposition letter for the reporter is found in SSIS documents.

When initial disposition is determined by the agency to endanger the vulnerable adult, disposition is not provided. Documentation on the basis of the decision to not provide disposition is made in SSIS.

INITIATING APS AND INVESTIGATION

LEGAL AUTHORITY

Minnesota Statute 626.557 Subd. 9b. Response to reports.

Minnesota Statute 626.557 Subd. 10. Duties of county social service agency.

POLICY

Adult protective services and investigation, of the alleged maltreatment for reports open for investigation of the alleged incident of maltreatment and adult protective services for the vulnerable adult, are initiated within 24 to 72 hours based on results of the standardized assessment tool's response priority. When time frame is not able to be determined by the tool, response priority must reflect the response time most protective for the vulnerable adult.

PROCEDURE

The screening assessment for adult protective services and investigation is completed based on the immediate danger to the vulnerable adult using the SDM® Intake Assessment Tool.

For reports screened in for investigation, the SDM® Intake Assessment Tool determines a *Response Priority* of 24 or 72 hours. –

Level 1 Response Priority:

The county social services agency shall begin its investigation within **24 hours** for reports alleging, or when there is substantial evidence, that a vulnerable adult is not in need of immediate care or protection but is allegedly abused.

Level 2 Response Priority:

The county social services agency shall begin its investigation within **72 hours** for reports alleging, or when there is substantial evidence, that a vulnerable adult is not in need of immediate care or protection but is allegedly neglected.

COMPLETING THE INVESTIGATION AND ADULT PROTECTIVE SERVICES

LEGAL AUTHORITY

Minnesota Statute 626.557 Subd. 9c. Lead investigative agency; notifications, dispositions, determinations.

Minnesota Statute 626.557 Subd. 10. Duties of county social service agency.

POLICY

Adult protective services are offered to safeguard the vulnerable adult and prevent repeat maltreatment during investigation of the report of suspected maltreatment.

The lead investigative agency shall complete its final disposition within **60 calendar days**. If the lead investigative agency is unable to conduct investigation activities required to complete its final disposition, the lead investigative agency shall notify the vulnerable adult or the vulnerable adult's legal guardian, if the lead investigative agency knows them to be aware of the investigation, and the facility, where applicable, of the reason for the delay and the revised projected completion date provided that the notification will not endanger the vulnerable adult or hamper the investigation. This process may be repeated if investigation activities required to complete final disposition are not completed by the subsequent 60 day time frame deadline.

Adult protective services for the vulnerable adult may continue past the 60 day time frame for making an investigation determination. Adult protective services are concluded when safety planning is complete and the vulnerable adult is safe or conditionally safe under conditions specified in the standardized safety assessment tool.

PROCEDURE

Time frame for counting days for the 60 day investigation is initiated using the date the MAARC report was referred to the LIA accepting jurisdiction for the investigation and concluded on the date the final disposition is entered for the allegation in the adult maltreatment report in SSIS. 60 calendar days are used to determine compliance with statutory time frames.

Notice to the VA or VA's guardian (if applicable) is required for investigations not concluded in 60 calendar days. Documentation for notice is made in SSIS through documents and case notes. Documentation for reason(s) the investigation continued past 60 days is entered in SSIS.

Investigation of suspected maltreatment is completed when the final disposition for the investigated allegation is entered into the adult maltreatment report in SSIS.

Adult protective services are concluded when the safety plan is completed and the vulnerable adult is assessed as safe or conditionally safe using the standardized tools and the assessment workgroup in SSIS is closed.

EMERGENCY PROTECTIVE SERVICES

OVERVIEW

Adult protective services (APS) provides emergency protective services (EPS) regardless of the lead investigative agency (LIA) responsible to investigate the report of suspected maltreatment. It is important for APS to be aware of the authority under which the agency is acting; duty for immediate protection under EPS when another agency is the LIA with jurisdiction for investigation, or duty for immediate protection under EPS and with jurisdiction for investigation and APS.

LEGAL AUTHORITY

Minnesota Statute 626.557 Subd. 9a. Evaluation and referral of reports made to common entry point.

Minnesota Statute 626.557 Subd. 9b. Response to reports.

Minnesota Statute 626.557 Subd. 10. Duties of county social service agency.

POLICY

APS is responsible to immediately assess the protection needs for vulnerable adults who are the subject of EPS notifications from the common entry point, the Minnesota Adult Abuse Reporting Center (MAARC), and for requests for EPS by another LIA with jurisdiction for investigation of the alleged maltreatment.

The agency receiving the EPS notification from MAARC is responsible to respond to the EPS notification. EPS reports may not be returned to MAARC for jurisdiction reassignment based on an inter-agency agreement. Inter-agency agreements for coordination in response to EPS notification takes place outside of MAARC to ensure timely protection for vulnerable adults.

The county responsible for EPS is the county where the VA can be found by APS the date of the MAARC report. This location may be where the VA is staying temporarily or may be a permanent address. For requests for EPS by another LIA responsible for investigation, the county responsible for EPS is the county where the VA can be found by APS on the date of the request for coordination for APS by the LIA responsible for the MAARC report.

When the county social service agency receives MAARC EPS notification, or receives a request for assistance in protection of the vulnerable adult from another LIA, the county social service agency shall immediately assess and offer emergency and continuing protective social services to prevent further maltreatment and safeguard the welfare of the maltreated vulnerable adult. The agency's intake decision should be consistent with the most protective response when screening information to establish vulnerable adult status is inconsistent or unavailable.

The county social service agency may also investigate to determine whether the conditions, which resulted in the reported maltreatment, place other vulnerable adults in jeopardy of being maltreated and offer protective social services that are called for by its determination. APS

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coordinates and exchanges data with the LIA with jurisdiction for the report, if the referral was received for EPS only and not as LIA. Identity of the reporter is protected during EPS.

APS shall use the [Structured Decision Making and Standardized Tools](#) to screen EPS notifications and in conducting safety assessment, strengths and needs assessments, safety planning, and for a second safety assessment when APS is provided. Adult protective services are person centered and safety planning can be unique for each vulnerable adult victim. All actions taken in response to notifications and requests for EPS are documented in the Social Services Information System (SSIS).

PROCEDURE

Immediate EPS notification is made electronically through the case management system (SSIS) for all MAARC EPS notifications. MAARC also makes EPS notifications by phone when the agency is not also the LIA. MAARC phone notification is also made over weekends and holidays regardless of the LIA to ensure timely protection for vulnerable adults.

MAARC EPS phone notification includes the following information:

- Name of the MAARC agent
- VA: date of birth and address
- Positive responses to the safety assessment (SSIS Safety tab) selected
- Any action taken to protect the vulnerable adult from further harm and who is responsible

The agency may also request any additional information available in the report.

LIAs may also request EPS/APS for a vulnerable adult associated with a MAARC report for which that LIA has jurisdiction by contacting APS intake. The LIA provides the vulnerable adult's name, MAARC report ID associated with the EPS/APS request and reason for the EPS/APS request. APS may request additional information from the LIA needed to respond to the request; including a copy of the MAARC report received by the LIA.

APS conducts intake on EPS notifications received from MAARC and requests for EPS/APS by another LIA using EPS standardized intake tool. APS responds to EPS notifications accepted by the agency by offering services to safeguard the vulnerable adult. APS uses SDM Initial Safety Assessment, SMD Strengths and Needs Assessment, Safety Planning and closing Safety Assessment to guide assessment and safety planning for vulnerable adults.

APS include offering and arranging health care, supervision and social services to prevent further maltreatment, serious injury, loss of health, or death of a vulnerable adult. APS may also include seeking authority to remove a vulnerable adult, seeking a restraining order, or arranging for the appointment or replacement of a guardian or conservator. APS is also offered to vulnerable adults alleged to have been sexually assaulted and who have not received a sexual assault examination.

When necessary in order to protect the vulnerable adult from further harm, APS shall seek authority to involuntarily remove the vulnerable adult from the situation in which the

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maltreatment occurred. APS may also investigate when LIA, or coordinate with the LIA for requests for EPS/APS, to determine whether the conditions which resulted in the reported maltreatment place other vulnerable adults in jeopardy of being maltreated. APS will offer protective social services that are called for by its determination. Investigation of the conditions is not investigation of the reported allegation and does not result in disposition.

Initial disposition to the reporter is not provided by the agency responsible for EPS/APS. Disposition is provided by the LIA with investigation jurisdiction.

Interventions offered and provided are documented in the data system.

Emergency protective services interventions may include:

- Determining whether a 911 call should be initiated.
- Coordinating with law enforcement for the protection of the vulnerable adult from the alleged perpetrator including removal of an alleged perpetrator using the [Domestic Abuse Act](#).
- Coordinating with LIA's, law enforcement, county services and licensed providers for protection of the vulnerable adult.
- Assisting the vulnerable adult to obtain necessary health care, supervision or social services.
- Emergency contacts with neighbors, family members or agencies who could provide immediate food, shelter, transportation to medical care and/or supervision.
- Coordination with medical provider, public health and/or law enforcement for purpose of determining if an emergency transport hold should be initiated.
- Immediately arranging and making available to the vulnerable adult appropriate medical examination and treatment.
- Immediately arranging and making available to the vulnerable adult a sexual assault examination.
- Appearance in family court on behalf of the victim to seek an order for protection or restraining order.
- Petitioning for the appointment of a guardian or conservator, or replacement of a guardian or conservator.
- Referring to a prosecuting attorney for possible criminal prosecution.
- Other

Best Practice: After receiving MAARC EPS phone notification check SSIS for the associated APS intake. This practice accommodates for system error and ensures vulnerable adults receive timely assessment in intake response to EPS notification. *Note: Reports may take up to 30 minutes to be received in SSIS following the phone notification.

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INTAKE/SCREENING

LEGAL AUTHORITY

Minnesota Statute 626.557 Subd. 1. Public Policy.

Minnesota Statute 626.557 Subd. 9a. Evaluation and referral of reports made to the common entry point.

Minnesota Statute 626.557 Subd. 9b. Response to reports.

Minnesota Statute 626.557 Subd. 9c. Lead investigative agency; notifications, dispositions, determinations.

Minnesota Statute 626.557 Subd. 10. Duties of county social service agency.

POLICY

A civil lead investigative agency (LIA) is responsible for response to every allegation of suspected maltreatment of a vulnerable adult occurring in Minnesota reported to the Minnesota Adult Abuse Reporting Center (MAARC). Every MAARC report is immediately referred to the civil LIA with jurisdiction. Intake activity to determine jurisdiction, screening decision and response time frame for initial disposition of the report is initiated by the LIA immediately upon initial knowledge by the agency of receipt of the report referred by MAARC.

