

CF OPERATING PROCEDURE
NO. 140-2

STATE OF FLORIDA
DEPARTMENT OF
CHILDREN AND FAMILIES
TALLAHASSEE, March 4, 2025

ADULT PROTECTIVE SERVICES

This operating procedure establishes program policies, procedures, and standards, and provides instructions for the implementation of the Adult Protective Services Program. The operating procedure is designed to comply with Florida Statutes and any applicable departmental regulations relevant to adult abuse, neglect, exploitation, and self-neglect and should be used in close conjunction with those documents.

BY DIRECTION OF THE SECRETARY:

(Signed original copy on file)

Patricia Medlock
Assistant Secretary,
Office of Community Services, Department of Children and Families

SUMMARY OF REVISED, ADDED, OR DELETED MATERIAL

Replaces the term “victim” with “vulnerable adult.”
Revises the policy on when to complete a Safety Assessment and Plan
Revises the procedures for Safety Assessment and Plan
Replaced the term “self-neglect report” with “Vulnerable Adult in Need of Services (VAINS)”
Consolidates Chapters 1 and 2 into one chapter: Introduction to Adult Protective Services
Revised policy in Chapter 3 for the Florida Abuse Hotline on acceptance of 2nd party and VAINS intakes
Adds recipients of SSI/disability and SSA disability as automatic qualifiers as vulnerable adults
Changes maltreatment finding from “verified” to “substantiated.”
Adds Human trafficking definition to Exploitation and Sexual Abuse in Chapter 3 and in Appendix E: Maltreatments. Expands definition of alleged perpetrator for Sexual Abuse/Human trafficking to include Persons in a Position of Trust and Confidence
Combines former chapters 13, 14 and 15 into one chapter - Chapter 12 Conducting Interviews
Renumbers chapters
Adds a new chapter - Chapter 15 – Vulnerable Adult in Need of Services
Added required notification OPPG in Chapter 16, section 16-8
Adds a new Chapter – Chapter 21 – Team Approach to Special Facility Investigations for Registered Nurse Specialists and Protective Investigators
Adds additional language to Chapter 19 Fatalities (Death Investigations)
Provides procedure for Internal Findings Review
Removes FSFN Scanning Guide from Appendix C and adds a table of when a medical professional opinion is required/preferred for certain maltreatments.
Adds APS Definitions to Appendix D
Adds maltreatments of Caregiver Unavailable, Decubitus, Exploitation of \$50,000 or greater and Exploitation Less Than \$50,000 to Appendix E
Includes definitions of Human Trafficking to maltreatment codes of Exploitation and Sexual Abuse to Chapter 3 and Appendix E

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Chapter 1

INTRODUCTION TO ADULT PROTECTIVE SERVICES

1-1. Purpose and Intent.

a. The policies of this operating procedure comply with Florida Statutes and any applicable departmental procedures relevant to adult abuse, neglect, financial exploitation, and vulnerable adults in need of services. Use this operating procedure to support a training program for adult protective services investigators and protective supervision counselors.

b. Protective investigators, protective supervision counselors, and their supervisors will use this operating procedure as a guide to investigative practice under Chapter 415, Florida Statutes (F.S.).

1-2. Overview of Adult Protective Services.

a. The adult protective services program is a system of specialized social services directed toward protecting vulnerable adults who are unable to provide for their own care, carry out their activities of daily living, or protect themselves from abuse, neglect, financial exploitation, or need services due to self-neglect.

b. The five components of adult protective services are:

(1) On-site investigation of all reports of alleged abuse, neglect, or financial exploitation, caused by a second party.

(2) Assessment of vulnerable adults in need of services (VAINS -formerly self-neglect.)

(3) Determination of the current risk to the vulnerable adult and whether there is a need for emergency services, removal, or the arrangement for in-home services.

(4) Evaluation of the need for provision of ongoing protective services if warranted; and,

(5) Provision of ongoing protective services.

c. Current Statutes. Chapter 415, Florida Statutes, provides the legal requirements and responsibilities for Adult Protective Services.

1-3. Confidentiality of Reports and Records [Section 415.107, F.S.].

a. All reports and records of abuse, neglect, financial exploitation, or vulnerable adult(s) in need of services, are confidential. Reports may not be disclosed except under restricted conditions outlined in section 415.1071, F.S.

1-4. Release of the Identity of the Reporter.

a. The name and identifying information of the reporter of an abuse, neglect, or financial exploitation report are confidential. Staff of the department must not release this information without the reporter's written consent except to:

(1) Adult protective investigative staff,

(2) Protective supervision staff,

(3) Hotline staff,

(4) Law enforcement agencies (includes Medicaid Fraud Control Unit), or,

(5) State attorney.

b. Section 415.107, F.S., mandates that those persons having access to the name and identifying information of the reporter protect the confidentiality of the reporter. In all cases, the protective investigator must advise the requester of the confidential nature of the information and the prohibition of releasing this information to a third party.

1-5. Privileged Communication.

a. Privileged communication means statements made by individuals to each other within a protected relationship. Such statements may be protected from forced disclosure by subpoena or on the witness stand in a judicial proceeding.

b. Sections 415.1045(3) and 109, F.S., recognizes privileged communication between attorney-client and clergyperson as the only confidential communication relationship in situations of known or suspected abuse, neglect, financial exploitation, or vulnerable adult(s) in need of services. All other potentially privileged communications, including communication between a husband and wife or professional person and patient, do not constitute grounds for failure to report abuse, neglect, self-neglect or financial exploitation, failure to cooperate with the department during an investigation, or failure to give evidence in any abuse, neglect, financial exploitation, or vulnerable adult(s) in need of services judicial proceeding.

Chapter 2

CRIMINAL, CIVIL, AND ADMINISTRATIVE ACTIONS AND PENALTIES
RELATING TO ABUSE, NEGLECT, AND FINANCIAL EXPLOITATION

2-1. Purpose. This chapter provides information, guidelines, and procedures regarding criminal, civil, and administrative actions and penalties that are pertinent to abuse, neglect, and financial exploitation of vulnerable adults.

2-2. Criminal Action. A criminal action is a proceeding whereby a State Attorney or a Grand Jury will charge or indict someone with the commission of a crime, and the person is brought to stand trial. As a result of the trial, the person will be found either guilty or not guilty of the crime. If the person is found to be guilty of the crime, the court will impose a sentence.

2-3. Criminal Penalties and Statutory Base. Sections 415.111, 825.102, 825.1025, and 825.103, F.S., provide for criminal penalties relating to abuse, neglect, or financial exploitation of vulnerable adults.

2-4. Role of the Protective Investigator During Criminal Investigations.

a. The investigation of criminal abuse, neglect, or financial exploitation is the responsibility of a criminal justice agency.

b. The protective investigator may be asked to assist in certain phases of a criminal investigation. Examples of ways the protective investigator may assist include:

- (1) Sharing information from the protective investigative record;
- (2) Being present during interviews with vulnerable adult's or alleged perpetrator(s); and,
- (3) Providing oral or written testimony during depositions or court hearings.

c. The protective investigator will immediately notify his or her supervisor and present all information and personal knowledge that relates to the issue,

(1) The supervisor will immediately notify his or her manager and provide all information related to the issue;

(2) The manager will immediately notify legal counsel and the circuit administrator (or designee) and provide all information related to the issue; and,

(3) Legal counsel or the circuit administrator (or designee) will be primary reporters of information regarding these actions to the local office of the State Attorney.

d. Making a False Report of Abuse, Neglect, or Financial Exploitation; Advising Another Person to Make a False Report.

(1) A "false report" is a report of abuse, neglect, or financial exploitation of a vulnerable adult or vulnerable adult in need of services (VAINS) to the Abuse Hotline that is determined to be not true and is maliciously made for the purpose of:

- (a) Harassing, embarrassing, or harming another person;
- (b) Personal financial gain for the reporting person;
- (c) Acquiring custody of a vulnerable adult; or,

(d) Personal benefit for the reporting person in any other private dispute involving a vulnerable adult.

(2) The term “false report” does not include a report of abuse, neglect, financial exploitation, or of a vulnerable adult in need of services (VAINS) that is made in good faith to the Abuse Hotline.

(3) A report that is determined to be a “false report” will be commenced and investigated. During the investigation, the protective investigator may determine that the allegations of abuse, neglect, financial exploitation or vulnerable adult(s) in need of services are not true. If the protective investigator suspects malicious intent on the part of the reporter, the protective investigator will:

(a) Staff the case with the supervisor.

(b) Interview the vulnerable adult(s) and the alleged perpetrator to determine if there is a possible motive that fits the malicious intent as detailed in the definition of a false report.

(c) Interview collateral contacts that have personal knowledge of the vulnerable adult(s) and the alleged perpetrator. Gather information that will either support or refute that a false report was made.

(d) Interview the reporter. Prior to interviewing the reporter regarding suspicions of false reporting, inform the reporter that the filing of a false report (or advising another to file a false report) is a third-degree felony and is also subject to an administrative fine up to \$10,000.00.

(e) Document all actions by the suspected false reporter to retract the report.

(f) Document all information gathered and provide that information to the supervisor. If the supervisor concurs that a false report exists, document that the report is not true.

(g) Obtain the written consent of the alleged perpetrator to refer the report to local law enforcement for investigation and possible prosecution of the false reporter by the state attorney.

(h) If the alleged perpetrator does not consent to a referral to the State Attorney, document the information and close the report.

(i) If the alleged perpetrator consents to a referral to the State Attorney, submit all information gathered, along with the written consent of the alleged perpetrator to legal counsel.

(j) It is necessary to obtain assistance from legal counsel in pursuing an administrative fine for false reporting as well as referring the report to the local law enforcement agency having jurisdiction.

(k) Notify law enforcement of any prior and/or subsequent reports naming the same vulnerable adult(s) as named in the suspected false report.

(l) When law enforcement notifies the department that they have determined from their investigation there are indicators of abuse, neglect, or financial exploitation on a report that was initially referred to law enforcement for false reporting, call a new report to the Abuse Hotline. Obtain information from law enforcement related to their investigation and incorporate this information into the protective investigation. After the protective investigator completes the investigation and all facts are gathered and documented, complete the investigation, documenting the findings of maltreatments.

(m) Maintain a list of all referrals to local law enforcement and the date the referral was made.

(n) Submit an annual report of the number of referrals to local law enforcement to Regional Program office, who will then forward to the Adult Protective Services Headquarters. Each yearly report is due in the Adult Protective Services Headquarters on or before July 15 and will include the number of referrals for the previous fiscal year. Headquarters will include data from all circuits in a report to the legislature.

(4) The Office of the State Attorney is responsible for establishing and publishing procedures to facilitate the prosecution of persons who are found to falsely report abuse, neglect, or financial exploitation. That office is also responsible for reporting each year to the legislature the number of complaints that have resulted in the filing of an information or indictment for false reporting.

2-5. Criminal Actions Against Protective Investigators. During an investigation, if a protective investigator is subjected to assault or battery, the protective investigator should:

- a. Leave the area quickly and go to a safe location.
- b. Immediately contact law enforcement having jurisdiction and, if necessary, request emergency medical care.
- c. Cooperate fully with law enforcement to ensure that a full and complete report of the incident is taken. If possible, obtain the case number as well as the name(s) and/or badge number of all law enforcement officers to whom the report was provided.
- d. Immediately advise the supervisor or, if appropriate the on-call supervisor.
- e. As soon as possible, prepare a written account of the incident. Place a copy of this written account in the case record.
- f. Notify the office of the State Attorney, providing all information regarding this incident, including the law enforcement case number and the name(s) and/or badge number of the investigating officer(s).

2-6. Administrative Actions and Administrative Fines for False Reporting [section 415.1113, F.S.].

a. "Administrative actions" are those methods and processes that are brought before administrative agencies as distinguished from judicial procedure which applies to the court. Chapter 415, F.S., provides the department with the ability to place fines on a false reporter through the administrative process.

b. The department may impose an administrative fine upon any person who knowingly and willfully makes a false report of abuse, neglect, financial exploitation or vulnerable adult(s) in need of services, upon any person who counsels or advises another person to make a false report. Fines may not exceed \$10,000.00 for each violation and are in addition to criminal penalties for false reporting.

c. Whenever protective services staff has knowledge that a person has knowingly and willfully made a false report of abuse, neglect, financial exploitation or vulnerable adult(s) in need of services, to the Abuse Hotline, staff will notify the unit supervisor. The unit supervisor will immediately notify legal counsel, in writing, of the false report. The written notice to legal counsel must contain:

- (1) The investigation report number(s);
- (2) The findings of the maltreatment in the report;
- (3) The name, age, and address of the reporter;

(4) The facts supporting the allegation that the reporter knowingly and willfully filed a false report with the Abuse Hotline; and,

(5) The recommended administrative fine to impose on the individual, in compliance with section 415.1113, F.S.

d. Resources of the false reporter should not be considered in recommending fines.

e. The following chart provides guidelines for determining the amount of an administrative fine to impose:

TABLE 3.2 GUIDELINES FOR ADMINISTRATIVE FINES	
FINE AMOUNT	GUIDELINES
<ul style="list-style-type: none"> • \$1.00 to \$2,500.00 	<p>1. No prior false report nor history of counseling or advising others to make a false report; AND action(s) taken within 24 hours to retract or recant a false report; AND little or no adverse effect on the subject(s) of the false report.</p>
<ul style="list-style-type: none"> • \$2500.00 to \$5000.00 	<p>2. No prior false report nor history of counseling or advising others to make a false report; AND action(s) taken prior to final findings to retract or recant the false report, or no action taken; AND some adverse effect on the subject(s) of the false report.</p>
<ul style="list-style-type: none"> • \$5000.00 to \$10,000.00 	<p>3. A previous false report or history of counseling or advising others to make a false report; AND/OR action(s) taken to encourage the investigation by providing additional false information, AND/OR;</p> <p>Significant adverse effect about the subject(s) of the false report; AND/OR, a false report made by, or with the encouragement or counsel of, a professional person specifically identified in section 415.1034, F.S., as a mandatory reporter.</p>

Chapter 3

FLORIDA ABUSE HOTLINE REPORTING REQUIREMENTS

3-1. Purpose. The purpose of this chapter is to provide information and procedures for Adult Protective Investigators and Florida Abuse Hotline staff on the different calls that are made to the Florida Abuse Hotline, the criteria which must be met for each call, and the process for handling each call.

3-2. Major Components of the Florida Abuse Hotline. The Florida Abuse Hotline is made up of the following major components:

a. Centralized system to receive all reports of abuse, neglect, financial exploitation or vulnerable adult in need of services (VAINS) through the 800 number (1-800-96-ABUSE), TTY (1-800-453-5145), Florida Relay (711), fax (1-800-914-0004) or, via the internet (www.myflfamilies.com/service-programs/abuse-hotline/report-online.shtml).

b. Trained counselors to screen all reports received centrally through the Hotline.

c. Department electronic case management database used by Hotline counselors to determine previous involvement in second party abuse, neglect, financial exploitation, or vulnerable adult in need of services (VAINS) cases prior to reports being transmitted to the protective investigator.

d. All information accepted as a report will be entered by the Hotline counselor into the electronic case management system in a timely manner and for tracking capability prior to electronic transmission to local office for investigation.

e. The Florida Abuse Hotline and Adult Protective Services staff utilize the electronic case management system to provide information on prior reports, monitor, and track the process of an investigation or VAINS assessment.

f. The Hotline utilizes a standardized allegation and maltreatment definition system and intake assessment instrument for investigation that focus attention on critical safety factors.

3-3. Florida Abuse Hotline.

a. The Florida Abuse Hotline provides a uniform, centralized system to receive reports of abuse, neglect, financial exploitation, or vulnerable adult in need of services (VAINS) and reports of abuse, neglect, and abandonment of children from the entire state through a 24-hour, toll-free telephone number (1-800-96ABUSE), faxes or via the internet. In addition to accepting the type of reports referenced above, the Florida Abuse Hotline processes other calls and requests for information and services. For each call that is received, the Florida Abuse Hotline categorizes the call based on the information provided by the caller. The Hotline counselor processes the call according to guidelines for categorizing a call. (See paragraph 3-5, Categorizing the Call.)

b. A simplified view of the Florida Abuse Hotline regarding the acceptance of second party abuse, neglect, financial exploitation, or vulnerable adult in need of services (VAINS) reports involve two concurrent core processes.

(1) The first core process is the Hotline screening process. Calls, letters, electronic submissions, and faxes from the public are screened to determine if there is reasonable cause to suspect that abuse, neglect, financial exploitation, or vulnerable adult in need of services (VAINS) of a vulnerable adult has occurred. If a reasonable cause is present, the Hotline counselor accepts the call, letter, fax, or internet submission as a report for investigation and assessment for VAINS. The Hotline counselor then decides one of two report response priorities, each requiring a different investigative response. (See paragraph 3-15, Response Priority.)

(2) The second core process is entering information into the electronic case management system, completing criminal history checks on subjects of the report and transmitting the report. After making the decision to accept a report of abuse, neglect, financial exploitation, or vulnerable adult in need of services (VAINS), or caregiver unavailable, the Hotline enters all information obtained from the caller regarding the report into the electronic case management system. After this information is entered, the report is transmitted to the appropriate Adult Protective Investigation unit in the circuit. This is accomplished either electronically or by phone.

3-4. Accepting the Call. An individual may call, write, electronically submit, or fax the Hotline. Calls and other contacts for service requests are handled differently depending on what the individual is requesting and who receives the call or information.

3-5. Categorizing the Call. Calls, letters, electronic submissions, or faxes related to vulnerable adults received by the Hotline are categorized as:

- a. A report of alleged second party abuse, neglect, or financial exploitation;
- b. A complaint regarding the department, a contracted vendor or a facility licensed by the department or the Agency for Health Care Administration (AHCA); Agency for Persons with Disabilities (APD);
- c. A request for services (information and/or provision); or,
- d. A call regarding administrative or operational matters.

3-6. Report of Allegations of Abuse, Neglect, Financial Exploitation or Vulnerable Adult in Need of Services.

a. Hotline Staff.

(1) A report of abuse, neglect, abuse, neglect, financial exploitation, or vulnerable adult(s) in need of services is initiated when a reporter calls and alleges that a vulnerable adult has been or is being abused, neglected, or financially exploited by another person (second party), or a vulnerable adult needs services due to self-neglect, or the caregiver is unavailable.

(2) The information provided by a reporter is thoroughly assessed by the Hotline counselor to determine if the information meets the criteria of a report of second party abuse, neglect, financial exploitation, or vulnerable adult(s) in need of services as set forth in Chapter 415, F.S.

(3) In order for an adult protective investigator to investigate a report of second party report of abuse, neglect, financial exploitation, or complete an assessment of vulnerable adult(s) in need of services, a means to locate the vulnerable adult(s) is vital. If the vulnerable adult(s) is not in the State of Florida at time of reporting, the Florida Abuse Hotline will screen out the alleged report and notify the reporter. The following will be used as an acceptable means to locate a vulnerable adult(s) in Florida:

- (a) A home address(es);
- (b) An apartment complex by name and location, with or without the apartment number; or name and location of the facility where the vulnerable adult(s) lives;
- (c) Directions to the home;
- (d) A mobile home park, by name and address with or without the lot number;
- (e) A home (landline only) and/or work telephone number(s);

(f) A third party, by name and phone number, who knows and will provide the means to locate, is acceptable;

(g) A Florida license tag number;

(h) If the reporter has the information at home, or the office, or in a record that will be provided to the protective investigator upon contacting the reporter, this is acceptable;

NOTE: Using an immediate priority should only be done if it is assured the contact person is reachable in that time frame as well. Otherwise, a 24-hour priority would be indicated.

(i) The name of school or employer of vulnerable adult(s) or alleged perpetrator;

(j) The name of any law enforcement officer or agency that has been involved with the vulnerable adult(s) and can provide the means to locate the vulnerable adult(s); or,

(k) Prior addresses in the electronic case management system.

(4) If a report is received for investigation or assessment that does not contain one of the above acceptable means to locate the vulnerable adult(s), the Hotline counselor will forward the report to the Hotline Diligent Search Unit to assist in finding additional means to locate the vulnerable adult. If they can find a means to locate the vulnerable adult, the report will be screened in and sent to the receiving protective investigative unit. If the adult protective investigator receives a report that does not contain any of the accepted methods of locating the vulnerable adult, the investigator shall notify his or her supervisor, who will contact the Florida Abuse Hotline to request the intake be screened out. If the vulnerable adult is being reported as missing from the community with no current location, the Hotline will screen out the report and forward the caller or information to the appropriate county sheriff's office.

(5) Once a report is taken, the Hotline electronically transmits or calls the report to an investigation unit in the circuit where the vulnerable adult(s) is located. A protective investigator must then investigate/complete the assessment of the report.

(6) The Hotline will call-out the report by telephone within one (1) hour of receipt when:

(a) The report has an immediate response priority.

(b) An additional report has been received that upgrades the response on the initial report from a 24-hour response to an immediate response priority.

(c) Additional reports received to an existing report currently being investigated in which the additional report has an immediate response priority.

(7) The Hotline will electronically transmit the report in the electronic case management system for the adult protective investigation unit to accept when the report has a 24-hour response priority.

(8) When the Hotline calls a report to the local adult protective investigation unit by telephone, the Hotline counselor will provide a report number to the adult protective investigator. If requested, the Hotline counselor will provide a minimum of information to adult protective investigation staff. This information includes:

(a) The electronic case management system report number;

(b) Name of first vulnerable adult(s) (if available);

- (c) Address of vulnerable adult(s) (if available);
- (d) Name and number of reporter(s);
- (e) Investigation response priority;
- (f) Allegation narrative; and,
- (g) Prior history.

b. Adult Protective Services (APS) Staff.

(1) All allegations of abuse, neglect, financial exploitation or of a vulnerable adult in need of services (VAINS) received by APS staff should be called to the Hotline for acceptance as a report. APS staff should follow the procedures outlined below.

(2) If a person comes to or calls an Adult Protective Services unit, circuit, region, or Headquarters to report second party adult abuse, neglect, financial exploitation, or vulnerable adult(s) in need of services, the staff person receiving the information must explain the system for reporting and refer the individual to the Hotline in the following manner:

- (a) Offer a telephone, fax form or web reporting for the walk-in reporter to use to make the report;
- (b) Provide the individual the Hotline telephone number and privacy to make the report;
- (c) Give the call-in reporter the telephone number for the Hotline, or transfer the call to the hotline
- (d) If the staff member is concerned a reporter will not make the call to the Hotline, or if they refuse to call the report to the Hotline, the staff member should take the information and immediately relay that information to the Hotline; and,
- (e) Staff members must immediately report and submit all letters and forms alleging abuse, neglect, financial exploitation, or vulnerable adult(s) in need of services to the Hotline.

c. Florida Abuse Hotline. The Hotline counselor will evaluate information provided by the reporter to determine if a report of abuse, neglect, financial exploitation, or vulnerable adult(s) in need of services should be taken when information provided by the reporter indicates there is:

- (1) Knowledge of or reasonable cause to suspect that the victim of abuse, neglect, financial exploitation, or vulnerable adult(s) in need of services is a vulnerable adult as defined in section 415.102, F.S.;
- (2) A specific incident or pattern of incidents that includes physical, behavioral, or environmental indicators of abuse, neglect, or financial exploitation, or vulnerable adult(s) in need of services;
- (3) Knowledge of or reasonable cause to suspect that the allegations are directly attributable to either abuse by a relative, caregiver, or household member, or neglect by a caregiver, or financial exploitation perpetrated by a second party in accordance with section 415.102, F.S.; or,
- (4) The allegations are directly attributable to neglect caused by the vulnerable adult (self-neglect), or the caregiver is unavailable, and the vulnerable adult needs services.

3-7. Knowledge of or Reasonable Cause to Suspect the Victim Is a Vulnerable Adult.

a. When a call, fax or web report is made to the Hotline and the reporter wishes to make a report of second party abuse, neglect, financial exploitation, or vulnerable adult(s) in need of services, the Hotline counselor must first determine if there is knowledge of or reasonable cause to suspect that the alleged victim is a vulnerable adult as defined in Chapter 415, F.S.

b. "Vulnerable adult" means a person 18 years of age or older whose ability to perform the normal activities of daily living or to provide for his or her own care or protection is impaired due to a mental, emotional, sensory, long-term physical, or developmental disability or dysfunction, brain damage, or the infirmities of aging.

c. After the Hotline counselor accepts a report of second party abuse, neglect, financial exploitation, or vulnerable adult(s) in need of services and the Crime Intelligence Unit transmits the report to a Protective Investigations unit for investigation/assessment, the protective investigator must verify that the alleged vulnerable adult(s) is, in fact, a vulnerable adult. Obtaining this verification must begin at the first face-to-face contact with the vulnerable adult(s).

3-8. Knowledge of or Reasonable Cause to Suspect Abuse, Neglect, or Financial Exploitation by a Second Party.

a. After the Hotline counselor determines reasonable cause to suspect that the victim is a vulnerable adult, the Hotline counselor must determine if the allegations made by the reporter are directly attributed to abuse, neglect, or financial exploitation caused by a second party.

b. The definitions of abuse, neglect, and financial exploitation are listed in section 415.102, F.S.

c. After the Hotline counselor accepts a report of second party abuse, neglect, or financial exploitation and the Crime Intelligence Unit electronically transmits or calls the report to a Protective Services unit for investigation, the protective investigator must gather evidence to determine whether abuse, neglect, or financial exploitation as defined in Florida Statutes occurred.

3-9. Knowledge of or Reasonable Cause to Suspect That a Vulnerable Adult Is in Need of Services Due to Self-Neglect.

a. A vulnerable adult in need of services is a vulnerable adult who has been determined by a protective investigator to be suffering from the ill effects of self-neglect and needs protective services or other services to prevent further harm.

b. After the Hotline counselor accepts a report of a vulnerable adult in need of services (VAINS) and the Crime Intelligence Unit electronically transmits the report to a Protective Services unit for investigation, the protective investigator must verify the alleged vulnerable adult(s) is suffering from the ill effects of self-neglect.

3-10. Table of Abuse, Neglect, Financial Exploitation and Self Neglect. The following table outlines abuse, neglect, financial exploitation, vulnerable adult in need of services (VAINS) as defined in Chapter 415, F.S.

DEFINITIONS FOR ABUSE, NEGLECT, AND FINANCIAL EXPLOITATION		
Maltreatment	Definition	Caused by
Abuse	Willful act or threatened act by a relative, caregiver, or household member that causes or is likely to cause significant impairment to a vulnerable adult’s physical, mental, or emotional health. Abuse includes acts or omissions.	A relative, caregiver, or household member.
Neglect	Failure or omission by the caregiver to provide care, supervision, and services necessary to maintain physical and mental health, including, but not limited to, food, clothing, medicine, shelter, supervision, and medical services, that a prudent person would consider essential for the well-being of an individual.	A caregiver
	Failure of a caregiver to make reasonable effort to protect an individual from abuse, neglect, or financial exploitation.	A caregiver
	Repeated conduct or a single incident of carelessness that produces or could reasonably be expected to result in physical or psychological injury or a substantial risk of death.	A caregiver
Financial Exploitation	Knowingly by deception or intimidation, obtain or use, or endeavor to obtain or use, a vulnerable adult’s funds, assets, or property with the intent to deprive a vulnerable adult of the use, benefit, or possession of the funds, assets, or property temporarily or permanently for the benefit of someone other than the vulnerable adult; or	A person who stands in a position of trust and confidence.
	To obtain or use, or endeavor to obtain or use, the vulnerable adult’s funds, assets, or property with intent to deprive the individual of the use, benefit, or possession of funds, assets, or property temporarily or permanently for the benefit of someone other than the vulnerable adult.	A person who knows or should know that the individual lacks the capacity to consent.
Vulnerable Adult(s) in Need of Services (VAINS)	A vulnerable adult who has been determined by a protective investigator to be suffering from the ill effects of neglect not caused by a second party and needs protective services or other services to prevent further harm.	The vulnerable adult has neglected himself or herself, or the caregiver is unavailable.

3-11. Processing and Documenting Abuse Reports by the Florida Abuse Hotline.

a. The Hotline counselor must inform the reporter if the information provided meets the statutory requirements for report acceptance.

b. After the Hotline counselor has determined the victim is a vulnerable adult and that the suspected allegations meet the definition of second party abuse, neglect, financial exploitation, or vulnerable adult(s) in need of services, a report is taken. A report accepted by the Hotline requires either a full protective service investigation, or complete assessment for a vulnerable adult(s) in need of services.

(1) A report may involve multiple vulnerable adults with multiple maltreatment allegations.

(2) Participants of an adult report are limited to only the vulnerable adult(s), the alleged perpetrator(s) named in a report, the alleged vulnerable adult(s) primary caregiver(s) and/or guardian(s) who will be listed as additional participants with a role as significant other in the intake. A definition of "significant other" for purposes of inclusion into the intake is defined as the primary caregiver or the legal guardian for the vulnerable adult.

