

## Maltreatment of Vulnerable Adults Reporting and Internal Review Policy

CIP is committed to protecting vulnerable adults 18 years or older from maltreatment and to immediately reporting suspected maltreatment. CIP is committed to providing support, services and strategies as documented in the Person's *Coordinated Service and Support Plan Addendum (CSSPA)*, *Intensive Support Services Assessment (ISSA)*, *Individual Abuse Prevention Plan (IAPP)* and *Person Centered Description*. CIP may use *Personal Outcome Measure* interviews to assess areas of education and training for persons supported. CIP is committed to promoting safe communities and quality services through training and education to persons served and employees. CIP completes a background study for all potential employees under MN Statutes 245C and 245D.095.

**NOTE:** All Community Involvement Programs employees are mandated reporters and if maltreatment is known or suspected it must be reported within 24 hours.

**Maltreatment includes:**

- Abuse, including physical, emotional and sexual abuse, use of restraints , involuntary seclusion or punishment
- Neglect, including failure to provide necessary food, shelter, clothing, health care or supervision because of neglect by a caregiver or because the vulnerable adult cannot meet their own needs.
- Financial exploitation, including theft or withholding of money or property and /or use of money or property not for the vulnerable adult's benefit.
- **Detailed definitions are included at the end of this document.**

CIP believes all people must be respected for their human worth and dignity and live lives free from abuse, neglect and exploitation. This is done by recognizing certain principles regarding maltreatment:

1. Preventing:

- Enhancing personal and social connections and reducing isolation
- Skill development to improve personal safety and capacity
- Systems are in place to prevent occurrence or recurrence
- Reviewing Personal Outcome Measures information on an individual basis
- Ensure people are knowledgeable of basic human rights

2. Identifying:

- Proactive approaches are implemented to identify maltreatment—be aware of balancing risk and dignity with people
- Regular and ongoing system review for tracking and trending

3. Responding:

- Employees are committed to reporting suspected maltreatment
- A clear process for reporting maltreatment is clear and understandable
- All people have knowledge of abuse, neglect and exploitation

## **Reporting:**

A mandated reporter must report if known or suspected maltreatment has occurred. A report must be made immediately or within 24 hours of the suspected maltreatment.

### **I. Where to report:**

- Online Reports: [mn.gov/dhs/reportadultabuse/](http://mn.gov/dhs/reportadultabuse/)
- Phone: **MN Adult Abuse Reporting Center (MAARC)** 1-844-880-1574
- For more information regarding the MN Adult Abuse Reporting Center (MAARC) go to [mn.gov/dhs/adult-protection/](http://mn.gov/dhs/adult-protection/)

### **II. The following information is provided for all reports:**

- identify the vulnerable adult, any other persons including CIP staff
- identify the staff or care giver (s) involved in the incident
- the nature and extent of the suspected maltreatment
- any evidence of previous maltreatment
- The name and address of the person reporting the incident
- the time, date, and location of the incident
- And any other information that may be helpful in investigating the suspected maltreatment.

### **Internal Report:**

1. When an internal report is received, the manager who received it is responsible for deciding if the report must be forwarded to the MAARC. If the manager is involved in the suspected maltreatment, a director will assume this responsibility to report to the MAARC.
2. A suspected incident must be reported to MAARC as soon as possible, but no longer than 24 hours from the initial knowledge that the incident occurred has been received.
3. When a mandated reporter reports the incident through a CIP manager the mandated reporter must receive, within two working days, written notice if the incident was reported to the MAARC. (**Notification Letter** document)
  - The written notice must be given to the mandated reporter in a manner that protects the confidentiality as a reporter.
  - The written notice shall inform the mandated reporter that if they are not satisfied with the action taken by the manager on whether to report the incident to the MN Adult Abuse Reporting Center, they may still make an external report to the MN Adult Abuse Reporting Center.
  - The notification letter must also inform the mandated reporter that they are protected against retaliation by the program if the report is made in good faith to the MN Adult Abuse Reporting Center.
4. The person served, their guardian and residence (if applicable) and their county case manager are informed of the suspected maltreatment within 24 hours of making the report. Notification is not

required if there is reason to believe that the person served, the guardian or residence are involved in the suspected maltreatment.