APS shall use the Structured Decision Making® and Standardized Tools in coordination with the agency's established prioritization guidelines and professional judgement in making intake decisions for initial disposition. The agency's intake decision should be consistent with the most protective response when screening information to establish vulnerable adult status is inconsistent or unavailable. An intake decision for initial disposition of the agency's decision on response to the adult maltreatment report (AMR) is made and entered into SSIS for every EPS notification and LIA report received by the agency. Reporters receive notification of the initial disposition for all reports for which the agency accepts jurisdiction as LIA based on the reporter's request.

Relevant history with the agency, including prior accepted and screened out reports of maltreatment are considered during intake. The credibility of a reporter, or the reporter not having first-hand knowledge of the incident, is not determining as to whether the report should be accepted for adult protective services and investigation.

Reports for which the agency determines they do not have jurisdiction are required to be returned immediately to MAARC for referral to the LIA with jurisdiction. Making an intake decision for initial disposition evidences the agency has accepted jurisdiction for the reported allegations. Intake decisions are not made for reports for which another agency has jurisdiction. Identity of the reporter is protected through-out the intake process.

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The county with jurisdiction as the LIA is the county where the VA can be found by APS the date of the MAARC report. This location may be where the VA is staying temporarily or may be a permanent address. For requests for adult protective services by another LIA responsible for investigation, the county responsible for adult protective services is the county where the VA can be found by APS on the date of the request for coordination. Law enforcement shall cooperate and exchange information with APS to the extent allowed by statute when both agencies are involved for the protection of the vulnerable adult.

APS agencies may establish cooperative inter-agency agreements to respond to reports where multiple counties or tribes may be involved as: the vulnerable adult is in a temporary location, changing locations, or the vulnerable adult is receiving services from a county or tribe different than the agency receiving the MAARC referral under the commissioner's guidelines. Inter-agency agreements may also be used when the LIA with original jurisdiction identifies the appearance of a conflict of interest in making an intake or investigation decision for initial disposition of a report. Inter-agency jurisdiction agreements must be approved through an appropriate administrative authority.

The guiding policy for LIA inter-agency agreements is the best agency able to protect the VA and conduct the investigation should accept LIA jurisdiction. LIA changes based on inter-agency agreements should meet the 5 day time frames for initial disposition.

VA's can also be alleged perpetrators. Intent to perpetrate or a caregiver's duty for supervision is not considered in civil investigation. Caregiver neglect may be a separate allegation associated with an allegation where another vulnerable adult is the alleged perpetrator. .

Each APS agency is responsible to develop guidelines for prioritizing reports for investigation and adult protective services.

Notifications to the reporter on initial disposition for the report are required to be made within 5 business days from the date the agency received the MAARC report, unless the notification will endanger the vulnerable adult or hamper the investigation.

PROCEDURE

INTAKE FUNCTIONS INCLUDE:

- Monitor Assignment Log in SSIS for electronic transfers from MAARC
- Review the AMR Report
- Screen the report, including safety tab, for immediate risk to the vulnerable adult (VA)
- Review the VA status
- Review AP and allegation selected by CEP
- Review LIA determination by CEP
- Confirm the agency has jurisdiction as LIA for the report
- If the agency is determined to not have jurisdiction, return report to MAARC no longer than 24 hours from receipt of referral using the SSIS electronic data system standard

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“bounce” procedure within statutory timeframe of as soon as possible, but no longer than one business day.

- Review SSIS for reports and workgroups involving the VA or AP
- Contact the reporter if needed for clarifications on: vulnerable adult status, locations, allegation, relationship between AP and licensed services, incident, impacts and effects, risks or imminent danger, and safety assessment for EPS (optional)
- Contact with licensed providers identified under MN Statute 626.5572 Subd. 6. (optional)
- Consult with another LIA (optional)
- Consult with law enforcement (optional)
- Consult with county attorney (optional)
- Review MN Court Information System (optional)
- Complete EPS Intake Assessment in Decision Tools if EPS identified by CEP
- Complete the Intake Assessment in Decision Tools
- Document in SSIS additional intake activity
- Prioritize report for services and investigation using the county’s prioritization guidelines
- Make a final decision as to accept or decline for Investigation and protective services
- Issue an Initial Disposition Notice if requested by Reporter
 - *Decisions to not provide required notice must be documented and include the basis for why required notice would endanger the vulnerable adult or hamper the investigation. Document through case notes and structured tool completion the basis for decisions when the Intake Process is complete
- Supervisor approval for SDM intake decisions and overrides

RETURNING A REPORT TO MAARC FOR LIA JURISDICTION REASSIGNMENT: “BOUNCE”

REPORTS MAY BE RETURNED TO MAARC IN THE FOLLOWING CIRCUMSTANCES:

1. The report was referred in error.
OR
2. Additional information obtained during intake determines another LIA has jurisdiction.
OR
3. Inter-agency agreement

LIA has confirmed acceptance of one time jurisdiction of the report.

REPORTS ARE NOT TO BE RETURNED TO MAARC IN THE FOLLOWING CIRCUMSTANCES:

1. Emergency Protective Service (EPS) notification. Coordination is made outside of MAARC to ensure immediate response to identified EPS.
2. The LIA identified as having jurisdiction has not accepted jurisdiction.
3. To add LIA’s for alleged perpetrators and allegations not identified in the AMR.

COUNTY DUTIES

Enter reason report is being returned in the text box. Include:

- i. Date note was entered
- ii. Reason for not accepting jurisdiction
- iii. LIA accepting jurisdiction
- iv. Any additional information to assist MAARC and the responsible LIA
- v. Name of worker or agency that entered the reason

AGENCY RECEIVES A REPORT WITH NEW OR SAME ALLEGED PERPETRATOR(S) AND/OR NEW OR SAME/SIMILAR ALLEGATION(S) ON A VA ALREADY OPENED FOR INVESTIGATION

1. NEW OR SAME ALLEGED PERPETRATOR(S):

If during the course of an active investigation, a new report of maltreatment with a new or same alleged perpetrator is received, refer the report to the current investigation workgroup along with the allegation. Note: the timelines of the investigation will remain the same.

2. NEW OR SAME/SIMILAR ALLEGATION(S):

If during the course of an active investigation, a new report of maltreatment with new or same/similar allegation(s) is received, refer the report to the current investigation workgroup. Note: the timelines of the investigation will remain the same.

OUT-OF-STATE REFERRALS:

When MAARC receives a report regarding suspected maltreatment of a vulnerable abuse that did not occur in Minnesota and the vulnerable adult does not reside in Minnesota, MAARC will refer the caller to contact adult protective services in the state in which the allegation occurred.

If MAARC receives a report alleging maltreatment occurred in another state, but the vulnerable adult is currently located in Minnesota, MAARC will send the report to the county in Minnesota where the VA is currently physically located. MAARC does not send reports to other states.

When counties receive reports that allege the maltreatment occurred in another state, it is important for the receiving county to communicate with the state the alleged suspected maltreatment occurred. It is the responsibility of the receiving county to coordinate with the other state to determine who can best protect the vulnerable adult. Communication between the supervisor of the county who received the report and the supervisor from the other state is essential with these reports.

ALLEGATION OF NEGLECT: SELF OR CAREGIVER

LEGAL AUTHORITY

Minnesota Statute 626.557 Subd. 9c. Lead investigative agency; notifications, dispositions, determinations.

Minnesota Statute 626.5572 Subd. 4. Caregiver.

Minnesota Statute 626.5572 Subd. 13. Lead investigative agency.

Minnesota Statute 626.5572 Subd. 17. Neglect.

POLICY

The Vulnerable Adult Act (VAA) Caregiver Definition:

- Connects definitions for caregiver and neglect.
- Defines family as a caregiver responsible for the care of a vulnerable adult.
- Does not consider intent of the caregiver in neglect determinations.
- Conflicts with policy and social values for fairness and choice.
- Conflicts with policy and social values that encourage and support family members to identify as caregivers and assume responsibility for vulnerable family members.

The responsibility of family, including spouses and parents, to provide care for another adult family member is based on cultural, religious and socially determined values; not a legal duty. Minnesota statutes, other than the VAA, do not identify responsibility for family members to care for vulnerable adult family members.

Professionals without responsibility to provide food, shelter, clothing, health care or supervision are not caregivers under the statute.

When making initial disposition, conducting investigation activities and in making final disposition, APS must determine:

- If the person, alleged to be responsible for neglect, is a caregiver AND
- If the alleged neglect is under responsibility of the identified caregiver OR
- If the alleged neglect is under responsibility of the vulnerable adult.

When a professional without responsibility to provide food, shelter, clothing, health care or supervision, OR when an unpaid, informal support person, or unpaid family member, including a spouse or parent, is alleged to be the perpetrator of caregiver neglect, APS should assume the allegation is self-neglect, without information the alleged perpetrator had a duty to act under agreement or contract to meet the vulnerable adult's needs to maintain health, safety or comfort.

COUNTY DUTIES

PROCEDURE

LICENSED SERVICES AND FACILITIES ARE CAREGIVERS:

For a professional to be responsible for neglect as a caregiver under the VAA, the professional must have the duty to provide for the vulnerable adult's food, shelter, clothing, health care or supervision under a DHS or MDH license, or under a contract or agreement. When caregiver's the responsibility for health, safety or comfort is required to be under a DHS or MDH license, these agencies are the lead investigative agency.

PCA, PCPO, AND UNLICENSED PROFESSIONAL CAREGIVERS:

For unlicensed personal care attendants (PCA's), personal care provider organizations (PCPO's) and unlicensed paid professionals to be responsible for neglect as a caregiver under the VAA, the paid professional must have a duty to provide for the vulnerable adult's food, shelter, clothing, health care or supervision under a paid contract or agreement. When a paid caregiver's responsibility for health, safety or comfort is not required to be under a MDH or DHS license, a county is the lead investigative agency.

PROFESSIONALS WHO MAY NOT BE CAREGIVERS:

Professionals and paid service providers with a duty to a vulnerable adult based on their employment may not be responsible under their position, professional license, court order or contract, to directly provide food, shelter, clothing, health care or supervision to the vulnerable adult. These professionals may not be a caregiver, or associated with neglect, under the statute. Guardians, conservators, powers of attorney, trustees, case managers, care coordinators, pharmacists and other professionals who do not have responsibility to directly provide necessities to the vulnerable adult, may not be caregivers responsible for neglect under MN Statute 626.557 without the existence of other conditions for assumption of responsibility such as a service agreement or contract.

When the professional or paid service provider is not a caregiver under the VAA, consider if the allegation is correctly self-neglect as the vulnerable adult is responsible for, but not meeting, their own necessary needs. Also consider whether there may be another form of maltreatment by the professional or paid service provider such as abuse or exploitation.

