

1.1 ..... moves to amend H.F. No. 729, the delete everything amendment  
1.2 (H0729DE2), as follows:

1.3 Page 41, after line 25, insert:

1.4 "ARTICLE 6  
1.5 MALTREATMENT OF VULNERABLE ADULTS

1.6 Section 1. Minnesota Statutes 2024, section 626.557, is amended by adding a subdivision  
1.7 to read:

1.8 Subd. 1a. **Adult protective services.** Adult protective services must receive referrals  
1.9 from the common entry point and carry out lead investigative agency duties to investigate  
1.10 for a determination of responsibility for maltreatment. When the county social services  
1.11 agency is the lead investigative agency, or when the Department of Human Services or  
1.12 Department of Health in the role of the lead investigative agency request adult protective  
1.13 services, adult protective services must conduct assessments, develop services plans, and  
1.14 implement interventions to safeguard adults who are vulnerable and suspected of experiencing  
1.15 maltreatment. Adult protective services must conclude services following final determination  
1.16 of maltreatment and the adult is assessed as safe. The Department of Human Services is the  
1.17 state agency responsible for supervision of adult protective services administered by county  
1.18 social services agencies.

1.19 Sec. 2. Minnesota Statutes 2024, section 626.557, subdivision 9, is amended to read:

1.20 Subd. 9. **Common entry point designation.** (a) The commissioner of human services  
1.21 shall establish a common entry point. The common entry point is the unit responsible for  
1.22 receiving the report of suspected maltreatment under this section.

1.23 (b) The common entry point must be available 24 hours per day to ~~take calls~~ accept  
1.24 reports from reporters of suspected maltreatment and make required referrals for suspected

2.1 maltreatment of a vulnerable adult. The common entry point shall use a standard intake  
2.2 form that includes:

2.3 (1) the time and date of the report;

2.4 (2) the name, relationship, and identifying and contact information for the person believed  
2.5 to be a vulnerable adult and the individual or facility alleged responsible for maltreatment;

2.6 (3) the name, relationship, and contact information for the:

2.7 (i) reporter;

2.8 (ii) initial reporter, witnesses, and persons who may have knowledge about the  
2.9 maltreatment; and

2.10 (iii) legal surrogate and persons who may provide support to the vulnerable adult;

2.11 (4) the basis of vulnerability for the vulnerable adult;

2.12 (5) the time, date, and location of the incident;

2.13 (6) the immediate safety risk to the vulnerable adult;

2.14 (7) a description of the suspected maltreatment;

2.15 (8) the impact of the suspected maltreatment on the vulnerable adult;

2.16 (9) whether a facility was involved and, if so, which agency licenses the facility;

2.17 (10) the actions taken to protect the vulnerable adult;

2.18 (11) the required notifications and referrals made by the common entry point; and

2.19 (12) whether the reporter wishes to receive notification of the disposition.

2.20 (c) The common entry point is not required to complete each item on the form prior to  
2.21 dispatching the report to the appropriate lead investigative agency.

2.22 (d) The common entry point shall immediately report to a law enforcement agency any  
2.23 incident in which there is reason to believe a crime has been committed.

2.24 (e) If a report is initially made to a law enforcement agency or a lead investigative agency,  
2.25 those agencies shall take the report on the appropriate common entry point intake forms  
2.26 and immediately forward a copy to the common entry point.

2.27 (f) The common entry point staff must receive training on how to screen and dispatch  
2.28 reports efficiently and in accordance with this section.

3.1 (g) The commissioner of human services shall maintain a centralized database for the  
3.2 collection of common entry point data, lead investigative agency data including maltreatment  
3.3 report disposition, and appeals data. The common entry point shall have access to the  
3.4 centralized database and must log the reports into the database.

3.5 (h) When appropriate, the common entry point staff must refer calls that do not allege  
3.6 the abuse, neglect, or exploitation of a vulnerable adult to other organizations that might  
3.7 resolve the reporter's concerns.

3.8 (i) A common entry point must be operated in a manner that enables the commissioner  
3.9 of human services to:

3.10 (1) track critical steps in the reporting, evaluation, referral, response, disposition, and  
3.11 investigative process to ensure compliance with all requirements for all reports;

3.12 (2) maintain data to facilitate the production of aggregate statistical reports for monitoring  
3.13 patterns of abuse, neglect, or exploitation;

3.14 (3) serve as a resource for the evaluation, management, and planning of preventative  
3.15 and remedial services for vulnerable adults who have been subject to abuse, neglect, or  
3.16 exploitation;

3.17 (4) set standards, priorities, and policies to maximize the efficiency and effectiveness  
3.18 of the common entry point; and

3.19 (5) track and manage consumer complaints related to the common entry point.

3.20 (j) The commissioners of human services and health shall collaborate on the creation of  
3.21 a system for referring reports to the lead investigative agencies. This system shall enable  
3.22 the commissioner of human services to track critical steps in the reporting, evaluation,  
3.23 referral, response, disposition, investigation, notification, determination, and appeal processes.