5. When an incident or accident involves more than one person supported by CIP, CIP will not disclose personal identifiable information about any other person supported when making the report to each person's legal representative, other licensed support and case manager unless CIP has the consent of that person supported or his/her legal representative.

6. A CIP Incident and Emergency Report is completed and routed to required persons.

7. Other required agencies may be notified as appropriate and as needed:

- Ombudsman and DHS Licensing Division if serious injury or death occurred.
- OSHA, if a work related death

8. The manger completes the Suspected Maltreatment Report Form.

### External Report:

Made directly to the MAARC by the person witnessing the incident.

An external report is made directly to the MAARC within 24 hours from the initial knowledge of the alleged maltreatment by the person who witnessed it. The report can be made by phone or by completing the online report to the MARRC. Online reports are preferred but are only available to mandated reporters (the general public may only make reports by phone):

**NOTE: If a staff makes an external report to MAARC a Suspected Maltreatment Report Form must be completed by that staff and submitted to their manager or CIP staff.**

**For all reports made to the MAARC the Associate Director must be notified.**

### **III. Internal Review: Must be completed for all Reports:—Use the Internal Review for Incidents Form—complete within 30 calendar days.**

1. When a report of alleged or suspected maltreatment has been made, a **manager** completes an ***Internal Review for Incidents Form***. The internal review will be completed within **30 calendar days** of the incident being called into MAARC.

If the manager is involved in the alleged or suspected maltreatment, the internal review will be completed by an **associate director**.

2. The internal review must include an evaluation of whether:
  - a. the reported event is similar to past events with the vulnerable adults or the services involved;
  - b. There is a need for an action plan\* by the program to protect the health and safety of vulnerable adults.
  - c. related policies and procedures were followed;

- d. the policies and procedures were adequate;
- e. there is a need for additional staff training;

\*Based on the results of the internal review, an action plan must be designed to correct current lapses and prevent future lapses, if any by CIP staff. Training must be provided on the corrective action plan to affected staff and documented. **See Follow-up Action Plan Form**

3. If requested by the commissioner of DHS, CIP must submit a copy of the internal review.

#### **IV. Persons Served and Supported**

1. CIP must provide verbal and written orientation of the internal and external reporting procedures to all persons receiving services. This shall include the phone number for the **MN Adult Abuse Reporting Center (MAARC)**. A person's legal representative must be notified of the orientation.
2. CIP shall provide this orientation for each new person within 24 hours of admission. However, for persons who would benefit from a later orientation, it may take place within 72 hours. This must be documented. This information is provided annually.
3. CIP must ensure strategies for protecting the person supported from further maltreatment are in place. Examples include:
  - Ensure counseling, if needed or requested.
  - Support need may be documented in the person's CSSPA.
  - Potential removal of the perpetrator\* from the person's home

\*If the perpetrator of suspected maltreatment is a staff: Based on the situation, appropriate steps will be taken to ensure the safety of the person receiving supports and services.

#### **V. Staff Training**

CIP is committed to creating a positive and person centered culture that promotes and supports people to be respected and to contribute to their community. CIP places an emphasis on high quality supports and services to ensure people are living their best lives. Through a wide variety of training CIP ensures staff are equipped to provide respectful support and protection from abuse, neglect and exploitation.

CIP shall ensure that each new mandated reporter **directly** working with people supported receives an orientation within 72 hours of first providing direct contact services to a vulnerable adult and annually thereafter. The orientation and annual review shall inform the mandated reporter of the reporting requirement and definitions under Minnesota Statutes, sections 626.557 and 626. 5572 , the requirements of Minnesota Statutes, section 245A.65, CIP's program abuse protection plans (if

applicable) and all internal policies and procedures related to the prevention and reporting of maltreatment of persons receiving services.