Regardless, if the professional meets the definition as a caregiver, or the incident is maltreatment, there may be other remedies for the alleged victim including civil, criminal, employment, licensing or professional board sanctions for the incident for which a professional is alleged to be responsible.

UNPAID, INFORMAL SUPPORT PERSONS AND UNPAID FAMILY CAREGIVERS

Identifying, or being identified, as a caregiver does not mean the person is a caregiver under the VAA.

COUNTY DUTIES

Unpaid, informal support persons and unpaid family members are encouraged by government policy and society to identify as caregivers. These are often the informal caregiver of choice for the vulnerable adult. These persons may also be encouraged by providers, case managers, care coordinators and APS to voluntarily assume responsibility to meet the necessary care needs of a vulnerable adult. They may be identified in discharge, safety or service plans as responsible for supporting the vulnerable adult, without understanding the consequences of doing so under the VAA.

Unpaid, informal support persons and unpaid family members may receive little information about the vulnerable adult's impairment, diagnosis, prognosis, care needs, options for care, or steps to take if they are unable to provide care for the vulnerable adult. They may be unaware of service options, resources or financial means to meet the vulnerable adult's needs. They may believe that if they do not assume responsibility, the vulnerable adult's necessary needs will not be met. They often do not understand the VAA or the person or professional consequences if they are subject to a report of suspected maltreatment based on their assumption of responsibility for the vulnerable adults' care.

The existence of a service plan identifying an unpaid caregiver, an understanding by professionals or others, or the assertion by the person or the vulnerable adult that the person is acting a caregiver, is not evidence of assumption of the duty to provide necessary care of the vulnerable adult without other conditions. Other conditions may include a payment agreement or contract, or the person asserting they are the caregiver while obstructing implementation of safety planning for another caregiver to meet the vulnerable adult's necessary needs.

CAREGIVER SUBJECT TO PERPETRATOR OF NEGLECT ALLEGATION

One of following must be met to be a caregiver subject to neglect allegation:

- Duty or responsibility under a DHS or MDH license to provide the food, shelter, clothing, health care or supervision alleged to be neglected.
- Duty or responsibility as a Personal Care Assistant (PCA), or a Personal Care Provider Organization (PCPO), to provide the food, shelter, clothing, health care or supervision alleged to be neglected.
- Duty or responsibility under a paid service agreement, or other contract, to provide the food, shelter, clothing, health care or supervision alleged to be neglected when this neglect impacts the health, safety or comfort of the vulnerable adult.
- Assumption by an unpaid, informal or family caregiver of responsibility to provide the food, shelter, clothing, health or supervision that is alleged to be neglected in addition to other conditions.

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DETERMINING CAREGIVER VS. SELF NEGLECT

When the caregiver is an unpaid, informal support person, or an unpaid family member the following considerations may be made for determining if an allegation is self vs. caregiver neglect.

- The caregiver is not responsible to meet the need; the allegation may be self-neglect.
- The vulnerable adult voluntarily left a licensed facility, or is refusing necessary services against medical advice; the allegation may be self neglect.
- The vulnerable adult is refusing or obstructing the caregiver's ability to provide necessary care and services; the allegation may be self-neglect.
- The caregiver, without legal authority, refuses consent for the vulnerable adult's necessary care or services; the allegation may be self-neglect.
- A caregiver, including a caregiver living with the vulnerable adult, did not understand the needs of the vulnerable adult or was not provided information on the vulnerable adults needs by a professional with ability to do so; the allegation may be self-neglect.

Consider the caregiver's understanding in:

- The vulnerable adult's necessary needs.
 - Availability of options for available services or supports, other than the caregiver, to meet the vulnerable adult's necessary needs.
 - Authority, or ability, of the caregiver to consent to, or to implement other options to meet the vulnerable adult's necessary needs.
 - Consequences to the vulnerable adult's health, safety and comfort if the caregiver did not provide the care.
- The caregiver assumed responsibility for care and services of the vulnerable adult *without* a contract or agreement and is alleged to be neglecting those needs and is interfering or obstructing care and services to meet the vulnerable adult's needs. The allegation may be caregiver neglect.
 - The caregiver assumed responsibility for care and services of the vulnerable adult *under* a contract or agreement and is alleged to be neglecting those needs and/or is interfering or obstructing care and services to meet the vulnerable adult's needs. The allegation may be caregiver neglect.
 - The caregiver was aware of the vulnerable adult's needs; options to meet their needs; had authority to implement options to meet needs; and yet intentionally or knowingly allowed neglect. The allegation may be caregiver neglect.

STRUCTURED DECISION MAKING (SDM[®]) AND STANDARDIZED TOOLS

LEGAL AUTHORITY

Minnesota Statute 626.557 Subd. 10. Duties of county social service agency.

POLICY

APS uses a standardized tool in response to reports referred to the agency as LIA and for adult protective services. Use of standardized tools supports policy goals of preventing further maltreatment and safeguarding vulnerable adults. Modules in the standardized tool support APS in making critical decisions to carry out duties to assess and offer emergency and continuing protective services.

Standardized tool modules are used at critical points for decision making in : emergency adult protective services (EPS) intake, lead investigative agency (LIA) intake, report response priority, intake of APS requests by another LIA, assessing current safety of the vulnerable adult , assessing the strengths and needs of the vulnerable adult and primary support person to guide safety planning, developing a safety plan and re-assessing the vulnerable adult's current safety to guide case closure, Policy guidelines and procedures for each tool are in the [Minnesota Adult Protection Structured Decision Making and Standardized Tools Guidelines and Procedures Manual](#).

PROCEDURE

The standardized tool is made available by DHS and completed using modules in the Social Services Information System (SSIS). Complete policy associated with structured decision making process is found in the [Minnesota Adult Protection Structured Decision Making and Standardized Tools Guidelines and Procedures Manual](#) .

THERE ARE 5 SDM[®] AND STANDARDIZED TOOL MODULES:

EPS Standardized Intake Tool

The EPS standardized intake tool is completed as soon as possible, but no later than 24 hours from receiving the MAARC EPS notification, or request for adult protective services from another LIA. The EPS intake decision is completed no later than 24 hours from notification/request. EPS intake results in a decision to open, or not open, MAARC EPS notification for emergency adult protective services.

SDM[®] Intake Assessment

The SDM[®] intake assessment is completed as soon as possible when the information is received, but no later than one business day from receiving the report from MAARC or request from another LIA. The intake decision is completed no later than 5 business days from receiving the report from MAARC or request from APS from another LIA. SDM[®] Intake results in a

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decision to open or not open the MAARC referral for investigation and adult protective services and how quickly to initiate adult protective services; 24 or 72 hours.

SDM® Initial Safety Assessment

The SDM® safety assessment helps assess whether the VA is likely to be in danger of serious harm and determines what interventions should be initiated or maintained to provide appropriate protection. The SDM® initial safety assessment process is completed before leaving the VA's living environment at the time of the first face-to-face visit. The assessment is completed within two working days of the first face-to-face contact by the APS investigator.

SDM® Strengths and Needs Assessment

The SDM® strengths and needs assessment/reassessment (SNA) identifies critical client and primary support person (PSP) service needs and helps guide safety planning and interventions offered and provided to the vulnerable adult and primary support person. The **initial assessment** is completed at the first face-to-face contact with the VA. The SNA is completed at this time to inform service referrals during the remainder of the case/investigation and to establish a baseline for measuring the impact of those services. **An optional closing assessment** may be completed just prior to case closure (i.e., no more than one week prior to closing the case) for cases opened more than 30 days or when more than one face-to-face was completed with the client to determine which needs initially identified have been addressed.

Safety Plan

The safety plan is completed following the completion of the initial safety assessment and initial SNA. Safety planning is required when the when safety assessment results in a decision of "conditionally safe" or "unsafe." Safety planning for the VA is based on the results of the safety assessment, including identification of specific current danger factors and available interventions. Safety planning is also guided by priorities identified in the SNA. Safety planning begins with a discussion of the identified current danger factors with the VA and discussion of interventions available to manage the identified safety issues and needs of the VA. All parties with responsibilities for the safety plan should have clear understanding of the safety plan.

Final Safety Assessment

The final safety assessment determines whether closing the APS assessment is appropriate based on the current danger factors impacting the VA's current safety level. The final safety assessment is completed prior to case closure.

CONDUCTING THE INVESTIGATION

LEGAL AUTHORITY

Minnesota Statute 626.557 Subd. 5a. Financial institution cooperation.

Minnesota Statute 626.557 Subd. 9b. Response to reports.

Minnesota Statute 626.557 Subd. 10b. Investigations; guidelines.

POLICY

Lead investigative agency's (LIA)'s are responsible to initiate response immediately and conduct civil investigation activities within required time frames for reports in that agency's jurisdiction referred by MAARC. A final disposition is made for each allegation at the conclusion of the investigation.

Evidence to confirm the victim's status as vulnerable adult must be collected during investigation. If the VA status is based on categorical vulnerability, confirm receipt of categorical services and the license of the service provider.

Adult protective services to safeguard the vulnerable adult and prevent further maltreatment may continue past the date final investigative dispositions are determined.

LIA's must coordinate investigation of civil reports with law enforcement when the civil allegations may also be a crime against a vulnerable adult. The responsibility of the LIA to coordinate with law enforcement exists regardless of the required notification made to law enforcement by MAARC at the time of the report and exists throughout the duration of the investigation. Law enforcement is responsible for the criminal investigation.

Agencies must consult with their data privacy official (DPO) and/or agency legal counsel for adherence to government data practices. Notification to the alleged perpetrator and alleged victim of the purpose of the investigation are done consistent with data practices and in coordination with law enforcement when the alleged maltreatment may also be a crime. Alleged perpetrators are treated respectfully and as innocent of a civil or criminal allegation during investigation.

APS as an LIA is always also responsible for offering protective services to the vulnerable adult in conjunction with the civil investigation. APS as the LIA is responsible to coordinate with other county agencies, law enforcement and licensed providers for the civil investigation determination AND for protection of the vulnerable adult.

Investigation activities are documented in the data system (SSIS).

Identity of the reporter is protected through-out the investigation process.

When a report has been accepted for investigation of alleged maltreatment, APS as the lead investigative agency shall conduct the following activities, as appropriate:

- interview of the alleged victim;

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- interview of the reporter and others who may have relevant information;
- interview of the alleged perpetrator;
- examination of the environment surrounding the alleged incident;
- enter facilities;
- inspect and copy facility records;
- access medical records;
- administrative request and review financial records when investigating financial exploitation
- review of pertinent documentation of the alleged incident;
- obtain law enforcement investigation results
- consult with other professionals
- safety planning and adult protective services for the vulnerable adult

Exceptions for interview standards may be made when the person is deceased, unable to be contacted following diligent attempts, or when the agency has reason to know the interview will endanger a vulnerable adult.