3.24 Sec. 3. Minnesota Statutes 2024, section 626.557, subdivision 9a, is amended to read:

3.25 Subd. 9a. **Evaluation and referral of reports made to common entry point.** (a) The  
3.26 common entry point must screen the reports of alleged or suspected maltreatment for  
3.27 immediate risk and make all necessary referrals ~~as follows~~ using the referral guidelines  
3.28 established by the commissioner and the following:

3.29 (1) if the common entry point determines that there is an immediate need for emergency  
3.30 adult protective services, the common entry point agency shall immediately notify the  
3.31 appropriate county agency;

4.1 (2) if the report contains suspected criminal activity against a vulnerable adult, the  
4.2 common entry point shall immediately notify the appropriate law enforcement agency;

4.3 (3) the common entry point shall refer all reports of alleged or suspected maltreatment  
4.4 to the appropriate lead investigative agency as soon as possible, but in any event no longer  
4.5 than two working days;

4.6 (4) if the report contains information about a suspicious death, the common entry point  
4.7 shall immediately notify the appropriate law enforcement agencies, the local medical  
4.8 examiner, and the ombudsman for mental health and developmental disabilities established  
4.9 under section 245.92. Law enforcement agencies shall coordinate with the local medical  
4.10 examiner and the ombudsman as provided by law; and

4.11 (5) for reports involving multiple locations or changing circumstances, the common  
4.12 entry point shall determine the county agency responsible for emergency adult protective  
4.13 services and the county responsible as the lead investigative agency, ~~using referral guidelines~~  
4.14 ~~established by the commissioner.~~

4.15 (b) If the lead investigative agency receiving a report believes the report was referred  
4.16 by the common entry point in error, the lead investigative agency shall immediately notify  
4.17 the common entry point of the error, including the basis for the lead investigative agency's  
4.18 belief that the referral was made in error. The common entry point shall review the  
4.19 information submitted by the lead investigative agency and immediately refer the report to  
4.20 the appropriate lead investigative agency using the referral guidelines established by the  
4.21 commissioner.

4.22 Sec. 4. Minnesota Statutes 2024, section 626.557, is amended by adding a subdivision to  
4.23 read:

4.24 Subd. 11b. **County social services agency; responsibilities.** The county social services  
4.25 agency is responsible for supervision of:

4.26 (1) intake decisions for initial disposition of the report;

4.27 (2) agency prioritization used to screen out an adult meeting eligibility for adult protective  
4.28 services as vulnerable and maltreated;

4.29 (3) safety, assessment, and services plans;

4.30 (4) protective service interventions;

4.31 (5) use of guardianship and other involuntary interventions;

4.32 (6) final determination for maltreatment; and

5.1 (7) case closure decisions.

5.2 Sec. 5. Minnesota Statutes 2024, section 626.557, is amended by adding a subdivision to  
5.3 read:

5.4 Subd. 11c. **County social services agency; referrals.** (a) When the common entry point  
5.5 refers a report to the county social services agency as the lead investigative agency or makes  
5.6 a referral to the county social services agency for emergency adult protective services, or  
5.7 when another lead investigative agency requests adult protective services from the county  
5.8 social services agency for an adult referred to that lead investigative agency by the common  
5.9 entry point, the county social services agency must use the data report system and  
5.10 standardized decision and assessment tools provided by the commissioner of human services.  
5.11 The information entered by the county social services agency into the data system and  
5.12 standardized tools must be accessible to the Department of Human Services for the  
5.13 department to meet federal requirements, evaluate consistent application of policy, review  
5.14 quality of services and outcomes for adults, and meet requirements for background studies  
5.15 and disqualification of individuals determined responsible for vulnerable adult maltreatment  
5.16 under chapter 245C.

5.17 (b) The county social services agency must screen the report using the standardized tools  
5.18 provided by the commissioner to determine:

5.19 (1) whether the referred adult meets adult protective services eligibility as potentially  
5.20 vulnerable and maltreated under this section; and

5.21 (2) the response time required to initiate adult protective services.

5.22 (c) For reports referred by the common entry point for emergency adult protective  
5.23 services, the county social services agency must immediately screen the report to determine  
5.24 whether the adult should be accepted for emergency adult protective services. If the adult  
5.25 is accepted for emergency adult protective services, the county social services agency must  
5.26 immediately offer protective services to prevent further maltreatment and safeguard the  
5.27 welfare of the vulnerable adult. Assessment of adults accepted by the county social services  
5.28 agency for emergency protective services must be conducted in person by the agency or a  
5.29 designee within 24 hours of the agency receiving the referral. When sexual or physical  
5.30 abuse is suspected, the county social services agency must immediately arrange for and  
5.31 make available to the vulnerable adult appropriate medical examination and services.

5.32 (d) For reports referred by the common entry point to the county as lead investigative  
5.33 agency, the county social services agency must screen the report and make an initial

6.1 determination within seven calendar days following receipt of the report from the common  
6.2 entry point on whether the adult should be accepted for adult protective services.

6.3 (e) For referrals made for adult protective services by the Department of Human Services  
6.4 or the Department of Health in the applicable department's role as the lead investigative  
6.5 agency responsible for reports made under this section, the county social services agency  
6.6 must screen the report and determine within seven calendar days following receipt of referral  
6.7 whether the adult should be accepted for adult protective services.

6.8 (f) If an adult meets eligibility requirements but is not accepted for adult protective  
6.9 services based on local agency prioritization, the agency must document the reason for the  
6.10 screening decision in the standardized tool provided by the commissioner.

6.11 Sec. 6. Minnesota Statutes 2024, section 626.557, is amended by adding a subdivision to  
6.12 read:

6.13 Subd. 11d. **County social services agency; assessments.** (a) For adults accepted into  
6.14 adult protective services, the county social services agency must decide, prior to initiation  
6.15 of assessment activities, if the agency must also conduct an investigation for final disposition  
6.16 for responsibility of maltreatment in addition to the assessment for adult protective services.