(3) The protective investigator makes a finding for each maltreatment after the report is investigated.

c. The Hotline counselor will search the electronic case management system to determine if either the vulnerable adult(s) or the alleged perpetrator has a prior history of abuse, neglect, financial exploitation, or self-neglect. This search will also include a history of facility abuse, neglect, or financial exploitation, or vulnerable adult(s) in need of services, when applicable. The Hotline counselor will also determine if there are current and prior social service provision histories with the department using all current electronic case management systems.

d. If the counselor reviews the prior case and sees that the vulnerable adult cannot be found, the information should be questioned. The following question should be asked:

(1). When was the vulnerable adult last seen? and

(2). When and where did the reported incident occur?

e. The record check by the Hotline counselor will determine what type of report will be taken. Information given by the reporter will be entered into the electronic case management system as one of four (4) types of reports.

(1) Initial Report. An initial report is a report that meets the criteria for an abuse, neglect, financial exploitation, or vulnerable adult(s) in need of services investigation/assessment and the vulnerable adult(s) is not currently under investigation in an existing active report. Allegations of abuse, neglect, financial exploitation, or vulnerable adult(s) in need of services can be combined in the same report **for in-home, community investigations only**. Institutional reports and in-home reports cannot be combined in the same report. Each initial report accepted by the Hotline is assigned a number that is a part of a unique numbering system. (See paragraph 3-11e below.)

(2) Additional Investigation Report. An additional investigation report is a report, whether by the same or different reporter, made after an initial report is received and adds new allegations of maltreatments, new incidents or occurrences of the same allegations of maltreatments, or additional vulnerable adult(s) or alleged perpetrator(s). When an additional investigation report is taken and added to an open report currently being investigated, the electronic case management system will assign a sequence number to the additional information. The Hotline will then notify the investigation unit by electronically transmitting the additional information or by telephone if the new information requires an immediate response.

(a) Upon receipt of the additional investigation report, a face-to-face contact with the vulnerable adult(s) *within 24 hours* is required to ensure the safety of the vulnerable adult(s). The investigator must enter the face-to-face date and time in the electronic case management system for the additional report and properly document the additional contact with the vulnerable adult(s). When the initial report is 30 or more days old; the Hotline will not add an additional investigation report but will create a new initial report.

(b) Reports of death due to abuse or neglect may be added as an additional to an open report if the death is a result of the initial allegations of abuse or neglect. The Hotline must make the determination of whether to add "Death" as a maltreatment or create a new report.

(3) Supplemental Report. A supplemental report is a call to the Hotline, whether by the same or a different reporter, is a report which contains information regarding the same incident currently under investigation and involves the same subjects and the same allegations of maltreatment, but the information improves upon what is already known (e.g., a better address, different spellings of names, or additional potential witnesses). When a supplemental report is taken by the Hotline and added to an open report that is under investigation, the electronic case management system will assign a sequence number to the supplemental information. The Hotline will then notify the investigation unit by electronically transmitting the supplemental information. In those instances when the Hotline takes a new report and the criterion for a supplemental report is met, field staff may contact the Hotline to add the supplemental information into the initial open report and close the new report as a duplicate report.

(4) Duplicate Report.

(a) There are instances when a new report is called into the Hotline, and it is determined by the Hotline that the incident has already been investigated. If the new report is the exact same report previously investigated, the same vulnerable adult(s), the exact same alleged perpetrator(s), and the exact same incident of maltreatment, with no new information, subjects, or evidence, then the new report is considered a duplicate report, and the Hotline counselor may screen out the new report.

(b) If the Adult Protective Investigative unit determines upon receipt of the new report that is a duplicate with no new information, evidence, subjects, or allegations, the investigative supervisor may contact the Hotline to request that the report be screened out by providing the original investigations report number.

e. Assigning a Report Number. The electronic case management system will assign each report of abuse, neglect, financial exploitation, or vulnerable adult(s) in need of services reports a unique identification number. The protective investigator will ensure the correct report number on all forms, documents, and correspondence are placed in the investigation record.

3-12. Allegations of Maltreatment.

a. An allegation is a statement made by a reporter to the Hotline that a specific injury or harm or a reasonable cause to suspect an injury or harm to a vulnerable adult has occurred and constitutes abuse, neglect, financial exploitation, or vulnerable adult(s) in need of services.

b. A maltreatment is the description of the injury or harm to a vulnerable adult as a result of abuse, neglect, financial exploitation, or vulnerable adult(s) in need of services.

c. The allegation maltreatment system allows each specific type of abuse, neglect, financial exploitation, or vulnerable adult(s) in need of services, to be precisely defined and investigated. The Allegation Maltreatment Index (Appendix E to this operating procedure) provides information for inputting and investigating maltreatments.

d. The allegation system requires a decision by the Hotline counselor as to what maltreatment(s) must be entered on the report that will be transmitted to the protective investigation unit. All allegations from the reporter and all maltreatments coded by the Hotline counselor must be investigated/assessed by the protective investigator and closed with an investigative finding.

e. Protective investigators in their roles as mandated reporters must add new allegations of maltreatment and the names of any additional vulnerable adult(s), or alleged perpetrator(s) to a report if discovered during the course of an investigation. The protective investigator must update the electronic case management system with this information within two (2) working days of discovery.

f. Allegation Maltreatment Index. The Allegation Maltreatment Index located in Appendix E to this operating procedure was developed to provide Hotline staff and investigative staff with:

(1) Descriptions of specific allegations and maltreatments to use as guidelines in determining whether the allegations meet the criteria for acceptance of a report.

(2) Factors to consider when assessing specific types of maltreatment. These factors are used in conjunction with, not in lieu of the risk assessment.

(3) Specific maltreatments to enter in the electronic case management system.

(4) Maltreatment may fall under a maltreatment type based on the information from the reporter. Types of maltreatments are:

(a) A = Abuse (second party)

(b) N = Neglect (second party)

(c) S = Neglect (not second party – vulnerable adult in need of services due to the ill effects of self-neglect or caregiver unavailable; coded in the electronic case management system and,

(d) E = Financial Exploitation (second party).

3-13. Procedures for Taking Reports of Abuse, Neglect, Financial Exploitation, or Vulnerable Adult(s) in Need of Services. The following are general guidelines for accepting reports:

a. Residence of Vulnerable Adult(s) and Place of Incidence.

(1) The Hotline will accept a report only if the reported incident:

(a) Occurred in the State of Florida and the vulnerable adult(s) currently resides in Florida; or,

(b) Occurred in the State of Florida and the vulnerable adult(s) is a resident of another state, but is currently visiting or living in Florida; or,

(c) Occurred in another state, and both vulnerable adult(s) and alleged perpetrator are now together in Florida and the reporter suspects the vulnerable adult(s) is at risk of further abuse, neglect, or financial exploitation by the alleged perpetrator, and that abuse, neglect, or financial exploitation is likely to occur; or,

(d) Occurred in an institution or facility in Florida where the vulnerable adult(s) resided, and the alleged perpetrator is an employee, thus potentially placing other residents at risk of abuse, neglect, or financial exploitation. In such cases, if the vulnerable adult is not in Florida at the time the report is made to the Hotline, the Hotline counselor will screen in the report with other residents in the facility identified as possible “unknown” vulnerable adults.

(e) A caller alleges financial exploitation occurred while the vulnerable adult is a resident of Florida, and is currently in Florida, and the alleged perpetrator lives out of state.

(2) The Hotline should **never** accept a report of abuse, neglect, or financial exploitation when:

(a) A caller alleges a resident of Florida was the victim of abuse, neglect, or financial exploitation while living in Florida, but the vulnerable adult(s) has subsequently moved to another state. The Hotline counselor will instruct the caller to contact local law enforcement in Florida where the incident is alleged to have occurred.

(b) A caller alleges the abuse, neglect, or financial exploitation occurred in another state, and the vulnerable adult(s) is presently in Florida or lives in Florida. The Hotline counselor will inform the caller to contact law enforcement in the appropriate state where the incident occurred.

(c) A caller alleges abuse, neglect, or financial exploitation of a vulnerable adult occurred, but the alleged perpetrator is deceased.

b. Reports of Death by Abuse or Neglect.

(1) The Hotline will accept a report of death by abuse or neglect when the caller/reporter alleges the vulnerable adult(s) died as a result of abuse or neglect.

(2) The Hotline will use the maltreatment "Death", along with a second maltreatment that describes the cause of death.

(3) There is no "Statute of Limitation" for the acceptance of reports alleging death by abuse or neglect. Chapter 415, F.S., requires the department to investigate all reports of alleged abuse, neglect, or financial exploitation made to the Hotline.

(4) The Hotline will not accept a report of death due to a vulnerable adult in need of services (VAINS).

(5) The Hotline will not accept a report of death for vulnerable adults that was the result of murder/suicide.

c. Reports of Death By Natural Causes. When death of a vulnerable adult(s) is not the result of abuse or neglect, a report will ONLY be accepted in three (3) situations:

(1) The vulnerable adult(s) died of natural causes with a secondary cause of abuse or neglect as determined by a death certificate;

(2) The cause of death was listed as "natural" and the reporter alleges that abuse or neglect occurred prior to death, and was a contributing factor in the death of the vulnerable adult(s); or,

(3) The cause of death was listed as "natural" and the reporter alleges that abuse or neglect occurred prior to death and is unrelated to the death of the vulnerable adult(s).

d. General.

(1) The Hotline will accept a report of abuse, neglect, financial exploitation, or vulnerable adult(s) in need of services, when the reporter is a staff member from a hospital emergency room alleging a vulnerable adult(s) is being released from the emergency room back to an environment which is allegedly abusive, neglectful, or exploitative.

(2) The Hotline will accept a report of abuse or neglect when the caller alleges the alleged perpetrator(s) keeps the vulnerable adult(s) intoxicated or drugged in order to control him or her.

(3) Calls to the Hotline alleging medication errors, inadequate staffing, or inappropriate placement in a facility should not be accepted as a report of abuse or neglect, except when the reporter states the circumstances or consequences resulted in an "adverse effect" or "death." If either or both criteria are met, a report will be taken, processed, and investigated. If the criteria are not met, the Hotline counselor will provide the caller with the telephone number for the appropriate Agency for Health Care Administration (Division of Health Quality Assurance) for assessment. If an assessment determines the individual incurred an adverse effect or subsequently died as a result of one or more of these factors, the Agency for Health Care Administration will make a report of abuse or neglect to the Hotline for investigation.

e. Reports Alleging Second Party Abuse.

(1) In accepting a report, the Hotline counselor will code the appropriate maltreatment of physical or psychological injury or sexual abuse or neglect maltreatments that rise to the level of abuse. Refer to the Appendix E, Allegation Maltreatment Index for instructions.

(a) The Hotline will enter maltreatments of abuse or neglect that rise to the level of abuse into the categories of physical injury, psychological injury, and sexual abuse based on the allegations of the reporter.

(b) Reports alleging second party abuse must include an alleged perpetrator who is a family member, caregiver, or household member of the vulnerable adult(s).

(c) Calls that allege client-to-client abuse are not generally included in the definition of abuse. Therefore, the Hotline will not accept an abuse report when a call alleging client-to-client abuse is received. If the reporter, however, maintains a client-to-client altercation occurred because of inadequate supervision by the caregiver, a report of neglect (naming the caregiver as alleged perpetrator) will be accepted.

(2) Sexual abuse is an act of a sexual nature in the presence of a vulnerable adult(s) without that person's informed consent or when the vulnerable adult(s) lacks the capacity to consent to or refuse services. Sexual abuse does not include any act intended for a valid medical purpose or any act that may reasonably be construed to be normal caregiving action or appropriate display of affection. Sexual abuse includes, but is not limited to:

(a) Oral, anal, or vaginal penetration;

(b) Fondling;

(c) Exposure of vulnerable adult's sexual organ;

(d) Exposure of sexual organs to vulnerable adult's; and,

(e) Use of a vulnerable adult to solicit for or engage in prostitution or sexual performance. This includes Human Trafficking of vulnerable adults may be included in the maltreatment of Sexual Abuse. For this maltreatment, human trafficking is defined as the unlawful act of transporting or coercing vulnerable adults to benefit from their work or service, typically in the form of forced labor or sexual exploitation, or gains from the vulnerable adult's benefits and assets. The criteria for alleged perpetrators for Sexual Abuse/Human Trafficking is expanded to include Persons in a Position of Trust and Confidence in addition to family/household members and caregivers.

(3) Informed consent means the individual agrees to allow something to happen (such as sexual activity) that is based on a full disclosure of facts needed to make an intelligent decision regarding the risks as well as the reasonable benefits.

(4) Physical injury is any bodily harm, excluding mental distress, fright, or emotional disturbance. The Hotline will use the physical injury maltreatments, when there are allegations the alleged perpetrator(s) willfully inflicted:

(a) A visible physical injury on the vulnerable adult(s). (Example: An alleged perpetrator(s) hits a vulnerable adult(s) and leaves a bruise [physical injury].)

(b) An unobservable but diagnosable physical injury. (Example: A caregiver twists the arm of a vulnerable adult(s) resulting in a break that is diagnosed by medical physician using an X-ray [physical injury].)

(c) Sexual abuse and there are visible or diagnosable physical injuries in addition to the sexual abuse. (Example: An alleged perpetrator fondles a vulnerable adult(s) and leaves bruises [physical injury]. A sexual abuse maltreatment would also be coded.)

(5) Mental Injury is an injury to the intellectual functioning or emotional state as evidenced by an observable or measurable reduction in the individual's customary range of performance and that individual's behavior, as the result of abuse or neglect. The Hotline will use the mental injury maltreatments, when there are allegations the alleged perpetrator(s) willfully:

(a) Inflicted psychological injury on the vulnerable adult(s). (Example: An alleged perpetrator confines a victim in a small closet during the night to keep the vulnerable adult(s) from wandering [mental injury]).

(b) Inflicted sexual abuse and there is mental psychological injury in addition to the sexual abuse. (Example: An alleged perpetrator forces a vulnerable adult(s) to participate in oral sex resulting in psychological injury to the vulnerable adult(s) [mental injury]. A sexual abuse maltreatment would also be coded.)

(6) In the situation in which the alleged perpetrator(s) encourages another person to commit an act that inflicts or could reasonably be expected to result in sexual abuse, this other person may or may not be a relative, household member, or caregiver and therefore may not be an alleged perpetrator. Law enforcement should then be notified.

f. Reports Alleging Neglect.

(1) In taking a report, the Hotline counselor will enter the appropriate maltreatment of second party neglect by a caregiver or neglect not caused by a second party (neglect by the vulnerable adult themselves [self-neglect]).

(a) The Hotline will enter maltreatments of neglect caused by a second party caregiver based on the allegations made by the reporter.

(b) Reports alleging second party neglect must include an alleged perpetrator who is the caregiver of the vulnerable adult(s). NOTE: A spouse of the vulnerable adult(s) should not be automatically assumed to be a caregiver for the victim. Hotline staff should assess the information to ensure that an alleged perpetrator is performing in a caregiver role to the vulnerable adult(s).

(c) The Hotline should not accept reports of neglect of vulnerable adults naming persons who do not provide regular and frequent care as alleged perpetrators. These would include, but are not limited to, taxicab drivers, paramedics, emergency room staff, neighbors or friends who provide food, services or simply check in on vulnerable adults on a short-term and/or non-contractual basis acting as a "Good Samaritan." These instances will be referred as appropriate to law enforcement or other appropriate agencies by Hotline staff.

(d) In lieu of making the "Good Samaritan" an alleged perpetrator, Hotline staff should assess these reports for a vulnerable adult in need of services (VAINS) report.

(2) Failure or omission of a caregiver or vulnerable adult to provide the care, supervision, and services necessary to maintain the physical and mental health of the victim a prudent person would consider essential for the well-being of that person.

(a) Failure or omission by the caregiver or vulnerable adult to provide the care, supervision, and services necessary to maintain the physical and mental health of the vulnerable adult(s) must be determined based on the "prudent person" standard.

(b) This part of the definition of neglect pertains to neglect by a caregiver or vulnerable adult. A caregiver or the vulnerable adult may fail or omit to provide the care, supervision, and services necessary to maintain the physical and mental health of the vulnerable adult(s).

(3) Failure of a caregiver to make a reasonable effort to protect a vulnerable adult(s) from abuse, neglect, or financial exploitation may result in:

(a) Abuse. Failure of a caregiver to make a reasonable effort to protect a vulnerable adult(s) from abuse is a situation in which the caregiver fails to protect the vulnerable adult(s) from being abused (physically, psychologically, or sexually) by a person who meets the degree of relationship (relative, another caregiver, or household member) to the vulnerable adult(s) as defined in section 415.102(1), Florida Statutes. The caregiver who fails to protect the vulnerable adult(s) from abuse by a relative, another caregiver or a household member is named as the alleged perpetrator of neglect. The person who meets the degree of relationship and abuses the vulnerable adult(s) is named as the alleged perpetrator of abuse. If the person who abuses the vulnerable adult(s) does not meet the degree of relationship, then a referral would need to be made to the appropriate law enforcement agency.

(b) Neglect. Failure of a caregiver to make a reasonable effort to protect a vulnerable adult(s) from neglect is a situation in which one caregiver fails to protect the victim from abuse, neglect or financial exploitation by another family member, caregiver, or household member. In this situation, both will be named in the report as alleged perpetrator(s).

(c) Financial Exploitation. Failure of the caregiver to make a reasonable effort to protect the vulnerable adult(s) from financial exploitation is a situation in which the caregiver fails to protect the vulnerable adult(s) from financial exploitation by an individual who stands in a position of trust and confidence or who knows or should know that the vulnerable adult(s) lacks capacity to consent. In this situation, the caregiver will be named as alleged perpetrator of neglect and the individual who commits the act of financial exploitation will be named as alleged perpetrator of financial exploitation.

(4) Repeated conduct or a single incident of carelessness by a caregiver that produces or could reasonably be expected to result in serious physical or psychological injury or a substantial risk of death. This part of the definition applies to a repeated conduct or a single incident of carelessness by a caregiver. Repeated conduct or a single incident of carelessness that produces or could reasonably be expected to result in serious physical or psychological injury or a substantial risk of death is a situation that is caused by a caregiver, the caregiver is named as the alleged perpetrator(s). The alleged perpetrator(s) of second party neglect must be a caregiver.

(5) Neglect Not Caused by a Second Party (Self-neglect) means repeated conduct or a single incidence of carelessness that produces or that could reasonably be expected to result in serious physical or psychological injury or a substantial risk of death. The vulnerable adult(s) is not considered an alleged perpetrator. These reports are taken as "Vulnerable Adult(s) in Need of Services" (VAINS) reports.

(6) The Hotline will not accept a report alleging self-neglect while the individual is a resident in an institution or facility (examples: long term care, assisted living facilities, Crisis Stabilization Units (CSU) or mental health treatment facilities).

(7) The Hotline will accept a report alleging caregiver unavailable when a caller alleges a victim requires supervision and has been left alone as a result of hospitalization, incarceration, or death of the caregiver.

(8) The Hotline will not take a report of Vulnerable Adult(s) in Need of Services” (VAINS) when the sole purpose of the call is to obtain:

- (a) Access to temporary emergency services funds;
- (b) Intervention/services;
- (c) Placement; or,
- (d) Guardianship.

(9) The Hotline will take a report of neglect when a resident in a nursing home wanders away from the facility, regardless of whether the patient has been located. The level of care required in a nursing home necessitates facility staff members always know the whereabouts of a patient. These reports will be coded “Inadequate Supervision.”

(10) The Hotline will not combine allegations of second party abuse, neglect, financial exploitation in a report with vulnerable adult(s) in need of services when the vulnerable adult resides in a facility.

g. Reports Alleging Financial Exploitation.

(1) In taking a report of exploitation, the Hotline counselor will enter the appropriate maltreatment of exploitation. For definition of financial exploitation refer to section 415.102(8), F.S. The Hotline counselor will only determine if:

(a) The victim is a vulnerable adult.

(b) The alleged perpetrator is in a position of trust and confidence or knows or should know the vulnerable adult(s) lacks capacity to consent; a position of trust and confidence includes fiduciary relationship which means:

“A relationship based upon the trust and confidence of the vulnerable adult in the caregiver, relative, household member, or other person entrusted with the use or management of the property or assets of the vulnerable adult. A fiduciary relationship does not require a formal declaration or court order; it is formed by an informal agreement between the vulnerable adult and the person.”

(c) The important factor is that this person has been entrusted with the use or management of the property or assets. This includes bank employees, lawyers, guardians and others who have an agreement to manage the vulnerable adult’s finances. It does not include car salesmen, telemarketers, door to door salesman, internet scams, mail scams, etc.

(d) The alleged perpetrator is suspected of obtaining, using, or endeavoring to obtain or use the vulnerable adult(s) funds, assets, or property for the benefit of another person.

(e) Human Trafficking of vulnerable adults may also be included in Exploitation. For this maltreatment, human trafficking is defined as the unlawful act of transporting or coercing vulnerable adults to benefit from their work or service, typically in the form of forced labor or sexual exploitation or gains from the vulnerable adult’s benefits and assets. In this instance, a person in a position of trust and confidence requires or coerces a vulnerable adult to perform work without compensation, or to gain from the vulnerable adult’s benefits, assets or living setting. For example, an owner of an adult family care home requires residents to work in a janitorial role in the facility without providing monetary compensation for the work performed by the vulnerable adult.

(f) The Hotline counselor will not determine from talking with the reporter whether the alleged perpetrator used intimidation or deception to obtain or use or endeavor to obtain or use the funds, assets, or property of the vulnerable adult(s), or intended to use the funds, assets, or property for the benefit of another person. The determination of use of intimidation or deception is a part of the responsibility of the protective investigator.

(2) In reports alleging financial exploitation the alleged perpetrator may or may not be the caregiver of the vulnerable adult(s).

(3) The Hotline will not accept a report of financial exploitation when the alleged perpetrator is the legal spouse EXCEPT when:

(a) The vulnerable adult is alleged to have lacked the capacity to consent to or refuse services prior to the marriage to the alleged perpetrator; or,

(b) Income and/or assets for the vulnerable adult and the spouse, who is the named alleged perpetrator, are not jointly owned.

(c) However, if the spouse is the caregiver and is not adequately using the joint resources for the care of the vulnerable adult, the Hotline will accept a report for alleged neglect.

(4) The Hotline will not accept a report of financial exploitation when the vulnerable adult(s) is deceased.

(a) If financial exploitation occurred prior to death and there is a possible threatened harm of financial exploitation to other residents in a facility, the Hotline will take a financial exploitation report naming the other residents in the facility as possible victims. The deceased individual will not be named as a victim.

(b) Allegations of financial exploitation naming a deceased vulnerable adult(s) are appropriate for a referral to the appropriate law enforcement agency.

3-14. Information Obtained by the Hotline from the Reporter. The Hotline counselor will attempt to obtain the following information from the caller and transmit this information to the protective investigation unit:

a. Identifying information regarding subjects of the report including name, race, sex, date of birth, social security number, employment, address, and phone number;

b. A description of the vulnerable adult's disability or infirmity of aging;

c. Name of person who can aid the vulnerable adult(s) or additional information about the vulnerable adult's circumstances and means of contacting person;

d. The type of maltreatment reported, and the nature and extent of harm suffered by the vulnerable adult(s);

e. Any prior history of abuse, neglect, financial exploitation, or vulnerable adult(s) in need of services, of person named in the report; and,

f. The risk of continued maltreatment and whether the alleged perpetrator(s) continues to have access to the vulnerable adult(s).

3-15. Response Priority.

a. When the Hotline accepts a report of abuse, neglect, financial exploitation, or vulnerable adult(s) in need of services, the Hotline counselor will assign a response priority based on the urgency of

the situation and the report type. The Hotline counselor will examine each allegation made by the reporter to determine the severity of the allegation and the immediate risk to the vulnerable adult at the time of the report.

b. The response priority assigned by the Hotline determines how quickly the protective investigator must commence the investigation. Response priorities are:

- (1) Immediate Response;
- (2) Response Priority 24-Hour; and,
- (3) Special Handling.

3-16. Response Priority and Definitions.

a. Immediate Response Priority.

(1) Immediate Response Priority reports require an immediate protective investigation to ensure prompt initiation of the investigation to ensure the safety of the vulnerable adult(s). An Immediate Response Priority will only be assigned to a report when a vulnerable adult meets the following criteria:

(a) The vulnerable adult appears to lack capacity to consent to or refuse services;

(b) Is at immediate risk of serious injury or death;

(c) Is alone with no one available to assume the caregiver role; and,

(d) Law enforcement or EMS is present but not able to act, or law enforcement and EMS are not present.

(2) AN API will respond during normal working hours (8 am – 5 pm, 7 days a week).

(3) After normal working hours, designated APS staff will be available to respond and consult with first responders to determine the best possible solution to ensure the safety of the vulnerable adult.

b. 24-Hour Response Priority. 24-Hour Response Priority reports require the protective investigator commence the investigation and have a face-to-face contact with the victim within 24 hours from the receipt of the report at the Hotline. 24-Hour Priority will be assigned to:

24-Hour Response Definition
All reports of alleged abuse, neglect, financial exploitation, or vulnerable adult(s) in need of services that do not rise to the level of an immediate response. Reports in which the vulnerable adult(s) is in a facility will always be assigned a 24-hour response, unless the report meets the criteria for an immediate response as defined above.

c. Special Handling. Special Handling reports are those reports that name an employee/contractor of the department as subjects, household members, or family members who have access to information systems for vulnerable adults or children and their families.

(1) Special handling coding allows each region to determine the response priority based on whether the employee has access to the electronic case management system, the seriousness of the allegations, and other reasons as determined by the region. The use of a special handling code also maintains confidentiality of a report by blocking access to these reports being given to an employee who

attempts access.

(2) The Hotline manager or his or her designee calls out special handling reports to the APS region program director or his or her designee. Immediately following the call, the Hotline supervisor will transmit the report.

(3) The procedure for Special Handling reports is discussed in Chapter 5 of this operating procedure.

Adult Protective Investigators (APIs) should never conduct investigations in which subjects of the report are known on a personal level. This is to avoid conflicts of interest and personal bias in the investigation. If subjects of the report are known to the assigned API on a personal level, the API should inform their supervisor, and the investigation will be re-assigned to another API.

d. Transferring A Report to the Local Sheriff's Office. There are situations in which Law Enforcement (LE) and Emergency Medical Services (EMS) should be notified prior to APS. The situations outlined below require the Hotline to transfer the reporter to the local Sheriff's office immediately. The Hotline will also generate a report for investigation when the situations outlined below meet statutory guidelines.

Transfer to Law Enforcement
<u>Severe physical abuse</u> (external or internal) or <u>severe physical neglect</u> , which presents a potential risk of death or immediate and serious harm to the vulnerable adult(s).
<u>Sexual abuse occurring within the last 120 hours</u> , if penetration is known or suspected, or in which the alleged perpetrator has immediate access to the vulnerable adult(s).
The caregiver, alleged perpetrator(s), or the vulnerable adult is known or suspected of being suicidal, <u>psychotic, or acting in a bizarre manner</u> that could endanger the vulnerable adult(s); or the <u>caregiver is acting under the influence of alcohol or other drugs</u> ; or the caregiver is unable to provide adequate care.
<u>Medical neglect</u> and the need for <u>emergency medical attention</u> which without this medical attention would cause the vulnerable adult to be at risk of potential life-threatening, physical harm.

3-17. Complaints.

a. A complaint is dissatisfaction or disagreement with the actions or lack of actions taken by the department, a contracted vendor, a facility licensed by the Agency for Health Care Administration or Agency for Persons with Disabilities. An individual may make a complaint to the Hotline or directly to an Adult Protective Services region office, or headquarters office.

b. The Hotline will process a complaint according to procedures set forth by the Florida Abuse Hotline.

c. Adult Protective Services staff will process a complaint according to procedures set forth by region or headquarters procedures.

3-18. Requests for Service Information.

a. A request for service information is when an individual seeks or requests information regarding services for a vulnerable adult. The individual requesting information may contact the Hotline, an Adult Protective Services unit, region office, or Headquarters.

b. According to where the request is received, a Hotline counselor or Adult Protective Services staff will provide service information to the individual, along with appropriate telephone numbers for the individual to use to access services. The Hotline counselor will also provide service information that

includes departmental, other agency and community providers and services that are available.

3-19. Requests for Service Provision.

a. A request for service provision is when an individual requests the provision of services for a vulnerable adult. The individual requesting provision of services may contact the Hotline, an Adult Protective Services unit, region office, or Headquarters. The Hotline will refer the reporter to the appropriate adult protective services unit.

b. Request for service provision usually are one of three types: general service provision, out-of-town inquiries, and out-of-state inquiries.

c. Requests for service provision do not include actions that allege abuse, neglect, financial exploitation, vulnerable adult(s) in need of services.

d. General Service Provision.

(1) Requests for general service provision identify the need for services for an individual and the provision of such services will enhance the quality of life of the individual; and the individual will not be at risk of abuse, neglect, financial exploitation, or vulnerable adult(s) in need of services if services are not immediately provided.