PROCEDURE

It is important that the investigation of an alleged incident of maltreatment be organized, thorough and unbiased. A worker should always consider that the information gathered may be used in a court/appeals hearing so it needs to be as complete as possible.

All investigative activity must be documented in the data system.

When statutory investigation activity required to be conducted under statute is not conducted in the course of an investigation, the decision to not complete the investigation activity and basis for the decision must be documented.

Required notices are made in writing to the vulnerable adult and alleged perpetrator provided the notification will not endanger the vulnerable adult. Decisions to not provide required notice must be documented and include the basis for the belief that required notice would endanger the vulnerable adult.

WHEN NEW VICTIMS, ALLEGED PERPETRATORS, AND/OR ALLEGATIONS ARE IDENTIFIED DURING AN ACTIVE INVESTIGATION:

NEW VICTIMS:

If during the course of an active investigation, a new victim is identified as having been maltreated, a new report must be made to the Minnesota Adult Abuse Reporting Center identifying the victim, suspected maltreatment and alleged perpetrator.

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NEW ALLEGATION:

If during the course of an active investigation, a new allegation of maltreatment is identified, add the allegation to the current investigation workgroup. Note: the timelines of the investigation will remain the same.

NEW ALLEGED PERPETRATOR:

If during the course of an active investigation, a new alleged perpetrator is identified, add the alleged perpetrator to the current investigation workgroup along with the allegation. Note: the timelines of the investigation will remain the same. If the new alleged perpetrator is under the jurisdiction of DHS or MDH as LIA, a new MAARC report must be made.

OBTAINING DOCUMENTS

LEGAL AUTHORITY

Minnesota Statute 626.557 Subd. 5. Immunity; protection for reporters.

Minnesota Statute 626.557 Subd. 5a. Financial institution cooperation.

Minnesota Statute 626.557 Subd. 9b. Response to reports.

POLICY

APS as LIA is responsible to request records relevant to the investigation. LIA's may obtain not public data, medical records, facility records, records of licensed providers, law enforcement investigation results and financial records when investigating financial exploitation. Obtaining law enforcement investigation results is required when these are available. Minnesota statute ensures immunity for persons who participate in an investigation of suspected maltreatment knowing a report has been made to MAARC. State statute requires financial institutions to cooperate in providing financial records to lead investigative agencies, law enforcement or prosecuting authorities associated with a MAARC report.

Records pertinent to the investigation may also be obtained with authorization and consent from the vulnerable adult or surrogate. Records should be obtained within the agency's authority. The agency's legal counsel or data practices official should be consulted for questions or conflicts of authority to release or request data.

PROCEDURE

Document records requests. Use standard release forms identifying the agency's authority to request data. Records requested and obtained should relate to the time period of the alleged incident and identify: date of the document, source of the document, when and how the document was prepared. Documents should be legible.

LAW ENFORCEMENT

Investigation results are required. Police reports may be requested. Law enforcement will have information that will guide the civil investigation. There may be information and interviews that the police have obtained, so, to avoid duplication, it is important to coordinate with law enforcement, obtain and carefully review investigation results. APS may need to interview the officer or officers involved in the case.

MEDICAL RECORDS

Records from hospitals, clinics or providers. Medical records can evidence diagnosis, impairment, dependency, ability to protect self from maltreatment and provider evidence of abuse or neglect. Pertinent records include medical history, documentation of injuries or impacts from maltreatment, lab work, plan for care, discharge planning, follow-up required to

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attain or maintain the VA's health care needs. Medication lists should be obtained from the vulnerable adult's physician (s) or facility physical orders.

FACILITY OR SERVICE PROVIDERS

Most investigations that are conducted by APS will not involve licensed facilities or service providers as Minnesota Department of Health or the Minnesota Department of Human Services as these investigations are under the jurisdiction of MDH or DHS as LIA. However, there may be an unusual case that may involve gathering evidence from a facility or home care agency. If the case involves a staff person from a facility or agency, it is relevant to obtain all information relating to them including their personnel file. The schedules and time cards are used to prove the staff person was working at the time of the incident.

FINANCIAL

Financial records are extremely important when conducting an investigation of financial exploitation. Often these cases are joint investigations with law enforcement. Determine who will obtain the financial records for the investigation; the county worker or law enforcement. Agree on which documents need to be obtained and who is gathering which documents. You may need to provide the statute citation in a letter to the bank. Sometimes they require a search warrant or subpoena from law enforcement to obtain records. Review for: ownership or changes in ownership, deposit and withdrawal sources, expenditures, payment of necessary care and services, gifting, historical pattern; to identify changes in patterns associated with impairment.

RESOURCE

Appendix B: *Consumer Financial Records Request*

SAFETY PLANNING, INTERVENTION, AND CASE CLOSURE

LEGAL AUTHORITY

Minnesota Statute 626.557 Subd. 9b. Response to reports.

Minnesota Statute 626.557 Subd. 10. Duties of county social service agency.

POLICY

SAFETY OF THE VULNERABLE ADULT

APS is required under the VAA to safeguard the vulnerable adult and prevent the vulnerable adult from further harm from maltreatment. APS is the only agency tasked with this essential human services responsibility. DHS and MDH as LIAs do not offer or provide adult protective services. The goals of APS intervention are to improve safety and quality of life as defined by the person and to reduce risk of re-victimization.

APS is required to immediately assess and offer emergency and continuing protective services for the purposes of preventing further maltreatment and safeguarding the welfare of the vulnerable adult in the following circumstances:

- MAARC Emergency Adult Protective Services (EPS) notification
- Request for cooperation and coordination for the protection of a vulnerable adult from another LIA with jurisdiction for an investigation associated with a MAARC report
- As part of an investigation of alleged maltreatment for which APS is the LIA associated with a MAARC report

Protective service interventions are guided by use of the adult protection structured decision making and standardized tool modules. [Adult Protection Structured Decision Making and Standardized Tools Guidelines and Procedures Manual](#) provides additional policy guidance safety planning and intervention. Adult protective services are person centered and safety planning can be unique for each vulnerable adult victim. All interventions offered to the vulnerable adult are based on the principle of the least restrictive intervention needed to meet assessed needs of the vulnerable adult. Informal supports, family supports and community based services are preferred when these are the choice and in the interests of the vulnerable adult. Services for the vulnerable adult are voluntary. APS continues to work to engage vulnerable adults who refuse services in safety planning and to identify and engage a support system, or primary support person, for protection of isolated vulnerable adults. Involuntary options, such as guardianship, are used only when necessary to protect a vulnerable adult from the serious harm of substantiated maltreatment.

APS may continue to be provided following the completion of the investigation and the final investigation disposition being made. APS' continue until the closing safety assessment determines the vulnerable adult is safe, conditionally safe, or unsafe specific conditions are met.

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APS cases may be closed for VA's assessed as conditionally safe when the following conditions are met:

- APS made diligent efforts to implement safety planning with the VA and/or support system to mitigate risk from existing danger(s) to the VA.

AND

- VA agreed to accept formal supports

OR

- Services necessary to mitigate risk of current danger factor(s) to the VA will be provided consistent with the safety plan regardless of the VA's ability to provide informed consent

AND

- The agency believes current danger factors will be mitigated through implementation of the safety plan.

APS cases may be closed for VA's assessed as conditionally safe or unsafe when:

- APS made diligent efforts to implement safety planning with the VA and/or support system to mitigate risk from existing danger(s) to the VA.
- The VA has the ability to understand the risks associated with danger factors and understand options that may mitigate the danger and information has been provided to support the VA in understanding the consequences of a refusal to make changes or accept services or support necessary to mitigate the risk.
- The VA is making an informed decision to refuse to make changes or accept services or supports necessary to mitigate the risk from danger factor(s).

AND

- Further engagement by the agency with the VA is not likely to result in a decision by the VA to accept implementation of a safety plan to mitigate danger factors.

Service planning and interventions are documented in the data system using the structured decision making tool modules, attachment of the safety plan, completion of the interventions offered and provided to the vulnerable adult and primary support person at the close of the assessment and through case notes.

Vulnerable adults who are the subject of a closed APS assessment following the completion of adult protective services may be offered case management if case management services are available and appropriate.

PROCEDURE

The SDM safety assessment guides planning by identifying maltreatment danger factors and providing recommended Safety Interventions. The SDM Strengths and Needs Assessment identifies root causes of maltreatment to prevent repeat maltreatment and supports

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identification of needs for service planning to support the VA's safety. The Safety Plan is developed based on assessed strengths and needs for the Vulnerable Adult and the Primary Support Person (PSP), if there is a PSP. The goal of the Safety Plan is to address the root causes of maltreatments using safety interventions and services. Interventions in the Safety Plan are based on recommendations and on APS professional judgement. Safety Planning may include interventions not identified through the SDM. Interventions offered and accepted are documented through case notes and in the SSIS application at case closure.

Implementation of the service planning and interventions identified in the safety plan occurs during the course of the investigation of the alleged maltreatment. During investigation, APS works to develop a relationship with the vulnerable adult, primary support person and at times, the alleged perpetrator. These relationships are the basis of the service planning and intervention. APS may need to, identify, develop and involve a support network for the vulnerable adult to address and resolve the maltreatment and to implement and monitor the service planning after the APS assessment is closed.

Service planning may not be completed concurrently with the investigation determination. Implementation of the safety plan through service planning, may continue after the allegation determination is made. The assessment should not be closed until APS role in service planning and intervention is completed AND the vulnerable adult is safe or, in some circumstances identified as overrides in the SDM, conditionally safe. The vulnerable adult's safety level at close of the assessment is documented using the SDM Closing Safety Assessment.

It is important to recognize that the VA's impairments, history of trauma, or right to choice, may impact the VA's agreement with service planning. The VA's initial refusal to consent or cooperate with service planning or interventions does not justify closing the assessment. APS uses skill to develop a relationship with the VA and PSP to implement interventions for safety planning. Use of a person centered approach in working with a client who is refusing service, or with the alleged perpetrator, is critical in implementing interventions. A person centered approach balances what is important to the vulnerable adult with what is important for their safety.

The statute provides legal tools to APS which may be used to provide involuntary protective services when there is no less restrictive alternative to protect a maltreated vulnerable adult from serious harm. Involuntary interventions include restraining orders, the appointment or replacement of a guardian, and referral to a prosecuting attorney for possible criminal prosecution of the perpetrator. Involuntary interventions are only used when necessary to protect the VA from serious harm AND: less restrictive alternatives will not be effective; less restrictive alternatives do not exist; the intervention addresses the serious harm.

INTERVENTION DESCRIPTIONS

VOLUNTARY INTERVENTION

Interventions may be recommended, referred or implemented by APS as part of safety planning for the VA.

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Non-Exhaustive APS Interventions:

Caregiver education or support – Assistance for family or other informal caregivers to improve or sustain capacity for caregiving. Includes counselling, support groups, training or respite.

