



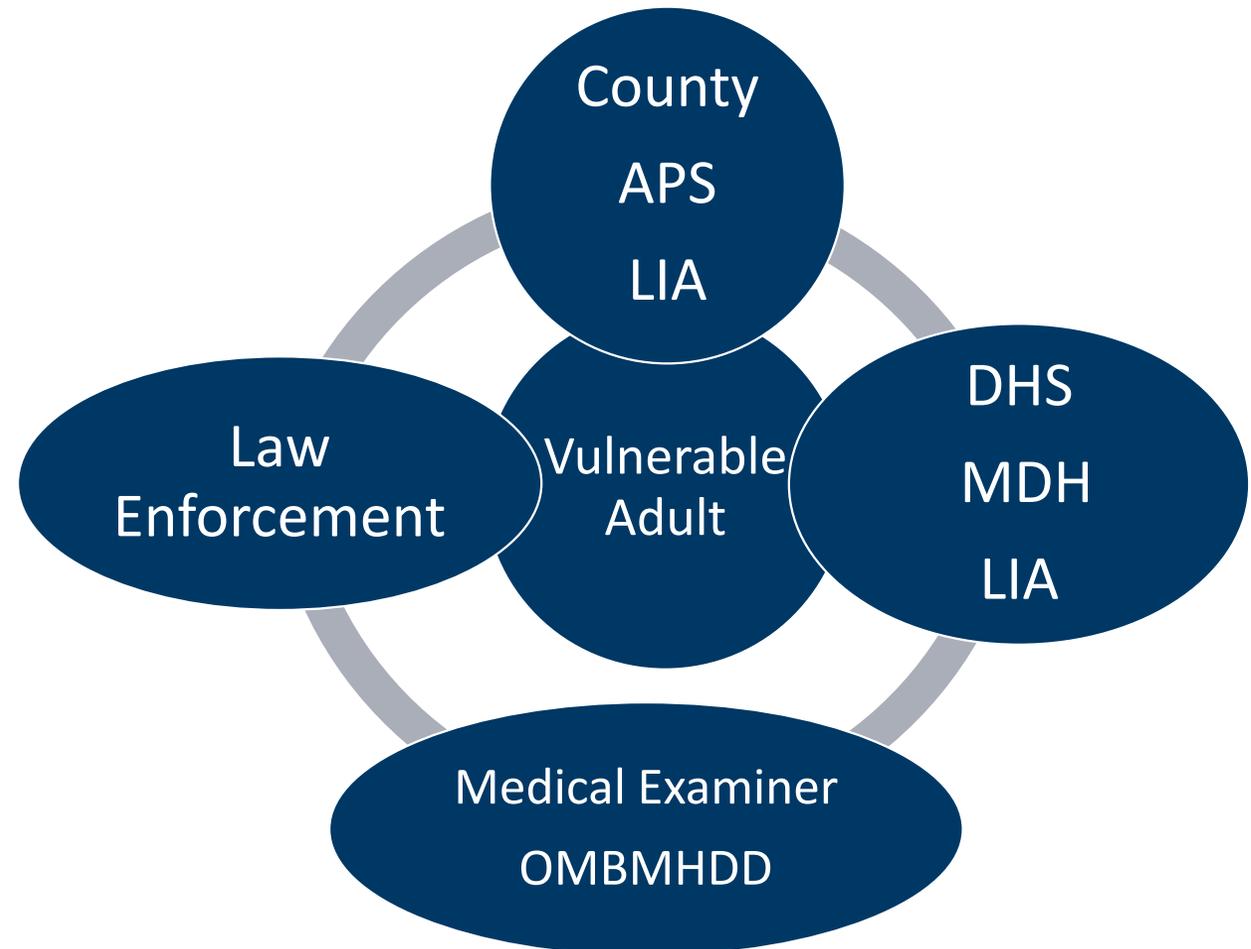
# The Adult Protection System

Kari Benson | Director, Aging & Adult Services Division

# Summary of the Adult Protection System

## Protection of Vulnerable Adults involves:

- Reporting
- Responding
- Protecting



# Who is the Adult Protection System?

- County/Tribal Adult Protective Services
- DHS
- MDH
- Law Enforcement
- Medical Examiner
- Ombudsman