(2) The Hotline counselor will provide a referral to the local APS offices for callers requesting general types of services. Referrals include the Elder Helpline and the county referral line such as 211. Individuals requesting identified services outside the scope of the department, which are of an emergency nature, will be referred to other emergency providers, such as law enforcement, mental health receiving facilities, or hospitals.

(3) When an individual requests service provision appropriate for a referral to Adult Protective Services, the Hotline counselor will provide the individual with the telephone number of the local Adult Protective Services unit.

(4) When the requester identifies a need for placement services, but the vulnerable adult is not in a situation of possible harm or danger of abuse, neglect, financial exploitation, or vulnerable adult(s) in need of services, the Hotline counselor will transfer the caller (**during** normal business hours) or refer the caller (**after** normal business hours) to the local adult protective services unit in the area from where the requester is calling. Action will be initiated no later than two (2) working days from the date of referral from the Florida Abuse Hotline. A request for placement services includes those requests in which a patient is being discharged from in-patient hospital stays, hospital emergency rooms, or other residential facilities. Adult Protective Services units will handle placement requests only during regular business hours.

(5) When the situation is unclear as to whether the issue is a report or a request for services (placement), the Hotline counselor will question the reporter and obtain information that will assist in making this determination.

(6) If the responses to the questions indicate abuse, neglect, financial exploitation, or vulnerable adult(s) in need of services is not the direct cause of the request for placement, a report of abuse, neglect, financial exploitation, or vulnerable adult(s) in need of services, will not be taken. The Hotline will refer the requester to the appropriate Adult Protective Services unit during normal business hours.

(7) Adult protective services staff will handle requests for general type service provision as required by CFOP 140-4, Adult Protective Services Protective Intervention, and any region procedures.

3-20. Statewide Alert and Request to Locate Calls.

a. A Statewide Alert (SWA) is information placed in the electronic case management system by the Adult Protective Investigator Supervisor. A SWA alerts staff throughout the state who have access to the system that a vulnerable adult is in a serious, life-threatening situation and the current whereabouts of that person are unknown. Such situations include, but are not limited to, the sudden removal of an individual from the community by a caregiver, relative, guardian, or non-related individual, either to conceal abuse, neglect, or financial exploitation, or out of fear of investigation.

b. A Request to Locate (RTL) is information placed in the electronic case management system by the Adult Protective Investigator Supervisor. An RTL alerts staff throughout the state who have access to the system that a vulnerable adult has left an area and continues to need services, although that person is not in a life-threatening situation.

c. At the request of Adult Protective Services staff, the Adult Protective Investigator Supervisor will issue a statewide alert or a request to locate for any vulnerable adult who is the subject in an open abuse, neglect, financial exploitation, or vulnerable adult(s) in need of services report or is a client in an open protective supervision case. The Adult Protective Investigator Supervisor will enter the electronic case management system information regarding pertinent facts of the situation of the vulnerable adult, along with the name and telephone number of the adult protective services staff initiating the alert or request to locate. The information will be accessible to adult protective services staff throughout Florida.

d. Statewide alerts or requests to locate will only be entered in the electronic case management system for a vulnerable adult(s) in an open second party abuse, neglect, or financial exploitation report or report of a vulnerable adult in need of services (VAINS), or a client in an open protective supervision case.

e. Out-of-Town Inquiries (OTIs – Within Florida).

(1) Out-of-Town Inquiries are requests made by a protective investigator to whom a report is assigned (investigating unit) for assistance from another protective investigation unit (assisting unit) in Florida. Such requests may include, but are not limited to visits, interviews, and/or contacts with the alleged perpetrator(s), vulnerable adult(s), witnesses or other collaterals, law enforcement, and State Attorney. Protective investigation units may make an out-of-town inquiry to the area where assistance is needed.

(2) When it is determined that a call is needed by a protective services investigation unit requesting assistance from another protective services investigation unit, a Hotline counselor can provide the caller with the telephone number of the Protective Services Investigation unit in the appropriate area where assistance is needed. It is the responsibility of the Protective Services Investigation unit to the appropriate unit staff to request such assistance, and document in the electronic case management system what information is requested, the date and time of the call, and the name of the person the requester spoke with.

f. Out-of-State Inquiries (OSIs).

(1) Out-of-State Inquiries are requests for assistance from another state in completing its protective investigation of a vulnerable adult. Such requests may include requests for interviews with subjects of the investigation, interviews with witnesses or other collateral sources, interviews and/or contacts with other individuals identified by the requesting state. The Hotline or a protective investigation unit may receive Out-of-State Inquiries.

(2) When an Out-of-State Inquiry is received at the Hotline, the Hotline counselor will provide the caller with the telephone number of the Protective Services investigation unit in the area where the assistance is needed. The Hotline will not accept an inquiry as a report of abuse, neglect, financial exploitation, or vulnerable adult(s) in need of services.

(3) Investigators who interview the vulnerable adult(s) for another circuit will update all victim information in the electronic case management system within two (2) working days of seeing the vulnerable adult. The investigator who interviews the vulnerable adult(s) is responsible for:

- (a) Determining APS eligibility
- (b) Assessing capacity to consent to or refuse services
- (c) Assessing risk and completing a standardized safety assessment and plan
- (d) Assessing and documenting emergency and non-emergency service needs
- (e) Documenting an interview with the vulnerable adult(s) regarding the allegations

in a report; and,

(f) Having the vulnerable adult(s) sign the Notice of Subjects (PI 140- 40,41S,42H) pamphlet, HIPAA notification and medical/financial release of information.

Chapter 4

REPORT ASSIGNMENT

4-1. Purpose. The purpose of this chapter is to provide guidelines for Adult Protective Investigators (API) and Adult Protective Investigator Supervisors (APIS) in assigning and processing reports of abuse, neglect, financial exploitation, or vulnerable adult(s) in need of services.

4-2. Adult Protective Investigative Report Assignment by the Hotline.

a. When the Florida Abuse Hotline accepts a report, the Hotline will assign the report to an investigative unit in the county where the victim is located at the time of the report. For reports against a facility, when the victim is not currently located in that facility, the Hotline will assign the report to the county where the facility is located.

b. Each report is assigned in the electronic case management system to an investigative receiving unit by county. Each unit must designate adult protective services staff that have the responsibility of ensuring electronic screens always remain current.

c. Each circuit is responsible for input of an after-hours schedule into the electronic case management system. Prior to the ending of a given month, the following month's updated after-hours schedule will be input for the Florida Abuse Hotline.

4-3. Transmitting a Report to the Appropriate Adult Protective Investigative Unit.

a. The Hotline will assign a 24-hour or immediate response priority to every investigation and call or electronically transmit to the appropriate receiving unit within required time frames for the Hotline. In addition, if a report (or additional report) is assigned an immediate response, the Hotline will call the receiving unit during normal working hours (8 am – 5 pm, 7 days a week), or call the local APS staff designated to respond after normal working hours.

b. On holidays, all reports received will continue to be electronically transmitted the same as non-holidays.

c. For each report assigned an immediate response, the Hotline counselor will provide:

- (1) Abuse Report number (mandatory);
- (2) Name of vulnerable adult(s) (if requested);
- (3) Address of vulnerable adult(s), even if name of vulnerable adult(s) is unknown (if requested);
- (4) Name and number of reporter (if requested);
- (5) Investigation response priority (mandatory); and,
- (6) Allegation narrative (if requested).

4-4. Accepting a Report in the Adult Protective Investigative Unit.

a. The Adult Protective Investigation Supervisor or designee will review the report for unit assignment accuracy. If the screened-in report from the Hotline contains critical errors or does not meet acceptance criteria, an adult protective investigative supervisor, program administrator, or region program

office specialist should immediately call or submit a request via the online portal (Florida Abuse Hotline feedback form) the Hotline to request review and provide feedback to the Hotline.

b. To the extent possible, a report made pursuant to section 415.1034, F.S., must contain, but need not be limited to, the following information:

(1) Name, age, race, sex, physical description, and location of each vulnerable adult alleged to have been abused, neglected, or financially exploited.

(2) Names, addresses, and telephone numbers of the vulnerable adult's family members.

(3) Name, address, and telephone number of each alleged perpetrator.

(4) Name, address, and telephone number of the caregiver of the vulnerable adult(s), if different from the alleged perpetrator.

(5) Name, address, and telephone number of the person reporting the alleged abuse, neglect, or financial exploitation.

(6) Description of the allegations.

(7) Actions taken by the reporter, if any, such as notification of the criminal justice agency.

(8) Any other information available to the reporting person, which may establish the cause of abuse, neglect, or financial exploitation that occurred or is occurring.

(9) The electronic case management report and all uploaded documentation is considered the official "record copy." All documentation obtained during an investigation must be stored in the electronic case file.

c. Any activity on an adult protective investigation shall be documented in the electronic case management system as soon as possible and no later than two (2) working days of completion of the investigative activity.

4-5. Reassigning a Hotline Abuse Report.

a. To Another Adult Protective Investigator. For continuity purposes, case reassignment within a unit should be limited; however, when necessary, reassignment of a report is the responsibility of the API supervisor. When a report is reassigned to another API, the API supervisor or his/her designee must add the new investigator to the case in the electronic case management system within two (2) working days.

b. Investigation Reassignment Personal Interest Cases. Personal interest cases include participants that are friends, neighbors, social acquaintances, coworkers, known members of the same community organization or church, former spouses, relatives by blood or marriage, or family members of any of these examples of Adult Protective Services (APS) Staff.

(1) Do not assign an APS investigative employee a case of personal interest.

(2) APS staff must immediately inform their supervisor via email when they receive an assignment of a personal interest case.

(a) When a personal interest case is reported to a supervisor. The supervisor, or

delegate, must ensure that the investigation or case is immediately reassigned to another APS staff member.

(b) The supervisor ensures the investigation or case has restricted access with the case management system.

(3) APS Staff must not take any action or gather or provide any information from any case as a favor or because of personal influence, to any individual who has the same relationship as individuals in personal interest cases.

(4) APS staff must not access, view, or act on any investigation, services case, or any other related materials affiliated with personal interest cases.

c. To Another County or Region.

(1) A report is occasionally assigned to the wrong county and needs to be reassigned (transferred) to another county, for investigation. A report may be reassigned to another area when the Hotline assigns a report to a unit that is not responsible for geographical coverage in the county where the victim is located. If the unit has not accepted the report from the electronic case management system, the supervisor must contact the Hotline and request a reassignment to the correct county immediately.

(2) How to Transfer an Abuse Report. A report that has been assigned to the wrong unit and accepted by that unit, should be transferred as follows:

<p style="text-align: center;">Sending Unit (unit assigned the report by the Hotline)</p>	<p style="text-align: center;">Receiving Unit (unit to which report will be transferred)</p>
<p style="text-align: center;"><u>Immediate and/or 24-hour Response Reports Received During Non-Working Hours</u></p> <ol style="list-style-type: none"> 1. Protective investigator will notify the Hotline that the report needs reassignment to another location. The Hotline will assist the protective investigator by calling the on-call protective investigator in the appropriate location. 2. Notify the API supervisor on the first working day. 	<p style="text-align: center;"><u>Immediate and/or 24-hour Response Reports Received During Non-Working Hours</u></p> <ol style="list-style-type: none"> 1. Protective investigator will verbally accept report, if appropriate. 2. Notify the API supervisor on the first working day.
<p style="text-align: center;"><u>Reports Received During Working Hours (24-Hour and Immediate Response Reports)</u></p> <ol style="list-style-type: none"> 1. API supervisor will immediately notify the Hotline that the case has been assigned to the wrong location. 2. Hotline will re-assign the report to the API receiving unit at the appropriate location. 	<p style="text-align: center;"><u>Reports Received During Working Hours (24-Hour and Immediate Response Reports)</u></p> <ol style="list-style-type: none"> 1. Hotline will notify the appropriate receiving unit of the new report. API supervisor will review, accept, and assign report if appropriate, both verbally and documenting in the electronic case management system.

(3) If the receiving unit does not agree that the report is appropriate for transfer, the sending unit will ask for assistance via the appropriate chain of command.

d. Out of Town Inquiries. The Hotline will assign all reports to the county where the vulnerable adult(s) is located. If the report is against a facility and the vulnerable adult(s) is not currently located in that facility, the report will be assigned to the county where the facility is located. This is done because most of the investigation and contacts will be where the facility is located and the alleged abuse, neglect, or financial exploitation occurred.

(1) The assigned unit in this situation will need to contact the unit where the vulnerable adult(s) is located, for an API to go out and contact the vulnerable adult(s) within the assigned time frame. Assignment under all other circumstances to the county where the vulnerable adult(s) is located will ensure the immediate contact and protection of the vulnerable adult(s).

(2) There will be some instances when the vulnerable adult(s) is one county, and the incident occurred in another county. Since most of collateral contacts, law enforcement intervention, and subsequent court action will be in the county where the incident occurred, the investigation must be coordinated between staff in the county where the vulnerable adult(s) is located (investigating unit) and staff in the county where the incident occurred (assisting unit). In addition, the API Supervisor in the assisting unit must assign an API to the investigator in the electronic case management system so that the API can make appropriate documentations.

(3) For all other Out of Town Inquiries, such as interviewing alleged perpetrators; obtaining medical or financial documentation; or interviewing collateral subjects; the receiving unit must begin the requested OTI work within three (3) working days of receipt of the OTI. Documentation in the electronic case management system must be completed within two (2) working days of completed actions.

(4) The following steps ensure the safety of the vulnerable adult(s) and timely completion of the investigation.

Responsibilities of the Investigative Unit (Where Vulnerable Adult(s) is located)	Responsibilities of the Assisting Unit (Where incident occurred)
1. Upon receipt of the report, commence the investigation by initiating a face-to-face contact with the vulnerable adult(s) within required time frames.	1. Complete all investigative responsibilities in accordance with time frames as required by the investigating unit, policies, and procedures.
2. Assess the risk to the vulnerable adult(s) and provide or arrange those services necessary to assure the safety of the vulnerable adult(s) and to stabilize the situation.	2. Proceed with all investigative activities for determining findings for all maltreatments. This will include, but is not limited to, on-site visit where the incident occurred, interviews with perpetrator(s) (when applicable) and collateral contacts, interviews and contacts with law enforcement and state attorney (when applicable) and obtaining pertinent evidence.
3. Immediately contact the assisting unit to request assistance with the investigation. Provide the assisting unit the report number and assure that all information is updated in the electronic case management system.	3. Maintain regular telephone contact with the investigating unit and provide all information obtained.
4. Proceed with other investigative activities as specified in section 415.101-113, Florida Statutes, and this operating procedure.	4. Mail or scan hard copy information upon conclusion of investigation for use by the investigative unit. Assure that all appropriate notes, records, notifications, and any other pertinent information are entered in the electronic case management system.

e. Duplicate Reports. A duplicate report is a report that contains the same subject, allegations, maltreatments, and incidents (same time, place, and situation) of a report previously investigated and closed. If the new report is the exact same report previously investigated, the same vulnerable adult(s), the exact same alleged perpetrator(s) the exact same incident of maltreatment, with no new information, subjects or evidence, then the new report is considered a duplicate report, and the Hotline counselor may screen out the new report.

(1) If during an investigation, the investigator determines that the allegation(s) has already been investigated (same incident) and the current investigation does not provide any new evidence, information, subjects or additional allegations, the report can be closed as a duplicate in the electronic case management system.

(2) Duplicate reports require the review and approval of the Adult Protective Services Operational Program Administrator or designee via a Second Party Review for the Adult Protective Investigation Supervisor to proceed with closing the report.

(3) The supervisor's closing summary must reflect documentation of the previously closed report (report number) and the date it was investigated/closed.

(4) The assigned investigator must contact the reporter, if the identity is known, to discuss the allegations and explain this was already investigated and it will not be reinvestigated.

f. Additional and Supplemental Reports. An "Additional Report" is information received by the Hotline, which meets the criteria for an additional investigation (new maltreatments, additional victims) and requires an additional commencement.

(1) If an existing report is less than 30 days old, the Hotline will add the additional allegation and relevant new information to the current, open abuse report as a sequence to the initial report.

(2) If the existing report is 30 days or older, a new abuse report will be generated.

(3) An additional report requires the investigator to *commence the case and conduct a face-to-face interview* the vulnerable adult(s), alleged perpetrator and pertinent collaterals regarding the additional allegations.

(4) Supplemental information can also be added to an open report up to the 60th day. Supplemental information is information that adds more information to Report without adding new victims or maltreatments. Supplemental reports do not require commencement.

g. Response Priority Downgrades. A Protective Investigative Unit Supervisor may downgrade an immediate response to a 24-Hour response when:

(1) The protective investigator has knowledge the alleged vulnerable adult(s) is currently safe and will not be removed from the safe environment; or,

(2) There is no reason given in the report narrative to indicate that the vulnerable adult(s) lacks capacity and is in immediate risk of serious injury or death, with no available caregivers or responders [such as Law Enforcement (LE) or Emergency Medical Services (EMS)].

g. Downgrading Response Priority. The following procedure should be followed in order to downgrade an immediate response priority report to a 24-hour response priority.

(1) Upon receipt of an immediate response priority report, if the protective investigator questions the assigned priority, he/she must immediately notify the API supervisor or designee.

(2) If the API supervisor or designee concurs that the report could be commenced as a 24-Hour response time, the API supervisor or designee may downgrade the response priority. The API supervisor must document the downgrade and justification in the case notes in the electronic case management system since the system is not designed to allow anyone other than the Hotline to code response priorities. This must occur no later than the next working day.

Chapter 5

EMPLOYEES INVOLVED IN REPORTS OF ABUSE, NEGLECT, OR
FINANCIAL EXPLOITATION

5-1. Purpose. This operating chapter establishes procedures that must be followed when a Department of Children and Families (DCF) employee is the subject of a report, accepted by the Abuse Hotline or when a family member or household member of a DCF program employee is the subject of a report accepted by the Abuse Hotline.

5-2. Scope. The operating procedure applies to Adult Protective Services (APS) program employees of the Department of Children and Families named as subjects, household members, or family members who have access to information systems for vulnerable adults or children and their families, whether the employee works in a region, or Headquarters.

5-3. Reporting Requirements.

a. All APS staff members are mandated reporters as defined in sections 39.201 and 415.1034, F.S., and must provide their identity when making a report.

(1) If the report involves members of their own family, the employee must make a report to Hotline staff and the Hotline supervisor must be notified.

(2) If the individual fails to advise that they are an APS employee and this status is not known until near the end of the call, the information must be immediately shared with a supervisor.

(3) The Hotline staff receiving the information has the responsibility of assessing, documenting, and entering reported information.

b. All Adult Protective Services employees are statutorily bound to abide by the laws of confidentiality in sections 39.202 and 415.107, F.S. All APS employees:

(1) Must protect the confidentiality of the information received or accessed when acting in a professional capacity, and shall not share information received about one employee with any other person not involved in the process: and,

(2) Are not authorized to access the electronic case management system for personal reasons, unless this access or review is required as part of their assigned duties or job responsibilities; and,

(3) Shall immediately exit any open report as soon as they become aware that it involves a family member, household member, or co-worker and shall notify their supervisor of the situation.

5-4. Report Receipt and Processing at the Hotline.

a. Hotline staff will accept these reports whether the alleged maltreatment occurred while the employee was acting in an official capacity or while off duty.

b. These reports shall be called, by the Hotline supervisor, to the APS Regional Program Director or designee, and never called to the local office unless so requested by administration. The electronic case management system will be maintained and updated as needed with the contact information for APS Regional Program Directors or designees for intakes designated for special handling.

c. The Hotline supervisor will notify the Director of the Hotline about all "special handling" reports. The Director will:

- (1) Inform the Assistant Secretary for Prevention & Community Services; and,
- (2) If the report involves an employee of the Headquarters, notify the Director of Adult Protective Services.

d. For immediate response reports:

- (1) Do not call the report to the local office.
- (2) Process all sequences to this report in the same manner.

e. For 24-hour response reports:

- (1) Follow the procedure in paragraph d above during regular business hours.
- (2) After hours, the Hotline will be responsible for morning call-out with highlighted instructions and/or an attached note to contact the APS Regional Program Director or designee and complete special call-out procedures.
- (3) Process all sequences to this report in the same manner.

5-5. Management Responsibilities.

- a. The appropriate APS Regional Program Director or designee shall review the report immediately upon receipt.
- b. The APS Regional Program Director or designee will involve legal counsel, the Inspector General (see CFOP 180-4, Mandatory Reporting Requirements to the Office of Inspector General), and human resources.
- c. In all reports where an APS employee is the alleged perpetrator of the maltreatment, the employee must be removed from any customer contact while the investigation is being conducted and management systems must suspend the security clearance for information systems, by close of business the next working day.
- d. For all other department employees who have access to the security systems and are named as alleged perpetrators of a maltreatment, the APS regional program director will notify the respective program director regarding the investigation by the next working day, and again at case closure.
- e. Pursuant to section 415.1055(1), F.S., APS region program director or designee will immediately notify the State Attorney's Office so they can conduct an independent investigation.

5-6. Investigative Unit/Region Responsibilities.

- a. Each APS region program director or designee shall be readily available to receive "special handling" reports. This includes providing a chain of command available to Hotline staff when unavailable to receive reports.
- b. To maintain confidentiality and provide an objective assessment, the APS region program director or designee shall determine the assignment of the report to a neighboring region or, at a minimum, a neighboring county for investigation. If it is determined that a neighboring region should handle the investigation, the APS region program director will contact the neighboring APS region program director to request the handling of the investigation. The report shall be coded in the electronic case management system as restricted to ensure confidentiality during and after the investigation.
- c. If during the investigation, the employee's role in the report changes, the appropriate APS region program director and Headquarters APS director shall be so informed.

d. The investigator shall conduct a thorough investigation but shall also make every effort to expedite the timely completion of the investigation.

e. The decision regarding when or if an employee may return to assigned duties shall be made by either region, or headquarter management to include human resources, legal counsel, and the investigating unit.

f. The employing region shall weigh the impact of information that becomes the investigative summary.

g. If an employee is involved, the investigating county or region shall make the decision about entry of the investigative summary in coordination with the employing county or region.

h. APS Region or Headquarters management shall periodically request management systems to report any inappropriate access of the report prior to and after report closure.

5-7. Notification Protocol for Substantiated Reports Involving Departmental Staff or Contractors.

a. Adult Protective Investigators (API) will immediately notify DCF Senior Leadership via email address HQW.APS.HQ.Notify@myflfamilies.com as soon as investigative staff determine that substantiated findings will be applied when the alleged perpetrator is an employee of DCF, or when a DCF contracted employee is responsible for the abuse, neglect or financial exploitation of a vulnerable adult. The notification will be made immediately upon this determination, regardless of whether the investigation has yet to be submitted for closure.

b. When providing the notice required in paragraph 6a above, the Adult Protective Investigator will make the subject line on the email message read as follows: "Notification Protocol for Substantiated Reports Involving Departmental Staff or Contractors." The following information must be included in the email message:

- (1) The electronic case management intake number
- (2) Name of the employee
- (3) Employee work location
- (4) Type of substantiated maltreatment(s); and,
- (5) Safety of the vulnerable adult(s)

Chapter 6

PREPARATION FOR THE PROTECTIVE INVESTIGATION

6-1. Purpose. To provide information and procedures for the Protective Investigator when preparing to investigate an abuse, neglect, financial exploitation, or vulnerable adult(s) in need of services report concerning a vulnerable adult. This chapter identifies actions the investigator will complete prior to the commencement of the protective investigation.

In accordance with section 415.101(2), F.S., "It is the intent of the Legislature to provide for the detection and correction of abuse, neglect, and exploitation through social services and criminal investigations." While commencement is defined as activities conducted that begin an investigation, this chapter will detail the activities that should occur prior to the adult protective investigator conducting an on-site investigation.

6-2. Key Tools to Have Available for Working the Investigation.

a. While preparing for an investigation, the protective investigator must ensure availability of adequate tools to conduct the investigation. There are several primary tools and multiple secondary tools to assist in conducting the investigation.

(1) Availability of functioning vehicle.

(2) Availability of devices/electronics, i.e., phone, computer/tablets, cameras, charging cords, and interconnecting devices in functioning order.

(3) Availability of required DCF forms needed for casework.

(4) Phone lists of coworkers and service providers tied to the Department of Children and Families to include community and state partner agencies.

6-3. Key Participants.

a. While preparing and conducting a thorough investigation, the protective investigator will be required to interact with other department employees, community members, professionals, and family members.

b. An overview of the key participants, point of contact during an adult protective investigation, and the roles they play in providing information is presented in the table below.

OVERVIEW OF KEY PARTICIPANTS

Participants	Point of Contact	Role in Providing Information
Reporter	Reporter calls the Florida Abuse Hotline. If a call back number is provided, the reporter must be contacted by the adult protective investigator to verify the allegations and vulnerable adult(s) location, and to gather additional information.	Initiates protective investigation by providing details of suspected abuse, neglect, financial exploitation, or vulnerable adult(s) in need of services. May also be able to assist in locating the vulnerable adult(s) and identifying other persons who may have knowledge of the situation.
Hotline Counselor	Takes call from reporter and determines if it meets the criteria for a report.	Assesses call, obtains required information, checks priors/criminal histories, assigns response priority, and inputs information into the electronic case management system. Transmits the report to the responsible adult protective investigation unit.
Adult Protective Investigator Supervisor (APIS) or designee	Reviews and assigns report to an Adult Protective Investigator.	Completes thorough reviews and provides guidance to the Adult Protective Investigator throughout the investigative process.
Adult Protective Investigator	Commences and completes a thorough investigation within the prescribed time frames.	Is the primary contact/information processor for the protective investigation.
Other department employees/coworkers	Contacted by the assigned investigator for any additional information or previous undocumented safety concerns pertaining to the vulnerable adult(s) or other subjects. Contacted by the investigator to make referrals internally between programs.	May have undocumented information not found in the electronic case management system. May assist with the provision of services/resources within the department
Law enforcement	Called by the investigator prior to site visit if an investigator's safety is questioned, if criminal activity is suspected, or if the investigator encounters problems with completing a face-to-face contact with the vulnerable adult(s).	Can be contacted by the investigator at any point during the investigation for assistance in completing the protective investigator's responsibilities.
Medical professionals	Contacted by the investigator if vulnerable adult(s) has medical problems or when the investigator needs medical information and consultation related to the allegations in the report.	Can provide the vulnerable adult(s)' prior history or present medical conditions such as malnutrition, dehydration, abuse, neglect, etc.
Family members and neighbors	Contacted by investigator for relevant information.	Can provide vulnerable adult(s)' prior history, medical history, and medication history. May be able to assist with locating and accessing the vulnerable adult(s).
Other service providers or community resources, including checking FLMMIS	Contacted by the investigator.	May be able to explain services being rendered (past and present). Also, may be able to provide other information and resources.

c. Not all participants will be involved in the preparation stage of the protective investigation. However, all potential sources may participate at different stages of the investigation.

6-4. Key Actions Prior to Conducting an On-Site Visit.

a. In accordance with section 415.101(2), F.S., "It is the intent of the Legislature to provide for the detection and correction of abuse, neglect, and exploitation through social services and criminal investigations." There are several components required to prepare for a thorough investigation prior to an on-site visit:

(1) A review of prior criminal and department history associated with all subjects of the report.

(2) An assessment of safety risk to the investigator.

(3) All investigative tools (such as laptops, air-cards, cell phones, and cameras) must be in good working condition and essential investigative paperwork/forms available.

(4) Identify resources that might be needed or persons who must be contacted prior to the commencement of the investigation.

b. Though no specific order is mandated when completing each component, a common-sense approach should be taken to ensure each component is completed in a timely manner in association with the specific situation/maltreatment(s) identified. A thorough investigation evaluates the safety of the vulnerable adult regardless of how allegation is specifically coded, mentioned in the reporter or allegation narrative, and/or the investigator becomes aware of additional allegations during the investigation.

c. Review the Report. When a report is received, the protective investigator must thoroughly review the report. The following list of items should be reviewed for accuracy and completeness:

(1) That the identified vulnerable adult(s) meet criteria from the allegation and reporter narratives. Name and identifying factors (date of birth, race, gender, disability, etc.);

(2) That the identified vulnerable adult(s) have an adequate means to locate. Address and/or directions to the home or site;

(3) That the degree of relationship exists based on the allegation narrative and reporter Narratives;

(4) That the maltreatments fit the relationship based on above, as well as in-home and institutional determinations;

(5) Any special instructions (i.e., interpreter needed, safety precautions, etc.);

(6) Name of the reporter (if not anonymous) and their relationship to the vulnerable adult(s); and,

(7) Other reporter information sources.

d. Attempt Initial Contact with the Reporter. If possible, contact should be made with the reporter prior to an on-site visit with the vulnerable adult(s) to verify the allegations in the narrative, vulnerable adult(s) location, and to request any additional information not provided in the report. The actions taken by the adult protective investigator that begins an investigation (completed contact with the reporter, reviewing electronic records, etc.) will commence the investigation, and should be documented as a commencement in the electronic case management system. Details of the contact with the reporter should be entered into the notes section of the electronic case management system. Investigators should remember that no identifying information of the reporter should be entered into the case notes.

e. Review and Document Criminal History and Prior Department Involvement. If the Hotline has been provided the correct demographic information for the subjects, a criminal history and prior case involvement will be provided for all subjects when the initial report is forwarded to the responsible unit. If the records are available, they must be reviewed and documented appropriately by the investigator prior to commencement. Please reference CFOP 50-1, Chapter 8, for detailed instructions regarding documentation of criminal history checks for investigations.