6.17 (b) The county social services agency must conduct assessments concurrently with  
6.18 investigations when: (1) the county is both the lead investigative agency and responsible  
6.19 for making a final determination of responsibility for maltreatment; or (2) another lead  
6.20 investigative agency responsible for the final determination of maltreatment requests  
6.21 assistance from the county social services agency.

6.22 (c) The county social services agency must conduct an in-person assessment to initiate  
6.23 adult protective services:

6.24 (1) within 24 hours of accepting a referral for emergency protective services;

6.25 (2) within 24 hours of making an initial disposition that the adult is in immediate need  
6.26 of protection, unless an in-person response would endanger the safety of the adult; or

6.27 (3) within 72 hours but in no instance later than seven calendar days from the first  
6.28 business day after receiving the report for adults accepted for adult protective services.

6.29 (d) The county social services agency must use the standardized decision, assessment,  
6.30 and service planning tools provided by the commissioner with all vulnerable adults accepted  
6.31 for adult protective services. The county social services agency must involve the vulnerable  
6.32 adult in the assessment and service plan. The county social services agency must document

7.1 and update assessment and service plans consistent with significant changes in the vulnerable  
7.2 adult's health and safety.

7.3 (e) The county social services agency must notify the vulnerable adult and, if applicable,  
7.4 the guardian or health care agent of the vulnerable adult of the results of the assessment and  
7.5 service plan, including but not limited to recommendations for protective services intervention  
7.6 to stop or prevent maltreatment and to protect the vulnerable adult's health, safety, and  
7.7 comfort. When necessary to prevent further maltreatment or safeguard the vulnerable adult,  
7.8 the county social services agency may share the results of the assessment with the vulnerable  
7.9 adult's primary supports.

7.10 Sec. 7. Minnesota Statutes 2024, section 626.557, is amended by adding a subdivision to  
7.11 read:

7.12 Subd. 11e. **County social services agency; investigations.** (a) The county social services  
7.13 agency must investigate for a final disposition of responsibility for maltreatment for an  
7.14 allegation of:

7.15 (1) abuse;

7.16 (2) financial abuse by a fiduciary;

7.17 (3) financial exploitation involving a nonfiduciary that may be criminal or that involved  
7.18 force, coercion, harassment, deception, fraud, undue influence, or a scam;

7.19 (4) financial exploitation that involved another type of maltreatment;

7.20 (5) caregiver neglect by a paid caregiver or personal care assistance provider under  
7.21 chapter 256B;

7.22 (6) caregiver neglect by an unpaid caregiver that resulted in intentional harm to the  
7.23 vulnerable adult or involved another type of maltreatment; and

7.24 (7) a situation for which the county social services agency finds that a determination of  
7.25 responsibility of maltreatment may safeguard a vulnerable adult or prevent further  
7.26 maltreatment.

7.27 (b) The county social services agency must conduct an investigation for final disposition  
7.28 of responsibility for maltreatment if the agency receives information during an assessment  
7.29 that indicates the presence of any scenario listed in paragraph (a) or subdivision 11f.

8.1 Sec. 8. Minnesota Statutes 2024, section 626.557, is amended by adding a subdivision to  
8.2 read:

8.3 Subd. 11f. **County social services agency; self-neglect.** (a) The county social services  
8.4 agency may determine that an allegation that does not result in a determination of  
8.5 responsibility for maltreatment is:

8.6 (1) self-neglect;

8.7 (2) neglect by an unpaid caregiver that did not result in intentional harm to the vulnerable  
8.8 adult and did not involve another type of alleged maltreatment; or

8.9 (3) financial exploitation by a nonfiduciary that is consistent with the choice of the adult  
8.10 and not criminal or involving force, coercion, harassment, deception, fraud, undue influence,  
8.11 a scam, or another type of alleged maltreatment.

8.12 (b) An allegation of self-neglect is a substantiated determination if the county social  
8.13 services agency determines that adult protective services are needed.

8.14 Sec. 9. Minnesota Statutes 2024, section 626.557, is amended by adding a subdivision to  
8.15 read:

8.16 Subd. 11g. **County social services agency; initial contact.** (a) At the initial contact  
8.17 with the vulnerable adult accepted by the county social services agency, the agency must  
8.18 provide the vulnerable adult with information about the process for adult protective services  
8.19 and the vulnerable adult's rights as an adult protective client.

8.20 (b) At initial contact, the county social services agency must inform the individual or  
8.21 entity alleged responsible for maltreatment of the allegation in a manner consistent with  
8.22 requirements under this section to protect the identity of the reporter. The interview with  
8.23 the individual or entity alleged responsible for maltreatment may be postponed at the request  
8.24 of a law enforcement agency or if the interview may endanger the safety of the vulnerable  
8.25 adult.

8.26 Sec. 10. Minnesota Statutes 2024, section 626.557, is amended by adding a subdivision  
8.27 to read:

8.28 Subd. 11h. **County social services agency; agency authority.** (a) A county social  
8.29 services agency may enter all facilities and business premises of a licensed provider to  
8.30 inspect and copy records as part of an adult protective services assessment or investigation.  
8.31 The licensed provider must provide the county social services agency access to not public  
8.32 data as defined in section 13.02, subdivision 8a, and medical records under sections 144.291

9.1 to 144.298 that are maintained at the facilities and business premises to the extent that the  
9.2 data and records are necessary to conduct the agency's investigation. The licensed provider  
9.3 must provide the county social services agency access to all available sources of information  
9.4 at the facilities and business premises, not only written records.