Case management/Care coordination – Assessment of needs, development and monitoring of a service plan, service referral, coordination and advocacy to ensure the safety and well-being of the VA.

Chemical dependency assessment/treatment – Services and activities to deter, reduce or eliminate substance abuse or chemical dependency.

Domestic abuse services – Advocacy, counselling, support, support groups for victims or perpetrators of domestic violence.

Emergency assistance – Food, shelter, clothing, transportation, social services or financial assistance provided on an emergency basis.

Economic assistance – Cash assistance, Supplemental Nutrition Assistance (SNAP), energy or child care assistance.

Employment training – Services, education, coaching, or other activities to assist in achieving or maintaining economic self-support.

Family counseling or mediation – To help family members improve communication, resolve conflict or identify and change patterns. Provided by a trained or licensed therapist or mediators.

Financial management assistance – Services or activities to assist in managing finances or planning for future financial needs. Includes meeting with financial institutions, financial planning, estate planning, money management and planning to meet needs associated with impaired capacity.

Gambling addiction treatment - Services and activities to deter, reduce or eliminate compulsive or addictive gambling.

Health Care Directive completed or modified – Executing a new health care directive or modifying an existing directive to name or change an agent or identify advance health care planning.

Home or community based services – Supports provided outside of a nursing home or hospital to meet needs for food, shelter, clothing, health care or supervision.

Housing clean-up or repair – Supports to clean up or repair dilapidated or hazardous housing conditions or meet housing codes.

Legal advice, counsel or representation – Legal counsel or representation by an attorney for the VA or support person to address civil or criminal matters such as: housing issues, estate or incapacity planning, asset recovery, bankruptcy or criminal allegations.

Medical evaluation or care – Services to attain or maintain physical health.

Mental health evaluation or services – Services to attain or maintain mental health.

COUNTY DUTIES

Medical Assistance (MA) application – Applying and meeting verifications for Medical Assistance.

Medical Assistance hardship waiver – Applying and meeting verifications for a hardship waiver.

MN Choices Assessment/Long Term Care Consultation – Referral and/or support through the process.

Move or relocation of the VA – Assistance or support.

Move or relocation of the perpetrator – Assistance or support.

Multidisciplinary adult protection team review – Using an MDT for service recommendations, support of safety planning, case review or coordination with MDT members.

Ombudsman – Advocacy for rights of people receiving long-term services and supports or mental health and developmental disability services.

Office of the Inspector General – Fraud investigation.

Power of Attorney or trust completed or modified – A power of attorney or trust document was executed, revoked or modified.

Sexual assault examination and treatment – Medical forensic services to diagnosis, treat and preserve evidence of assault.

Support system for the VA engaged – Family, responsible party, informal supports identified, located, engaged to support, meet or monitor needs, or provide safety to prevent maltreatment.

Transportation – Provide or arrange travel to access services, medical care or employment.

Tribal agency for social services – Tribal social services

VA's assets or property recovered or returned – Through intervention assets or property was recovered or returned.

Victim services – Provided to, or on behalf of, victims in the criminal justice system. Includes post sentencing services and supports for crime victims handled by a prosecutor's office.

INVOLUNTARY INTERVENTION

Animal control – Office or agency responsible for enforcement or control, impounding or disposition of animals.

Commitment – Court process for involuntary treatment of mental illness or chemical dependency under circumstances of danger to self or others.

Criminal conviction of perpetrator – Perpetrator is criminally convicted.

Emergency hold – 72 hour hold by law enforcement, physician or public health.

Guardian/conservator appointment or replacement - Court order resulting in appointment, appointment revocation or modification of a guardian or conservator.

COUNTY DUTIES

Health and welfare check - Performed by Law enforcement.

Hold Order - 72 hour hold by law enforcement, physician or public health.

Housing code inspection – Housing or fire code inspection.

Law Enforcement – Criminal report, coordination of the civil and criminal investigation or for adult protective services for the vulnerable adult.

Representative Payee appointed or modified – New or modified Social Security, Veterans Administration, or other government retirement income Payee.

Restraining order for removal of the perpetrator – Order for Protection, Harassment Order, Restraining Order for the protection of the VA.

Sought legal authority to remove the vulnerable adult – Court order for Protective Arrangement, 72 hour hold, emergency hold order

COMPLETION OF INVESTIGATION AND DETERMINATION

LEGAL AUTHORITY

Minnesota Statute 626.557 Subd 9c. Lead investigative agency; notifications, dispositions, determinations.

Minnesota Statute 626.557 Subd. 9c (3) (g)

Minnesota Statute 626.557 Subd. 10b. Investigations; guidelines.

Minnesota Statute 626.5572 Subd. 7. False.

Minnesota Statute 626.5572 Subd. 8. Final disposition.

Minnesota Statute 626.5572 Subd. 11. Inconclusive.

Minnesota Statute 626.5572 Subd. 19. Substantiated.

POLICY

A determination will be made for each allegation included in a MAARC report opened by APS for civil investigation.

Civil determinations are made regardless of the identity of the alleged perpetrator as a minor, another vulnerable adult, or if the perpetrator is unable to be identified following diligent investigation.

Alleged perpetrators are treated respectfully and as innocent of a civil or criminal allegation during investigation. Notification to the alleged perpetrator and alleged victim of the investigation is done consistent with data practices and in coordination with law enforcement when the alleged maltreatment may also be a crime. Identity of the reporter is protected through-out the process.

APS must coordinate investigation of civil reports with law enforcement when the civil allegations may also be a crime against a vulnerable adult. The responsibility of the LIA to coordinate with law enforcement exists regardless of required notification being made to law enforcement by MAARC at the time of the report. Requirements for APS to coordinate with law enforcement exists throughout the duration of the investigation. Investigation disposition by APS is not dependent on the results of law enforcement's criminal investigation.

PREPONDERANCE OF EVIDENCE:

The standard for APS civil investigations is preponderance of the evidence (51 %). Civil and criminal investigators use different standards of evidence. Civil determinations are based on the preponderance of the evidence collected from activities conducted during the APS investigation and evidence available to APS through law enforcement coordination.

APS, as the lead investigative agency, is responsible for conducting the civil investigation and making determinations as to if the victim is a VA, if maltreatment occurred and the perpetrator

COUNTY DUTIES

responsible. The evidence collected following a diligent investigation must show it is more likely than not maltreatment did or did not occur and the alleged perpetrator, who more likely than not, is responsible. Definitions for incidents that meet the definition of a crime may not be consistent with civil definitions. Criminal determinations also use higher evidentiary standards than civil determinations.

DETERMINATIONS:

The "Final disposition" is the determination of an investigation by a lead investigative agency that a report of maltreatment is substantiated, inconclusive, false, or that no determination will be made. When a lead investigative agency determination has substantiated maltreatment, the final disposition also identifies, if known, which individual or individuals were responsible for the substantiated maltreatment, and whether a facility was responsible for the substantiated maltreatment. Determinations that maltreatment did occur may be made when the perpetrator is unable to be determined following diligent investigation.

FALSE: A preponderance of the evidence shows that an act that meets the definition of maltreatment did not occur.

INCONCLUSIVE: There is less than a preponderance of evidence to show that maltreatment did or did not occur.

SUBSTANTIATED: A preponderance of the evidence shows that an act that meets the definition of maltreatment occurred.

NO DETERMINATION – NOT A VULNERABLE ADULT: No determination will be made as the LIA does not have authority to make an investigation determination when the person identified as a VA in the maltreatment report is found during investigation to not meet MN Statute 626.5572 Subd. 21 definition of "Vulnerable Adult".

NO DETERMINATION – INVESTIGATION NOT POSSIBLE: No determination will be made as activities required for investigation were unable to be conducted following diligent investigation i.e. vulnerable adult is unable to be located.

PROCEDURE

- The county shall complete the required disposition within the Social Service Information System (SSIS). Perpetrator information is sent electronically to the DHS Licensing, Background Studies.
- The lead investigative agency shall notify the victim and perpetrator of their reconsideration and appeal rights.
- The county shall notify appropriate licensing boards for *substantiated reports*. The lead investigative agency shall routinely provide investigation memoranda for substantiated reports to the appropriate licensing boards. These reports must include the names of substantiated perpetrators. The lead investigative agency may not provide investigative memoranda for inconclusive or false reports to the appropriate licensing boards unless the lead investigative agency's investigation gives reason to believe that there may have

COUNTY DUTIES

been a violation of the applicable professional practice laws. The county does not provide an investigative memoranda.

- Close the VA investigation case in SSIS. If the VA will be continuing to receive APS, reopen the case as an “Adult Protection Ongoing Case Management” case.

NOTICE OF FINDINGS LETTERS

To meet the requirements of the Vulnerable Adult Act, notification letters must be sent to victims, guardians, and healthcare agents (when applicable) of their right to request review of an administrative reconsideration. Perpetrators of maltreatment should receive the Notice of Right of Reconsideration and Appeal of a Perpetrator of Maltreatment letter. The vulnerable adult, guardian, and/or healthcare agent should receive the Notice of Right of Reconsideration and Review of a Vulnerable Adult or Interested Person letter.

Notification letters are found in SSIS under documents.

RECONSIDERATION AND APPEALS

LEGAL AUTHORITY

Minnesota Statute 626.557 Subd. 9c. Lead investigative agency; notifications, dispositions, determinations.

Minnesota Statute 626.557 Subd. 9d. Administrative reconsideration; review panel.

Minnesota Statute 256.021 Vulnerable Adult Maltreatment Review Panel

POLICY

Vulnerable adults and alleged perpetrators are provided notice of the final investigative disposition and the appeal rights of the vulnerable adult, interested party and alleged perpetrator consistent with Minnesota Statutes, data practices and the agency's internal policy. Agencies provide timely response to reconsideration requests. Agencies must consult with their data privacy official (DPO) and/or agency legal counsel for adherence to government data practices.

PROCEDURE

VULNERABLE ADULT/INTERESTED PERSON

LEAD AGENCY REVIEW RECONSIDERATION

A vulnerable adult or an interested person* acting on behalf of a VA may request the lead investigative agency to reconsider their maltreatment determination. The request for reconsideration must be made within 15 CALENDAR days from the date they received the notice of final disposition and must be in writing. If the request is made by an interested person who is not entitled to notice of the findings, their request for reconsideration must be made within 15 days after receipt of the notice by the vulnerable adult or the vulnerable adult's guardian or health care agent. If the request is mailed, it must be postmarked and sent within 15 calendar days; this does not mean the lead investigative agency must receive the request within 15 calendar days.

The lead investigative agency receiving the request for reconsideration must reply within 15 WORKING days of receiving the request.