CIP employees **not directly** providing support to persons will receive orientation within five days of starting employment and annually thereafter. The orientation and annual review shall inform the mandated reporter of the reporting requirement and definitions under Minnesota Statutes, sections 626.557 and 626. 5572 , the requirements of Minnesota Statutes, section 245A.65 and all internal policies and procedures related to the prevention and reporting of maltreatment of persons receiving services.

CIP must document this training, monitor implementation by staff, and ensure that the policy is readily available to staff.

**This reporting policy must be posted in a prominent location and be made available upon request.**

Policy reviewed and authorized by:

Jolene Thibedeau Boyd, CSSD  
Print name and title

Jolene Thibedeau Boyd  
Signature

Date of last policy review: 12/5/17

Date of last policy revision: 12/5/17

Legal Authority: MN Statute 626.557; 626.5572; 245A.65; 245A.04, subd. 14; 245D.09, subd. 4 (5)

## Definitions

### Abuse

"Abuse" means:

- 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;
  2. the use of drugs to injure or facilitate crime as defined in section 609.235;
  3. the solicitation, inducement, and promotion of prostitution as defined in section 609.322; and
  4. Criminal sexual conduct in the first through fifth degrees as defined in sections 609.342 to 609.3451.
- A violation includes any action that meets the elements of the crime, regardless of whether there is a criminal proceeding or conviction.*
- 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;
  2. 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;
  3. 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
  4. use of any aversive or deprivation procedures for persons with developmental disabilities or related conditions not authorized under section 245.825.
- C. Any sexual contact or penetration as defined in section 609.341, between a facility staff person or a person providing services in the facility and a resident, patient, or client of that facility.
- D. The act of forcing, compelling, coercing, or enticing a vulnerable adult against the vulnerable adult's will to perform services for the advantage of another.
- E. For purposes of this section, a vulnerable adult is not abused for the sole reason that the vulnerable adult or a person with authority to make health care decisions for the vulnerable adult under sections 144.651, 144A.44, chapter 145B, 145C or 252A, or section 253B.03 or 524.5-313, refuses consent or withdraws consent, consistent with that authority and within the boundary of reasonable medical practice, to any therapeutic conduct, including any care, service, or procedure to diagnose, maintain, or treat the physical or mental condition of the vulnerable adult or, where permitted under law, to provide nutrition and hydration parenterally or through intubation. This paragraph does not enlarge or diminish rights otherwise held under law by:
1. a vulnerable adult or a person acting on behalf of a vulnerable adult, including an involved family member, to consent to or refuse consent for therapeutic conduct; or
  2. a caregiver to offer or provide or refuse to offer or provide therapeutic conduct.
- F. For purposes of this section, a vulnerable adult is not abused for the sole reason that the vulnerable adult, a person with authority to make health care decisions for the vulnerable adult, or a caregiver in good faith selects and depends upon spiritual means or prayer for treatment or care of disease or remedial care of the vulnerable adult in lieu of medical care, provided that this is consistent with the prior practice or belief of the vulnerable adult or with the expressed intentions of the vulnerable adult.
- G. For purposes of this section, a vulnerable adult is not abused for the sole reason that the vulnerable adult, who is not impaired in judgment or capacity by mental or emotional dysfunction or undue influence, engages in consensual sexual contact with:
1. a person, including a facility staff person, when a consensual sexual personal relationship existed prior to the caregiving relationship; or
  2. a personal care attendant, regardless of whether the consensual sexual personal relationship existed prior to the caregiving relationship.

### Accident

"Accident" means a sudden, unforeseen, and unexpected occurrence or event which:

1. is not likely to occur and which could not have been prevented by exercise of due care; and
2. if occurring while a vulnerable adult is receiving services from a facility, happens when the facility and the employee or person providing services in the facility are in compliance with the laws and rules relevant to the occurrence or event.