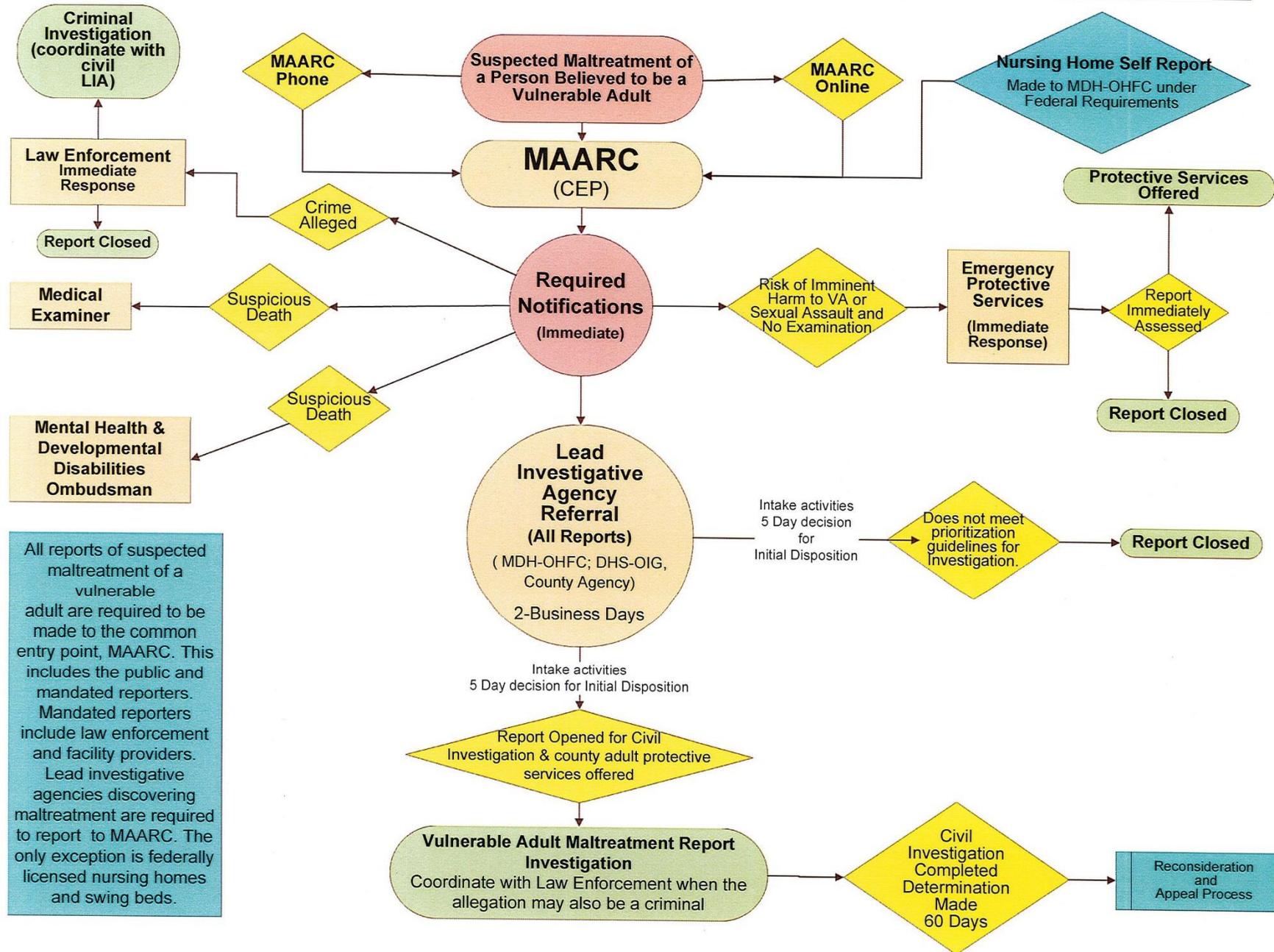
- Case Managers
- State Agencies
- Advocacy Groups
- Licensed Facility and Service Providers
- Caregivers, friends, families and the public