If the person making the request disagrees with the determination after the reconsideration OR the agency denies the request or fails to respond within 15 working days of receiving the request, the person making the request has the right to ask the Adult Maltreatment Review Panel for a review.

ADULT MALTREATMENT REVIEW PANEL

A vulnerable adult or an interested person* acting on behalf of a VA may request a review of the lead investigative agency's determination if the person making the request disagreed with the agency's reconsideration or the agency did not respond to the request for reconsideration within 15 working days. If the interested person is also the alleged perpetrator, request for

COUNTY DUTIES

appeals are made through the Commissioner of Human Services Fair Hearing, not the Maltreatment Review Panel.

The request for review by the Adult Maltreatment Review Panel must be sent within 30 CALENDAR days from the date of the reconsideration letter.

The Vulnerable Adult Maltreatment Review Panel is authorized under [Minnesota Statutes 256.021](#). The Panel provides a forum for the vulnerable adult, or an interested person acting on behalf of the vulnerable adult, to request review of a lead investigative agency's (LIA's) investigative disposition. The panel meets quarterly and is coordinated by DHS Adult Protection Unit. Requests for a Panel review may be made by the vulnerable adult, or interested party, following denial of the VA or interested party's request for lead agency reconsideration of the investigative final disposition, or if the LIA did not respond to a request for reconsideration within 15 days. The vulnerable adult or interested party has 30 calendar days following receipt of the LIA's response to reconsideration to request review by the Panel. Panel members include representatives from the Counties; Minnesota Department of Human Services; the Department of Health; the Offices of Ombudsman for Long Term Care Minnesotans; the Offices of Ombudsman for Mental Health and Developmental Disabilities and the Minnesota Board on Aging.

Following receipt of a request for review, the Panel coordinator notifies the LIA and requests all pertinent records. In its review, the Panel determines if the LIA's investigation disposition is consistent with the law by reviewing: written information provided by the VA or interested party in their request for review; pertinent statutes for definitions of maltreatment and investigative disposition, and any other relevant records maintained and provided by the LIA pertinent to the determination. The review does not include testimony from any of the parties and is attended only by Panel members.

The panel does not have authority to require the LIA to change a final disposition. If the Panel determines the LIA must reconsider the final decision, the Panel must make specific investigative recommendations to the LIA. Within 30 days the LIA must conduct another review and report back to the Panel with its decision. The Panel provides the final decision to the VA or interested party. All data is destroyed following the review.

The Review panel provides an annual report to the Legislature regarding the activities of the panel and any recommendations to improve the investigative process.

***Interested Person:** a person designated in writing by the vulnerable adult to act on behalf of the vulnerable adult, or a legal guardian or conservator or other legal representative, a proxy or health care agent appointed under chapter 145B or 145C, or an individual who is related to the vulnerable adult, as defined in section [245A.02, subdivision 13](#).

ALLEGED PERPETRATOR

LEAD AGENCY REVIEW RECONSIDERATION

An alleged perpetrator may request the lead investigative agency to reconsider their substantiated maltreatment determination. The request for reconsideration must be made within

COUNTY DUTIES

15 CALENDAR days from the date they received the notice of final disposition and must be in writing. If the request is mailed, it must be postmarked and sent within 15 calendar days; this does not mean the lead investigative agency must receive the request within 15 calendar days.

The lead investigative agency receiving the request for reconsideration must reply within 15 WORKING days of receiving the request.

If the person making the request disagrees with the determination after the reconsideration OR the lead investigative agency denies the request or fails to respond within 15 working days of receiving the request, the person making the request has the right to ask the Commissioner of Human Services for a hearing.

COMMISSIONER OF HUMAN SERVICES HEARING

Commonly referred to as “Fair Hearing”, alleged perpetrators have the right to request a hearing if they disagree with the lead investigative agency’s response to their request for reconsideration or if the lead investigative agency did not respond to their request for reconsideration. The request for a hearing must be submitted within 30 CALENDAR days of receiving the lead investigative agency’s response to the request or failure to respond. The request for a hearing must be in writing.

CHANGE OF DETERMINATION – NOTIFYING THE PARTIES

Lead investigative agencies must notify all original parties if the agency changes the determination through the request for reconsideration or adult maltreatment review panel process.

CASE DOCUMENTATION

LEGAL AUTHORITY

Minnesota Statute 626.557 Subd. 9 (g). Common entry point designation.

Minnesota Statute 626.557 Subd. 10 (a). Duties of county social service agency.

POLICY

Case documentation is completed in the commissioner of human services centralized database known as Social Service Information System (SSIS). APS workers should be trained in the use of the SSIS application. APS case documentation within SSIS should include, but not limited to, all contacts, standardized decision making tool entries, disposition, evidenced weighed for determination, required notifications, and appeals data.

**Vulnerable Adult
Due Process Appeal Rights**

NOTICE OF FINDINGS
Send to VA AND guardian, OR
healthcare proxy

RECONSIDERATION REQUEST
1st Level Appeal through
County Lead Agency
VA Appeal Rights*: 15 calendar days
from receipt of findings notice

COUNTY RESPONSE
15 working days following
receipt of request

**DHS MALTREATMENT REVIEW
PANEL REQUEST**
2nd Level Appeal
VA Appeal Rights: 30 calendar days from
date of reconsideration denial

PANEL RESPONSE
30 days following panel review
meeting

**ADULT PROTECTION
FINAL INVESTIGATIVE DISPOSITION
DUE PROCESS APPEALS RIGHTS**

SSIS RETENTION PERIODS
Substantiated- 7 years
False- 3 years
Inconclusive- 4 years
No Determination- 3 years

**Alleged Perpetrator
Due Process Appeal Rights**

NOTICE OF FINDINGS
Send to alleged perpetrator

RECONSIDERATION REQUEST
1st Level Appeal through
County Lead Agency
AP Appeal Rights*: 15 calendar days from
receipt of findings notice

COUNTY RESPONSE
15 working days following
receipt of request

DHS APPEALS & REGULATIONS
2nd Level Appeal
AP Appeal Rights: 30 calendar days from
date of reconsideration denial or DHS
background study disqualification

DISTRICT COURT
2nd Level Appeal Option
AP Appeal Rights:
Petition on maltreatment determination, or for
consolidated hearing to combine DHS disqualification
appeal and maltreatment determination.

APPEALS RESPONSE
90 days following DHS appeals hearing
District court order for petitions and
consolidated hearings

* VA Appeal Rights: VA, designee OR interested party; guardian, family proxy (245A.02) with findings determination of Substantiated, False, and Inconclusive. No rights to appeal when findings results in "No Determination" due to investigation not possible/victim not a VA.

All findings changes made by county as a result of an appeal must be noted in SSIS

* AP Appeal Rights: only for "Substantiated" disposition determinations
All findings changes made by county as a result of an appeal must be noted in SSIS

OFFICIAL REQUEST FOR CONSUMER RECORDS

Pursuant to [Minnesota Statutes 626.557](#) , [626.5572](#) and Gramm-Leach-Bliley Act (GLBA)(15U.S.C.§6802(e)(8); and 15U.S.C. §6802(e)(3)(B))

I, _____, an Adult Protective Services Investigator, am conducting an investigation of alleged financial exploitation of a vulnerable adult.

I hereby request records from _____

for all accounts relating to _____

for the period _____ to _____ including but not limited to:

- Statements for all accounts, including checking, savings, money market, certificates of deposit or any account held at the above named institution for the above named person.
- Copies of all checks and withdrawals from the account(s) (front and back) including offsets.
- Copies of all deposits and deposit items.
- Customer Profile showing all accounts, including opening and/or closing dates.
- All Power of Attorney documents and signature cards
- Statements for any loans, lines of credit, or credit cards and copies of any cash advances.
- Other: _____

Please provide these records on or before _____.

Signature

Phone

Title

Email

Agency

Address

Gramm-Leach-Bliley Act

15U.S.C. §6802-Obligations with respect to disclosures of personal information

(e) General exceptions

Subsections (a) and (b) of this section shall not prohibit the disclosure of nonpublic personal information—

(3)(B) to protect against or prevent actual or potential fraud, unauthorized transactions, claims, or other liability;

(8) to comply with Federal, State, or local laws, rules, and other applicable legal requirements; to comply with a properly authorized civil, criminal, or regulatory investigation or subpoena or summons by Federal, State, or local authorities; or to respond to judicial process or government regulatory authorities having jurisdiction over the financial institution for examination, compliance, or other purposes as authorized by law.

Adult Protective Services (APS) is properly authorized, under the state statutes cited below, to carry out civil investigations for reports of suspected abuse, neglect and financial exploitation of a vulnerable adult.

[Minnesota Statutes 626.557 Reporting of Maltreatment of Vulnerable Adults](#)

[Minnesota Statutes 626.5572.13 Lead investigative agency](#)

Subd. 13. **Lead investigative agency.**

"Lead investigative agency" is the primary administrative agency responsible for investigating reports made under section [626.557](#).

(c) The county social service agency or its designee is the lead investigative agency for all other reports, including, but not limited to, reports involving vulnerable adults receiving services from a personal care provider organization under section [256B.0659](#).

[Minnesota Statutes 626.557.5a](#)

Subd. 5a. **Financial institution cooperation.**

Financial institutions shall cooperate with a lead investigative agency, law enforcement, or prosecuting authority that is investigating maltreatment of a vulnerable adult and comply with reasonable requests for the production of financial records as authorized under section [13A.02, subdivision 1](#). Financial institutions are immune from any civil or criminal liability that might otherwise result from complying with this subdivision.

DISABILITY AND AGING POLICYQUEST

OVERVIEW

Disability and Aging PolicyQuest is an online, searchable, question-and-answer library. PolicyQuest is available to lead agency staff and the public who have questions about home and community-based services, programs and waivers administered by the Aging and Adult Services (AASD) and Disability Services (DSD) divisions.

HOW TO USE IT

SEARCH

Lead agency staff and the public may search the database for previously submitted questions and answers from AASD and DSD staff. No user ID or password is needed to access the posted questions and answers library. Search options are:

- County
- Date
- Program
- Any word or phrase

To search the database, visit [Disability and Aging PolicyQuest](#). For more help, search the user manual on the instructions page in PolicyQuest.

SUBMIT A QUESTION

Before you submit a question to PolicyQuest, search other resources for an answer as well as using these steps:

STEP 1

Search [Minnesota Adult Protection Policy and Training Manual](#) and/or [Minnesota Adult Protection Structured Decision Making® and Standardized Tools Guidelines and Procedures Manual](#)

STEP 2

Search [PolicyQuest](#) for your answer.

If you don't find your answer, move to Step 3.

STEP 3

Check with your supervisor.

STEP 4

If you cannot find an answer using these other resources, designated agency staff may submit a policy question and DHS staff will respond. The [agency admin](#) designates which agency staff may submit questions.