### Caregiver

"Caregiver" means an individual or facility who has responsibility for the care of a vulnerable adult as a result of a family relationship, or who has assumed responsibility for all or a portion of the care of a vulnerable adult voluntarily, by contract, or by agreement.

**Common entry point**

"Common entry point" means the entity designated by each county responsible for receiving reports under section 626.557.

**Facility**

- A. "Facility" means a hospital or other entity required to be licensed under sections 144.50 to 144.58; a nursing home required to be licensed to serve adults under section 144A.02; a residential or nonresidential facility required to be licensed to serve adults under sections 245A.01 to 245A.16; a home care provider licensed or required to be licensed under section 144A.46; a hospice provider licensed under sections 144A.75 to 144A.755; or a person or organization that exclusively offers, provides, or arranges for personal care assistance services under the medical assistance program as authorized under sections 256B.04, subdivision 16, 256B.0625, subdivision 19a, 256B.0651 to 256B.0656, and 256B.0659.
- B. For home care providers and personal care attendants, the term "facility" refers to the provider or person or organization that exclusively offers, provides, or arranges for personal care services, and does not refer to the client's home or other location at which services are rendered.

**False**

"False" means a preponderance of the evidence shows that an act that meets the definition of maltreatment did not occur.

**Final disposition**

"Final disposition" is the determination of an investigation by a lead investigative agency that a report of maltreatment under Laws 1995, chapter 229, 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.

**Financial exploitation**

"Financial exploitation" means:

- 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 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.

**Immediately**

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

**Inconclusive**

"Inconclusive" means there is less than a preponderance of evidence to show that maltreatment did or did not occur.

**Initial disposition**

"Initial disposition" is the lead investigative agency's determination of whether the report will be assigned for further investigation.

**Lead investigative agency**

"Lead investigative agency" is the primary administrative agency responsible for investigating reports made under section 626.557.

- A. The Department of Health is the lead investigative agency for facilities or services licensed or required to be licensed as 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, or any other facility or service not listed in this subdivision that is licensed or required to be licensed by the Department of Health for the care of vulnerable adults. "Home care provider" has the meaning provided in section 144A.43, subdivision 4, and applies when care or services are delivered in the vulnerable adult's home, whether a private home or a housing with services establishment registered under chapter 144D, including those that offer assisted living services under chapter 144G.
- B. The Department of Human Services is the lead investigative agency for facilities or services licensed or required to be licensed 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, or any other facility or service not listed in this subdivision that is licensed or required to be licensed by the Department of Human Services.
- 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.

**Legal authority**

"Legal authority" includes, but is not limited to: (1) a fiduciary obligation recognized elsewhere in law, including pertinent regulations; (2) a contractual obligation; or (3) documented consent by a competent person.

**Maltreatment**

"Maltreatment" means abuse as defined in subdivision 2, neglect as defined in subdivision 17, or financial exploitation as defined in subdivision 9.

**Mandated reporter**

"Mandated reporter" means a professional or professional's delegate while engaged in: (1) social services; (2) law enforcement; (3) education; (4) the care of vulnerable adults; (5) any of the occupations referred to in section 214.01, subdivision 2; (6) an employee of a rehabilitation facility certified by the commissioner of jobs and training for vocational rehabilitation; (7) an employee or person providing services in a facility as defined in subdivision 6; or (8) a person that performs the duties of the medical examiner or coroner.