9.5 (b) When necessary in order to protect a vulnerable adult from serious harm from  
9.6 maltreatment, the county social services agency may seek any of the following protective  
9.7 services interventions:

9.8 (1) emergency protective services;

9.9 (2) participation of law enforcement or emergency medical services;

9.10 (3) authority from a court to remove an adult from the situation in which maltreatment  
9.11 occurred;

9.12 (4) a restraining order or court order for removal of the perpetrator from the residence  
9.13 of the vulnerable adult pursuant to section 518.01;

9.14 (5) a referral for a financial transaction hold under chapter 45A or a protective  
9.15 arrangement under this chapter or chapter 524;

9.16 (6) a referral for a representative payee;

9.17 (7) a referral to the prosecuting attorney for possible criminal prosecution of the  
9.18 perpetrator under chapter 609;

9.19 (8) the appointment or replacement of a guardian or conservator pursuant to sections  
9.20 524.5-101 to 524.5-502, or guardianship or conservatorship pursuant to chapter 252A when  
9.21 maltreatment has been substantiated and when less restrictive interventions are not sufficient  
9.22 to stop or reduce the risk of serious harm from maltreatment; and

9.23 (9) other interventions recommended by a multidisciplinary team under this section.

9.24 (c) The county social services agency may seek the protective services interventions  
9.25 under paragraph (b) regardless of the vulnerable adult's voluntary or involuntary participation.

9.26 (d) The county social services agency may offer voluntary service interventions to  
9.27 support the vulnerable adult or primary supports to stop, reduce the risk for, or prevent  
9.28 subsequent maltreatment.

10.1 Sec. 11. Minnesota Statutes 2024, section 626.557, is amended by adding a subdivision  
10.2 to read:

10.3 Subd. 11i. **County social services agency; legal intervention.** (a) In proceedings under  
10.4 sections 524.5-101 to 524.5-502, if a suitable relative or other person is not available to  
10.5 petition for guardianship or conservatorship, a county employee must present the petition  
10.6 with representation by the county attorney. The county must contract with or arrange for a  
10.7 suitable person or organization to provide ongoing guardianship services. If the county  
10.8 presents evidence to the court exercising probate jurisdiction that the county has made  
10.9 diligent effort and no other suitable person can be found, a county employee may serve as  
10.10 guardian or conservator.

10.11 (b) The county must not retaliate against the employee for any action taken on behalf  
10.12 of the person subject to guardianship or conservatorship, even if the action is adverse to the  
10.13 county's interests. Any person retaliated against in violation of this subdivision shall have  
10.14 a cause of action against the county and is entitled to reasonable attorney fees and costs of  
10.15 the action if the action is upheld by the court.

10.16 (c) The expenses of a legal intervention must be paid by the county in the case of indigent  
10.17 persons under section 524.5-502 and chapter 563.

10.18 Sec. 12. Minnesota Statutes 2024, section 626.557, is amended by adding a subdivision  
10.19 to read:

10.20 Subd. 11j. **County social services agency; conflict of interest.** (a) A county that  
10.21 identifies a potential conflict of interest under paragraph (c) related to an investigation,  
10.22 assessment, or protective services intervention must coordinate with another county social  
10.23 services agency to delegate the initial county's authority as the lead investigative agency to  
10.24 remediate the potential conflict. County social services agencies must cooperate and accept  
10.25 jurisdiction when an initial county social services agency identifies a potential conflict of  
10.26 interest and requests the other county's assistance.

10.27 (b) The initial county must notify the commissioner of human services when no other  
10.28 county is available to accept delegation of adult protective services duties. If the  
10.29 commissioner is notified that no other county is available, the commissioner may use the  
10.30 authority under subdivision 9a to determine the county social services agency responsible  
10.31 as lead investigative agency and for adult protective services.

10.32 (c) A county social services agency employee or designee must not have:

10.33 (1) a personal or family relationship with a party in the investigation or assessment;

11.1 (2) a dual relationship, as defined in Code of Federal Regulations, title 45, section  
 11.2 1324.401, with the vulnerable adult;

11.3 (3) a personal financial interest or financial relationship with a provider receiving referrals  
 11.4 from the employee; or

11.5 (4) any other appearance of conflict of interest as determined by the county social services  
 11.6 agency.

11.7 Sec. 13. Minnesota Statutes 2024, section 626.557, subdivision 12b, is amended to read:

11.8 Subd. 12b. **Data management.** (a) In performing any of the duties of this section as a  
 11.9 lead investigative agency, the county social ~~service~~ services agency shall maintain appropriate  
 11.10 records. Data collected by the county social ~~service~~ services agency under this section while  
 11.11 providing adult protective services are welfare data under section 13.46. Investigative data  
 11.12 collected under this section are confidential data on individuals or protected nonpublic data  
 11.13 as defined under section 13.02. Notwithstanding section 13.46, subdivision 1, paragraph  
 11.14 (a), data under this paragraph that are inactive investigative data on an individual who is a  
 11.15 vendor of services are private data on individuals, as defined in section 13.02. The identity  
 11.16 of the reporter may only be disclosed as provided in paragraph (c).