# Vulnerable Adult Reporting Act (Minn. Stat. 626.557)

## **Goal is safety for vulnerable adults**

- Defines vulnerable adult and maltreatments
- Establishes civil reporting system
- Requires law enforcement coordination
- Requires civil investigation in appropriate cases
- Requires offering adult protective services in appropriate cases

# Appendix A: Suspected Vulnerable Adult Maltreatment Reporting and Investigation Process – VAA



All reports of suspected maltreatment of a vulnerable adult are required to be made to the common entry point, MAARC. This includes the public and mandated reporters. Mandated reporters include law enforcement and facility providers. Lead investigative agencies discovering maltreatment are required to report to MAARC. The only exception is federally licensed nursing homes and swing beds.

# History of Maltreatment Reporting

## **Common Entry Point (CEP) 1995**

- County board designated county contact(s)
- Over 160+ phone numbers (daytime and after hours)
- Most commonly Social Services during business hours, Law Enforcement after hours

## **Centralization recommendation by stakeholders (MN Elder Justice Center) 2009**

# Minnesota Adult Abuse Reporting Center (MAARC)

- 24/7/365 to accept and make statutory required referrals for reports of suspected maltreatment of a vulnerable adult
  - Screen and immediately refer reports to county for emergency protective services.
  - Screen each report and immediately notify law enforcement, medical examiner and ombudsman.
  - Forward every report to the lead investigative agency responsible to respond.
- Refer non-maltreatment callers



# Maltreatment Reporting

# Mandated Reporting

[mn.gov/dhs/reportadultabuse/](https://mn.gov/dhs/reportadultabuse/)

## **Mandated Reporters including professionals:**

- Health Care and Social Services
- Law Enforcement
- Education
- Medical Examiners
- Licensed Providers, PCA's, MA providers

**Referred first to 911 for an emergency or if police or ambulance are needed; then MAARC**



- 24/7/365
- Public Reporters

**Referred first to 911 for an emergency or if police or ambulance are needed; then MAARC**



## **Captures information about the:**

- Reporter (demographic information, request for initial disposition)
- Victim (demographic information and where the victim can be found)
- Alleged perpetrator
- Maltreatment allegations
- Impacts of the maltreatment on the victim
- Additional sources of information and support persons
- Victim safety

# What MAARC Does NOT Do With Reports

- Refuse to Accept Reports
- Screen Out Reports
- Make Investigation or Service Decisions
- Provide Information and Advice to Reporters
- Make Decisions on Law Enforcement Response



## MAARC Response Process

# MAARC Referral Process

- Determine Lead Investigative Agency (LIA) and forward report to LIA for investigation
- Determine Law Enforcement (LE) jurisdiction and forward report to LE if crime alleged
- Determine if the license holder is state or federally-regulated
- Referral to Medical Examiner and/or Ombudsman (suspicious deaths)
- Referral to counties for Emergency Protective Services (EPS)

# Lead Investigative Agencies

## **MN Department of Health**

- Hospitals, Nursing Homes, Comprehensive Home Care including home care through Assisted Living and Housing with Services

## **MN Department of Human Services; Licensing**

- Home and Community Based Services (HCBS and DHS Licensed Facilities)

## **County Adult Protective Services**

- Allegation does not involve a DHS or MDH licensed provider. Allegation involves PCA, family, friend, stranger, scam or self-neglect.