(1) If any of the subject's background history is not available due to incomplete demographic information, the API should document the unavailability. The information should be obtained as soon as possible after obtaining the correct demographic information. The appropriate background checks should be completed, reviewed, and documented within two (2) working days of obtaining the updated information.

(2) Background information learned prior to commencement should be reviewed, analyzed for patterns and overall risk consideration, but should not be the sole criteria for the determination of Findings.

(3) Review prior department history specifically any assessment of safety risk to the investigator.

(4) Identify resources that might be needed or persons who must be contacted prior to the commencement of the investigation.

(5). Determine if the vulnerable adult(s) is already receiving services from a provider, including checking FLMMIS to determine if the vulnerable adult(s) receiving services under Statewide Medicaid Managed Care (SMMC) in the home or in the facility (denoted by LTCC or LTCF coding). If it is determined that the vulnerable adult(s) is enrolled in SMMC, it is imperative that the investigator notify the appropriate SMMC Plan in order that they may initiate service enhancements or placement processes according to their contractual obligations.

Chapter 7

COMMENCEMENT OF THE PROTECTIVE INVESTIGATION
COMMENCEMENT TIME, RESPONSE TIMES, AND LOCATING THE
VULNERABLE ADULT

7-1. Purpose. This chapter provides information and procedures regarding commencement, response times, and locating the vulnerable adult(s).

7-2. Definition of Protective Investigation. A Protective Investigation is an investigation by an Adult Protective Services Investigator into a report alleging that a vulnerable adult is a victim of abuse, neglect, and financial exploitation. A Protective Investigation must be received through the central Florida Abuse Hotline, in accordance with 415.103 F.S. A Vulnerable Adult in Need of Services (VAINS) intake is not an investigation, but rather a request for assessment of services for a vulnerable adult. Please see chapter 14 of this OP for further information on VAINS Reports.

7-3. Definition of Commencement.

a. The investigation or the VAINS assessment is commenced when the adult protective investigator or other designated responder begins an investigation of alleged abuse, neglect, financial exploitation, or vulnerable adult(s) in need of services of a vulnerable adult. Commencement is defined as activities conducted that begin an investigation or assessment. Though no specific order is mandated when completing each component, a commonsense approach should be taken to ensure each component is completed prior to initial face to face attempt and in association with the specific situation / maltreatment(s) identified. These activities include:

(1) Contact and exchange of information with the reporter (if known).

(2) Contact and exchange of information with relevant collaterals or sources of information who can provide current information.

(3) A review of prior criminal and department history associated with all subjects of the report. If there is no criminal or prior history, commencement has not occurred.

(a) If the Hotline has been provided the correct demographic information for the subjects, a criminal history, and prior case involvement will be provided for all subjects when the initial report is forwarded to the responsible unit. If the records are available, they must be reviewed and documented appropriately by the investigator. Please reference CFOP 50-1, Chapter 8 for detailed instructions regarding documentation of criminal history checks for investigations.

(b) If any of the subject's background history is not available due to incomplete demographic information, the API must document the unavailability in the electronic case management system and updated for each subject. The request will be submitted to the Hotline CIU. The information should be obtained as soon as possible after obtaining the correct demographic information. The appropriate background checks should be completed, reviewed, and documented within two (2) working business days of obtaining the updated information.

(c) Background information learned prior to the initial on-site investigation should be reviewed, analyzed for patterns and overall risk consideration but should not be the sole criteria for the determination of findings.

(d) The API must review no fewer than all prior reports closed within one year of decision date of the current investigation or the most recently closed prior report on named subjects prior to the initial on-site attempt to see the vulnerable adult.

(4) Initial on-site attempt to see the vulnerable adult(s).

b. Initial commencement of an investigation in which the vulnerable adult(s) is deceased will be defined as the investigator's attempts (which may be made via telephone) to verify the vulnerable adult(s) death. If the allegations include other unknown vulnerable adult(s) who may be at risk, the investigator will conduct an on-site visit to attempt to identify the unknown vulnerable adult(s) within the required 24-hour response time.

c. The investigator must attempt to see the vulnerable adult(s) within 24 hours of the decision time and date of the screen-in of the initial intake by Hotline staff. (The criterion for response times is discussed in Chapter 4 of this operating procedure.)

d. The investigator must not only attempt to locate and make contact with the vulnerable adult(s) to comply with Florida Statutes, as well as to ensure the safety of the vulnerable adult(s).

e. The investigator must document in the electronic record, the date and time of day the vulnerable adult was seen noting the vulnerable adult's appearance, environment, and functional ability. Additionally, the investigator must document the content of each interview with the vulnerable adult including the vulnerable adult's version regarding each allegation of what did or did not occur and the vulnerable adult's statements regarding his/her overall situation. If additional allegations are made during this interview, allegations must be addressed and investigated. If needed, additional maltreatments must be added to the investigation.

7-4. Response Time Frames.

a. Section 415.104(1), F.S., states, "The department shall, upon receipt of a report alleging abuse, neglect, or exploitation of a vulnerable adult, begin within 24 hours a protective investigation of the facts alleged therein." The procedures that follow ensure that the department will commence the investigation in 24 hours or less.

b. When the Hotline receives a report, a response time is assigned based on the information provided of the risk of harm to the vulnerable adult(s). The Hotline will assign one of two response time frames to each report. The response time frame will determine whether the response by the investigator is made immediately or within 24 hours.

(1) Immediate Response During Normal Working Hours (8 am – 5 pm, 7 days a week).

The investigator must commence and attempt to see the victim in all immediate response reports within 4 hours of decision time and date of the screen-in of the initial intake by Hotline staff. Because the allegations in a report assigned this response time indicate that the vulnerable adult(s) is at immediate risk of serious injury or death, the investigator must begin immediately to locate the vulnerable adult(s) to ensure their safety and well-being. The investigator must clearly document in the notes section of the electronic case management system if a vulnerable adult was seen face-to-face within the time frame or if the vulnerable adult was not seen face-to-face within this time frame and why the investigator was not able to see the vulnerable adult.

(2) Immediate Response After Normal Working Hours (5 pm – 8 am, 7 days a week). The designated APS staff will be available to respond and consult with first responders or the reporter(s) to determine the best possible solution to ensure the safety of the vulnerable adult.

(3) 24-Hour Response. The investigator must commence and attempt to see the vulnerable adult(s) in all 24-Hour Response reports within twenty-four (24) hours after the decision time and date of the screen-in of the initial intake by Hotline staff. Response time for reports containing only allegations of financial exploitation will always be assigned a 24-hour response. The investigator must document in the electronic case management system if the vulnerable adult(s) was or was not seen face-to-face within this time frame and why the investigator was not able to see the vulnerable adult(s).

7-5. Changing a Response Time.

a. Local investigation units have the capability of changing a response time from immediate to twenty-four (24) hours upon receipt of a report in certain situations. Only the unit supervisor, their designee, or a higher-level supervisor has the authority to change a response time. A local unit may change a response time when:

(1) The investigator has knowledge that the vulnerable adult(s) is currently safe and will not be removed from the safe environment; OR,

(2) There is no reason given in the report narrative to indicate that the vulnerable adult(s) lacks capacity and is in immediate risk of serious injury or death, with no available caregivers or responders [such as Law Enforcement (LE) or Emergency Medical Services (EMS)].

b. Upon receipt of an Immediate Response report during normal working hours (8 am – 5 pm, 7 days a week), if an investigator questions the assigned response time, the investigator must notify their supervisor, or in their absence, the supervisor's designee, or a higher-level authority. If the supervisor, the designee, or a higher-level authority is not immediately available, the report must be commenced as assigned by the Hotline. An Immediate Response report WILL NEVER be delayed because of the inability to contact the supervisor, designee, or higher-level authority. If concurrence to downgrade a response time is not reached, then the report must be commenced as assigned by the Florida Abuse Hotline.

c. Local offices have the capability of changing the response time in the electronic case record, the unit supervisor must document in the notes section of the electronic case record the response time change as well as the justification for the change, no later than the next working day.

7-6. Locating the Vulnerable Adult.

a. There will be some situations in which the investigator is unable to locate the vulnerable adult(s) on the first attempt. When this occurs, the investigator must make a continuing diligent and "good faith" effort to contact the vulnerable adult(s). This diligent effort includes:

(1) Actively continue efforts to locate the vulnerable adult(s) by making 2 daily physical attempts to see the vulnerable adult(s) in the first 24 hours of decision time and date of the screen-in of the initial intake by Hotline staff. These attempts must be at a minimum of two hours apart. Thereafter, the investigator must continue efforts to locate the vulnerable adult(s) at various times during the day/night, including weekends, to initiate contact with the vulnerable adult(s) of a report; and,

(2) Within 24 hours of decision time and date of the screen-in of the initial intake by the Hotline, the investigator will notify the supervisor of all cases in which the investigator is unable to locate and to contact the vulnerable adult(s) within the mandated response time frame. The supervisor will assist in developing strategies to ensure contact with the vulnerable adult(s) is made. The investigator must document all efforts and activities to locate the vulnerable adult(s) in the electronic case record.

(3) If an investigator is unable to locate the vulnerable adult(s), the investigator should never leave paperwork with client identifying information in the door or near the house. The investigator should leave only their business card with a request for a return call.

b. The investigator must make every effort to locate the vulnerable adult(s) named in the report within the required time frames (response time). If the investigator learns the vulnerable adult(s) has moved out of the area, the investigator will request assistance from the area to which the vulnerable adult(s) is believed to have moved.

c. Suggested methods for locating a victim are outlined in the following chart.

SUGGESTED METHODS FOR LOCATING A VULNERABLE ADULT	
Circumstances	Method
Vulnerable adult(s) has moved from address given in report.	<ul style="list-style-type: none"> • Contact relatives or person who resides near the vulnerable adult(s) last reported address. • Contact the landlord; he or she may have a forwarding address for the vulnerable adult(s). • The landlord may know other relatives.
Only a vehicle license plate number is known to the investigator. The last address given is not known.	<ul style="list-style-type: none"> • Hotline staff have access and should provide a name and address of the vehicle's owner. • Utilize additional systems, such as the judicial inquiry system (JIS) to obtain name and address associated with the license plate.
Vulnerable adult(s) has moved, and landlord is unknown.	<ul style="list-style-type: none"> • Obtain the owner's name and address from the county property appraiser. • Utilize additional systems such as JIS, FLMMIS, or FLORIDA
Vulnerable adult(s) has moved but may still be in the general area.	<ul style="list-style-type: none"> • Contact utility companies. Service may have been set up at another residence for the vulnerable adult(s) or a relative.
Vulnerable adult(s) not at any given address.	<ul style="list-style-type: none"> • Check departmental records and other agencies. • Contact law enforcement to review any records or outstanding warrants. • Check online public data base social media such as Facebook, Instagram, Twitter, etc.
No valid address of vulnerable adult(s) and whereabouts unknown.	<ul style="list-style-type: none"> • Contact reporter who made the original report. If the reporter is anonymous, the caller ID may be used to contact the reporter only after obtaining supervisor approval. • Check local jails, hospitals, and medical facilities as part of the required diligent search.

7-7. Unable to Locate Victim After Diligent Search.

a. There will be situations in which the investigator is unable to locate the vulnerable adult(s), even after a diligent search. When the investigator exhausts all avenues to locate the vulnerable adult(s), they may request from their supervisor approval to discontinue the diligent search.

b. Discontinuation of the diligent search by the investigator to locate and see the vulnerable adult(s) requires approval from two separate management levels as discussed in the following:

(1) The unit supervisor or authorized designee must review all documentation by the investigator of attempts they made to locate the vulnerable adult(s). If the supervisor or authorized designee does not agree that the diligent search has been thorough, and the diligent search should continue, the investigator must continue the diligent search with direction provided by the supervisor or authorized designee. The supervisor or authorized designee must document in the electronic case record that they are not in agreement with the discontinuation of the diligent search. If the supervisor or authorized designee agrees with the discontinuation of the search, the supervisor or authorized designee must document their approval in the electronic case record. They must also document a second party review is required and needed. The supervisor or authorized designee will then submit the information to the designated higher-level reviewer.

(2) The designated higher-level reviewer (second party reviewer) must review the diligent search by the investigator. The second party reviewer must document their determination of whether the diligent search for the vulnerable adult(s) should be discontinued in the electronic case record.

(3) The unit supervisor, or authorized designee and the second party reviewer must review the request to discontinue the diligent search with expediency to avoid a possible delay in the continuing investigation.

c. When all efforts fail and contact is not made with the vulnerable adult(s), the investigator must continue the investigation by contacting witnesses and essential collateral contacts.

d. It is only after completing the investigation without contact with the vulnerable adult(s) that the report may be closed. The investigator must investigate the allegations in the report and document as thoroughly as they would if the vulnerable adult(s) had been seen.

e. Following the completion of the investigation, the investigator may establish findings for maltreatments and submit the investigation for final review by the unit supervisor. The investigator may use findings of "Not Substantiated" or "Substantiated" based on the evidence obtained through the contact with other sources. A finding of "Substantiated" when the vulnerable adult(s) cannot be contacted may only be used when the investigator has the level of evidence required to support that abuse, neglect, financial exploitation, or vulnerable adult(s) in need of services occurred. The investigation may not be closed without documentation indicating the investigator was unable to locate the vulnerable adult(s) after a diligent search.

7-8. Vulnerable Adult in Need of Services (VAINS) vs. Second Party Maltreatments.

a. On occasion, the investigator may determine that an in-home intake should be for an assessment of a vulnerable adult in need of services (VAINS), rather than the second party maltreatment coded by the Hotline (or vice versa). The investigator must add the appropriate VAINS maltreatments to the second party report. VAINS maltreatments can be added to second party reports in which the vulnerable resides in a private home in the community.

7-9. Commencement of a Companion Intake with Allegations of Abuse, Neglect or Financial Exploitation.

a. On occasion, the investigator, when completing a follow-up visit, or on commencing an additional allegation, may determine that another intake must be called in to the Florida Abuse Hotline. If the investigator calls in that report within 24 hours of their most recent face-to-face contact with the vulnerable adult(s), the investigator may use that contact as a commencement date and time for the new report. The Investigator should clearly document in the electronic case record notes specifying the use of that commencement time and referencing the original report.

Chapter 8

ENTERING THE PREMISES

8-1. Purpose. This chapter provides guidance to follow when making the initial face-to-face contact with the vulnerable adult(s), during an investigation.

8-2. Entering the Premises. The investigator must make a face-to-face contact with the vulnerable adult(s), within the required response time. There are two types of methods for entering the premises and gaining access to the vulnerable adult(s): Voluntary (Non-Emergency) Entry and Emergency (Forced) Entry.

8-3. Voluntary (Non-Emergency) Entry of the Premises.

a. Upon arrival at the location of the vulnerable adult(s), the way the investigator approaches the situation usually sets the tone and pace for the investigation.

b. Three general situations which the investigator will encounter are as follows:

(1) Vulnerable adult(s), is in the home alone; or,

(2) Vulnerable adult(s), is in the home with a caregiver, family member(s), or other persons;
or,

(3) Vulnerable adult(s) is a resident in a facility.

c. The vulnerable adult(s) permits entry. The investigator must identify themselves by showing the vulnerable adult(s) their identification (department issued photo ID) and state the purpose and authority of the visit. The vulnerable adult(s) must grant permission to the investigator to enter the house prior to the investigator entering the home. After entering the home, the investigator must review the Notification to Subjects Pamphlet (PI140-40,41S and 42H) with the vulnerable adult(s) before beginning the interview.

d. The vulnerable adult refuses to permit entry. If the vulnerable adult(s) refuses to allow the investigator to enter the home, the investigator should contact the appropriate law enforcement agency and request assistance in accessing the vulnerable adult(s) so they can begin their investigation. The investigator must inform the vulnerable adult(s) contact is being made with law enforcement.

(1) If the investigator is unable to assess the vulnerable adult's capacity to consent to or refuse services or determines the vulnerable adult lacks the capacity to consent or refuse services, the investigator must contact the appropriate law enforcement agency to request assistance in accessing the vulnerable adult. If the vulnerable adult continues to refuse to participate in the assessment process, the investigator must contact their supervisor for further direction.

(2) If the vulnerable adult refuses to allow the investigator to enter the premises but does participate in the assessment process including determining capacity to consent or refuse services, as well as addressing the report allegations through the face-to-face contact and the investigator has determined the vulnerable adult has capacity to consent or refuse, the investigator will document the refusal of entry in the electronic case record.

e. The vulnerable adult(s) is not alone at home.

(1) If there is a caregiver or family members present and the vulnerable adult(s) is not able to grant entry, the investigator must ask the caregiver or family member to grant entry to the home. The investigator must show their department issued photo identification to the caregiver or family member present. The investigator must always inform the caregiver or family member the reason for the visit.

(2) If entry and contact with the vulnerable adult(s) continues to be denied to the investigator, the investigator should initiate contact with law enforcement and request assistance in accessing the vulnerable adult(s) so they can begin their investigation. The investigator must inform the caregiver or household member contact is being made with law enforcement and they may potentially be interfering with an adult protective investigation.

8-4. Failure to Gain Entry to the Premises. In certain situations, the investigator is unable to gain access to the vulnerable adult(s) for the purpose of conducting a protective services investigation or VAINS assessment. Failure to gain entry is most likely to occur when:

a. The vulnerable adult(s) is unable to consent to entry. If the vulnerable adult(s) fails to respond and the investigator, from information in the report or observed on the scene, believes the vulnerable adult(s) needs emergency services, the investigator must immediately contact emergency services to request assistance. Emergency service response needs to include a law enforcement officer.

b. A member of the household, or a caregiver denies entry. The investigator has two options he or she may use to obtain entry when the occupants of the home refuse to allow access to the vulnerable adult(s):

(1) Obtain assistance from a law enforcement officer; or,

(2) Petition the court for an order authorizing access with law enforcement assistance.

8-5. Law Enforcement Entry.

a. To gain entry in a non-emergency situation when entry has been denied, the investigator must request assistance from law enforcement.

b. If the investigator is unable to gain entry to the home and the investigator believes there is a risk of death or serious physical harm or injury to the vulnerable adult(s), the investigator must consider this a situation requiring forced (emergency) entry. The investigator is to request a-law enforcement officer forcibly enter the premises to gain access to a vulnerable adult(s). The investigator must never attempt a forced entry. Only a law enforcement officer may forcibly enter a vulnerable adult's home.

c. After obtaining access to the vulnerable adult(s) through a forced entry, the investigator must determine through a personal assessment:

(1) If the vulnerable adult(s) is at risk of death or serious physical harm or injury; and,

(2) Whether the vulnerable adult(s) has capacity to consent to or refuse services; and,

(3) If there is a caregiver or guardian present in home who is responsible for the care of the vulnerable adult(s).

d. The following chart provides an overview of guidelines for the investigator after entry is made:

OVERVIEW OF EMERGENCY AND NON-EMERGENCY SERVICES

An Emergency is Found	An Emergency is Not Found
<p>1. Determine if the vulnerable adult(s) is at risk of death or serious physical harm or injury from abuse, neglect, financial exploitation, or vulnerable adult(s) in need of services; and</p> <p>2. Determine whether the vulnerable adult(s) has capacity to consent to or refuse services; or,</p> <p>3. Determine if there is a caregiver or guardian present in the home who is responsible for the care of the vulnerable adult(s) and who can consent to services.</p> <p>Based on the above determination, the investigator may:</p> <p>1. Provide emergency protective services as defined in section 415.105, F.S., with the consent of the vulnerable adult(s), if the vulnerable adult(s) has capacity to consent to or refuse services, or with the consent of a guardian or caregiver; or,</p> <p>2. Provide emergency protective services as defined in section 415.1051, F.S.; and,</p> <p>3. Petition the court for a protective services order on an emergency, "lacks capacity to consent or refuse services" basis for provision of services section 415.1051(2), F.S.</p>	<p>1. Terminate the emergency entry; and,</p> <p>2. Continue the investigation; and,</p> <p>3. Arrange for voluntary services if the vulnerable adult(s) has capacity to consent to or refuse services and consents to services; or,</p> <p>4. Arrange for voluntary services if the vulnerable adult(s) lacks capacity to consent to or refuse services and the caregiver or guardian present in the home consents to services; or,</p> <p>5. Petition the court for a protective services order on a non-emergency, "lacks capacity to consent or refuse services" basis for provision of services when the vulnerable adult(s) lacks capacity to consent to or refuse services and there is no caregiver or guardian present to provide consent; or the caregiver or guardian refuses to consent; or the API determines that it is in the best interest of the vulnerable adult to proceed with judicial action.</p>

e. If there is disagreement between the investigator and law enforcement regarding emergency entry, efforts should be made to resolve this at the supervisory level.

f. If the disagreement cannot be resolved at the supervisory level, obtain assistance from department legal counsel.

g. After gaining access to the vulnerable adult(s), if the investigator determines an emergency does not exist, the investigator must:

- (1) Terminate the emergency entry;
- (2) Continue with the protective investigation; and
- (3) Arrange for voluntary protective services if:

(a) The vulnerable adult has capacity to consent to or refuse services and agree to services; or

(b) The vulnerable adult lacks capacity to consent to or refuse services, but the caregiver or legal guardian agrees to protective services; or,

(4) Petition the court for an order for the provision of services on a non-emergency "lacks capacity to consent to or refuse services" basis and the vulnerable adult(s) has no caregiver or guardian available to consent to services, or the API determines that it is in the best interest of the vulnerable adult to proceed with judicial action.

Chapter 9

DETERMINE ELIGIBILITY OF THE VULNERABLE ADULT AND AUTHORITY TO INVESTIGATE

9-1. Purpose. This chapter provides information and procedures regarding the determination of whether the vulnerable adult(s) listed in a report is a vulnerable adult. The investigator establishes eligibility during the initial face-to-face contact with the vulnerable adult(s). This chapter provides information on other instances where the department has no legal jurisdiction to investigate abuse, neglect, financial exploitation, or vulnerable adult(s) in need of services. Adult Protective Services supports the Americans with Disabilities Act of 1990 and Section 508 of the Rehabilitation Act of 1973 to accommodate all persons with disabilities during protective investigations.

9-2. Authority to Investigate.

a. Chapter 415, F.S., mandates that the Adult Protective Services Program investigate abuse reports alleging abuse, neglect, financial exploitation, or vulnerable adult(s) in need of services reports of vulnerable adults in the State of Florida. Adult Protective Investigators must investigate all alleged abuse, neglect and financial exploitation reports which allege that:

(1) The vulnerable adult(s) is a vulnerable adult as defined in section 415.102, F.S.

(2) Allegations in a report constitute abuse, neglect, financial exploitation, or vulnerable adult(s) in need of services, as defined in Chapter 415, F.S.

(3) The alleged perpetrator named in a report of abuse, neglect, or financial exploitation meets the specified degree of relationship required in Chapter 415, F.S.

(4) The reported incident occurred in the State of Florida; and,

(5) The incident occurred in a location where the department has the authority to investigate or assess the vulnerable adult.

b. The Florida Abuse Hotline counselor only needs to suspect a call meets the criteria required in Chapter 415, F.S., to accept a report. The investigator must verify the information to determine the department has jurisdiction to investigate. Determination of jurisdiction to investigate is completed during the initial face-to-face visit with the vulnerable adult(s).

c. When the investigator determines a report does not meet one of the five eligibility factors the investigator must:

(1). Terminate the investigation but determine if services are needed and complete the referrals if necessary.

(2). Document the reason for termination in the electronic case record; and,

(3). Close the investigation.

d. The vulnerable adult's eligibility and authority to investigate must be updated and documented on each official case record, including the date of determination.

9-3. Determine Eligibility of Alleged Victim as a Vulnerable Adult.

a. The Hotline counselor determines if there is reasonable cause to suspect the adult named in the report is a vulnerable adult prior to accepting a report. The investigator must verify the alleged victim(s) in a report is a vulnerable adult as defined in Chapter 415, F.S., at the first face-to-face contact

with the alleged victim.

b. Section 415.102(26), F.S., defines a vulnerable adult as one who is 18 years of age or older whose ability to perform the normal activities of daily living or to provide for his or her own care or protection is impaired due to a mental, emotional, sensory, long-term physical, or developmental disability or dysfunction, brain damage, or the infirmities of aging.

c. In an effort to better understand a vulnerable adult as described in Chapter 415, F.S., the definition will be divided into separate phrases.

9-4. A Vulnerable Adult is a person 18 years of age or older.

a. At the first face-to-face contact with the vulnerable adult, the investigator must obtain verification that the individual meets this age requirement.

b. The following documents may be used to verify age:

(1) Birth certificate;

(2) Family bible documentation of age;

(3) Florida state government electronic records such as DCF SAFE (Serving Adults Families Effectively), the FLORIDA System;

(4) Driver's License or Florida identification card issued by the Department of Highway Safety, Division of Motor Vehicles;

(5) Records maintained by the federal government, including Social Security records;

(6) Court documents detailing the individual who is under the age of eighteen is a lawfully emancipated minor and under Florida Statutes is considered an adult; or,

(7) If no official records are available, the vulnerable adult(s) statement regarding their birth date and age may be accepted.

c. If the investigator determines the victim is under the age of 18, the investigator should contact the Florida Abuse Hotline to make a child report and close the investigation as "No Jurisdiction."

d. If the alleged incident of abuse, neglect or financial exploitation occurred and the vulnerable adult is under the age of 18, the investigator should call the Florida Abuse Hotline to make a child report and close the investigation as "No Jurisdiction."

e. If the alleged incident of abuse, neglect or financial exploitation occurred when the vulnerable adult was under the age of 18, the investigator will refer the investigation to the appropriate law enforcement agency and close the investigation as "No Jurisdiction."

9-5. A Vulnerable Adult is a person 18 years of age or older whose ability to perform the normal activities of daily living is impaired.

a. Per section 415.102 (2), F.S., "Activities of daily living" means functions and tasks for self-care, including ambulation, bathing, dressing, eating, grooming, toileting, and other similar tasks.

b. The investigator determines whether an individual can perform their activities of daily living by observing the vulnerable adult(s), and by asking pertinent questions regarding activities of daily living of the vulnerable adult(s) and household members, caregivers, providers, or other collaterals. The alleged perpetrator is not considered a relevant collateral when determining eligibility.

c. The investigator records observations and information obtained about the vulnerable adult(s) ability to perform the normal activities of daily living in an initial face to face note in the electronic case record.

9-6. A Vulnerable Adult is a person 18 years of age or older whose ability to perform the normal activities of daily living or to provide for his or her own care or protection is impaired.

a. Provide for his or her own care and protection means an individual must be able to take care of all personal and functional needs as well as be able to protect themselves from harmful situations. This may include inability/impairment in performing their instrumental activities of daily living (IADLs) as the result of a long-term physical, mental, emotional, developmental, or sensory disability. The instrumental activities of daily living are defined as activities that show a person's ability to perform tasks needed to meet their own care and protection. These activities include, but are not limited to, shopping, laundry, housekeeping, preparing meals, managing medication, and managing their financial responsibilities/assets.

b. The investigator determines whether an individual can adequately provide for their own care and protection by observing the victim, asking pertinent questions of the vulnerable adult(s) and household members, caregivers, providers, or other collaterals.

c. The investigator records observations and the information obtained about the vulnerable adult's ability to provide for their own care and protection in the electronic case record.

9-7. A Vulnerable Adult is a person 18 years of age or older whose ability to perform the normal activities of daily living or to provide for their own care or protection is impaired due to a mental, emotional, sensory, long-term physical, or developmental disability or dysfunction.

a. Disability means a person has a mental, long-term physical, emotional, sensory, or developmental disadvantage, deficiency, or impairment that impedes normal achievement.

b. Dysfunction means the person has, due to a mental, long-term physical, emotional, sensory, or developmental condition, abnormal or impaired functioning, especially of a bodily system or organ. Dysfunction means any impairment, disturbance, or deficiency in behavior or operation. Source: American Psychological Association (APA) Dictionary of Psychology 2023.

c. Long-Term Physical Disability or Dysfunction means any impairment of function that hinders or limits the vulnerable adult's ability to care for or protect themselves, including progressive deterioration or no expectations of improvement in the vulnerable adult's condition. "Long-Term" does not apply to mental, emotional, or developmental disabilities or dysfunctions.

d. Mental or Emotional Dysfunction includes all recognized mental health diagnoses. Individuals who suffer from a mental illness may require medication and/or treatment in order to care for and protect themselves.