11.17 Data maintained by the common entry point are confidential data on individuals or  
 11.18 protected nonpublic data as defined in section 13.02. Notwithstanding section 138.163, the  
 11.19 common entry point shall maintain data for three calendar years after date of receipt and  
 11.20 then destroy the data unless otherwise directed by federal requirements.

11.21 (b) The commissioners of health and human services shall prepare an investigation  
 11.22 memorandum for each report alleging maltreatment investigated under this section. County  
 11.23 social ~~service~~ services agencies must maintain private data on individuals but are not required  
 11.24 to prepare an investigation memorandum. During an investigation by the commissioner of  
 11.25 health or the commissioner of human services, data collected under this section are  
 11.26 confidential data on individuals or protected nonpublic data as defined in section 13.02.  
 11.27 Upon completion of the investigation, the data are classified as provided in clauses (1) to  
 11.28 (3) and paragraph (c).

11.29 (1) The investigation memorandum must contain the following data, which are public:

11.30 (i) the name of the facility investigated;

11.31 (ii) a statement of the nature of the alleged maltreatment;

11.32 (iii) pertinent information obtained from medical or other records reviewed;

- 12.1 (iv) the identity of the investigator;
- 12.2 (v) a summary of the investigation's findings;
- 12.3 (vi) statement of whether the report was found to be substantiated, inconclusive, false,
- 12.4 or that no determination will be made;
- 12.5 (vii) a statement of any action taken by the facility;
- 12.6 (viii) a statement of any action taken by the lead investigative agency; and
- 12.7 (ix) when a lead investigative agency's determination has substantiated maltreatment, a
- 12.8 statement of whether an individual, individuals, or a facility were responsible for the
- 12.9 substantiated maltreatment, if known.

12.10 The investigation memorandum must be written in a manner which protects the identity

12.11 of the reporter and of the vulnerable adult and may not contain the names or, to the extent

12.12 possible, data on individuals or private data listed in clause (2).

12.13 (2) Data on individuals collected and maintained in the investigation memorandum are

12.14 private data, including:

- 12.15 (i) the name of the vulnerable adult;
- 12.16 (ii) the identity of the individual alleged to be the perpetrator;
- 12.17 (iii) the identity of the individual substantiated as the perpetrator; and
- 12.18 (iv) the identity of all individuals interviewed as part of the investigation.

12.19 (3) Other data on individuals maintained as part of an investigation under this section

12.20 are private data on individuals upon completion of the investigation.

12.21 (c) The name of the reporter must be confidential. The subject of the report may compel

12.22 disclosure of the name of the reporter only with the consent of the reporter or upon a written

12.23 finding by a court that the report was false and there is evidence that the report was made

12.24 in bad faith. This subdivision does not alter disclosure responsibilities or obligations under

12.25 the Rules of Criminal Procedure, except that where the identity of the reporter is relevant

12.26 to a criminal prosecution, the district court shall do an in-camera review prior to determining

12.27 whether to order disclosure of the identity of the reporter.

12.28 (d) Notwithstanding section 138.163, data maintained under this section by the

12.29 commissioners of health and human services and county adult protective services must be

12.30 maintained under the following schedule and then destroyed unless otherwise directed by

12.31 federal requirements:

13.1 (1) data from reports determined to be false, maintained for three years after the finding  
13.2 was made for reports under the jurisdiction of the Department of Human Services or the  
13.3 Department of Health and five years after the finding was made for reports under the  
13.4 jurisdiction of county adult protective services;

13.5 (2) data from reports determined to be inconclusive, maintained for four years after the  
13.6 finding was made for reports under the jurisdiction of the Department of Human Services  
13.7 or the Department of Health and five years after the finding was made for reports under the  
13.8 jurisdiction of county adult protective services;

13.9 (3) data from reports determined to be substantiated, maintained for seven years after  
13.10 the finding was made; and

13.11 (4) data from reports which were not investigated by a lead investigative agency and for  
13.12 which there is no final disposition, maintained for three years from the date of the report  
13.13 for reports under the jurisdiction of the Department of Human Services or the Department  
13.14 of Health and five years from the date of the report for reports under the jurisdiction of  
13.15 county adult protective services.

13.16 (e) The commissioners of health and human services shall annually publish on their  
13.17 websites the number and type of reports of alleged maltreatment involving licensed facilities  
13.18 reported under this section, the number of those requiring investigation under this section,  
13.19 and the resolution of those investigations.

13.20 ~~(f) Each lead investigative agency must have a record retention policy.~~

13.21 ~~(g)~~ (f) Lead investigative agencies, county agencies responsible for adult protective  
13.22 services, prosecuting authorities, and law enforcement agencies may exchange not public  
13.23 data, as defined in section 13.02, with a tribal agency, facility, service provider, vulnerable  
13.24 adult, primary support person for a vulnerable adult, emergency management service,  
13.25 financial institution, medical examiner, state licensing board, federal or state agency, the  
13.26 ombudsman for long-term care, or the ombudsman for mental health and developmental  
13.27 disabilities, if the agency or authority providing the data determines that the data are pertinent  
13.28 and necessary to prevent further maltreatment of a vulnerable adult, to safeguard a vulnerable  
13.29 adult, or for an investigation under this section. Data collected under this section must be  
13.30 made available to prosecuting authorities and law enforcement officials, local county  
13.31 agencies, the commissioner of human services as the state Medicaid agency, and licensing  
13.32 agencies investigating the alleged maltreatment under this section. The lead investigative  
13.33 agency shall exchange not public data with the vulnerable adult maltreatment review panel  
13.34 established in section 256.021 if the data are pertinent and necessary for a review requested

14.1 under that section. Notwithstanding section 138.17, upon completion of the review, not  
14.2 public data received by the review panel must be destroyed.