# MAARC Referral Timeframes

- Referral of Phone Reports to LIA – 30 minutes
- Referral of Web Reports to LIA – 4 hours
- Referral to Law Enforcement – 30 minutes
- Referral to Medical Examiner – 30 minutes
- Referral to Ombudsman Mental Health DD – 30 minutes

# Law Enforcement – Coordination

- Law Enforcement responsible for criminal investigation
- Coordinate with county for protection of vulnerable adult
- Coordinate with LIA for criminal investigation

Source: M.S. sect. 626.557, subd. 9b





## After the MAARC Report

# Lead Investigative Agency (LIA) Investigations

## Investigation Guidelines:

- Interview victim, alleged perpetrator and reporter
- Examine the location
- Review documentation
- Access Facilities/Providers
- Consult with professionals

Source: M.S. sect. 626.557, subd. 9b & 10



# Coordination to Protect Vulnerable Adults

- County agencies
- DHS
- MDH
- Law enforcement
- Licensed providers

All are required to cooperate and to share data for investigations and the protection of vulnerable adults

Source: M.S. sect. 626.557, subd. 12b(g)

# Civil Investigation Decisions

## Investigation outcomes determined by a preponderance of evidence

- Substantiated
- False
- Inconclusive
- No determination will be made

Source: M.S. sect. 626.5572, subd. 8

# Time Lines and Required Notifications

- Emergency Adult Protective Services
  - Immediate
- Initial disposition; 5 business days to
  - Notify reporter
- Investigation Final Disposition; 60 days to
  - Notify VA and Alleged Perpetrator
  - Notify Reporter: DHS or MDH
  - Licensing boards/DHS Background studies
  - Licensed Provider: Public Investigation Report + 10 days
- Reconsideration and Appeal Rights



# Investigation Decision Appeals

## **VA or Interested Party – Any determination**

- 1. Lead Agency Reconsideration 15 days
- 2. Maltreatment Review Panel 30 days

## **Alleged Perpetrator (AP) – Substantiated determination**

- 1. Lead Agency Reconsideration 15 days
- 2. DHS Appeals and Regulations 30 days

## **District Court**

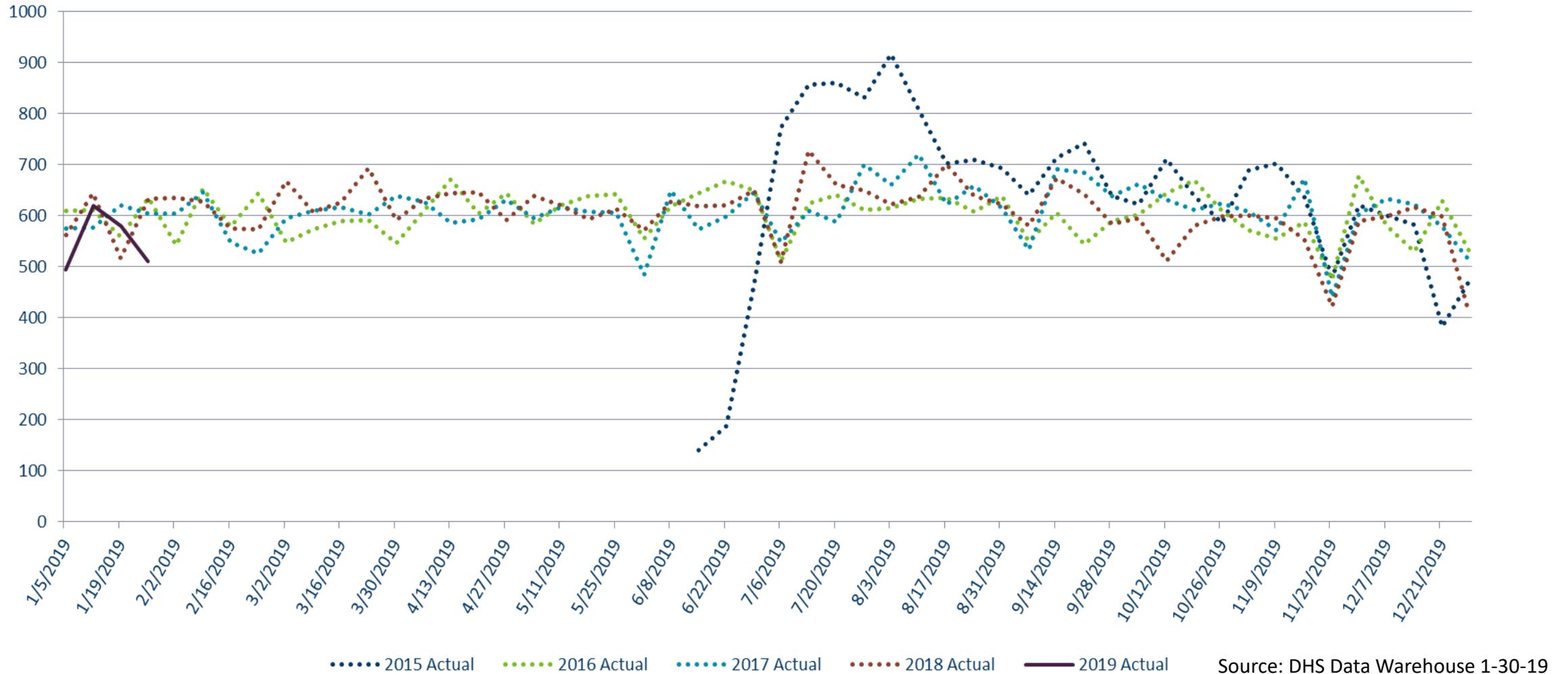
Source: M.S. sect. 626.557, subd. 9c & 9d