(1) Mental illness includes a diagnosed disorder that interferes with a person's ability to meet the ordinary demands of living. The impairment may be of emotional processes, ability to exercise conscious control of one's own actions, or ability to perceive reality or to understand.

(2) Mental illness does not include developmental disability, simple intoxication, or conditions manifested only by antisocial behavior or drug addiction, or when there are no limits to the adult's ability to independently provide for their own care and protection with no mental or physical limitations present.

(3) Residents in mental health treatment facilities such as Baker Act receiving units or state mental health treatment facilities are eligible as vulnerable adults due to requiring 24-hour

supervision and care due to their mental health diagnosis.

e. Sensory impairment means a sensory condition that materially limits, or contributes to limiting, an individual's ability to perform activities of daily living or the ability to self-protect.

(1) Sensory Impairment – Hearing means the capacity to hear, with amplification, is limited, impaired, or absent and results in a reduced ability to perform activities of daily living or provide for their care and protection. The term includes individuals who are deaf or hard of hearing. The API will ensure that vulnerable adult(s) with hearing impairments/deafness shall receive reasonable accommodations according to Departmental policy in accessing and receiving services using auxiliary aids or qualified interpreters. See CFOP 60-10, Chapters 3 and 4, for obtaining interpreter services.

(2) Sensory Impairment – Vision means the capacity to see, after correction, is limited, impaired, or absent and results in a reduced ability to perform activities of daily living or to provide for their care and protection. The term includes individuals who are blind and individuals with limited vision.

f. Developmental Disability means a disorder or syndrome that constitutes a substantial disability that can reasonably be expected to continue indefinitely and is attributable to one of five disorders:

(1) Intellectual Disability. Intellectual disability, as defined in section 393.063(24) F.S., means a significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior. This results in an inability to cope with the normal, everyday responsibilities of life. This manifests before the age of 18 and will continue indefinitely.

(2) Cerebral Palsy. Cerebral Palsy is a general term for non-progressive disorders of movement and posture resulting from injury/damage to the brain during the later months of pregnancy, during birth, during infancy, or during early childhood.

(3) Autism. Autism is a pervasive, neurological based developmental disability of extended duration which causes severe learning, communication, and behavior disorders with age of onset during infancy or childhood. NOTE: Not all autism spectrum disorders qualify as a developmental disability.

(4) Spina Bifida. Spina Bifida is a congenital defect in which part of one (or more) vertebrae fails to develop completely, leaving a portion of the spinal cord exposed. This defect can occur anywhere on the spine but is most common in the lower back. The severity is dependent upon the amount of nerve tissue that is exposed.

(5) Prader-Willi Syndrome. Prader-Willi Syndrome is a genetic disorder characterized by hyperphagia (excessive hunger and desire for food), obesity, intellectual disability, characteristic physical features and incomplete sexual development. The two most prominent characteristics of Prader-Willi are the insatiable appetite and abnormal behaviors. Physical characteristics include obesity, small hands and feet, short stature, small external genitalia in males and undescended testicles. IQ's range from 40 to 100; however, about 95% of all affected persons function in the mild range of intellectual disability.

g. A diagnosis of one or more of the five developmental disabilities listed above constitutes an automatic eligibility as a vulnerable adult for investigative purposes without further determinations related to the vulnerable adult's ability to perform the normal activities of daily living or to provide for their own care or protection.

h. The investigator can determine the vulnerable adult's mental, emotional, sensory, long-term physical, or developmental disability or dysfunction by:

(1) Observing the vulnerable adult(s);

(2) Asking the vulnerable adult(s) questions that pertain to their disability or dysfunction;

(3) Obtaining written documentation or verbal verification of diagnosis by a treating medical professional (physician, physician's assistant, or registered nurse practitioner);

(4) Written government documents that indicate the victim's disability or dysfunction;

(5) Social Security, Railroad, Veterans Administration, or other disability determination letters of eligibility;

(6) Medicaid or Medicare records;

(7) Florida state government electronic records; or,

(8) Information from the Agency for Persons with Disabilities (APD)

9-8. A Vulnerable Adult is a person 18 years of age or older whose ability to perform the normal activities of daily living or to provide for their own care or protection is impaired due to a mental, emotional, sensory, long-term physical, or developmental disability or dysfunction, or traumatic brain injury or damage.

a. Neurocognitive disorders are characterized by the decline from a previously attained level of cognitive functioning. The neurocognitive disorders cluster comprises three syndromes: delirium, mild neurocognitive disorder, and major neurocognitive disorder. Source: American Psychological Association (APA) Dictionary of Psychology 2023.

(1) Delirium. Symptoms range from slight confusion to stupor or coma. It may include restlessness, disorientation, memory impairment, and delusion. Delirium tends to come on very suddenly and is usually caused by:

(a) Physical problems (e.g., congestive heart failure, stroke, head injury, infection, malnutrition and anemia);

(b) Ingestion of substances (e.g., drugs or alcohol); or,

(c) Medication (e.g., Digitalis, drugs for Parkinson's Disease and steroids have been known to cause delirium).

(2) Dementia. This is a progressive decline in intellect, memory, confusion, disorientation of situations, emotional outbursts, and embarrassing behavior. Dementia has been classified as Alzheimer's Disease or non-Alzheimer's type (i.e., multi-infarct dementia). Demented individuals might require total assistance with feeding, toileting, and physical activities.

(a) Alzheimer's Disease is a progressive neuropsychiatric disease that affects the brain. Alzheimer's Disease is characterized by the loss of cognitive function as well as by affective and behavioral disturbances. Alzheimer's Disease is the most common type of dementia. Alzheimer's and other dementias also encompass an emotional and physical decline. The physical deterioration is profound, and the disease is terminal. Source: American Psychological Association (APA) Dictionary of Psychology 2023.

(b) Multi-infarct dementia is associated with cerebrovascular disease (stroke).

(3) Traumatic Brain Injury (TBI) is defined as a disruption in the normal function of the brain that can be caused by a bump, blow or jolt to the head, penetrating head injury or loss of oxygen resulting in damage to the brain. Source: American Psychological Association (APA) Dictionary of Psychology 2023.

b. The investigator determines the vulnerable adult's impairment due to brain damage by observing the vulnerable adult(s), asking pertinent questions regarding their disability or dysfunction, of

the vulnerable adult(s) and household members, caregivers, providers, or other collaterals, and assessing the adult's capacity to consent to or refuse services. It is recommended that the investigator seek supporting documentation from:

(1) Obtaining written documentation or verbal verification of diagnosis by a treating medical professional (physician, physician's assistant, or registered nurse practitioner); and,

(2) Written government documents that state the adult's disability or dysfunction.

9-9. A Vulnerable Adult is a person 18 years of age or older whose ability to perform the normal activities of daily living or to provide for his or her own care or protection is impaired due to a mental, emotional, sensory, long-term physical, developmental disability or dysfunction, or traumatic brain injury or damage, or the infirmities of aging.

a. Infirmities of Aging are the infirmity associated with advanced age and manifested by demonstrable physical, mental, or emotional dysfunction to the extent that the person is incapable of adequately providing for their own personal care or protection.

b. Per sections 825.101 and 960.03, F.S., "elderly person" means a person of 60 years of age or older who is suffering from the infirmities of aging as manifested by advanced age or organic brain damage or other physical, mental, or emotional dysfunction to the extent that the ability to provide adequately for the person's own care and protection is impaired.

c. The investigator must determine the actual diagnosis when making a face-to-face contact with the vulnerable adult(s).

9-10. Documenting a Vulnerable Adult's Eligibility to Investigate a Report.

a. The protective investigator must document the vulnerable adult's eligibility by:

(1) Recording in the electronic case record whether the vulnerable adult(s) is, in fact, a vulnerable adult AND how the determination (verification of eligibility) was made.

(2) Recording in the electronic case record the appropriate disabilities or dysfunctions that apply to the vulnerable adult(s).

(3) If the vulnerable adult(s) has more than one type of disability, entering each disability and how the disability was verified. The twelve disabilities that are primarily used within Adult Protective Service are:

(a) Autism,

(b) Cerebral Palsy,

(c) Deafness,

(d) Other emotional disability; dysfunction,

(e) Infirmities of aging,

(f) Mental illness,

(g) Neurocognitive disorders,

(h) Physical brain damage,

- (i) Other physical limitations,
- (j) Prader-Willi Syndrome,
- (k) Intellectual disability and,
- (l) Spina Bifida.

- b. An individual suffering from a developmental disability will be eligible as a vulnerable adult.
- c. An Individual receiving Security Disability Insurance (SSDI), or Social Security Insurance (SSI) Disability is automatically considered a vulnerable adult, regardless of ability to complete activities of daily living.

d. The following chart depicts what is needed to determine eligibility for investigation of a report based on the definition of “Vulnerable Adult.”

VULNERABLE ADULT

Disability/Dysfunction	Investigator must verify			
	Age	Type of Disability or Dysfunction	Ability to Perform Normal Activities of Daily Living	Ability to Provide for Own Care or Protection
Mental, Emotional, Sensory, Long-Term Physical Disability/Dysfunction	Yes	Yes	Yes	Yes
Developmental Disability	Yes	Yes	No	No
SSDI or SSI Disability Recipient	Yes	Yes	No	No
Traumatic Brain Injury or Damage with Permanent Impairment	Yes	Yes	Yes	Yes
Neurocognitive Disorders	Yes	Yes	Yes	Yes
Infirmities of Aging (60 years +)	Yes	Yes	Yes	Yes
Mental Illness	Yes	Yes	Yes	Yes

9-11. Determining Requirements for Abuse, Neglect, Financial Exploitation, or Vulnerable Adult in Need of Services (VAINS).

a. The Florida Abuse Hotline determines if there is reasonable cause to suspect the allegations constitute abuse, neglect, financial exploitation, or vulnerable adult(s) in need of services (VAINS) when taking a report. This “reasonable suspicion” of eligibility is to establish whether the allegations in the report meet the statutory definitions of abuse, neglect, financial exploitation, or vulnerable adult(s) in need of services (VAINS). It will only be in rare instances that the investigator will determine that the allegations do not meet the definition of abuse, neglect, financial exploitation, or vulnerable adult(s) in need of services (VAINS) at this point in the investigation or assessment.

b. The investigator must make the determination of whether the allegations meet the definition of abuse, neglect, financial exploitation, or vulnerable adult(s) in need of services (VAINS) at the first face-to-face contact with the vulnerable adult(s).

c. An in-depth discussion of definitions of abuse, neglect, financial exploitation, or vulnerable adult(s) in need of services (VAINS) is found in Chapter 3 of this operating procedure.

d. If the allegations of abuse, neglect, financial exploitation, or vulnerable adult(s) in need of services (VAINS) in the report do not meet the statutory definitions, the investigator must document the reason(s) the allegations do not meet the definitions found in Chapter 415, F.S. All information must be documented in the electronic case record.

9-12. Alleged Perpetrator (AP) and Required Degree of Relationship to the Vulnerable Adult(s).

a. The Hotline determines if there is reasonable cause to suspect that the AP meets the required degree of relationship to the vulnerable adult(s) when taking a report of second party abuse, neglect, or financial exploitation. The Hotline’s determination is based on the information provided by the reporter. The investigator must verify that the degree of relationship is met to investigate the report.

b. The investigator must make the determination of the required degree of relationship of the AP to the vulnerable adult(s) at the first face-to-face contact with the vulnerable adult(s). The AP must be directly responsible for the alleged abuse, neglect, or financial exploitation of the vulnerable adult.

RELATIONSHIP BETWEEN THE VICTIM AND AP

Report Type	Degree of Relationship of Alleged Perpetrator party to the Victim
Abuse	Relative, caregiver, or household member
Neglect	Caregiver
Financial Exploitation	Stands in a position of trust and confidence. No relationship; but knows or should know that the vulnerable adult(s) lacks capacity to consent

c. If the degree of relationship between the vulnerable adult(s) and the AP is not met, the investigator must document in the electronic case record the reason for the determination.

d. The investigator must document in the electronic case record the relationship between the vulnerable adult(s) and the alleged perpetrator directly responsible as it pertains to the abuse, neglect, or financial exploitation being investigated.

e. The investigator must add any maltreatments supported in the allegation narrative as well as new maltreatments discovered during the investigation.

9-13. Incident Occurred in the State of Florida.

a. The Hotline takes an abuse report based on whether the reported incident:

(1) Occurred in the State of Florida and the alleged vulnerable adult(s) currently resides in Florida;

(2) Occurred in the State of Florida and the alleged vulnerable adult(s) is temporarily visiting or living in Florida;

(3) Occurred in another state, and both the vulnerable adult(s) and alleged perpetrator are now together in Florida and the reporter suspects the vulnerable adult(s) is at risk of abuse, neglect, or financial exploitation by the alleged perpetrator; or,

(4) If financial exploitation occurred electronically by the AP out of state, while the vulnerable adult(s) was in Florida and the vulnerable adult(s) is currently in Florida at the time of the call to the Hotline a report will be accepted for investigation.

b. The department does not have authority or jurisdiction to investigate reports alleging abuse, neglect, or financial exploitation when:

(1) The vulnerable adult(s) is no longer in the State of Florida at the of the report being screened-in by the Hotline; or,

(2) The incident occurred in another state.

c. The investigator must document when there is “No Jurisdiction” to investigate by recording in the electronic case record the incident did not occur in the State of Florida or that the vulnerable adult(s) is not residing in the State of Florida.

d. The department does have the authority to investigate reports alleging abuse, neglect, or financial exploitation if the vulnerable adult was in the State of Florida at the time the report was screened in by the Hotline, but during the investigation, the vulnerable adult left the State of Florida.

9-14. Incident Occurred in a Location Where the Department Has No Authority.

a. The department does not have authority or jurisdiction to investigate a report when the incident occurred on federal property, or any properties operated or administered by these entities:

(1) Military bases;

(2) Veterans Administration facilities;

(3) Federal or state correctional institutions; or,

(4) Native American Tribal Lands without permission of the governing local Native American tribe.

b. An EXCEPTION to this procedure exists when the federal, state or tribal authority has a written agreement with the department to conduct investigations on federal, state or tribal properties. The investigator must be knowledgeable of these properties located in each area and whether an agreement with the department exists.

c. The investigator will determine if the incident occurred outside the jurisdiction of the department by verifying that the incident did occur on federal, state, or tribal property and there is no existing agreement between that entity and the department for investigations.

d. When there is No Jurisdiction to investigate, the investigator will IMMEDIATELY notify the appropriate federal, state, or tribal authority having jurisdiction of the report. The investigator must document steps taken and the notification to the federal, state, or tribal authority in the electronic case record.

e. When the subjects of a report reside or are located on a federal, state, or tribal property, and the investigator determines that the incident occurred off federal, state, or tribal property, the department must conduct the investigation. The investigator must contact the appropriate federal, state, or tribal persons to gain access to the subjects of the report and to complete the investigation.

f. The investigator must document there is “No Jurisdiction” to investigate in the electronic case record the decision the department has “No Jurisdiction” and how that determination was made.

9-15. “No Jurisdiction” Closures.

a. After seeing and interviewing the vulnerable adult(s) face to face, the investigator determines that the department does not have authority or jurisdiction to investigate, the investigator must IMMEDIATELY terminate the investigation and close the report.

b. “No Jurisdiction” closure is used when:

- (1) The vulnerable adult(s) does not meet the definition of vulnerable adult;
- (2) The alleged AP does not meet the required degree of relationship to the vulnerable adult(s);
- (3) The reported incident did not occur in the State of Florida;
- (4) The vulnerable adult(s) is not in the State of Florida; or,
- (5) The incident occurred in a location where the department, acting in an official capacity, has no authority to investigate.

c. The investigator must make service referrals to providers in those situations when the vulnerable adult(s) requests services. A referral to protective supervision cannot be made.

d. The API must obtain information from one relevant collateral source to confirm the reason for the “No jurisdiction” closure. For second party reports, the relevant collateral cannot be the alleged perpetrator.

e. The investigator should **NEVER** close a report as “No Jurisdiction” without contact with the vulnerable adult(s), except when the vulnerable adult(s) is not in the State of Florida, and their location is unknown. The API must verify the vulnerable adult(s) is not in Florida and should complete a referral to the corresponding APS program in the state in which the vulnerable adult(s) is located.

f. Investigations closed as “No Jurisdiction” will have not substantiated findings entered for the maltreatments in the electronic case management system. The investigator must enter a summary in the electronic case record detailing “why” the department did not have the authority to investigate, and any referrals made on the investigation.

9-16. “No Jurisdiction” Dispositions.

a. Reports that are closed as “No Jurisdiction” may require the investigator to report the allegations in the report to other agencies or states.

b. The following chart suggests possible referrals to other entities when a report is closed as “No Jurisdiction.”

POSSIBLE REFERRALS

No Jurisdiction Reason	Possible Referrals
Vulnerable adult(s) is not a vulnerable adult	Law enforcement where the incident occurred; State Attorney where the incident occurred.
Allegations do not constitute abuse, neglect, or financial exploitation	Law enforcement where the incident occurred; State Attorney where the incident occurred.
AP does not meet degree of relationship to vulnerable adult(s)	Law enforcement where the incident occurred; State Attorney where the incident occurred.
Incident did not occur in Florida	Law enforcement and Agency in the state where the incident occurred;
Incident occurred on state, federal or property	Law enforcement where incident occurred; Appropriate federal or state agency having jurisdiction.
Vulnerable adult is under the age of 18 and not emancipated by court order	Call Florida Abuse Hotline

c. All reports submitted for closure as “No Jurisdiction” require a second party review and approval before closure.

Chapter 10

ASSESSING A VULNERABLE ADULT'S CAPACITY TO CONSENT TO OR REFUSE SERVICES

10-1. Purpose. The purpose of this chapter is to provide information and procedures for investigators when evaluating a vulnerable adult's capacity to consent to or refuse services. Investigators must assess a vulnerable adult's capacity to consent to or refuse services at the initial face-to-face contact or at any time during the investigation when a potential change to the capacity has been identified.

10-2. Definition of Capacity to Consent To or Refuse Services. Vulnerable adults generally should be considered capable of consenting to or refusing services if they demonstrate adequate knowledge and appreciation of their current physical health; cognitive, emotional and behavioral functioning and limitations; adequate knowledge and appreciation of their current social and living environments and associated risks, and the capacity to make and communicate informed and rational decisions regarding their person and environment, including accepting or rejecting services.

10-3. Purpose of Assessing or Evaluating Capacity to Consent to or Refuse Services. Determination of a vulnerable adult's capacity to consent to or refuse services is a vital part of a protective investigation. The purpose of assessing and evaluating a victim's capacity to consent to or refuse services is to:

- a. Direct the actions of the investigator during the investigation.
- b. Give the investigator authority to provide emergency protective services.
- c. Allow for the provision of protective services.
- d. Justify the refusal of protective services and the decision to leave the vulnerable adult unprotected by the Department of Children and Families.
- e. Establish the accuracy of reports and accounts offered by the vulnerable adult.
- f. Provide the investigator with the information necessary to support a petition to the court for protective services.
- g. Protect the vulnerable adult without infringing upon personal liberties and individual rights.

10-4. Assessment of Capacity to Consent to or Refuse Services.

- a. Assessment of a vulnerable adult's capacity to consent should focus on:
 - (1) Vulnerable adult's emotional, cognitive, and behavioral functioning; and,
 - (2) Vulnerable adult's knowledge and appreciation of the current circumstances; and,
 - (3) Potential consequences if no changes are made in the vulnerable adult's situation.
- b. Assessment of the vulnerable adult's capacity to consent to or refuse services involves evaluation of the person's knowledge and appreciation of:
 - (1) Limitation or deficiencies in surroundings;
 - (2) Physical, cognitive, emotional, and behavioral limitations;
 - (3) Resources available to assist in meeting needs, and ability to access them; and,
 - (4) Consequences if nothing is done to improve or remedy the situation.

c. The investigator must base the assessment of capacity to consent to or refuse services on observations of the vulnerable adult and his or her environment, and on responses the vulnerable adult provides to interview questions. In all verbal exchanges between the investigator and the vulnerable adult, the investigator must be constantly alert to deficiencies in the vulnerable adult's awareness.

d. An investigator's finding that the vulnerable adult lacks capacity to consent to or refuse services is not a legal determination. Under Chapter 415, F.S., the department may petition for a determination of incapacity, which is the legal determination the vulnerable adult lacks capacity to consent to or refuse services.

(1) Per section 415.102(4), F.S., "Capacity to consent" means that a vulnerable adult has sufficient understanding to make and communicate responsible decisions regarding the vulnerable adult's person or property, including whether to accept protective services offered by the department.

(2) Per section 744.102(12), F.S., "Incapacitated person" means a person who has been judicially determined to lack the capacity to manage at least some of the property or to meet at least some of the essential health and safety requirements of the person.

e. If the investigator is having difficulty reaching a conclusion regarding the vulnerable adult's capacity to consent to or refuse services, the investigator should request from a medical professional or explore other professional resources or opinions, including the tools and resources listed below:

(1) Utilize tools designed to assist the investigator determine if the vulnerable adult has capacity to consent to or refuse services, such as Short Portable Mental Status Questionnaire (SPMSQ), CLOX: An Executive Clock Drawing Task, Memory Impairment Screen (MIS), or other department recognized tools; or

(2) Seek an opinion from a mental health or medical professional who has knowledge of the vulnerable adult's capacity to consent to or refuse services and document such consultation when it occurs; or

(3) Request the assistance of the Registered Nurse Specialist (RNS), who, due to their expertise and specialized training, may be able to provide additional insights into the vulnerable adult's capacities.

f. The following information, in paragraphs (1) through (3) below, from the 2000 edition of the Merck Manual of Geriatrics concerning "**decisional capacity**" may help the investigator in determining whether the vulnerable adult has or lacks capacity to make decisions and accept or refuse intervention.

(1) Persons are considered to have decisional capacity if they can understand their health condition; can consider the benefits, burdens, and risk of care options; can weigh the consequences of treatment against their preference and values; can reach a decision that is consistent over time; and can communicate that decision to others. The term "decisional capacity" more accurately reflects the concept of individual capability, which can be assessed by examining mental status, judgment, and short-term memory. Decisional capacity is a prerequisite for providing legally and morally sufficient informed consent or refusal. Decision-making capacity requires, to greater or lesser degree:

(2) In defining decision-specific capacity, many legal scholars, bioethicists, and psychiatrists assert that the greater the risk of the proposed intervention, the greater the need for capacity to understand facts and articulate personal values. Thus, a vulnerable adult may be capable of choosing between relatively benign alternatives that may have few serious consequences but may not be capable of evaluating and choosing alternatives in a life-threatening circumstance. Many elderly vulnerable adults who are not truly capable of understanding and evaluating alternatives are treated as if they are because they nod in agreement or do not actively oppose a proposed intervention.

(3) A vulnerable adult does not always need to have the same level of awareness at times to provide legally adequate informed consent. For example, a person who exhibits “sundowning” (increased confusion in the evening) or one who is confused from time to time may still have “windows of lucidity.” During these periods, the person may be capable of providing informed consent.

g. If the investigator continues to question capacity to consent to or refuse services, or remains uncertain after having completed an assessment, the investigator must attempt to obtain an evaluation from a professional with specialized knowledge regarding decisions making capacity as it may be affected by physical, cognitive, emotional, or behavioral impairments to aid in determination of whether a vulnerable adult has the capacity to consent to or refuse services. A comprehensive and structured evaluation can provide additional information regarding a vulnerable adult’s capacities in this area.

10-5. When to Assess Capacity to Consent to or Refuse Services. Investigators must assess a vulnerable adult’s capacity to consent:

a. During the first face-to-face contact with the vulnerable adult; and,

b. At any time during the investigation that the investigator determines there may have been a change to the vulnerable adult’s capacity to consent to or refuse services. If a vulnerable adult is currently under a Baker Act at the time of the alleged incident, the investigator must consult with the receiving facility professionals to determine capacity to consent or refuse services.

c. The investigator will use the “Capacity to Consent Assessment” in the electronic case management system to document the capacity assessment, whether at the onset of the investigation or whenever a change in capacity is suspected.

d. For vulnerable adults residing in special facility settings their capacity to consent to or refuse services may have already been determined.

(1) For residents of state hospitals, mental health facilities, or development disability defendant program facilities for defendants with an intellectual disability, capacity may already be determined via a court order indicating the vulnerable adult is incapacitated. These individuals cannot make requests or decisions about services offered. Residents of these type settings may have been involuntarily committed by a judge in a court proceeding.

(2) Investigators should determine capacity to consent to or refuse to services for residents that have not been determined to be incapacitated by either court order or by physician’s statement.

e. For investigations in which the vulnerable adult is deceased prior to the receipt of the report, and the vulnerable adult’s capacity to consent (CTC) at the time of the alleged abuse/neglect is a factor in the investigation, the investigator must attempt to establish the vulnerable adult’s capacity to consent to or refuse services at the time of the alleged abuse or neglect. The determination of whether the mental capacity of the deceased vulnerable adult is a factor in the alleged abuse/neglect may be determined by the APS investigative staff. The APS Headquarters or region program office, in consultation with investigative staff, will decide on the need for a CTC determination when it is unclear whether such determination is required. For determining the deceased vulnerable adult’s CTC, prior to their death, the investigator should utilize (when available) medical/mental health records; medical/mental health professionals; and any relevant documents. The “Capacity to Consent Assessment” in the electronic case management system should be used to document the capacity determination; specifically, in the Overall Capacity (Section III) of the CTC assessment form.

f. For investigations in which the vulnerable adult is deceased prior to the receipt of the report, and the vulnerable adult’s CTC at the time of the alleged abuse/neglect is NOT a factor in the investigation, the investigator should document their reasoning for determining that the vulnerable adult’s mental capacity is not a factor in the overall investigation in the electronic case file notes.

10-6. Changes to an Individual's Capacity to Consent To or Refuse Services.

a. Any time the investigation is open, and a vulnerable adult is receiving services, the vulnerable adult's capacity to consent to or refuse services may improve or decline. Some reasons for change in capacity include, but are not limited to:

- (1) Changes in the vulnerable adult's medications;
- (2) Changes in medical care and health status;
- (3) Changes in diet;
- (4) Provision or removal of care or other support; or,
- (5) Change in environment and surroundings.

b. Whenever a significant change in capacity is suspected, the investigator must re-evaluate the vulnerable adult's capacity to consent to or refuse services.

10-7. Assessment Criteria.

a. There are nine (9) areas into which the investigator should inquire to reach a conclusion regarding the vulnerable adult's capacity to consent to or refuse services.

(1) **Orientation to person, place, and date.** The vulnerable adult's ability to identify who he or she is, where he or she is, and when it is.

(2) **Capacity to make informed and rational decisions regarding important aspects of one's life (e.g., managing finances and purchases, managing medications and making health care decisions, making decisions about living arrangements and social environment, conducting activities of daily living [e.g., bathing, dressing, eating, traveling]).** The vulnerable adult's knowledge and appreciation of personal capacities and resources, and ability to make and communicate rational decisions that are in his or her best interests.

(3) **Comprehension of physical, cognitive, emotional, behavioral and environmental limitations.** The vulnerable adult's ability to identify and appreciate physical, cognitive, emotional, behavioral capacities and limitations, and make rational decisions regarding person and the environment while taking such into account.

(4) **Capacity to identify and utilize available resources that might impact decision making.** The vulnerable adult's ability to identify personal needs, and identify, access and make rational decisions about available resources and sources of assistance.

(5) **Appreciation** of current status and likely outcome if no intervention occurs. The vulnerable adult's understanding and appreciation of his or her current living situation and any associated financial, health, or personal risks that are present or may result without some type of action taking place.

(6) **Consultation with relevant medical and mental health providers.** The investigator should determine if the vulnerable adult has recently been evaluated or treated by a mental health professional and seek such information when available. This may include an assessment by a licensed clinical social worker. The investigator must also document the outcome of the evaluation in the comments section of the Capacity to Consent (CTC) assessment form. The investigator should obtain a copy of the psychological evaluation and file it in the electronic case record.

(7) Investigations into previous adjudications of incapacity under Florida Statutes, Chapter 744. The investigator should determine if the vulnerable adult has been adjudicated incapacitated via Chapter 744, Florida Statutes. If so, the relevant records should be accessed and relevant information concerning the declaration of incapacity should be recorded in the comments section of the CTC assessment form. The investigator should obtain a copy of the court document declaring the vulnerable adult incapacitated in some way(s) and file it in the electronic case record.

(8) Health care provider consultation. The investigator should consider seeking information from the vulnerable adult’s physician or other health care provider that is relevant to assess the vulnerable adult’s capacity to consent to or refuse services and document such consultation when it occurs. The investigator should seek the consultation from a registered nurse or higher medical or mental health authority.

(9) Registered Nurse Specialist consultation. When there are no other professional resources to consult, the investigator will consult with the APS Registered Nurse Specialist for assistance in determining the vulnerable adult’s capacity to consent to or refuse services and document such consultation when it occurs.