14.3 ~~(h)~~ (g) Each lead investigative agency shall keep records of the length of time it takes  
14.4 to complete its investigations.

14.5 ~~(i)~~ (h) A lead investigative agency may notify other affected parties and their authorized  
14.6 representative if the lead investigative agency has reason to believe maltreatment has occurred  
14.7 and determines the information will safeguard the well-being of the affected parties or dispel  
14.8 widespread rumor or unrest in the affected facility.

14.9 ~~(j)~~ (i) Under any notification provision of this section, where federal law specifically  
14.10 prohibits the disclosure of patient identifying information, a lead investigative agency may  
14.11 not provide any notice unless the vulnerable adult has consented to disclosure in a manner  
14.12 which conforms to federal requirements.

14.13 (j) When a county agency acting as the lead investigative agency is aware the person  
14.14 determined responsible for maltreatment is a guardian or conservator appointed under  
14.15 chapter 524, the county agency must share the final determination with the Minnesota  
14.16 Judicial Branch within 14 calendar days of the determination.

14.17 Sec. 14. Minnesota Statutes 2024, section 626.5572, subdivision 2, is amended to read:

14.18 Subd. 2. **Abuse.** "Abuse" means:

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

14.21 (1) assault in the first through fifth degrees as defined in sections 609.221 to 609.224;

14.22 (2) the use of drugs to injure or facilitate crime as defined in section 609.235;

14.23 (3) the solicitation, inducement, and promotion of prostitution as defined in section  
14.24 609.322; and

14.25 (4) criminal sexual conduct in the first through fifth degrees as defined in sections  
14.26 609.342 to 609.3451.

14.27 A violation includes any action that meets the elements of the crime, regardless of  
14.28 whether there is a criminal proceeding or conviction.

14.29 (b) Conduct which is not an accident or therapeutic conduct as defined in this section,  
14.30 which produces or could reasonably be expected to produce physical pain or injury or  
14.31 emotional distress including, but not limited to, the following:

15.1 (1) hitting, slapping, kicking, pinching, biting, or corporal punishment of a vulnerable  
15.2 adult;

15.3 (2) use of repeated or malicious oral, written, or gestured language toward a vulnerable  
15.4 adult or the treatment of a vulnerable adult which would be considered by a reasonable  
15.5 person to be disparaging, derogatory, humiliating, harassing, or threatening; or

15.6 (3) use of any aversive or deprivation procedure, unreasonable confinement, or  
15.7 involuntary seclusion, including the forced separation of the vulnerable adult from other  
15.8 persons against the will of the vulnerable adult or the legal representative of the vulnerable  
15.9 adult unless authorized under applicable licensing requirements or Minnesota Rules, chapter  
15.10 9544.

15.11 (c) Any contact with the vulnerable adult that is not therapeutic conduct and a reasonable  
15.12 person would consider a sexual act or any nonconsensual sexual interaction with the  
15.13 vulnerable adult, including but not limited to:

15.14 (1) making, viewing, or sharing sexual images or videos with or of the vulnerable adult;  
15.15 and

15.16 (2) using oral, written, gestured, or electronic communication that is sexually harassing,  
15.17 including but not limited to unwelcome sexual advances or requests for sexual favors.

15.18 ~~(e)~~ (d) Any sexual contact or penetration as defined in section 609.341, between a facility  
15.19 staff person or a person providing services in the facility and a resident, patient, or client  
15.20 of that facility.

15.21 ~~(d)~~ (e) The act of forcing, compelling, coercing, or enticing a vulnerable adult against  
15.22 the vulnerable adult's will to perform services for the advantage of another.

15.23 ~~(e)~~ (f) For purposes of this section, a vulnerable adult is not abused for the sole reason  
15.24 that the vulnerable adult or a person with authority to make health care decisions for the  
15.25 vulnerable adult under sections 144.651, 144A.44, chapter 145B, 145C or 252A, or section  
15.26 253B.03 or 524.5-313, refuses consent or withdraws consent, consistent with that authority  
15.27 and within the boundary of reasonable medical practice, to any therapeutic conduct, including  
15.28 any care, service, or procedure to diagnose, maintain, or treat the physical or mental condition  
15.29 of the vulnerable adult or, where permitted under law, to provide nutrition and hydration  
15.30 parenterally or through intubation. This paragraph does not enlarge or diminish rights  
15.31 otherwise held under law by:

15.32 (1) a vulnerable adult or a person acting on behalf of a vulnerable adult, including an  
15.33 involved family member, to consent to or refuse consent for therapeutic conduct; or

16.1 (2) a caregiver to offer or provide or refuse to offer or provide therapeutic conduct.

16.2 ~~(f)~~ (g) For purposes of this section, a vulnerable adult is not abused for the sole reason  
16.3 that the vulnerable adult, a person with authority to make health care decisions for the  
16.4 vulnerable adult, or a caregiver in good faith selects and depends upon spiritual means or  
16.5 prayer for treatment or care of disease or remedial care of the vulnerable adult in lieu of  
16.6 medical care, provided that this is consistent with the prior practice or belief of the vulnerable  
16.7 adult or with the expressed intentions of the vulnerable adult.