**Neglect**

"Neglect" means:

- 1. 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.
- 2. 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.
- 3. For purposes of this section, a vulnerable adult is not neglected for the sole reason that:



- A. the vulnerable adult or a person with authority to make health care decisions for the vulnerable adult under sections 144.651, 144A.44, chapter 145B, 145C, or 252A, or sections 253B.03 or 524.5-101 to 524.5-502, refuses consent or withdraws consent, consistent with that authority and within the boundary of reasonable medical practice, to any therapeutic conduct, including any care, service, or procedure to diagnose, maintain, or treat the physical or mental condition of the vulnerable adult, or, where permitted under law, to provide nutrition and hydration parenterally or through intubation; this paragraph does not enlarge or diminish rights otherwise held under law by:
    - i. a vulnerable adult or a person acting on behalf of a vulnerable adult, including an involved family member, to consent to or refuse consent for therapeutic conduct; or
    - ii. a caregiver to offer or provide or refuse to offer or provide therapeutic conduct; or
  - B. the vulnerable adult, a person with authority to make health care decisions for the vulnerable adult, or a caregiver in good faith selects and depends upon spiritual means or prayer for treatment or care of disease or remedial care of the vulnerable adult in lieu of medical care, provided that this is consistent with the prior practice or belief of the vulnerable adult or with the expressed intentions of the vulnerable adult;
  - C. the vulnerable adult, who is not impaired in judgment or capacity by mental or emotional dysfunction or undue influence, engages in consensual sexual contact with:
    - i. a person including a facility staff person when a consensual sexual personal relationship existed prior to the caregiving relationship; or
    - ii. a personal care attendant, regardless of whether the consensual sexual personal relationship existed prior to the caregiving relationship; or
  - D. an individual makes an error in the provision of therapeutic conduct to a vulnerable adult which does not result in injury or harm which reasonably requires medical or mental health care; or
  - E. an individual makes an error in the provision of therapeutic conduct to a vulnerable adult that results in injury or harm, which reasonably requires the care of a physician, and:
    - i. the necessary care is provided in a timely fashion as dictated by the condition of the vulnerable adult;
    - ii. if after receiving care, the health status of the vulnerable adult can be reasonably expected, as determined by the attending physician, to be restored to the vulnerable adult's preexisting condition;
    - iii. the error is not part of a pattern of errors by the individual;
    - iv. if in a facility, the error is immediately reported as required under section 626.557, and recorded internally in the facility;
    - v. if in a facility, the facility identifies and takes corrective action and implements measures designed to reduce the risk of further occurrence of this error and similar errors; and
    - vi. if in a facility, the actions required under items (iv) and (v) are sufficiently documented for review and evaluation by the facility and any applicable licensing, certification, and ombudsman agency.
    - vii. Nothing in this definition requires a caregiver, if regulated, to provide services in excess of those required by the caregiver's license, certification, registration, or other regulation.
4. If the findings of an investigation by a lead investigative agency result in a determination of substantiated maltreatment for the sole reason that the actions required of a facility under paragraph (c), clause (5), item (iv), (v), or (vi), were not taken, then the facility is subject to a correction order. An individual will not be found to have neglected or maltreated the vulnerable adult based solely on the facility's not having taken the actions required under paragraph (c), clause (5), item (iv), (v), or (vi). This must not alter the lead investigative agency's determination of mitigating factors under section 626.557, subdivision 9c, paragraph (c).

**Report**

"Report" means a statement concerning all the circumstances surrounding the alleged or suspected maltreatment, as defined in this section, of a vulnerable adult which are known to the reporter at the time the statement is made.

**Substantiated**

"Substantiated" means a preponderance of the evidence shows that an act that meets the definition of maltreatment occurred.

**Therapeutic conduct**

"Therapeutic conduct" means the provision of program services, health care, or other personal care services done in good faith in the interests of the vulnerable adult by: (1) an individual, facility, or employee or person providing services in a facility under the rights, privileges and responsibilities conferred by state license, certification, or registration; or (2) a caregiver.

**Vulnerable adult**

"Vulnerable adult" means any person 18 years of age or older who:

1. is a resident or inpatient of a facility;
2. receives services at or from a facility 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-hold order for 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 assistance 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:
  - i. 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
  - ii. because of the dysfunction or infirmity and the need for care or services, the individual has an impaired ability to protect the individual's self from maltreatment.

For purposes of this subdivision, "care or services" means care or services for the health, safety, welfare, or maintenance of an individual.

Revised: 10-31-2017