- Each LIA has various civil enforcement tools and remedies, depending on evidence.
  - Licensing fines, license suspension, provider disqualification
- There is also potential for criminal penalties resulting from any separately conducted law enforcement investigation.



## MAARC Data

# MAARC Phone Activity 2015-2019



Source: DHS Data Warehouse 1-30-19

# CY18 MAARC Reports

57,246

## Allegations

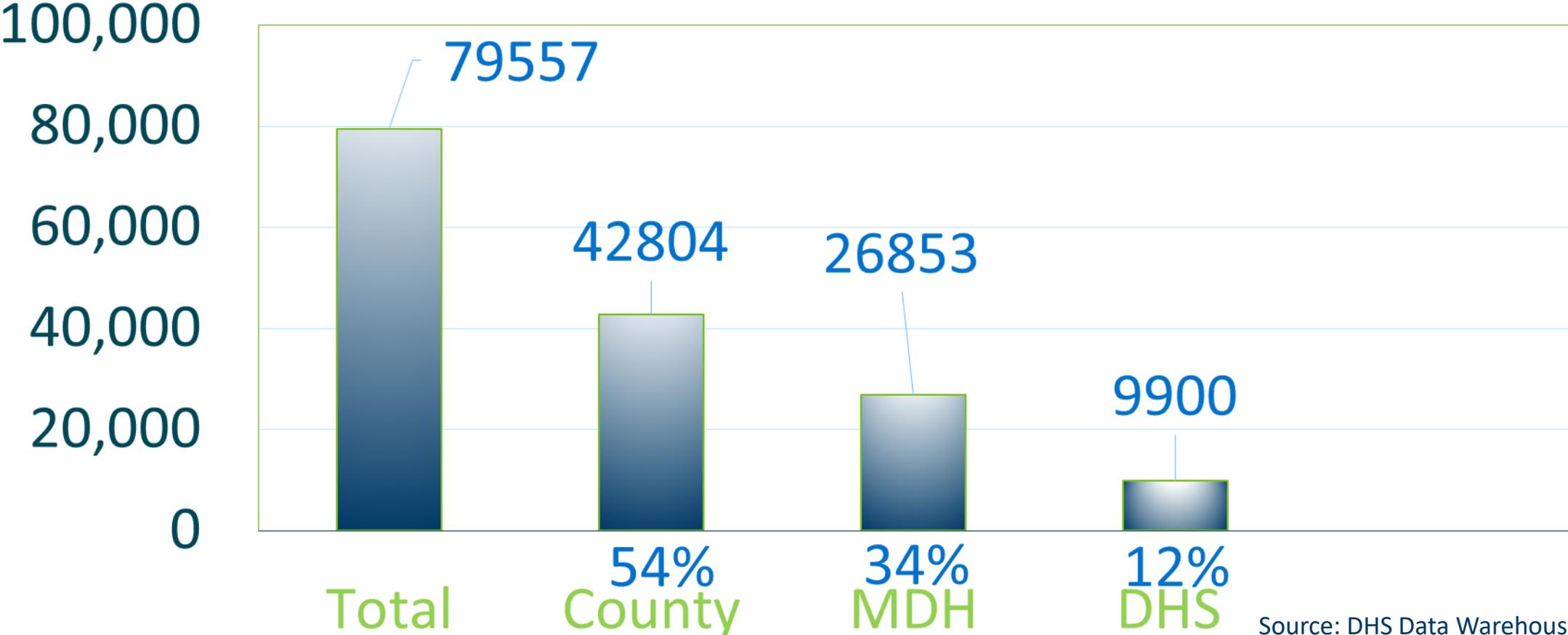
79,557



- Caregiver Neglect 32%
- Financial Exploitation 18%
- Self Neglect 18%
- Emotional Abuse 16%
- Physical Abuse 13%
- Sexual Abuse 3%

Source: DHS Data Warehouse 1-30-19

# CY18 Allegations Referred to Lead Investigative Agencies



Source: DHS Data Warehouse 1/30/19

# MAARC Trends CY 2016 - 2018

	<b>2016 Totals</b>	<b>2017 Totals</b>	<b>2018 Totals</b>
<b>Notifications to Law Enforcement</b>	27,372 Notifications	29,987 Notifications	32,819 Notifications
<b>Emergency Protective Services Notifications</b>	7,806 Notifications	7,505 Notifications	N/A

Source: DHS Data Warehouse 1/30/19

# Maltreatment Data Classification

- Active investigation data on individuals is confidential
- Active investigation data on licensed providers is protected, nonpublic
- Inactive investigation data on individuals is private
- Inactive investigation data on licensed providers is public; no personal identifiers

Sources: M.S. sect. 626.557, subd. 12b; Chapter 13 – Government Data Practices

## **LIA's may share data during investigation:**

- With affected parties and authorized representatives if:
  - The LIA has reason to believe maltreatment occurred and
  - The data sharing is needed to safeguard affected parties or dispel rumor about licensed provider.

Source: M.S. sect. 626.557, subd. 12b



**DEPARTMENT OF  
HUMAN SERVICES**

Older and Vulnerable Adult Abuse Workgroups  
Assisted Living Report Card

Kari Benson, Director, Aging and Adult Services Division

# MN's Approach to Quality in Long-Term Services and Supports

**Valid  
Measurement  