(10) Primary Care Physician. If a primary care physician is contacted to determine if a vulnerable adult has the capacity to consent or refuse services, based on their professional opinion, all allegations on the report need to be addressed with the doctor, and they need to be made aware of all the information uncovered during the investigation.

b. The following chart provides suggested questions that may be used for assessing capacity to consent.

Suggested Questions for Assessing Capacity to Consent

a. Orientation to...	b. Able to make decisions...	c. Able to comprehend...	d. Knowledgeable of resources...	e. Aware of Consequences...
1. What is your first/middle/last name? 2. Could you spell that for me please? 3. How old are you? 4. Is this your home? 5. What is your street address here? 6. Could you check your calendar and tell me what date is? 7. Do you know what year this is?	1. Who is your doctor? 2. Do you know how to get in touch with your doctor? 3. If there is an emergency and you couldn’t reach your doctor, what would you do? 4. Do you pay your own bills? 5. If you didn’t have enough money to pay all your bills, which ones would you pay?	1. Have you recently had problems with your memory; gotten lost around your house or neighborhood; felt depressed, angry, nervous, or anxious? 2. Your wheelchair won’t fit through the doors in your home; what will you do? 3. All the food in your refrigerator is spoiled; what will you eat?	1. What are your greatest problems? What would solve these problems? 2. I see you have a doctor’s appointment, and your daughter/son is out of town. How will you get to your doctor? 3. If you found that your checkbook was missing, what would you do?	1. You can’t get out of bed without help. What will happen if there is a fire? 2. You won’t allow anyone to change your soiled sheets. What will happen if your surgical wound becomes infected? 3. It’s clear your housekeeper has been writing checks on your account. What will happen if she uses all your money?

NOTE: These questions are not all inclusive and the investigator may have other questions that need to be answered by the vulnerable adult. The investigator may also need to obtain information from other sources in order to complete the Capacity to Consent Assessment.

10-8. Document the Information in the Electronic Case Management System.

a. The investigator must document his or her findings in the Capacity to Consent assessment in the electronic case management system. The investigator will respond “**Y**” (yes) or “**N**” (no) to questions regarding the victim’s capacity. The investigator must enter comments that explain how they reached their decision for each question and not restate the question.

b. The investigator must document the overall capacity to consent of the vulnerable adult including how they reached their decision, any tools or opinions used, and what implications to the vulnerable adult’s safety the capacity or lack of capacity poses.

c. The investigator must document any changes to the assessment within the factor that changed and the overall assessment.

d. The investigator must complete the Capacity to Consent to or Refuse Services assessment in the electronic case management system for each vulnerable adult named in the report within six (6) days from the face-to face contact with the vulnerable adult and prior to submission of the initial safety assessment plan to their supervisor.

e. Update the Capacity to Consent to or Refuse Services assessment in the electronic case management system within two (2) working days from when the protective investigator determines the change.

f. The investigator’s supervisor must Review the Capacity to Consent to or Refuse Services assessment and approve the investigator’s overall assessment.

g. If making a referral to legal or staffing for services, the Capacity to Consent assessment must be included in the referral packet.

Chapter 11

VULNERABLE ADULT SAFETY ASSESSMENT AND PLAN

11-1. Purpose. This chapter provides information and procedures for assessing and completing the safety plan factors for a vulnerable adult of second party abuse, neglect, financial exploitation, or vulnerable adult in need of services (VAINS) assessment.

11-2. Risk and Vulnerable Adult Safety.

a. The risk to the vulnerable adult is determined by the evaluation of specific safety factors relating to harm, injury, or loss to a vulnerable adult who is the subject of a report of second party abuse, neglect, financial exploitation, or in need of services. Risk and safety also relate to the potential for harm, injury, or loss to the vulnerable adult.

b. Typically, the risk to which a vulnerable adult is exposed is not due to one safety factor, but, rather, to a variety of interrelated factors occurring concurrently in abuse, neglect, financial exploitation, or VAINS situations. Such factors include, but are not limited to, their age, physical and mental health, functional abilities, or living conditions.

11-3. Use of the Adult Safety Plan in the Determination of Risk.

a. The assessment and completion of the safety plan for the vulnerable adult is an ongoing evaluation process in which factual observation and each piece of information is analyzed to determine the extent to which vulnerable adult is in danger of harm, injury, or loss.

b. The Adult Safety Assessment and Plan is used to:

(1) Provide a comprehensive listing of factors and variables on which the assessment of safety is based. These factors include:

(a) Vulnerable Adult's capacity to consent to or refuse services.

(b) Caregiver(s) residing with the vulnerable adult, or working with the vulnerable adult (institutional).

(c) Services currently involved (formal and informal).

(2) Provide a description and assessment of specific threats to the vulnerable adult's safety to include the following factors:

(a) Vulnerable adult's Living Environment (shelter).

(b) Environmental Concerns (food, clothing, adaptive equipment).

(c) Physical and mental health of the vulnerable adult(s) and/or caregiver(s).

(3) Increase the accuracy of all decisions revolving around the assessment of safety and safety plan.

(4) Strengthen accountability of the decisions made by an investigator by providing a means to document these decisions.

(5) Make decisions based on facts rather than "feelings."

(6) Compare the most recent safety plan to previous assessment(s) to determine

patterns or trends, case plan, or need for revisions.

(7) Provide investigators a means of sharing pertinent case information with other staff who may assist in the evaluation and implementation of the services plan.

c. The determination of the overall level of risk to the vulnerable adult is the responsibility of the Adult Protective Services investigator. There are **FOUR** levels of risk:

(1) **No risk** means the protective investigator has obtained and documented in the electronic case sufficient information for all applicable safety components that support the determination that there is no indication of risk or further harm of abuse, neglect, financial exploitation to the vulnerable adult or continued risk to the vulnerable adult in need of services. No risk should be used for death investigations. No risk should be used when there is no risk to the vulnerable adult from the alleged perpetrator, or other facility residents and there are no safety actions and no intervention by Adult Protective Services is necessary.

(2) **Low risk** means the protective investigator has obtained and documented in the electronic case sufficient information for all applicable safety components that support the determination that there is a low likelihood that the vulnerable adult is at risk of further harm, abuse, neglect, financial exploitation, or continued risk to the vulnerable adult in need of services if Adult Protective Services does not intervene in some way.

(3) **Intermediate risk** means the investigator has obtained and documented in the electronic case sufficient information for all applicable safety components that support the determination that there is some likelihood that the vulnerable adult is at risk of further harm, abuse, neglect, financial exploitation, or continued risk to the vulnerable adult in need of services if Adult Protective Services does not intervene in some way.

(4) **High-risk** means the protective investigator has obtained and documented in the electronic case sufficient information for all applicable safety components that support the determination that there is a strong likelihood that the vulnerable adult is at high risk of further harm, abuse, neglect, financial exploitation, or continued risk to vulnerable adult in need of services if Adult Protective Services does not intervene in a timely manner.

d. Intervention by Adult Protective Services could include emergency services, immediate in-home services, or non-emergency services dependent on whether the is present or impending danger to the vulnerable adult.

(1)Present threat is defined as situations in which the vulnerable adult is at risk of serious injury or death at the time the investigator makes initial contact with the vulnerable adult.

(2)Impending threat is defined as situations that are occurring with the vulnerable adult, which left unchecked, may result in serious injury or death.

11-4. Documentation of Safety Assessment and Plan.

a. The Adult Safety Assessment and Plan in the case management system is the tool used to document risk and the implications to the vulnerable adult's safety based on the assessment by the investigator on their initial face to face interview with the vulnerable adult. The investigator assesses the vulnerable adults' need for services and determines if there are implications to the vulnerable adult's safety.

b. If during the initial face-to-face visit, the investigator acts to mitigate the risk to the vulnerable adult and lowers the risk by implementing an emergency safety plan, the safety plan determination must reflect the overall assessment which caused the investigator to act.

c. The investigator must document, in the safety assessment and plan, their initial risk level or threats to vulnerable adult's safety. Any update to the safety plan will be completed after services are implemented.

d. The investigator will continue to assess risk/threats to the vulnerable adult throughout the investigation to ensure safety of the vulnerable adult.

11-5. Types of Safety Assessment and Plans During a Protective Investigation.

a. A Safety Assessment and Plan with risk determination is completed on all investigations of abuse, neglect, and financial exploitation. A safety assessment plan will also be completed on all VAINS assessments for vulnerable adults in need of services. Safety assessment plan will not be completed for those investigations closed as Duplicate or No Jurisdiction.

b. There are two types of safety assessment and plans during an open investigation or VAINS assessment:

(1) Initial Safety Assessment and Plan – An initial safety assessment should be completed within six (6) calendar days of the face-to-face interview with the vulnerable adult.

(2) Updated Safety Assessment and Plan – The investigator will update the safety assessment plan any time during the investigation that the vulnerable adult's situation changes, and services need to be changed or added to the safety plan. This could include additional investigative allegations or subjects being added to a report; change in living arrangement or environment which changes the risk for the vulnerable adult; or if some other factor of the vulnerable adult's situation changes. Updated safety plans should be completed within the case management system within two (2) working days of determining a situational change in services is needed.

(3) Final Safety Assessment and Plan at closure – A final safety assessment and plan is only required in the case management system when the services have been implemented.

11-6. Follow Up Contact with the Vulnerable Adult at Report Closure.

a. A follow up contact with the vulnerable adult is required to assess their current threat level. This contact must be completed within 15 days of submission for closure. The initial face to face contact does not meet this requirement, even if it was within 15 days.

b. The essence of this requirement, if updating the safety assessment and plan, is so the investigator gathers the most accurate information from the person(s) with the best knowledge of the vulnerable adult and who have fundamental understanding of current issues and/or situations which place the vulnerable adult at risk of harm so that the threat level or risk can be accurately and effectively addressed at closure.

c. The investigator must determine the level of threat or risk for each vulnerable adult by:

(1) Contacting each vulnerable adult who has capacity to consent to or refuse services, in person or by phone regardless of the investigative findings; and

(2) Complete and update the safety factors if services were initially implemented to determine the degree of risk and implications to vulnerable adult safety based on this contact.

(3) The investigator may update the safety assessment and plan to determine risk without contacting the vulnerable adult when the investigator:

(a) Obtains current information regarding the safety of the vulnerable adult from professional sources who are knowledgeable of the current situation with the vulnerable adult, that

validates the vulnerable adult's risk level has stabilized or improved since the last face-to-face visit;
and,

(b) Obtains information from a primary caregiver that validates the vulnerable adult's risk level has stabilized or improved since the face-to-face visit.

(c) The investigator may obtain information from the following professional sources:

1. Adult Protective Services counselor with an open services case.
2. Staff person from a licensed facility (i.e., owner/operator, administrator, or his/her designee).
3. Case manager from another agency (i.e., y for Persons with Disabilities, Substance Abuse and Mental Health, and Community Care for the Elderly); or,
4. Medical professional who is currently involved in the assessment and/or the provision of care to the vulnerable adult., Hospice and Home Health Agencies).

e. Face to face contact with the vulnerable adult is required if:

(1) The investigator is unable to gather sufficient and/or current information from one of the above professional sources; or,

(2) The investigator is unable to gather sufficient and/or current information from a hone contact with the vulnerable adult, who has capacity to consent to or refuse services, or caregiver; or,

(3) The vulnerable adult's threat level has not stabilized or improved since the last face-to-face visit with the vulnerable adult and the vulnerable adult lacks the capacity to consent to or refuse services.

(4) The vulnerable adult's environment has changed during the investigation, such as a discharge from a licensed facility to a private home.

Florida Adult Protective Services Safety Assessment and Plan

Case Name: _____ Intake/Investigation ID: _____

Worker Name: _____ Effective Date: _____

Safety Plan Purpose: _____ (select from drop down box: **Initial Assessment Plan or Updated**)

Vulnerable Adult (VA) Name	Date of Birth	Age	Has CTC? Yes or No
_____	_____	_____	____
_____	_____	_____	____
_____	_____	_____	____

Caregiver(s)	Relationship to VA	Age	Live/Work with VA?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Services currently involved (formal and informal)

Safety Threat(s) Description Specific threats to Vulnerable Adult Safety – describe safety concerns that would pose present or impending harm or potential threats if not addressed.

Overall Implications for VA’s Safety (check one and provide justification)

High____ Intermediate____ Low____ None____

Safety Plan Actions to Keep VA Safe (check all that apply)

- No Actions Needed _____
- Actions Needed but Refused by VA who has CTC _____
- Actions Needed but Refused by VA who lacks CTC _____
- Actions Needed but Refused by Caregiver _____
- Voluntary Placement by VA or Caregiver _____

Legal Action by Department____ (If checked list below)

- Non-emergency Petition for Protective Supervision _____
- Emergency petition for Protective Supervision _____
- Guardianship Petition _____

Services Needed:

Referral to DOEA____ (Y or N) High risk____ Intermediate risk____ Low Risk_____

Referral to APD____ (Y or N) Emergency Crisis Packet? _____
Referral to CCDA ____ (Y or N) Referral to HCDA____ (Y or N) Referral for Placement ____ (Y or N)
Referral for Short term Case Management ____ (Y or N) Referral to Med Waiver ____ (Y or N)
Referral to ACCESS ____ (Y or N) Referral to Hope Florida ____ (Y or N)
Other____ (please list) _____

Case Closure

Safety Action(s) Completed at Investigation Closure _____ (Y or N)

Safety Implications for VA(s) at closure:

Chapter 12

CONDUCTING INTERVIEWS

12-1. Purpose. The purpose of this Chapter is to provide the investigator with information and procedures for conducting an interview with the alleged vulnerable adult, alleged perpetrator (AP), and collateral sources of a report of abuse, neglect, financial exploitation, or vulnerable adult in need of services (VAINS). The term, "AP," will be used to identify the person directly responsible for abuse, neglect, or financial exploitation.

12-2. Who To Interview.

a. Interviews that are necessary to the situation include the following individuals:

- (1) Vulnerable adult;
- (2) Alleged Perpetrator (AP);
- (3) Reporter;
- (4) Any witnesses;
- (5) Collateral contacts;
- (6) Immediate family members;
- (7) Caregiver and/or Guardian; and,

(8) Other Sources (law enforcement personnel, medical personnel, service providers, neighbors, other relatives, and any other significant persons.

b. Procedures for interviewing the vulnerable adult, the AP and collateral sources are found in this chapter.

12-3. Notification to Subjects of Report.

a. During the initial face-to-face visit or initial interview regarding the allegations with the vulnerable adult, the AP, or Caregiver/Guardian of the vulnerable adult, the investigator must provide and discuss the "Notification to Subjects" pamphlet (CF/PI 140-40), which provides following information:

- (1) The names of the investigator (and show identifying credentials from the department);
- (2) The purpose of the investigation or VAINS assessment;
- (3) That the vulnerable adult, the vulnerable adult's guardian, the vulnerable adult's caregiver, and the AP, as well as legal counsel for any of these persons, have the right to a copy of the report at the conclusion of the investigation or VAINS case;
- (4) The name and telephone number of the investigator's supervisor available to answer questions; and,
- (5) That each person has the right to obtain his or her own attorney at their own expense.

b. The investigator must attempt to obtain the vulnerable adult or the caregiver/guardian for the vulnerable adult and AP's signatures with the date of receipt of the Notification to Subjects pamphlet from each individual. The investigator must save the signed portion of the pamphlet in the electronic case

record.

c. Receipt or non-receipt of the pamphlet by a subject of the investigation or VAINS case must be recorded in the notification section of the electronic case record as proof the subjects of the report, including the caregiver, were notified.

(1) In instances when law enforcement requests the API not contact the AP due to an active law enforcement investigation relating to the current allegations of abuse, neglect, or financial exploitation of the vulnerable adult, the API will notify the respective law enforcement personnel with the Notification to Subjects on behalf of the AP and document said action in the electronic case file.

12-4. On-Site Face to Face and Initial Interview with the Vulnerable Adult.

a. Complete the following during the on-site, face-to-face, and initial interview with the vulnerable adult:

(1) Verify the vulnerable adult is eligible as a vulnerable adult as defined in section 415.102, F.S.

(2) Assess whether the vulnerable adult has the capacity to consent to or refuse services.

(3) Determine whether the vulnerable adult, needs emergency or immediate services (see Chapter 11 of this operating procedure).

(4) Verify, or if not already provided, collect demographic information on the vulnerable adult, and AP(s) if present.

(5) Discuss all allegations or concerns in the report narrative with the vulnerable adult.

(6) Determine what the vulnerable adult wishes to do about the circumstances and offer alternatives, as appropriate.

b. Initial visits with the vulnerable adult should be unannounced, if possible.

c. In certain cases when an interview must be scheduled, the time between the call to set the interview and the interview itself must be short enough to preclude evidence from being concealed. Prearranged interviews should be rare.

d. The investigator must assess the safety and evaluate the level of risk to the vulnerable adult (detailed in Chapter 11) and based on the safety assessment, decide whether to:

(1) Leave the vulnerable adult in the home;

(2) Remove the vulnerable adult (with or without consent); or,

(3) Refer/arrange in-home services with consent.

e. The investigator assigned to the report has the primary responsibility of conducting the investigation or VAINS assessment. During the investigation or VAINS assessment, the investigator may provide emergency and/or immediate services when necessary and will arrange for ongoing services if required. The investigator has responsibility for the investigation or VAINS assessment until the final disposition of the report.

12-5. Alleged Perpetrator (AP).

a. The term, "AP," will be used to identify the person directly responsible for abuse, neglect, or

financial exploitation. Before interviewing any person identified as an AP during the investigative process, the investigator must:

- (1) Verify the AP is NOT a vulnerable adult as defined in section 415.102, F.S.
- (2) For abuse maltreatments, the AP must be a household member, family member or caregiver.
- (3) For financial exploitation maltreatments, the AP must be in a position of trust and confidence or knew or should have known that the vulnerable adult lacked capacity to consent to or refuse services.
- (4) For neglect maltreatments, the AP must be a caregiver as defined in Chapter 415, F.S., including primary care physicians who have a history with the vulnerable adult, including yearly visits, prescribing medication, or treatments, etc.
- (5) Interviews with AP(s) who are minors (under the age of 18), must be conducted with the permission of the minor's parents/guardian(s).
 - b. An individual who has been providing meals or other services out of a gesture of friendship and neighborly concern for the vulnerable adult is acting as a "Good Samaritan" and usually not considered a caregiver.
 - c. Persons who provide infrequent and irregular services such as taxi drivers, bus drivers, emergency medical technicians, paramedics and emergency room personnel do not provide "frequent and regular care" and therefore do not meet the definition of caregiver as specified in Chapter 415, F.S.
 - d. Law enforcement officers or employees in a Department of Corrections facility working in an official capacity are not considered caregivers and are not alleged perpetrators.

12-6. Locate the AP.

- a. Some reports that the investigator receives will name the AP, others will not. In the reports in which the reporter is unable to identify or name the AP, the Hotline will list the AP as "Unknown."
- b. In each investigation of an abuse, neglect, or financial exploitation report, regardless of whether the AP is named or "unknown," the investigator must make every effort to identify, locate and complete a face-to-face interview with the AP directly responsible for the allegations during the investigation.
- c. In some instances, the investigator may not be able to immediately identify or locate the AP. When this occurs, the investigator must record document in the notes section of the electronic case management system that he or she they are unable to locate the AP. They will continue to make a diligent and "good faith" effort to identify and contact the AP. This diligent effort includes:
 - (1) Actively continue to identify and locate the AP by making weekly efforts at various times during the day, including weekends; and,
 - (2) Report to the investigator supervisor all cases in which the investigator is unable to identify, locate and/or contact the AP. This should be done as quickly as possible prior to the submission of the initial safety assessment & plan in the electronic case management system to the investigator supervisor for review. The supervisor will assist in developing strategies to ensure the identity is determined and/or contact with the AP is made. The investigator must document in the electronic case management system all efforts and activities to identify and/or locate the AP.
- d. Reasons that the AP is not identified (unknown):
 - (1) The reporter does not know the identity of the AP; or,

(2) The reporter does not admit to knowing the identity of the AP.

e. There are various reasons why an AP cannot be located on the first attempt. Often, an AP cannot be located because:

(1) The address, directions, or information provided in the report is insufficient to enable the investigator to locate the home.

(2) The AP has moved from the area; or,

(3) The AP has no known address.

f. Suggested methods for locating the AP are outlined in the following chart.

Suggested Methods for Locating the AP

Circumstances	Method	Documentation
AP has moved from address given in report.	Contact any known relative or persons who reside near the last reported address. Contact post office for change of address.	Record name, date, address, telephone number, response.
Only a vehicle tag number is known to the investigator. The last address given is not valid.	Utilize available computer systems (JIS) and complete a search based on the vehicle tag number. Also, contact local law enforcement agencies	Record all data found in the search.
Investigator is told the AP has had "trouble with the law."	Give law enforcement whatever information is available (e.g., name, address, description, Social Security number, aliases, etc.). Ask for a record of criminal convictions and record of probation/parole.	Record all data given. Record names of all officers contacted.
AP not at any given address.	Contact utility companies. Service may have been set up at another residence.	Record date of contact, name of official, and all information given.
No valid address and whereabouts unknown. Forwarding address is unknown.	Contact the reporter who made the original complaint.	Record time and date. Note any information not in original report.
Reporter in a facility setting knows abuse, neglect, or financial exploitation may have occurred but does not know who is responsible.	Contact the reporter who made the report. Determine from nursing charts when incident occurred. Research staff members on duty at time the incident occurred and gather evidence to identify AP.	Record dates and times of contacts, names of individuals. Note any information not in report.

g. Once an AP is identified by the investigator at any time during the investigation, that information should be entered into the electronic case management system within 2 working days, regardless of the findings. The API must request demographic information at the initial interview with the AP, if they refuse to provide this information, the API must document this refusal in the electronic case management system.

h. The API must request a criminal history check from the Criminal Intelligence Unit of the Hotline within 3 days of identifying and obtaining AP demographic information.

12-7. Unable to Locate AP After Diligent Search.

a. In most investigations, the investigator can identify, locate and interview the AP on the first attempt to contact or at least, after a diligent search has been done. However, there will be situations in which the investigator is unable to identify or locate the AP, even after a diligent search. When the investigator exhausts all avenues to identify or locate the AP, they must request from their supervisor approval to discontinue the diligent search. After review of the diligent attempts, the supervisor will note their approval to discontinue the diligent efforts to locate the AP in the electronic case management system.

b. Discontinuation of the diligent search by the investigator to identify, locate and interview the AP requires approval from two separate management levels (2nd Party review) for reports that are being closed with substantiated findings as discussed in the following:

(1) The unit supervisor must review all documentation by the investigator of attempts he made to locate the AP. If the supervisor does not agree that the diligent search has been thorough and should continue, the investigator must continue the diligent search. The supervisor must document in the Supervisory Review section of the electronic case management system that he or she is not in agreement with the discontinuation of the diligent search. If the supervisor agrees with the discontinuation of the search, the supervisor must document his approval in the Supervisory Review section of the electronic case system. The supervisor must then forward the report to the next level of management for second party review.

(2) The unit supervisor must review the request to discontinue the diligent search with expediency to avoid a possible delay in the continuing investigation.

c. If the investigator interviews the AP over the telephone, but does not conduct a face-to-face interview, the investigator must offer the AP an opportunity for a face-to-face interview. If the AP refuses to make face to face contact with the investigator, the refusal must be documented in the electronic case record and the notification to subject's pamphlet explained and mailed to the AP.

d. When approval to discontinue the diligent search to locate the AP is given, the investigator may cease the diligent search for the AP.

e. In those instances when the AP is not interviewed, the investigator must document in the notes section of the electronic case management system:

(1) All diligent efforts to locate and interview the AP; and,

(2) The reasons and justifications for not interviewing the AP.

12-8. Interview with the Alleged Perpetrator.

a. For investigations other than institutional, the investigator must be mindful that the workplace of the AP is not an appropriate place to conduct an interview.

b. Always assume a non-accusatory manner during this interview. Emphasize that the report has not been accepted as true and that determining its validity is the purpose of the fact-finding investigation process.

c. . Never identify the reporter or source of the report. Allow the AP to respond to the allegations. It is not unusual for the AP to be angry, hostile, or simply deny the allegations. If the allegations are denied the investigator must obtain additional information to:

(1) Substantiate the AP's account of the incident; and,

(2) Resolve any conflicts between the allegations in the report, any of the vulnerable adult's or collateral sources statements and the AP's denial.

- d. Upon terminating the initial interview, inform the AP of the investigative process.
- e. The investigator may make the following points clear to the AP before the close of the initial interview:

(1) The department has a responsibility to secure information from other persons and/or facilities to complete a thorough investigation.

(2) The department has the authority to intervene when necessary, including the following activities:

(a) Securing protective placement for the vulnerable adult;

(b) Initiating court petitions; and,

(c) Providing services.

(3) The department will conduct the investigation confidentially except when it becomes necessary to inform and/or collaborate with the State Attorney, court, law enforcement, Long- Term Care Ombudsman Program (LTCOP), the Agency for Health Care Admiration (AHCA), Agency for Persons with Disabilities (APD), and others in the department involved in the investigation.

(4) Information concerning the report is to be entered into the department's electronic case management system. Always assure the AP the investigation is being conducted with fairness and objectivity. Inform them additional interviews may be necessary, and they are free to contact the investigator at any time during the investigation.

12-9. Situations That Prohibit an Interview with the AP.

a. In situations when an AP has been arrested on criminal charges made because of the second party abuse, neglect, or financial exploitation report or is in the custody of law enforcement, a face-to- face contact and interview must not be attempted until the investigator determines from law enforcement whether Miranda warnings have been provided and whether the AP has invoked their legal constitutional rights against self-incrimination.

b. If the investigator determines that the AP has elected to invoke their constitutional rights, the investigator will **not** initiate investigative questioning or interview with the AP.

c. When an AP has invoked their constitutional rights, the investigator may talk with the individual only:

(1) The consent of law enforcement

(2) In the presence of the attorney for the AP.

(3) To inform the AP of:

(a) The investigator's identity of the Adult Protective Investigator with the Department.

(b) The investigator's role and duties in the investigation; and,

(c) Answers to questions regarding those duties and what the AP can expect from the Department's investigation.

d. In any investigation where law enforcement requests the AP not be interviewed, the investigator must honor this request. In these situations, the investigator will only interview the AP after permission is

granted by law enforcement.

(1) In instances when permission to interview the AP is not or will not be granted by law enforcement within the allotted 60 days, the API will document that permission from law enforcement was not granted in the electronic case management file and proceed with the investigation closure based upon evidence collected.

12-10. Interview with AP when Report Allegations have Substantiated Findings.

a. All Abuse, Neglect, or Financial Exploitation Reports that have “Substantiated” findings to the allegations must include a face-to-face contact with the AP directly responsible except when:

(1) The AP has obtained legal counsel who has advised the individual not to make any statement to the investigator;

(2) An enforcement agency has requested that the investigator not interview the A.P to protect the criminal investigation;

(3) The AP has made themselves unavailable or has disappeared;

(4) The AP has refused to be interviewed by the investigator; or,

(5) The AP remains “Unknown.”

b. If one or more of the above conditions applies, the investigator may assign “Substantiated findings for allegations in an Abuse, Neglect, or Exploitation Report without a face-to-face interview with the AP when:

(1) The investigator has a preponderance of evidence that supports the allegations that abuse, neglect, or financial exploitation did occur;

(2) The evidence is sufficient to prove the findings;

(3) The investigator has a preponderance of evidence to identify the AP who was directly responsible for the abuse, neglect, and/or financial exploitation of the vulnerable adult; or,

(4) For institutional investigations, the alleged perpetrator is unknown as the investigation reveals systemic issues are responsible for abuse or neglect of the vulnerable adult residents, and there is no one directly responsible.

c. The unit supervisor and the designated second party reviewer must review and approve “Substantiated” findings without an interview with the AP. The approval of the supervisor and the second party reviewer must be documented in the electronic case management system.

12-11. Presence of Others in Interviews.

a. At the beginning of the initial interview with the vulnerable adult or the AP the investigator must inform the vulnerable adult and AP of their right to have another person present during the interview.

b. In a second party investigation, every effort should be made to interview the vulnerable adult without the presence of the AP. The AP is to be present only at the vulnerable adult’s request. It is never to be done based upon the AP’s insistence.