16.8 ~~(g)~~ (h) For purposes of this section, a vulnerable adult is not abused for the sole reason  
16.9 that the vulnerable adult, who is not impaired in judgment or capacity by mental or emotional  
16.10 dysfunction or undue influence, engages in consensual sexual contact with:

16.11 (1) a person, including a facility staff person, when a consensual sexual personal  
16.12 relationship existed prior to the caregiving relationship; or

16.13 (2) a personal care attendant, regardless of whether the consensual sexual personal  
16.14 relationship existed prior to the caregiving relationship.

16.15 Sec. 15. Minnesota Statutes 2024, section 626.5572, is amended by adding a subdivision  
16.16 to read:

16.17 Subd. 3a. **Adult protective services.** "Adult protective services" means an adult  
16.18 protection program administered by a county social services agency under the authority of  
16.19 the agency's governing body or delegated to a Tribal government by the commissioner of  
16.20 human services to support adults referred for maltreatment to live safely and with dignity.

16.21 Sec. 16. Minnesota Statutes 2024, section 626.5572, is amended by adding a subdivision  
16.22 to read:

16.23 Subd. 3b. **Assessment.** "Assessment" means a structured process conducted by a county  
16.24 social services agency to review the safety, strengths, and needs of an adult referred as  
16.25 vulnerable and maltreated and accepted by the agency for adult protective services and to  
16.26 develop a service plan to stop, prevent, and reduce risk of maltreatment for the adult using  
16.27 standardized tools provided by the Department of Human Services.

16.28 Sec. 17. Minnesota Statutes 2024, section 626.5572, subdivision 9, is amended to read:

16.29 Subd. 9. **Financial exploitation.** "Financial exploitation" means:

17.1 (a) In breach of a fiduciary obligation recognized elsewhere in law, including pertinent  
 17.2 regulations, contractual obligations, documented consent by a competent person, or the  
 17.3 obligations of a responsible party under section 144.6501, a person:

17.4 (1) engages in unauthorized expenditure of funds entrusted to the actor by the vulnerable  
 17.5 adult which results or is likely to result in detriment to the vulnerable adult; or

17.6 (2) fails to use the financial resources of the vulnerable adult to provide food, clothing,  
 17.7 shelter, health care, therapeutic conduct or supervision for the vulnerable adult, and the  
 17.8 failure results or is likely to result in detriment to the vulnerable adult.

17.9 (b) In the absence of legal authority a person:

17.10 (1) willfully uses, withholds, or disposes of funds or property of a vulnerable adult;

17.11 (2) obtains for the actor or another the performance of services by ~~a third person~~ the  
 17.12 vulnerable adult for the wrongful profit or advantage of the actor or another to the detriment  
 17.13 of the vulnerable adult;

17.14 (3) acquires possession or control of, or an interest in, funds or property of a vulnerable  
 17.15 adult through the use of undue influence, harassment, duress, deception, or fraud; or

17.16 (4) forces, compels, coerces, or entices a vulnerable adult against the vulnerable adult's  
 17.17 will to perform services for the profit or advantage of another.

17.18 (c) Nothing in this definition requires a facility or caregiver to provide financial  
 17.19 management or supervise financial management for a vulnerable adult except as otherwise  
 17.20 required by law.

17.21 Sec. 18. Minnesota Statutes 2024, section 626.5572, is amended by adding a subdivision  
 17.22 to read:

17.23 Subd. 12a. **Investigation.** "Investigation" means activities for fact gathering conducted  
 17.24 by the lead investigative agency to make a final determination of maltreatment.

17.25 Sec. 19. Minnesota Statutes 2025 Supplement, section 626.5572, subdivision 13, is amended  
 17.26 to read:

17.27 **Subd. 13. Lead investigative agency.** "Lead investigative agency" is the primary  
 17.28 administrative agency responsible for investigating reports made under section 626.557.

17.29 (a) The Department of Health is the lead investigative agency for facilities or services  
 17.30 licensed or required to be licensed as hospitals, home care providers, nursing homes, boarding  
 17.31 care homes, hospice providers, residential facilities that are also federally certified as

18.1 intermediate care facilities that serve people with developmental disabilities, or any other  
18.2 facility or service not listed in this subdivision that is licensed or required to be licensed by  
18.3 the Department of Health for the care of vulnerable adults. "Home care provider" has the  
18.4 meaning provided in section 144A.43, subdivision 4, and applies when care or services are  
18.5 delivered in the vulnerable adult's home.

18.6 (b) The Department of Human Services is the lead investigative agency for facilities or  
18.7 services licensed or required to be licensed as adult day care, adult foster care, community  
18.8 residential settings, programs for people with disabilities, EIDBI agencies, family adult day  
18.9 services, mental health programs, mental health clinics, substance use disorder programs,  
18.10 the Minnesota Sex Offender Program, or any other facility or service not listed in this  
18.11 subdivision that is licensed or required to be licensed by the Department of Human Services.  
18.12 The Department of Human Services is also the lead investigative agency for unlicensed  
18.13 EIDBI agencies under section 256B.0949.

18.14 (c) The county social ~~service~~ services agency adult protective services or ~~its~~ the agency's  
18.15 designee or a federally recognized Indian Tribe that entered into a contractual agreement  
18.16 with the commissioner of human services to operate adult protective services is the lead  
18.17 investigative agency for all other reports, including but not limited to reports involving  
18.18 vulnerable adults receiving services from a personal care provider organization under section  
18.19 256B.0659 or 256B.85.