System**



**Public Reporting**



**Value Based  
Purchasing**



# Areas of Consensus

- An Assisted Living Report Card is needed and should be pursued as a part of a multi-pronged effort to encourage and reward quality.
- The Nursing Home Report Card work benefitted from a number of existing data sources which are lacking for the development of an Assisted Living Report Card.
- Developing an Assisted Living Report Card will take time and should be coordinated with efforts underway for Assisted Living Licensure and Dementia Care Standards.
- The feedback of people who reside in assisted living and their family members is a very important component of a valid assisted living report card.

# DHS is already taking steps to build a Report Card

Through a contract with the University of Minnesota, work is underway to develop a quality measurement framework for assisted living.

Work activities include:

- Conduct a literature review and environmental scan (April 2019)
- Create a database of existing and proposed assisted living quality measures (June 2019)
- Determine what existing and new data would be needed to support the preferred quality measures (June 2019)
- Engage a technical expert panel from academia, policy, and practice spheres to review the proposed measures (July 2019)

# Resources will be needed to make the Report Card a reality

- A period of time to review proposed quality measures with stakeholders, including residents, family, consumer advocates, and assisted living providers.
- Funds to develop and implement ongoing resident quality of life and family satisfaction surveys for each assisted living site.
- Staff support to translate ongoing quality measurement data into star ratings for assisted living programs.
- Funds to build and maintain a public website to make Report Card results available to all Minnesotans.

# Thank You!

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