(1) The AP may also choose to have another person present during the interview. The other person present may not be an AP in any report currently under investigation.

c. In a second party investigation, if the vulnerable adult or AP chooses to have another person

present during the interview (other than the AP or an AP in any report currently under investigation), the investigator must explain confidentiality requirements to the person and ask them to sign an Affidavit of Understanding (form CF AA-1098, available in DCF Forms) that they understand the responsibility to maintain confidentiality and the penalty for violation. If the person refuses to sign the affidavit, the investigator will document their refusal on the affidavit. The investigator will provide a copy of the affidavit to the person and may continue the interview. The investigator must upload Affidavit of Understanding into the electronic case management system and document in the electronic case note the affidavit was signed or not with that individual.

d. In a VAINS case, if the vulnerable adult chooses to have another person present during the interview, the investigator must explain confidentiality requirements to the person and ask them to sign an Affidavit of Understanding (form CF AA-1098, available in DCF Forms) that they understand the responsibility to maintain confidentiality and the penalty for violation. If the person refuses to sign the affidavit, the investigator will document their refusal on the affidavit. The investigator will provide a copy of the affidavit to the person and may continue the interview. The investigator must upload Affidavit into the electronic case management system and document in the electronic case note the Affidavit was signed or not with that individual.

e. Failure to sign the affidavit does not mean that the investigator must terminate the interview. If the individual refuses to sign the affidavit and does not maintain confidentiality as mandated by Florida Statutes, that person is subject to legal ramifications the same as an individual who signs the affidavit and does not maintain confidentiality.

f. Proceed with other aspects of the investigation or VAINS case when a vulnerable adult or AP refuses to be interviewed until an attorney or another person can be present. While awaiting a scheduled interview with the vulnerable adult or AP, the investigator may interview other individuals, collateral contacts, or complete other investigative or case tasks.

12-12. Who To Interview – Contacts.

a. Interviews with individuals that are necessary to the investigation or VAINS assessment other than the vulnerable adult or the alleged perpetrator (AP), include following individuals:

- (1) Reporter;
- (2) Any witnesses;
- (3) Other collateral sources;
- (4) Immediate family members;
- (5) Caregiver;
- (6) Legal Guardian; and,
- (7) Power of Attorney.

a. “Collateral Contacts” means face-to-face, telephonic, virtual or written communication with those persons who provide relevant information for an adult protective investigation or VAINS assessment, but who are not subjects of the report.

b. A collateral contact is any person other than the vulnerable adult or AP with whom the investigator contacts to obtain information and evidence to reach a decision about the allegations or develop an appropriate safety plan for VAINS cases. collateral contacts are also important methods for obtaining more information about the vulnerable adult, background, or present living arrangements to assist the investigator in assessing service needs and risk levels.

c. A relevant collateral source is a person who has had contact with the vulnerable adult, AP, or family, and has direct knowledge or information regarding the vulnerable adults, or AP's situation regarding the specific allegation(s), service needs or safety concerns. A relevant collateral contact may also have pertinent information about the vulnerable adult and/or AP even though they do not have direct knowledge of the alleged incident. The investigator must contact all identified relevant contacts to complete a thorough investigation or in VAINS assessments.

d. Substantiated reports in which judicial action is needed. Examples of the relevant collateral sources include, but are not limited to:

(1) Medical personnel for maltreatments or VAINS that require a medical opinion. All allegations should be addressed with the medical professional;

(2) Law enforcement when appropriate;

(3) Individuals identified by subjects during interviews by the investigator;

(4) Any persons identified by the Adult Protective Investigator Supervisor or a second party reviewer as a relevant source or contact; and,

(5) API, HSC, RNS, Legal who conducted prior, have open, or companion investigations or were involved in providing services.

e. If a vulnerable adult named in an open investigation dies, the API must always verify the cause of death, prior to closure, to determine whether the death was related to abuse or neglect. The API can obtain either a copy of the death certificate, speak with a physician or medical examiner or obtain a copy of the hospital/hospice/facility discharge summary.

f. The investigator is cautioned about the information that may be shared with collateral contacts and sources. **Remember the contents of the report and the identity of the reporter are confidential.** The investigator must use interview skills that will elicit any knowledge about the vulnerable adult and the situation from these individuals, without revealing confidential information about the report or reporter. The investigator should advise collateral contacts and sources Florida Statutes do not allow for the provision of updates or findings due to confidentiality of reports and use discretion in discussing the allegations to ensure privacy and confidentiality are not violated.

f. The investigator should interview collateral contacts and sources alone, if possible, to avoid confusion about information gathered. If more than one person is present during an interview, the investigator needs to carefully record which person provided what information.

12-13. Interview with the Reporter and Sources Identified by the Reporter.

a. If a reporter identifies themselves to the Florida Abuse Hotline when making an abuse, neglect, financial exploitation, or vulnerable adult in need of services (VAINS) report the investigator must attempt to contact that person. A reporter may identify other persons who are familiar with the vulnerable adult and those persons must be contacted, unless waived as not relevant by the API Supervisor or designated higher authority.

b. The investigator must always guard and protect the identity of the reporter. Care must be given when documenting the interview to protecting protect the reporter's identity. The investigator must word their recording of the interview in such a way that will prevent a person reviewing the documentation from identifying the reporter or from drawing a conclusion of the reporter's identity.

12-14. Interview with Witnesses. In most situations, there may be no third parties (i.e., witnesses) to an incident of abuse, neglect, financial exploitation, or vulnerable adult in need of services (VAINS). However, if the investigator determines someone has seen or heard (i.e., has first-hand knowledge of) the

incident reported, then the investigator must attempt to interview that person. The investigator must document all efforts to attempt to contact and interview said witnesses in the electronic case record. The API Supervisor or designated higher authority must release the investigator from further attempts if the investigation is unsuccessful in contacting the witness.

12-15. Household Members.

a. Interviews with household members are important but can be difficult. The investigator's approach to interview family members should be guided by:

(1) Whether the family members live in the household of the vulnerable adult; and,

(2) Whether they are believed to be a party to the abuse, neglect, or financial exploitation. If they are believed to be a party of the abuse, neglect, or financial exploitation, then their demographics must be collected, and they need to be given and explained the Notification to Subjects pamphlet and added to the report with the appropriate designation (i.e., AP).

b. Interviews with household members who are minors, must be conducted with the permission of the minor's parents/guardian(s).

12-16. Caregiver/Guardian. In some cases, there may be a caregiver or guardian who is separate from the family members, witnesses, or even the AP. In other cases, the caregiver or guardian may be a family member and/or the AP. Whatever the circumstances, the investigator must interview the caregiver and guardian.

12-17. Document Collateral Contacts.

a. The investigator must document the details of each contact with a collateral source in the notes section of the electronic case management system.

b. The investigator should document the following in the notes section of the electronic case record:

(1) Full name, address, telephone number and relationship to the vulnerable adult of the interviewee;

(2) Each attempted face-to-face contact and each completed face-to-face contact;

(3) Date and time of day of the interview and/or attempted contact;

(4) Manner in which contact or attempt to contact was made (i.e., telephone call, face-to-face contact, mail contacts, etc.);

(5) Location and address or phone number where the interview occurred;

(6) Details of information obtained, including descriptions of incident and observations of the interviewee;

(7) Detailed responses to specific questions; and,

(8) The identifying information of any other person present in the interview.

c. The investigator must discuss with the API Supervisor sources that may not be relevant to the investigation and request they be waived. The investigator must document the discussion and the supervisor's concurrence or non-concurrence with waiving these listed sources in the electronic case management system.

d. If the investigator is unable to contact, after reasonable attempts, a collateral contact they must

request the contact be waived by the API Supervisor. The investigator must document the attempts and request to waive contact in the electronic case management system. The API Supervisor will document their concurrence or non-concurrence with waiving the contact in the electronic case record.

e. If the API Supervisor or higher designated authority does not concur with waiving the contact, the supervisor must document in the electronic case management system their reason for disagreeing and provide additional direction for the investigator to complete the collateral source or contact.

12-18. Observation Techniques.

a. Good and thorough observations are important to the investigator as they investigate allegations and need for services. When the investigator interviews and observes, they are gathering information about:

- (1) Indicators of maltreatment;
- (2) Evidence bearing on the truth of the allegations; and,
- (3) Safety factors impacting the immediate and future risk and safety of the vulnerable adult.

b. Observations should contribute to the identification of credible evidence for determining the findings for maltreatment.

c. The investigator will make observations about:

(1) Medical, physical, and behavioral indicators of abuse, neglect, financial exploitation, or vulnerable adult in need of services (VAINS)

(2) Evidence of injury, harm, or threatened harm to the abuse, neglect, or financial exploitation

(1) Environmental factors as determinants of harm and potential harm

(2) Intentions of family and/or household members; and,

(3) Behavioral and nonverbal messages the vulnerable adult might display.

d. The investigator should never observe the genitalia of a vulnerable adult without appropriate medical professionals present. The investigator must always have a witness present when observing injuries that are not on an exposed body part.

e. Consent of the vulnerable adult who has the capacity to consent, the vulnerable adult's guardian or caregiver who is not the AP in the report, is needed for the investigator to observe injuries that are not visible on an exposed body part. Verbal consent is adequate and needs to be recorded in notes in the electronic case record.

12-19. Documentation.

a. Documentation of all statements, observations, notifications, and hard copy evidence must be stored in the electronic case record. Any activity on an APS investigation or VAINS case shall be documented in the electronic case record as soon as possible and no later than two (2) working days of the investigative activity or VAINS assessment activity.

b. The investigation must reflect substantive case activity and be entered into the electronic case record on a consistent basis every 10 days. The case activity reflects the investigation or VAINS assessment moving towards resolution/conclusion and/or any updates regarding the status of a vulnerable adult's condition or safety.

c. Photographs may be necessary during an investigation or special condition case. The protective investigator must inform the vulnerable adult, guardian, persons in the home with the vulnerable adult or administrator of a facility that photos are being taken. The protective investigator must obtain the consent of the vulnerable adult (or caregiver/legal guardian if the vulnerable adult lacks capacity to give or refuse consent) to take pictures of either the vulnerable adult or their environment. Each photograph must be uploaded into the electronic case record.

d. If the investigator is not able to take photographs of physical injuries, the investigator must complete a body chart to document the physical injury.

Chapter 13

PROTECTIVE INVESTIGATION IN FACILITY SETTINGS

13-1. Purpose. The purpose of this chapter is to provide information and procedures for conducting investigations in facility settings. Facility Settings refers to vulnerable adult(s) residing, committed to or placed in long-term residential care facilities, adult living facilities, Adult Family Group Homes, Group Home facilities licensed by Agency for Persons with Disabilities and facilities designed to restore individuals with intellectual disability deemed mentally incapacitated to proceed.

13-2. Definition of Facility Settings for Purposes of this Chapter.

a. Section 415.102(8), F.S., defines “facility” as any location providing day or residential care or treatment for vulnerable adults. The term “facility” may include, but is not limited to, any hospital, assisted living facility, adult family-care home, adult day care center, residential facility licensed under Chapter 393, F.S., adult day training center, or mental health treatment center. Facilities such as skilled nursing facilities, state hospitals, or Baker Act receiving units are investigated by the Registered Nurse Specialist Investigation unit detailed in Chapter 21 of this operating procedure.

b. Other types of investigations can be coded as institutional, such as, but not limited to, vulnerable adults residing in their own homes and receiving professional, licensed services such as nursing care, supervision, support services, etc. This type of institution report is not covered in this chapter.

13-3. Preparation for the Facility Investigation.

a. Preparation for the facility investigation involving vulnerable adult(s) in residential facilities is similar to the approach used in all investigations. A key safety element prior to beginning these investigations is to review prior histories and known patterns of patient behavior encountered in past investigations. The API must review all prior reports on named facilities closed within one-year of screen-in decision date of the current investigation prior to the initial on-site attempt to see the vulnerable adult.

b. The vulnerable adult(s) right to privacy should always be a consideration; however, professional judgment should be used when interviewing known violent patients regarding where to conduct the interview and number of facility staff to have on standby or present during the interview.

c. The API has the authority to request assistance from the RNS for a medical opinion, regardless of the initial investigative findings or the perceived necessity of a medical opinion based on the nature of the maltreatment. This decision is made at the discretion of the API, their supervisor, or the program administrator.

d. The RNS will support the API in fieldwork as often as necessary and participate in interviews for investigations in VAINS assessments when requested to ensure the best outcomes and provide a medical opinion. The API remains in charge of the investigation, with the RNS offering feedback and guidance.

13-4. Commencement of Investigations in Facility Settings. Commencement is defined as activities conducted that begin an investigation but are prior to making an on-site face-to-face visit with the vulnerable adult(s).

a. Review and documentation of prior department or criminal history for named vulnerable adult(s), alleged perpetrators, and facility.

b. Reporter contact should be attempted or made prior to making an on-site visit to see the vulnerable adult(s) as in all investigations. Commencement only occurs when contact has been made and there is an exchange of information.

c. When entering the premises of a facility, the investigator should inform the administrator or operator of the facility (or designee) prior to speaking to the vulnerable adult(s). This notification is the "entrance interview." In some instances, it may be appropriate to see the vulnerable adult(s) or collect records prior to conducting the entrance interview. If the facility (staff) is also the caregiver and/or AP, the administrator or operator of the facility (or designee) should be provided Notification of Subjects. The entrance interview is a courtesy to the facility, a means to gain additional information, and a means of enlisting the cooperation of facility staff with the investigation and must be documented in the current electronic case record.

d. Prior to interviewing vulnerable adult(s) in facility settings such as state hospitals or mental health facilities, it is critical to know as much as possible about the person's behaviors to determine the safety of both vulnerable adult(s) and investigator during the interview process. Otherwise, interviewing the vulnerable adult(s) in a facility setting is the same as any other setting and requires notification of rights, the HIPAA information, assessing capacity to consent to or refuse services, and the interview regarding the allegations.

e. Interviews of the alleged perpetrators and collaterals are the same in facility settings as in any other investigation.

f. Interviews with collaterals in facility settings include, but are not limited to, other residents/patients, roommates of the vulnerable adult, other staff, family members, medical staff, guardians if applicable, psychologists, shift supervisors, hospital victim's advocate or risk management, security if on state hospital grounds, service team members, the qualified mental health professional, and any other person with information about the allegations in the investigation.

13-5. Facility Reports Naming "All Residents" as Alleged Victims. When a report lists "all residents" or "other residents" of a facility as vulnerable adult(s) and the allegations are the same for residents, the investigator will interview a sample of total number of residents based on the following methodology:

- a. All residents in a facility with five (5) or less beds;
- b. A minimum of three (3) residents in a facility with 6 to 50 beds;
- c. A minimum of five (5) residents in a facility with 51 to 75 beds; and,
- d. A minimum of six (6) residents in a facility with 76 or more beds.

13-6. Gathering Evidence in Facility Settings. Investigations in facility settings have an advantage over other types of investigations. These settings can provide a wealth of information, both medical and personal, on individuals in placement and can often offer insight into the allegations. Vulnerable adult(s) information in facility settings include, but is not limited to, the following evidence:

a. Photographs. Each photograph must be uploaded into the electronic case record. In addition, a note to the file should be entered in the electronic case record that indicates the subject of the photo, photographer, date taken, and a brief description of the photograph.

- b. Copies of medical records including physician's orders and the vulnerable adult's diagnosis.
- c. Copies of daily client logs.
- d. Copies of court orders if involuntarily committed to specific facility.
- e. Guardian/guardianship papers.
- f. Copy of mental health assessment or capacity determination established by the facility.
- g. Financial records kept on behalf of the individual.

- h. Security reports/Incident reports generated by the facility.
- i. Vulnerable adult's care/service plan if applicable to investigation.
- j. Any other documented evidence generated by the facility that helps establish findings.

13-7. Determining Capacity of Vulnerable Adult(s) in Facility Settings to Consent to or Refuse Services.

a. For residents of state hospitals, mental health facilities, or development disability defendant program facilities for defendants with an intellectual disability, capacity may be already determined via a court order indicating the vulnerable adult(s) is incapacitated. These individuals cannot make requests or decisions about services offered. Residents of these type settings have been involuntarily committed by a judge in a court proceeding.

b. Investigators must determine capacity to consent or refuse to services for residents that have not been determined to be incapacitated by either court order or by physician's statement.

13-8. Documentation. The adult protective investigator will use the following guidelines for completion of required documentation in the electronic case record:

a. If there is no evidence for any allegations in the report and therefore no vulnerable adult(s) named; the investigation may be closed without identifying a vulnerable adult by name. Residents interviewed will be considered collateral contacts and documented in the notes section.

b. If there is no evidence for any allegations in a report with unknown alleged perpetrator(s) (AP), therefore no AP named, the investigation may be closed without identifying an AP by name.

c. If there is any evidence supporting any the allegations, vulnerable adult(s) will be identified from the resident interviews conducted using the sample methodology in paragraph 13-5 of this operating procedure. Based on the supporting evidence, the investigative report in the electronic case record must meet all required documentation for all case closures.

d. The API has the authority to request assistance from the RNS for a medical opinion, regardless of the initial investigative findings or the perceived necessity of a medical opinion based on the nature of the maltreatment. This decision is made at the discretion of the API, their supervisor, or the program administration.

13-9. Conclusion of Investigations for Vulnerable Adult(s) in Facility Settings.

a. Follow-up visits/contact with vulnerable adult(s) prior to closing an investigation in facility settings are the same as those set forth in all investigations.

b. Facility reports with substantiated findings of abuse, neglect, or financial exploitation that occurred due to systemic issues within the facility will have an "unknown" AP, as there was no staff identified as being directly responsible. Systemic issues identified during a facility investigation must be reported to the agency who has licensing authority over the facility.

c. Facility reports require an exit interview with the administrator/designee to share the findings and any recommendations of the investigation. This exit interview will be completed using the Notice of Conclusion (form CF AA 1042, available in DCF Forms) and is to be provided to the facility/institutional administrator. If the vulnerable adult(s) still resides in the facility, the API may use this exit interview as notification to the primary caregiver of investigation closure. This notification will not substitute for the required closure notification to a vulnerable adult(s) who has capacity to consent to services. This may be completed in person, by email, or U.S. Postal Service mail and must be documented in the electronic case record. A copy of the Notice of Conclusion form must also be stored in the electronic case record.

Chapter 14

VULNERABLE ADULT IN NEED OF SERVICES (VAINS)

14-1. Purpose. This chapter provides guidelines for assessment, documentation, and assignment of Vulnerable Adult in Need of Services (VAINS) referrals at the Hotline. A VAINS referral is accepted when a vulnerable adult needs services from the Department or community providers due to the ill effect of self-neglect and there are no allegations of abuse, neglect, or financial exploitation by a second party. VAINS reports includes Caregiver Unavailable situations and Self-Neglect (other).

14-2. Information Collection for VAINS Intakes.

a. The Florida Abuse Hotline counselor will utilize Intake Protocol to assess the reporter's concerns and determine if the information meets statutory criteria for abuse, neglect, or financial exploitation.

b. If the concerns do not meet criteria for abuse, neglect, or financial exploitation, the Hotline counselor must collect sufficient information to determine if a VAINS intake is appropriate.

c. The screening decision will be based on the Adult Maltreatment Index section definitions for VAINS (CFOP 140-2, Appendix E).

d. The Hotline counselor must attempt to gather the home address, means to locate, and full demographic information for each Vulnerable Adult prior to closing the call.

e. A VAINS intake can only be generated when the vulnerable adult resides in the community in a private setting. If the vulnerable adult resides in a licensed facility, a VAINS intake referral cannot be created.

f. Additionally, the Hotline counselor must attempt to gather the following information:

(1) The reporter's name, occupation, relationship to the vulnerable adult, contact information, and how they became aware of the situation they are reporting.

(2) Any risks or dangers the Adult Protective Investigator (API) may encounter when contacting the participants.

(3) The name and contact information of any source(s) whom the investigator may contact for more information.

(4) The current and 24-hour location for the vulnerable adult.

(5) Whether the vulnerable adult in the referral has a disability, hearing impairment, or limited English proficiency. If a participant has a disability, hearing impairment, or limited English proficiency, the counselor must ask what device(s) or interpreters, if any, are needed for the participant to communicate.

(6) The names and contact information for any family members of the vulnerable adult.

14-3. Response Time for VAINS Intakes.

The response time assigned for all VAINS intakes will be an Immediate or 24-hour response as defined in Chapter 4 of the operating procedure.

14-4. Documentation of VAINS Intakes.

a. The Hotline counselor must thoroughly search for each participant in the electronic case system and check for any open intakes prior to generating a new VAINS intake or creating new persons.

b. There are two types of VAINS intakes/referrals:

(1) Self-Neglect (other).

(2) Caregiver Unavailable. Participants in the intake will include the vulnerable adult and the unavailable caregiver(s). The intake name will be the vulnerable adult.

14-5. APS Response to VAINS Referrals.

This section provides requirements for the adult protective investigator's response to VAINS intakes.

a. Definition. Vulnerable Adult in Need of Services (VAINS) Referrals are concerns brought to the attention of the Department and require a response by the Department. These concerns **do not** include allegations of maltreatment and do not meet the acceptance criteria for an investigative report of abuse, neglect, or financial exploitation.

b. Types of VAINS Reports. There are two types of VAINS Intakes:

(1) Vulnerable Adult in Need of Services occurs when a vulnerable adult is suffering the ill effects of self-neglect and needs protective services or other services to prevent further harm.

(2) Caregiver Unavailable occurs when a vulnerable adult's caregiver becomes unable or unavailable to provide care to the vulnerable adult. This is usually due to sudden hospitalization, incarceration, or death.

c. VAINS Intakes are assigned to API. The API will commence the intake based on the response time assigned by the Florida Abuse Hotline.

d. If an API conducting the assessment of a VAINS Intake discovers information that constitutes reasonable cause to suspect that a Vulnerable Adult has been abused, neglected, or financially exploited, the appropriate second party abuse, neglect or financial exploitation maltreatments can be added to a VAINS report, thereby warranting an adult protective investigation.

e. The API will assess the vulnerable adult's capacity to consent to or refuse services and assess the threat/risk level using the APS Safety Assessment and Plan.

f. If the vulnerable adult lacks capacity to consent to or refuse services and needs services, the API will proceed with the appropriate judicial action (emergency or non-emergency protective supervision and/or removal) to reduce the threat of harm to the vulnerable adult.

g. If the vulnerable adult has capacity to consent to or refuse services, the investigator may complete referrals of services as agreed upon by the vulnerable adult. Once the services referrals are completed, the VAINS referral can be closed.

h. If the vulnerable adult has capacity to consent to or refuse services, and refuses all services, the API will document the refusal of services by having the vulnerable adult sign a refusal of services on the Provision of Voluntary Services form (CF AA-1112) and on the safety assessment plan and close the VAINS referral out.

i. VAINS Referrals should be completed within forty – five (45) days, unless there is a specific action outstanding which should be documented in the notes.

14-6. Closure. This section provides requirements for closure of Vulnerable Adult in Need of Services (VAINS) Referrals.

a. Upon completion of the VAINS referral, the case will be closed with one of the following findings:

(1) Not Substantiated is used when there is no evidence that the vulnerable adult was not in need of services.

(2) Substantiated is used when the vulnerable adult was found to need services due to the ill effects of self-neglect, or the caregiver was unavailable.

b. The Findings summary will have the following standardized language:

(1) **When the vulnerable adult has or lacks capacity, and no further action is needed.**

“Closing this Vulnerable Adult in Need of Services report. Findings are Not Substantiated. There was no evidence to support the findings and no services were required.”

(2) **When the vulnerable adult has capacity, and self-neglect is occurring or has occurred:**

“Closing this Vulnerable Adult in Need of Services report. Findings are Substantiated. There was a preponderance of evidence to support the findings and services were required. The vulnerable adult has capacity to consent to or refuse services and accepted/refused (choose one) services.”

(3) **When the vulnerable adult lacks capacity to consent to services and needs services.**

“Closing this Vulnerable Adult in Need of Services report. Findings are Substantiated. There was a preponderance of evidence to support the findings and services were required. The vulnerable adult lacks the capacity to consent to or refuse services and judicial action was needed to secure necessary services.”

14-7. Authority. Chapter 415, F.S., provides the legal requirements and responsibilities for Adult Protective Services, such as:

(1) Provision of Protective Services & Emergency Removals [section 415.105, F.S.].

(2) Mandatory reporting [section 415.1034(1), F.S.].

(3) Mandatory reports of death [section 415.1034(2), F.S.].

(4) False reporting [sections 415.111(5) and 415.113(1), F.S.].

(5) Immunity [section 415.1036, F.S.].

(6) Treatment by spiritual means [section 415.113, F.S.].

Chapter 15

ASSESSING FOR SERVICES

15-1. Purpose. The purpose of this chapter is to provide information and procedures for investigators to assess all vulnerable adults of abuse, neglect, financial exploitation, or vulnerable adult in need of services (VAINS) for services and, as appropriate, make referrals to service providers, community agencies or protective supervision services.

15-2. Protective Services. Protective Services are those services intended to protect vulnerable adults from further occurrences of abuse, neglect, financial exploitation, or vulnerable adult(s) in need of services (VAINS). These services are broadly categorized as either emergency or non-emergency in nature and may be provided either voluntarily (vulnerable adult/caregiver/guardian consent) or involuntarily (court ordered).

15-3. Assessment of Vulnerable Adults. When a report is received by an investigative unit from the Hotline alleging a vulnerable adult is suffering from the ill effects of abuse, neglect, financial exploitation, or vulnerable adult(s) in need of services (VAINS), the protective investigator to whom the report is assigned will conduct an assessment to determine if:

- a. The allegations in the report are valid or not valid;
- b. The vulnerable adult has the capacity to consent to or refuse services;
- c. The vulnerable adult needs emergency or nonemergency protective services; and,
- d. The vulnerable adult needs non-protective services.

15-4. APS Services.

a. When the adult protective investigator determines a vulnerable adult needs service due to the ill effects of self-neglect or due to abuse, neglect, or financial exploitation perpetrated by a second party, referral sources are as follows:

(1) Protective Supervision. A referral to Protective Supervision may be made by the protective investigator for any vulnerable adult(s) when the vulnerable adult(s) has capacity to consent to or refuse services, or when the vulnerable adult(s) lacks capacity to consent and the caregiver or legal guardian consents to protective services. However, when the vulnerable adult(s) lacks the capacity to consent to or refuse services and has no caregiver or guardian, a referral for protective supervision must always be made when in-home services are ordered by a protective services court order.

(2) Placement. When placement in a facility is the protective service needed, as lesser restrictive options are determined not appropriate, the investigator should follow current procedures for referrals to protective supervision or protective intervention.

b. When the adult protective investigator determines the vulnerable adult needs in-home services to prevent further harm from abuse, neglect, financial exploitation, or vulnerable adult in need of services (VAINS), a referral must be made to an agency that provides in-home services.

(1) Community Care for the Elderly (CCE). A referral to CCE must be made when the services provided by the Department of Elder Affairs (DOEA) are identified by the investigator as the service that is needed. The individuals must be vulnerable adults who are aged 60+.

(2) Community Care for Disabled Adult (CCDA). A referral to CCDA must be made when the services provided by the department are identified by the investigator as necessary, available AND

the adult with disabilities is not eligible for comparable services in programs of or funded by the department or other agencies. The individuals must be vulnerable adults ages 18-59.

(3) The Agency for Persons with Disabilities (APD). APD provides in-home services to individuals with developmental disabilities. When a developmentally disabled adult needs in-home services, a referral must be made to the Agency for Persons with Disabilities.

(4) Others. Other state agencies and privately funded agencies provide in-home services to identified groups of people. The adult protective investigator needs to be aware of in-home services provided in their circuit and make referrals to these agencies when appropriate.

(5) Home Care for the Elderly (HCE). A referral to the appropriate contracted agency (lead agency) must be made when the investigator identifies this as a need for the vulnerable adult. The vulnerable adult must be age 60+.

(6) Home Care for Disabled Adults (HCDA). A referral to the HCDA program at the department must be made when the investigator determines this is the service that is needed by the vulnerable adult to prevent harm. The vulnerable adults must be ages 18 to 59.

(7) Protective Intervention. A referral for placement and short-term case management services (such as Optional State Supplementation) for vulnerable adults, and supportive services for vulnerable adults must be made when the investigator identifies this as services necessary to prevent further harm.

c. The protective investigator will determine the risk level of the vulnerable adult(s) when assessing for safety and services needed at their initial contact. DOEA providers utilize this initial risk level to determine time frames for service delivery. These risk levels and the time frame for service delivery are:

(1) **HIGH-RISK**. Includes all vulnerable adult(s) initially assessed by the protective investigator as being at high risk. The Department of Elder Affairs (DOEA) lead agency will give these referrals primary consideration and an assessment and services will commence within 72 hours after receipt of the referral by the lead agency.

(2) **INTERMEDIATE RISK**. Includes all vulnerable adult(s) initially assessed by the protective investigator as being at intermediate risk. The lead agency will serve these vulnerable adult(s) in accordance with DOEA targeting policy which gives priority for services to those persons at high risk of institutionalization.

(3) **LOW RISK**. Includes all vulnerable adult(s) initially assessed by the protective investigator as being at low risk. The lead agency will provide services in accordance with DOEA targeting policy which could direct vulnerable adult(s) to a waiting list if adequate funding for services is not available.

(4) **NO RISK**. Includes all vulnerable adult(s) initially assessed by the protective investigator as being at no risk. Services are not required, unless requested, usually with investigations with No Jurisdiction findings, at which point the appropriate referral is made.