18.20 Sec. 20. Minnesota Statutes 2024, section 626.5572, subdivision 17, is amended to read:

18.21 Subd. 17. **Neglect.** (a) "Neglect" means neglect by a caregiver or self-neglect.

18.22 (b) "Caregiver neglect" means the failure or omission by a caregiver to supply a  
18.23 vulnerable adult with care or services, including but not limited to, food, clothing, shelter,  
18.24 health care, or supervision which is:

18.25 (1) reasonable and necessary to obtain or maintain the vulnerable adult's physical or  
18.26 mental health or safety, considering the physical and mental capacity or dysfunction of the  
18.27 vulnerable adult; and

18.28 (2) which is not the result of an accident or therapeutic conduct.

18.29 (c) "Self-neglect" means neglect by a vulnerable adult of the vulnerable adult's own  
18.30 food, clothing, shelter, health care, financial management, or other services that are not the  
18.31 responsibility of a caregiver which a reasonable person would deem essential to obtain or  
18.32 maintain the vulnerable adult's health, safety, or comfort.

19.1 (d) For purposes of this section, a vulnerable adult is not neglected for the sole reason  
19.2 that:

19.3 (1) the vulnerable adult or a person with authority to make health care decisions for the  
19.4 vulnerable adult under sections 144.651, 144A.44, chapter 145B, 145C, or 252A, or sections  
19.5 253B.03 or 524.5-101 to 524.5-502, refuses consent or withdraws consent, consistent with  
19.6 that authority and within the boundary of reasonable medical practice, to any therapeutic  
19.7 conduct, including any care, service, or procedure to diagnose, maintain, or treat the physical  
19.8 or mental condition of the vulnerable adult, or, where permitted under law, to provide  
19.9 nutrition and hydration parenterally or through intubation; this paragraph does not enlarge  
19.10 or diminish rights otherwise held under law by:

19.11 (i) a vulnerable adult or a person acting on behalf of a vulnerable adult, including an  
19.12 involved family member, to consent to or refuse consent for therapeutic conduct; or

19.13 (ii) a caregiver to offer or provide or refuse to offer or provide therapeutic conduct; ~~or~~

19.14 (2) the vulnerable adult, a person with authority to make health care decisions for the  
19.15 vulnerable adult, or a caregiver in good faith selects and depends upon spiritual means or  
19.16 prayer for treatment or care of disease or remedial care of the vulnerable adult in lieu of  
19.17 medical care, provided that this is consistent with the prior practice or belief of the vulnerable  
19.18 adult or with the expressed intentions of the vulnerable adult;

19.19 (3) the vulnerable adult, who is not impaired in judgment or capacity by mental or  
19.20 emotional dysfunction or undue influence, engages in consensual sexual contact with:

19.21 (i) a person including a facility staff person when a consensual sexual personal  
19.22 relationship existed prior to the caregiving relationship; or

19.23 (ii) a personal care attendant, regardless of whether the consensual sexual personal  
19.24 relationship existed prior to the caregiving relationship; ~~or~~

19.25 (4) an individual makes an error in the provision of therapeutic conduct to a vulnerable  
19.26 adult which does not result in injury or harm which reasonably requires medical or mental  
19.27 health care; or

19.28 (5) an individual makes an error in the provision of therapeutic conduct to a vulnerable  
19.29 adult that results in injury or harm, which reasonably requires the care of a physician, and:

19.30 (i) the necessary care is provided in a timely fashion as dictated by the condition of the  
19.31 vulnerable adult;

20.1 (ii) if after receiving care, the health status of the vulnerable adult can be reasonably  
20.2 expected, as determined by the attending physician, to be restored to the vulnerable adult's  
20.3 preexisting condition;

20.4 (iii) the error is not part of a pattern of errors by the individual;

20.5 (iv) if in a facility, the error is immediately reported as required under section 626.557,  
20.6 and recorded internally in the facility;

20.7 (v) if in a facility, the facility identifies and takes corrective action and implements  
20.8 measures designed to reduce the risk of further occurrence of this error and similar errors;  
20.9 and

20.10 (vi) if in a facility, the actions required under items (iv) and (v) are sufficiently  
20.11 documented for review and evaluation by the facility and any applicable licensing,  
20.12 certification, and ombudsman agency.

20.13 (e) Nothing in this definition requires a caregiver, if regulated, to provide services in  
20.14 excess of those required by the caregiver's license, certification, registration, or other  
20.15 regulation.

20.16 (f) If the findings of an investigation by a lead investigative agency result in a  
20.17 determination of substantiated maltreatment for the sole reason that the actions required of  
20.18 a facility under paragraph (d), clause (5), item (iv), (v), or (vi), were not taken, then the  
20.19 facility is subject to a correction order. An individual will not be found to have neglected  
20.20 or maltreated the vulnerable adult based solely on the facility's not having taken the actions  
20.21 required under paragraph (d), clause (5), item (iv), (v), or (vi). This must not alter the lead  
20.22 investigative agency's determination of mitigating factors under section 626.557, subdivision  
20.23 9c, paragraph (f).

20.24 Sec. 21. **REPEALER.**

20.25 Minnesota Statutes 2024, section 626.557, subdivision 10, is repealed.

20.26 **EFFECTIVE DATE.** This section is effective the day following final enactment."

20.27 Renumber the sections in sequence and correct the internal references

20.28 Amend the title accordingly