Submit your question to [PolicyQuest](#). Please note the following:

- Enter or copy/paste your research resources in the manual reference field. Be sure to cite the manual(s) and page(s) or bulletin reference(s) consulted.
- Describe what is unique about your situation or how the APS and/or SDM manual(s) wasn't clear enough to answer your questions. This will help us find the right resources to answer your question. Enter this in the manual reference field.
- We will also use this information to improve the APS and SDM manuals.

For more assistance, click on instructions link in the PolicyQuest system.

LOGGING IN

A user must have a user ID and password to submit a question. Contact your agency admin if:

- You cannot log in to the database
- You do not have login information
- Your login information changes

PERSON OR SITUATION SPECIFIC QUESTIONS

If you need to include specific information about a person or situation in your submission (e.g. personal health information), you may include it in the "supporting information" field only. This field will not be included in the posted DHS answer.

Case consultation about a specific investigation or protective services case should be emailed to your DHS Adult Protection Resource Specialist (APRS).

AGENCY ADMIN

Each lead agency needs a Policy Quest agency admin. The agency admin may submit questions and has additional responsibilities. If your agency does not have an agency admin, contact a DHS PolicyQuest administrator using the contact information at the end of this section.

RESPONSIBILITIES

The agency admin:

- Sets up, maintains and removes access for lead agency staff designated as submitters in WACS (web access central security) using PQ as a prefix for user names
- Screens questions before submission

SET UP AGENCY USER ACCESS

The agency admin authorizes access for local agency users:

- Designated users may submit policy-related questions to [PolicyQuest](#).
- Agency admins review responses from DSD and Aging Policy staff.
- Agency admins use the WACS system to manage PolicyQuest user accounts. Refer to WACS manual link on Instruction page in PolicyQuest for more information.

FOR MORE ASSISTANCE

The agency admin should:

- Refer to the Agency Admin Manual linked on the Instructions page in the PolicyQuest system after login
- Contact a PolicyQuest administrator at DHS

POLICYQUEST ADMINISTRATORS AT DHS

Which system administrator at DHS to contact depends on which services, programs or waivers you have a question about. If you have a question about using PolicyQuest contact:

- AASD (i.e. AC, ECS, EW programs and services), email dhs.aasd.hcbs@state.mn.us

ADULT PROTECTION RESOURCE SPECIALISTS

OVERVIEW

The Adult Protection resource specialists (APRS) are DHS staff who provide support to lead agency staff administering APS UNDER 626.557. Each county/tribal lead investigative agency is assigned an APRS.

HOW WE CAN HELP

We provide:

- Vulnerable Adult Case Consult
- LIA Jurisdiction
- APS Manual
- MDT Support
- Updates on DHS policy changes
- APS System Coordination
- Emerging National, Regional or State APS issues
- DHS APS Policy Consultation and Technical Assistance
- APS Duties
- SDM and Standardized Tools
- APS Training
- Changes in MAARC EPS notification Contact

APRS attend regional meetings with county/tribal lead investigative agency staff for support.

WHO IS MY APRS

See [Adult Protection Resource Specialist Geographic Areas](#) for a map of this information.

REGION 1, 2, 3, 5, 7W, AND 7E (NORTH)

Aitkin, Beltrami, Benton, Carlton, Cass, Chisago, Clearwater, Cook, Crow Wing, Hubbard, Isanti, Itasca, Kanabec, Koochiching, Kittson, Lake, Lake of the Woods, Mahnommen, Marshall, Mille Lacs, Morrison, Norman, Pennington, Pine, Polk, Red Lake, Roseau, Sherburne, St. Louis, Stearns, Todd, Wadena, and Wright

REGION 4, 6, 8, 9, 10, AND 11 (SOUTH)

Anoka, Becker, Big Stone, Blue Earth, Brown, Carver, Chippewa, Clay, Cottonwood, Dakota, Dodge, Douglas, Faribault, Fillmore, Freeborn, Grant, Goodhue, Hennepin, Houston, Jackson, Kandiyohi, Lac Qui Parle, Le Sueur, Lincoln, Lyon, McLeod, Martin, Meeker, Mower, Murray, Nicollet, Nobles, Olmsted, Otter Tail, Pipestone, Pope, Ramsey, Redwood, Renville, Rice, Rock, Scott, Sibley, Steele, Stevens, Swift, Traverse, Wabasha, Waseca, Washington, Watonwan, Wilkin, Winona, and Yellow Medicine

APRS CONTACTS

NORTH – Kelli Klein kelli.klein@state.mn.us

SOUTH – Melissa Vongsy melissa.vongsy@state.mn.us

LICHTENBERG FINANCIAL DECISION SCREENING SCALE (LFDSS): INSTRUCTIONS FOR ADMINISTRATION AND SCORING

Introduction

The LFDSS is a 10-item screening scale designed to screen an older adult's financial decisional abilities relative to a specific significant financial decision or transaction. The elements of the LFDSS are based on the long standing conceptual model of decisional abilities as involving the communication of **choice, rationale, understanding and appreciation**. Decisional abilities are determined by these intellectual factors with consideration of the individual's values. Contextual factors, however, can overwhelm the intellectual factors and lead to impaired decisional abilities. These include financial situational awareness, financial exploitation, psychological vulnerability and undue influence which are all fully assessed in the Lichtenberg Financial Decision Making Rating Scale (LFDRS) a 61-item scale used for more in-depth exploration of decisional abilities.

This scale was created for front line professionals who often work with older adults who are making significant financial decisions including attorneys, financial planners, bankers, investment brokers, insurance agents, accountants, adult protective services workers, police and sheriff detectives, case managers, and others.

Administration

The LFDSS is a structured, multiple choice interview that should be administered in a standardized fashion. In introducing the LFDSS to the older adult and read out loud the one sentence explanation to the older adult:

"I am going to ask you a set of questions to better understand the financial transaction/decision you are making or have already made. Please answer these as best you can and feel free to elaborate on any of your answers."

Read the questions to the older adult as they are written. If the older adult responds before the choices are offered and a rating can be made, the interviewer can make the rating without reading all of the choices. If need be the interviewer should read all of the options to the older adult and have the older adult choose one.

The interviewer is encouraged to allow the older adult to elaborate on any answers and write down what the older adult says. The interviewer can ask the older adult to elaborate or the older adult may spontaneously elaborate. The interviewer is encouraged to ask any follow up questions they wish and to record the answers the older adult gives.

Scoring Each Item

The LFDSS is a rating scale and thus the judgment of the interviewer is critical. Scoring each item consists of two steps and scoring each item should be done as follows:

1. On each item the older adult's response should be recorded by circling the answer(s) the older adult gives
2. On each item the interviewer should place a mark (X) next to the answer that the interviewer believes is the most correct response. For example, If the response given is not accurate or it appears the older adult does not know the answer to the question the interviewer can place an X in the box that states "don't know/inaccurate response"

Scoring the Entire Interview

On the final page the interviewer is asked to provide a final rating of financial decisional abilities from “no concerns about financial decisional abilities” to “significant concerns about financial decisional abilities.” Some tips are offered to help the interviewer make their final judgment about the older adult’s financial decisional abilities.

The scoring considerations are as follows:

- Did the older adult answer “I don’t know” to one or more questions?
 - Answering “I don’t know” often indicates a lack of awareness, understanding and appreciation of the important elements of the financial transaction or decision being made.
- Did the interviewer mark “inaccurate response” to any of the questions answered by the older adult?
 - Lack of accuracy may indicate a lack of understanding, rationale or appreciation of the financial decision or transaction being made.
- Is the interviewer concerned about the possibility of undue influence based on the responses to questions 2 or 10 or other elaborations made by the older adult?
 - Undue influence can overpower the financial decisional abilities of the older adult, and thus raise concern about decisional abilities.
- If no inaccurate replies exist, there are no “don’t know answers,” and no concern about possible undue influence, then it is likely that the interviewer will have confidence in the older adult’s decisional abilities and produce a final rating of “no concerns about financial decisional abilities.”

Lichtenberg Financial Decision Screening Scale (LFDSS)[©]

Peter A. Lichtenberg, Ph. D., ABPP

Age: _____

Gender: _____

Education: _____

Instruction Reminders

- Choose **one** or one set of decisions
- Read **question aloud** to client and have client reply
- **Narrow answer** to a single primary response
- **Check box for client response on left**
- **Check box for APS worker response on right**
- **Look for mismatch of client APS worker response**

Date: _____

| | |
|--|---|
| <p>1. What is the financial decision you are making/have made? _____ APS</p> <p>CLIENT: <input type="checkbox"/> Giving a gift / loan (e.g., paying bills or tuition for grandchild, purchase of home for son to live in) <input type="checkbox"/></p> <p><input type="checkbox"/> Major purchase or sale for self (home, car, renovations, services, invest in LTC or NH) <input type="checkbox"/></p> <p><input type="checkbox"/> Investment Planning (retirement, insurance, portfolio balancing) <input type="checkbox"/></p> <p><input type="checkbox"/> Estate planning (Will, beneficiary, DPOA, add/remove someone from bank account) <input type="checkbox"/></p> <p><input type="checkbox"/> Turn over bill paying to someone else <input type="checkbox"/></p> <p><input type="checkbox"/> Scam, Fraud, Theft (suspected) <input type="checkbox"/></p> <p><input type="checkbox"/> Other: _____ <input type="checkbox"/></p> <p><input type="checkbox"/> Don't know or inaccurate <input type="checkbox"/></p> <p>2. Was this your idea or did someone suggest it or accompany you?</p> <p><input type="checkbox"/> My idea <input type="checkbox"/></p> <p><input type="checkbox"/> Someone else suggested/drove me here <input type="checkbox"/></p> <p><input type="checkbox"/> Don't know/inaccurate <input type="checkbox"/></p> <p>3. What is the purpose of your decision?</p> <p><input type="checkbox"/> Benefit self (meet a need, peace of mind) <input type="checkbox"/></p> <p><input type="checkbox"/> Benefit family (whom?) <input type="checkbox"/></p> <p><input type="checkbox"/> Benefit friends (whom?) <input type="checkbox"/></p> <p><input type="checkbox"/> Benefit organization/charity (which?) <input type="checkbox"/></p> <p><input type="checkbox"/> Please or satisfy someone else (whom?) <input type="checkbox"/></p> <p><input type="checkbox"/> Don't know/inaccurate <input type="checkbox"/></p> <p>4. What is the primary financial goal?</p> <p><input type="checkbox"/> Earn money (or retain value of investment) <input type="checkbox"/></p> <p><input type="checkbox"/> Reduce tax burden <input type="checkbox"/></p> <p><input type="checkbox"/> Reduce debt <input type="checkbox"/></p> <p><input type="checkbox"/> Affordability of item(s) or service(s) <input type="checkbox"/></p> <p><input type="checkbox"/> Share my wealth after my death <input type="checkbox"/></p> <p><input type="checkbox"/> Allow someone else to access my money or finances / accounts (now) <input type="checkbox"/></p> <p><input type="checkbox"/> Gift someone or a charity (which?) <input type="checkbox"/></p> <p><input type="checkbox"/> Lifestyle (no \$\$ goal; meet a need/desire) <input type="checkbox"/></p> <p><input type="checkbox"/> Other (describe) _____ <input type="checkbox"/></p> <p><input type="checkbox"/> Don't know/inaccurate <input type="checkbox"/></p> <p>5. How will this decision impact you now & over time?</p> <p><input type="checkbox"/> Improve financial position <input type="checkbox"/></p> <p><input type="checkbox"/> No impact <input type="checkbox"/></p> <p><input type="checkbox"/> Negative impact/debt <input type="checkbox"/></p> <p><input type="checkbox"/> Don't know/inaccurate <input type="checkbox"/></p> | <p>6. How much risk to your financial well-being is involved? _____ APS Worker:</p> <p>CLIENT: <input type="checkbox"/> Low risk or none <input type="checkbox"/></p> <p><input type="checkbox"/> Moderate risk <input type="checkbox"/></p> <p><input type="checkbox"/> High risk <input type="checkbox"/></p> <p><input type="checkbox"/> Don't know/inaccurate <input type="checkbox"/></p> <p>7. How may someone else be negatively affected?</p> <p><input type="checkbox"/> No one will be negatively affected <input type="checkbox"/></p> <p><input type="checkbox"/> Family members (who and why?) <input type="checkbox"/></p> <p><input type="checkbox"/> Someone else (who and why?) <input type="checkbox"/></p> <p><input type="checkbox"/> Charity (which and why?) <input type="checkbox"/></p> <p><input type="checkbox"/> Don't know/inaccurate <input type="checkbox"/></p> <p>8. Who benefits most from this financial decision?</p> <p><input type="checkbox"/> I do <input type="checkbox"/></p> <p><input type="checkbox"/> Family <input type="checkbox"/></p> <p><input type="checkbox"/> Friend <input type="checkbox"/></p> <p><input type="checkbox"/> Caregiver <input type="checkbox"/></p> <p><input type="checkbox"/> Charity/organization <input type="checkbox"/></p> <p><input type="checkbox"/> Don't know/inaccurate <input type="checkbox"/></p> <p>9. Does this decision change previous planned gifts or bequests to family, friends, or organizations?</p> <p><input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="checkbox"/> Yes (who and why?) <input type="checkbox"/></p> <p><input type="checkbox"/> Don't know/inaccurate <input type="checkbox"/></p> <p>10. To what extent did you talk with anyone regarding this decision?</p> <p><input type="checkbox"/> Not at all <input type="checkbox"/></p> <p><input type="checkbox"/> Mentioned it (to whom?) <input type="checkbox"/></p> <p><input type="checkbox"/> Discussed in depth (with whom?) <input type="checkbox"/></p> <p><input type="checkbox"/> Don't know/inaccurate <input type="checkbox"/></p> |
|--|---|

| | |
|--|--------------------------|
| LFDSS Decisional Ability Score: | |
| Major Concerns | <input type="checkbox"/> |
| Some Concerns | <input type="checkbox"/> |
| No Concerns | <input type="checkbox"/> |
| APS Case Outcome: | |
| Case Substantiated | <input type="checkbox"/> |
| Case Unsubstantiated | <input type="checkbox"/> |

⁷⁴ **REMINDER: Refer to full set of instructions if not sure how to make rating**

NAPSA APS CASE EXAMPLES

ABUSE CASE

GUIDO AND MARINA ROSSINI

Mr. Guido Rossini is a 74-year-old Italian American who suffers from multiple health problems and dementia. He came to APS's attention because he was in the hospital due to a fall and would soon be ready for discharge home. However, his wife of 15 years, Marina, did not want him to come home because during the past year, Mr. Rossini's dementia had manifested in very violent outbursts, almost all of which targeted injuring his wife. For example, he threw her to the floor and broke her ankle and while she was on the ground, punched her in the head with his fists and bit her. On another occasion he threatened to kill her and brandished a large kitchen knife to try to stab her.

Despite the physical and verbal abuse, Marina did not report it to the police or APS because Mr. Rossini had threatened to kick her out of the house if she said anything. She was afraid for her life if Mr. Rossini returned home.

The doctor was aware of Mr. Rossini's violent behavior, but thought new medications had resolved them. The MD described Mr. Rossini as "a different person" and because Mr. Rossini had recuperated from his fall, felt he no longer needed hospital care and intended to send Mr. Rossini back home.

APS collaborated with doctors to re-evaluate Mr. Rossini's condition. In reviewing all the information and tests, they concluded that controlling Mr. Rossini's violent behavior and other care needs could not be adequately managed at home. Furthermore, his wife, Marina, was fearful for her safety because of his outburst and refusal to comply with prescribed medications.

APS advocated for Mr. Rossini to be placed in a long-term care facility where he would receive more care and supervision since discharging him home would not be safe for either Mr. or Mrs. Rossini. The doctors agreed to collaborate with Mrs. Rossini and APS to assist in locating an appropriate placement. Mr. Rossini was ultimately discharged to a dementia-care facility where he receives around-the-clock care and supervision.

APS ASSISTED BY:

Assessing the safety and medical condition of both Mr. and Mrs. Rossini

Working with each spouse individually to evaluate their needs and wishes

Coordinating care with medical providers and the long-term care facility to ensure appropriate care and safety for both Mr. and Mrs. Rossini

NEGLECT CASE

GLORIA FIELDING

APS received a report that Gloria Fielding, a very frail 88-year-old woman, needed care for all activities of daily living. Ms. Fielding was legally blind, extremely hard of hearing, unable to walk and suffered from dementia. She was confined to a hospital bed placed in the basement of her home by her caregiver. Ms. Fielding owned two houses. Her primary residence was so severely neglected as to be uninhabitable. The caregiver stated that the dilapidated condition of the house was the reason Ms. Fielding was moved into the basement, while the caregiver resided in Ms. Fielding's other home.

When the APS worker investigated the report of abuse, she heard yelling coming from Ms. Fielding's garage but could not gain access to the house. A neighbor offered to help the APS worker by calling the caregiver. The caregiver drove to Ms. Fielding's house and upon arriving, opened the garage door and drove her car right into Ms. Fielding's bed, knocking it with her bumper.

The basement had no furniture beside the hospital bed. The floor was littered with used hypodermic syringes. The caregiver stated that Ms. Fielding's medical doctor pre-filled the syringes and instructed her to inject Ms. Fielding whenever she requested.

Upstairs, numerous photographs of Ms. Fielding's physician were found throughout residence. The APS investigation discovered that the M.D. had received large monetary gifts from Ms. Fielding, had engaged in sexual relations with her and had recommended the caregiver to Ms. Fielding.

Despite Ms. Fielding's frailties, when the APS worker interviewed Ms. Fielding, she reported that she was being abused by her doctor and caregiver.

APS ASSISTED BY:

- Arranging for Ms. Fielding to be hospitalized for a thorough medical evaluation
- Assisting in Ms. Fielding's relocation to a skilled nursing facility
- Referring the case to the police Fraud Department. They arrested the caregiver for elder neglect and she is in jail awaiting trial
- Filing an official complaint against the physician with the County Counsel's Office and the FBI. The M.D. is currently under investigation for participating in several elder financial abuse cases involving real estate scams
- Referring Ms. Fielding to the Probate Court for conservatorship / guardianship to provide ongoing support and protect her from further neglect

SELF-NEGLECT CASE

MARTHA HARPER

APS received a referral on Martha Harper, an 85-year-old woman living in a private residence with her 18-year-old granddaughter and the granddaughter's boyfriend, who was facing eviction due to non-payment of the mortgage on the residence. At initial contact, APS found that Ms. Harper was scheduled to be "set out" of her home the following day and had been unaware of the foreclosure proceedings. Her granddaughter hid the eviction from her and tried to stall the foreclosure by removing the warning sticker placed by the Sheriff.

Ms. Harper had multiple health issues, including some minor short-term memory deficits, but she believed she was able to manage on her own and wanted to remain living independently.

THE APS WORKER IMMEDIATELY TOOK THE FOLLOWING ACTIONS:

- Requested a stay on the eviction order, which was denied
- Was present during the set-out to offer Ms. Harper support
- Made arrangements for her to stay short-term in a motel and transported her there
- Made arrangements with relatives to care for Ms. Harper's dog; and with neighbors to store personal belongings (i.e. photo albums, collectibles) until permanent housing could be arranged

WHILE MS. HARPER WAS TEMPORARILY IN THE MOTEL, THE APS WORKER:

- Located an available rental unit in a senior apartment building and assisted Ms. Harper in completing all necessary application paperwork to secure the unit
- Arranged through a social service program for home furnishings for the new apartment
- Facilitated apartment being set up prior to Ms. Harper's arrival
- Arranged in-person meetings for Ms. Harper with the building manager and service coordinator, facilitated introductions and accompanied the client on a tour of the building and her new apartment

ONCE MS. HARPER WAS IN HER NEW APARTMENT, THE APS WORKER

- Linked Ms. Harper to in-home care services
- Reunited Ms. Harper with her dog
- Retrieved stored items
- Arranged for on-going case management services to oversee her care and well-being

FINANCIAL EXPLOITATION CASE

HARRIET FUNG

Harriet is 85-years-old and her husband, Henry, is 83-years-old. They live independently although it is getting increasingly difficult for Henry to climb the flight of stairs to their apartment. Their income is modest, both receive social security benefits. Harriet manages the finances for the household.

Because of Henry's incapacitation, Harriet grew worried about what the couple would do when he could no longer make it up the stairs. She looked into senior assisted living apartments but couldn't afford them. Then one day she received a notice in the mail that she had won a large cash prize. She was thrilled. This was the nest egg she and her husband needed to pay for assisted living. Harriet gladly paid the \$3000 necessary to claim her winnings, but when she did she was told there was a problem and more money was needed. Again, she paid the requested amount.

Harriet was caught in a lottery scam. The scammers played on her vulnerability and were out to milk her for all she was worth. Fortunately her bank noticed the unusual withdrawals she was making and notified APS.

APS ASSISTED BY:

- Helping Harriet understand the scam she fell prey to and how scammers manipulate their marks
- Preparing her for the continued attempts from the scammers to get her money and support her in resisting them
- Working with the bank to protect her remaining assets
- Notifying law enforcement in the U.S. and Canada of the scam
- Arranging for money management services

Sadly, Harriet did not get her money back, but she did not lose any more money.