15-5. Emergency or Non-Emergency Services.

a. The investigator may determine the need for emergency services during any contact with the vulnerable adult(s) while an investigation is open. Emergency Services include:

(1) Emergency Entry of the Premises, section 415.1051(2)(a), F.S. An emergency service that allows the investigator, accompanied by law enforcement, to forcibly enter the premises to obtain

access to the vulnerable adult(s) when consent to enter is not obtained and the investigator believes the vulnerable adult(s) to be at risk of death or serious physical injury. Refer to paragraph Chapter 8, section 8-5 of this operating procedure for additional information.

(2) Emergency Removal from Premises, section 415.1051(2)(b), F.S. An emergency service that allows the investigator, along with specified medical personnel or law enforcement, to remove a vulnerable adult(s), who lacks capacity to consent to or refuse services, from the premises when the vulnerable adult(s) is likely to incur a risk of death or serious physical injury.

(3) Emergency Medical Treatment section 415.1051(2)(c), F.S. An emergency service that allows a medical facility to provide immediate medical treatment to prevent serious physical injury or death.

b. Non-emergency services are those that are provided or arranged for the vulnerable adult(s) when there is no risk of death or serious physical injury to the vulnerable adult. Non-emergency services are provided with the consent of the vulnerable adult(s) who has capacity to consent to or refuse services, the consent of the victim's caregiver or guardian when the victim lacks the capacity to consent to or refuse services, or by court order when the vulnerable adult(s) lacks the capacity to consent to or refuse services and there is no one appropriate to provide consent. Non-emergency services may be initiated at any point during the investigation.

15-6. Voluntary or Involuntary Protective Supervision Services.

a. Voluntary protective supervision services include services provided to a vulnerable adult(s) with their consent. The following individuals may consent to services,

(1) Vulnerable adult(s) who has capacity to consent to or refuse services;

(2) Caregiver of a vulnerable adult(s) who lacks capacity to consent to or refuse services;

or,

(3) Guardian of a vulnerable adult(s) who lacks capacity to consent to or refuse services.

b. Involuntary protective services include those services authorized by the court for a vulnerable adult(s) who lacks the capacity to consent to or refuse services and has no caregiver or guardian available to consent to services, or the caregiver or legal guardian refuse to consent to protective services, or the API has determined that it is in the best interest of the vulnerable adult to proceed with involuntary protective services despite the presence of a caregiver or legal guardian.

c. The Protective Supervision Program is a component of the Adult Protective Services Act (Chapter 415, F.S.) which entitles Protective Supervision Program staff to all information relative to the investigation that is needed to protect the individual from a recurrence of abuse, neglect, financial exploitation, or vulnerable adult(s) in need of services (VAINS). The Protective Supervision staff has access to the investigative record to obtain any information that may assist the Protective Supervision Counselor in identifying service needs and possible resources (section 415.107, F.S.).

15-7. Protective Investigator Responsibilities. Procedures for the protective investigator are as follows:

a. Seek the written consent of the vulnerable adult(s) caregiver or guardian if one is available and is not the perpetrator in a second party report. If consent is refused, follow the provisions of Chapter 415, F.S. and seek judicial action.

b. If there is not a caregiver or guardian to give consent, follow required court process as specified in Chapter 415, F.S.

c. The alleged perpetrator may give consent for voluntary protective supervision. This process

should be used judiciously and after reviewing all risk factors and staffing with the investigative supervisor.

d. Determine if the vulnerable adult(s) is already receiving services from a provider, including checking FLMMIS to determine if the vulnerable adult(s) receiving services under Statewide Medicaid Managed Care (SMMC) in the home or in the facility (denoted by LTCC or LTCF coding). If it is determined that the vulnerable adult(s) is enrolled in SMMC, it is imperative that the investigator notify the appropriate SMMC Plan in order that they may initiate service enhancements or placement processes according to their contractual obligations.

e. If the vulnerable adult is not already linked to the provider, make a referral to the provider for services using the Referral for Protective Supervision, Protective Intervention, Community Care for Disabled Adults or the Elderly (CCDA/CCE), or Home Care for Disabled Adults or the Elderly (HCDA/HCE) Services, form CF-AA 1099 (available in DCF Forms), or other form accepted by the provider as a referral.

f. Arrange emergency services for high-risk vulnerable adult(s) utilizing Temporary Emergency Services funds until needed services can be provided by the lead agency within the 72-hour requirement. Some lead agencies may be willing and able to provide needed services prior to the 72-hour requirement.

g. If, while the protective investigation is still open and the vulnerable adult(s) is waiting for services, circumstances worsen, causing the vulnerable adult(s) to fall into the high-risk category, a new referral will be made to the lead agency emphasizing the high-risk status.

h. Always make a referral to Protective Supervision within three (3) working days of the decision to seek court ordered protective supervision.

i. Within three (3) working days of determining the need for protective services, staff the case either in person, in-person messaging app or by telephone with appropriate protective supervision staff and provider staff to determine ongoing service needs.

j. The protective investigator maintains primary case management responsibilities and must maintain regular communication with service providers until the report is closed.

k. Maintain regular communications with service providers until the report is closed.

l. No later than the day of staffing, the Protective Investigator is required to provide documentation supporting the referral to protective supervision as well as information about the client to assist the Protective Supervision Counselor in providing the best possible case management.

15-8. Referral Information.

a. The Referral for Protective Supervision, Protective Intervention, Community Care for Disabled Adults or the Elderly (CCDA/CCE), or Home Care for Disabled Adults or Elderly (HCCDA/HCE) Services, form CF-AA 1099 (available in DCF Forms), is the primary tool to refer vulnerable adult(s) for protective services. The information that needs to be included in a referral packet differs by program.

b. Protective Supervision referral packets must include the following:

(1) Completed Referral for Protective Supervision, Protective Intervention, Community Care for Disabled Adults or Elderly (CCDA/CCE), or Home Care for Disabled Adults or Elderly (HCDA/HCE) Services, form CF-AA 1099, indicating Protective Supervision as the service needed; and,

(2) A Consent for the Provision of Services form signed by the vulnerable adult(s) with capacity to consent to or refuse services or the caregiver or guardian of a vulnerable adult(s) who lacks

the capacity to consent to or refuse services agreeing to the services; or,

(3) An order from the court authorizing the department to provide protective supervision services; and,

(4) A copy of an investigation report (preliminary or final) documenting substantiated findings for at least one maltreatment; and,

(5) A copy of the Safety Assessment and Plan with an overall risk level of intermediate or high risk;

(6) A copy of the Capacity to Consent to or Refuse Services Assessment;

(7) The Confidential Release of Information (CF-AA 1113); and,

(8) The case notes from the electronic case record containing the following information:

(a) The vulnerable adult(s) eligibility for Protective Supervision;

(b) Health Insurance Portability and Accountability Act (HIPAA) receipt;

(c) The investigators observations of the vulnerable adult(s) physical appearance;

(d) Any visible injuries;

(e) A list of the prescribed medications and over the counter drugs the client is talking;

(f) Known family/support network with contact information;

(g) Known medical professionals or information on recent hospitalizations; a d

(h) Any other supporting documents to assist the Protective Supervision counselor in the performance of their duties. When possible, three months bank statements of all accounts with vulnerable adult's name, placement forms, medical records, and signed release of information form (CF-AA 1137).

c. Community Care for the Elderly (CCE) referral packets must include the following:

(1) Completed Referral for Protective Supervision, Protective Intervention, Community Care for Disabled Adults or Elderly (CCDA/CCE), or Home Care for Disabled Adults or Elderly (HCDA/HCE) Services, form CF-AA 1099 (available in DCF Forms), indicating CCE is the service needed;

(2) A Consent to the Provision of Services signed by the vulnerable adult(s) who has capacity to consent to or refuse services or the caregiver or guardian of a vulnerable adult(s) who lacks the capacity to consent to or refuse services;

(3) A copy of the Safety Assessment and Plan tool; and,

(4) A copy of the Capacity to Consent to or Refuse Services Assessment.

d. All other referrals for services provided by the department or the lead agencies must include the following:

(1) Completed Referral for Protective Supervision, Protective Intervention, Community Care for Disabled Adults or Elderly (CCDA/CCE), or Home Care for Disabled Adults or Elderly

(HCDA/HCE) Services, form CF-AA 1099 (available in DCF Forms), indicating the service that is needed; and

(2) A Consent to the Provision of Services signed by the vulnerable adult(s) who has capacity to consent to or refuse services or the caregiver or guardian of a vulnerable adult(s) who lacks the capacity to consent to services.

e. Staff making referrals to providers must mark the appropriate space on the referral form and through the current electronic media referral system indicating that the request is for a protective intervention services referral. The service provision for these cases does not require a 72-hour response by providers.

f. Staff must complete and document in the investigative electronic case record a follow up contact with the providers within 10 days of making the referral to verify the referral was received by the provider. This follow up may be by phone, email, or if available, review of the electronic referral system.

(1) Staff must gather information to include services provided, length of services, and prospective outcome of services.

(2) Staff must document contact in the electronic case record.

15-9. Refusal of Services. When the investigator determines that a vulnerable adult who has capacity to consent to or refuse services needs services, but refuses to accept services, the investigator will:

a. Document the need for recommended services in the current electronic case record; and,

b. Document the refusal of the vulnerable adult(s) to accept services in the electronic case record using the Provision of Voluntary Services forms (CF AAQ 1112).

Chapter 16

NOTIFICATIONS

16-1. Purpose. This chapter provides information and procedures for the protective investigator in completing investigation notifications that are required by Chapter 415, F.S.

16-2. Methods Used to Complete the Notification Process.

a. There are three methods used in the notification process:

- (1) Oral contact with an exchange of information;
- (2) Written or faxed forms; or,
- (3) Email.

b. All notifications must be documented in the electronic case record within two (2) working days of completing the activity. All forms for notification, including emails and faxes, must be uploaded into the electronic case record.

c. The investigator must ensure documentation of all notifications completed in the electronic case record. The entry must note the following information:

- (1) Date and time actions were completed;
- (2) Name of agency and/or person notified; and,
- (3) Notification method (written, email, oral, report, specified form). The telephone number and email address must also be documented.

16-3. Notification to the Reporter. Upon receiving a report of abuse, neglect, financial exploitation, or vulnerable adult in need of services (VAINS), the investigator must attempt to contact the reporter prior to the initial face-to-face contact with the vulnerable adult(s) to verify the vulnerable adult(s) location and details of the allegations contained in the narrative. Additional information may be provided by the reporter and should be documented in the electronic case record. If contact with the reporter is not completed prior to the initial face-to-face contact, it must be documented in the electronic case record. Additional attempts must be completed and documented in the electronic case record prior to the determination of findings.

NOTE: The reporter's name is strictly confidential information. The information the investigator enters in the electronic case record must not contain any information that identifies the reporter.

16-4. Notification to Subjects Pamphlet.

a. The Notification to Subjects pamphlet (CF/PI 140-40, available in DCF Forms) must be provided and explained to each vulnerable adult(s) and alleged perpetrator named in the report or revealed during the investigation. The Notification of Subjects pamphlet must also be provided to the facility administrator or designee if the facility staff is acting in the role of caregiver.

b. The investigator must attempt to obtain each subject's signature or identifying mark on the receipt portion of the pamphlet and upload the receipt into the electronic case record. If the subject is unable to sign or place their identifying mark on the receipt, the investigator should indicate this on the receipt, identifying who the pamphlet was given to, and verify the action with the investigator's initials, the date, and time. If the vulnerable adult(s) or the AP refuses to sign, the investigator will note their refusal

on the receipt and upload the receipt into the electronic case record.

c. The investigator must document their action pertaining to each subject of the report in the electronic case record.

(1) Each entry must be a separate entry for each subject indicating the date and time the action was completed.

(2) The entry must indicate who received the Notification to Subjects pamphlet whether the subject understood the explanation provided by the investigator, if the pamphlet was placed in the facility case file (for vulnerable adult(s) facility reports), or if the pamphlet was verbally explained and mailed.

(a) If a subject resides in a facility and the investigator determines the subject does not understand the purpose of the pamphlet or the explanation pertaining to their rights, then the pamphlet must be placed in the subject's facility case file. The investigator's identification and contact number must be included with the pamphlet.

(b) If a face-to-face contact is not completed with a subject, however, the subject was contacted by phone, the investigator must inform the subject verbally of their rights, obtain a current address, and mail the pamphlet to the subject. If any of the subjects have a legal guardian, then the guardian must be given a Notification to Subjects pamphlet.

16-5. Notification of HIPAA. The vulnerable adult(s) must be provided and explained information pertaining to the department's responsibility for the management and protection of their personal health information in accordance with CFOP 60-17, Chapter 1.

a. The investigator must attempt to obtain each vulnerable adult(s) signature or identifying mark indicating receipt of the information and place the receipt in the electronic record. If the subject is unable to sign or place their identifying mark on the receipt, the investigator should indicate this on the receipt, identifying who the information was given to, and verify the action with the investigator's initials, the date, and time.

b. If a vulnerable adult(s) resides in a facility and the investigator determines he or she does not understand the purpose of the information or the explanation pertaining to their rights, then the information must be placed in the vulnerable adult(s) facility case file. The investigator's identification and contact number must be included with the information.

c. The investigator must document their action pertaining to each vulnerable adult(s) in the electronic case record.

(1) Each notification must be a separate entry for each vulnerable adult(s) indicating the date and time the action was completed.

(2) The notification must indicate who received the brochure whether the subject understood the explanation provided by the investigator, or if the information was placed in the vulnerable adult(s) facility case management file.

16-6. Notification to Law Enforcement.

a. The investigator must immediately notify the appropriate law enforcement agency when one of the following circumstances is encountered or determined.

(1) If any person interferes with the department's ability to conduct the investigation or refuses to give access to the vulnerable adult. The investigator must document the circumstances in the notes section of the electronic case record.

(2) If there is a reason to believe an emergency exists, the situation indicates a risk of death or serious physical injury, and the investigator believes force must be used to enter the premises. The investigator must document the circumstances in the notes section of the electronic case record.

(3) If at any time during the investigation there is a reasonable cause to believe a vulnerable adult has been abused, neglected, or financially exploited by another person.

(a) Notification may be oral or written.

(b) If there is a concurrent criminal investigation by law enforcement, the State Attorney's Office, or the Medicaid Fraud Control Unit, the investigator must document this in the electronic case record referencing the assigned law enforcement case number.

b. When law enforcement has been notified, the investigator must also document the notification in the electronic case record.

c. At the conclusion of an investigation with "substantiated" findings of abuse, neglect or financial exploitation, the investigator must notify the appropriate law enforcement agency and document the notification in the electronic case record.

d. At the conclusion of an investigation with "not substantiated" findings of abuse, neglect or financial exploitation, the investigator may notify the appropriate law enforcement agency if a criminal investigation seems warranted. The investigator must document the notification in electronic case record if notification is provided.

16-7. Notification to Emergency Medical Services.

a. The investigator must contact the appropriate medical services agency if the investigator determines the vulnerable adult(s) needs immediate medical assistance or care.

b. The investigator must document their actions in the notes section and in the Safety Assessment and Plan section of the electronic case record.

16-8. Notification to the Court.

a. The investigator must notify the appropriate court with jurisdiction when one of the following circumstances is encountered or determined.

(1) The investigator determines the need for protective services with or without removal of the vulnerable adult from their current living environment is warranted.

(a) Within 24 hours (or next working day) after arranging the emergency removal, the department must notify and petition the court for an order authorizing emergency protective services and removal.

(b) Within three working days, after determining a vulnerable adult lacks the capacity to consent to services and needs non-emergency protective services, the department must notify and petition the court for an order authorizing protective services.

(2) Probate Court having jurisdiction over the guardianship in writing if a court appointed guardian is a subject of the report.

(3) If a professional or public guardian is the alleged perpetrator in the report, the court having jurisdiction over the guardianship must be notified in writing as well as the State Office of Public

and Professional Guardians. Written notification should be completed either by the API or region legal counsel and should not include reporter information.

b. The investigator must document their actions in the notes and in the Safety Assessment and Plan of the electronic case of the electronic case record.

16-9. Notification to the State Attorney's Office.

a. The appropriate State Attorney's Office must be notified within one (1) business day when either of the following circumstances occurs:

(1) When a report is received alleging a department employee, agent of the department, the Agency for Persons with Disabilities, or the Department of Elder Affairs, acting in an official capacity has committed an act of abuse, neglect, or financial exploitation.

(2) If at any time during the investigation, there is a reasonable cause to believe a vulnerable adult has been abused, neglected, or financially exploited by another person.

(a) The notification may be oral or written within (1) one working day.

(b) The notification must be written if there is evidence indicating a criminal investigation is warranted.

b. The investigator must document the notification in the electronic case of the electronic case record and indicate whether the notification was oral or written.

16-10. Notification to the Long-Term Care Ombudsman Program (LTCOP). Written notification must be completed by the next working day of receipt of a report alleging abuse, neglect, or financial exploitation of a vulnerable adult at least 18 years of age and residing in a skilled nursing home (SNF), assisted living facility (ALF) or adult family care home (AFCH).

a. Email notification (form CF-AA 960) must also be made at the conclusion of the investigation.

b. The investigator must document both notifications the electronic case record.

16-11. Notification to the Medicaid Fraud Control Unit (MFCU). Notification must be made to MFCU within (1) one business day if the facility identified in the investigation receives Medicaid funding and there is a reasonable cause to believe abuse, neglect, or financial exploitation of a vulnerable adult has occurred within the facility.

a. The notification may be oral or written and must exclude reporter information.

b. The investigator must document the notification in the electronic case record indicating whether the notification was oral or written.

16-12. Notification to the Agency for Health Care Administration (AHCA). Written notification must be made to AHCA within (1) one business day upon receipt of an initial report with allegations against staff at a facility that is licensed by AHCA or at any time during the investigation the department has reasonable cause to believe an employee of an agency or facility licensed by AHCA is the alleged perpetrator of abuse, neglect, or financial exploitation.

a. A written notification must be provided at the conclusion of the investigation.

b. The investigator must document both notifications of the electronic case record.

16-13. Notification to the Department of Health's Division of Medical Quality Assurance. Written or email notification must be made to the Division of Medical Quality Assurance within the Department of Health within one working day when the department has reasonable cause to believe professional licensure violations have occurred and if the investigation substantiates a health professional licensed or certified under the Department of Health has abused, neglected, or financially exploited a vulnerable adult.

NOTE: A second party review must be completed on all substantiated reports on professional health licensees before sending notification to the Department of Health's Division of Medical Quality Assurance.

a. A copy of the initial report and a final copy of the investigation, excluding reporter information, must be provided.

b. The investigator must document both notifications in the electronic case record.

16-14. Notification to the Agency for Persons with Disabilities (APD). Notification must be made to APD within (1) business day upon receipt of a report in which the vulnerable adult is an APD client, or when determining the vulnerable adult is an APD client.

a. The API will email the region APD region office with the following information:

(1) Client name;

(2) SAFE investigation number; and,

(3) Date received.

b. The investigator must notify APD at the conclusion of the investigation. The API must provide the following information:

(1) Client name;

(2) SAFE investigation number;

(3) Date closed; and,

(4) Findings.

c. The investigator must document both notifications in the electronic case record.

16-15. Notification to the Medical Examiner (ME). The department must immediately notify the Medical Examiner of any report of abuse or neglect of a vulnerable adult when there is reasonable cause to suspect the vulnerable adult died because of the abuse or neglect.

a. The notification must be made orally and in writing. A copy of the initial report and a final copy of the investigation, excluding reporter information, must be provided.

b. The investigator must document both notifications in the electronic case record.

16-16. Notification to the Office of Child Welfare Licensing Unit. Notification must be made to the Office of Child Welfare Licensing Unit by the next working day if the facility identified in the investigation is a licensed Foster Home and there is a reasonable cause to believe abuse, neglect, or financial exploitation of a vulnerable adult has occurred within the Foster Home.

a. The notification may be oral or written and must exclude reporter information.

b. The investigator must provide notification at the conclusion of the investigation.

- c. The investigator must document both notifications in the electronic case record.

16-17. Notification to the Office of Substance Abuse Mental Health (SAMH). Notification must be made to the regional SAMH office by the next working day if the facility identified in the investigation is a facility contracted to provide services for clients served by SAMH, or a state mental health treatment facility.

- a. The notification may be oral or written and must exclude reporter information.
- b. The investigator must provide notification at the conclusion of the investigation.
- c. The investigator must document both notifications in the electronic case record indicating whether the notification was oral or written.

16-18. Notification to the Office of Public and Professional Guardians. Notification must be made to the centralized inbox (OPPGcomplaints@elderaffairs.org) on intakes involving vulnerable adults identified to have a legal guardian.

- a. The initial notification must be made by the next working day once an intake has been identified to have a legal guardian involved.
- b. Final reports involving vulnerable adults identified to have a legal guardian must be made at closure, regardless of findings.

16-19. Notification of Investigation Closure.

a. At the conclusion of the investigation, if the investigator is recommending additional services; or has implemented services to the vulnerable adult, a Notice of Conclusion letter (CF-AA 1042, available in DCF Forms) must be sent to the vulnerable adult (who has capacity to consent to services), their caregiver and legal guardian.

(1) The notice of conclusion letter will be mailed to the most current known address for the vulnerable adult, their caregiver, and the legal guardian if one has been identified and located.

(2) The notice of conclusion letter will be mailed to all family/household members, agencies or facilities that are in a **primary caregiver role at the conclusion of the investigation**.

(3) The investigator must document the action in the electronic case record indicating the closure letter will be sent at the conclusion of the investigation.

(4) For all facility/institutional investigations, the Notice of Conclusion letter (form CF-AA 1042, available in DCF Forms) must be sent to the administrator of the facility and may serve as the exit interview. A copy of the letter must be stored in the electronic case record.

b. If the investigator is not recommending or implementing additional services for the vulnerable adult, the investigator must notify the vulnerable adult (who has capacity to consent to services), their caregiver, and their legal guardian of the investigation closure.

(1) This notification may be completed written or orally, either in person or by phone. A voice mail message is not notification.

(2) The investigator must document the action in the electronic case record of the notification of case closure. The investigator must include the method of notification (written, phone call, or in person), as well as the names of those notified.

(3) If the vulnerable adult, their caregiver or legal guardian requests written notification of case closure, the investigator must send the Notice of Conclusion letter (form CF-AA 1042, available in DCF Forms).

c. If the vulnerable adult is determined to lack capacity to consent to services, a Notice of Conclusion letter or notification is not required for the vulnerable adult. Notification must be provided to the primary caregiver and/or legal guardian as indicated in Table 18-1 below.

TABLE 16-1 NOTICE OF CONCLUSION		
WHO	WHAT	NOTIFICATION
Vulnerable adult with capacity to consent; Primary Caregivers, and Legal Guardians	Investigator implements services or recommends services	Notice of Conclusion letter must be mailed to the vulnerable adult, primary caregiver, and legal guardian
Vulnerable adult with capacity to consent; Primary Caregivers, and Legal Guardians	No additional services are recommended	Oral notification to the vulnerable adult, primary caregiver, and legal guardian of the investigation closure.
Vulnerable adult who lacks capacity to consent to services	Investigator implements services or no additional services are recommended	No notification to the vulnerable adult required
Primary Caregiver and Legal Guardian for vulnerable adult who lacks capacity to consent	Investigator implements services or recommends services	Notice of Conclusion letter must be mailed to the primary caregiver and legal guardian
Primary Caregiver and Legal Guardian for vulnerable adult who lacks capacity to consent	No additional services are recommended	Notice of Conclusion letter must be mailed to the primary caregiver and legal guardian

Chapter 17

CLOSURE OF THE CASE RECORD

17-1. Purpose. This chapter provides information and procedures regarding the closure of investigative reports and the summarized findings of the maltreatments.

17-2. Submission of the Investigation to Supervisor. No later than 45 days after decision time and date of the screen-in of the initial intake by Hotline staff, the report of abuse, neglect, financial exploitation, or vulnerable adult in need of services (VAINS), the protective investigator must:

- a. Complete the investigation and/or assessment including all contacts with the vulnerable adult(s), the alleged perpetrator and all essential collateral contacts; and,
- b. Determine whether abuse, neglect, financial exploitation, or vulnerable adult in need of services (VAINS) occurred and enter findings of maltreatment and a summary of the evidence that support or refute the findings in the electronic case management system; and,
- c. Submit the investigative record to the unit supervisor for review and case closure.

17-3. Summarized Findings of Maltreatments. The Investigative Summary (IS) must include the following in the narrative:

a. Findings for each maltreatment listed. Information is provided in the Allegations Maltreatment Index (See appendix E) regarding the sources of evidence required to determine the findings. The possible findings for maltreatments include:

(1) Not Substantiated. This finding is used when there is an absence of credible evidence, or when what evidence exists **falls short** of a preponderance to support that the specific injury or harm was the result of abuse, neglect, financial exploitation, or vulnerable adult in need of services (VAINS).

(2) Substantiated. This finding is used when there is a preponderance (greater than 50% of the evidence supports that the alleged incident(s) of abuse, neglect, financial exploitation, or vulnerable adult in need of services (VAINS) occurred) of credible evidence that supports the maltreatments. Information is provided in the Allegation Maltreatment Index (see appendix E) regarding the evidence required to verify some maltreatments.

(a) Use substantiated findings when the investigator has a preponderance of evidence the allegation occurred and the investigator can identify the person who is responsible; or,

(b) Use substantiated findings when the investigator has a preponderance of evidence the allegation occurred but is unable to identify the person responsible.

b. Each allegation that relates to the maltreatment(s) must be addressed in the investigative summary narrative.

c. All evidence or facts that support or refute the allegations in each maltreatment must be summarized.

d. The narrative should resolve any conflicting information in witness or subject statements or other observable facts.

e. All evidence or facts that support or refute the allegations must be assessed by the investigator in detailing implications to the vulnerable adult's safety.

17-4. Report Closure.

a. No later than 60 days following the receipt of a report, the supervisor must review the investigation for completeness and accuracy. The supervisor must then close the investigation in the electronic case record. Once an investigation is closed, no further investigative activity occurs.

b. In certain instances, a report will not be ready for closure by the 60th day. Exceptions to closing a report within 60 days include:

(1) Awaiting Evidence. This includes evidence that is believed to be credible and could change the outcome of the investigation.

(2) Judicial. Under receipt of a court order or official request from a presiding judge.

(3) Witness Unavailable. Utilized when a witness is not available until after the 60th day of the investigation. Said witness is believed to be crucial to determining the findings of the report.

(4) Law Enforcement. When law enforcement requests the case remain open beyond 60 days. Wherever possible, this request should be delivered in writing. At a minimum, the day, date, and requesting official should be documented in the electronic case record.

(5) Medical Examiner. In death reviews, the medical examiner's report can be of importance to the findings of the investigation. Death reports are not to be closed prior to the receipt of essential information related to the investigation. If the medical examiner gives a verbal report of their findings, the investigation need not remain open until the final report is received.

17-5. Other Investigative Closures. In some circumstances, the investigation requires a closure other than the normal prescribed process defined above. The following are definitions of the other closure possibilities.

a. Duplicate. If the review of the prior reports indicates the existence of a prior investigation containing allegations of the same incident as the new report, and the new report does not offer new information, additional subjects, new evidence, or additional allegations or incidents, the adult protective investigator submits the new report for supervisory review as a potential duplicate. If the supervisor concurs the report has been previously investigated, the supervisor will request a second party review. If all agree, the case will be closed as a duplicate.

b. No Jurisdiction. The following are situations in which the department does not have the jurisdiction to investigate. In all cases where it is believed the investigation falls into a No Jurisdiction category, the supervisor must submit the case for second party review. All reports closed as "No Jurisdiction" must have one relevant collateral source supporting the "No Jurisdiction" closure. The supervisor will request a second party review. If all agree, the case will be closed as a No Jurisdiction.

(1) Federal Property. Used if it is determined the allegations of harm are to a vulnerable adult residing on federal property such as a Native American Tribal lands, military base, or employee housing at a federal prison, etc. (unless there is an agreement with the appropriate authorities to surrender jurisdiction). The investigator should immediately transfer the information on the report to the appropriate authorities.

(2) Inadequate Relationship. Used when the alleged perpetrator does not meet the degree of relationship required in Chapter 415, F.S. If it is determined the alleged perpetrator does not meet the degree of relationship required, the information contained in the report will be provided to the appropriate law enforcement agency. The following chart depicts the degree of relationship required:

Category	Degree of Relationship
Abuse	Relative, caregiver or household member
Neglect	Caregiver
Financial Exploitation	Stands in a position of trust and confidence; or knows or should know the vulnerable adult(s) lacks the capacity to consent to or refuse services.

(3) Official Capacity. Used when it is determined the alleged perpetrator is a law enforcement officer or correctional officer acting in an official capacity. The information shall be transferred to the appropriate regulatory agency.

(4) Vulnerable adult(s) Out of State. If it is determined the alleged incident(s) happened in another state, the investigator should transfer the information to the appropriate state’s abuse hotline or law enforcement agency.

(5) Vulnerable adult(s) Under 18. If it is determined the alleged vulnerable adult(s) is under the age of 18, and is not legally emancipated, the investigator shall immediately call the Florida Abuse Hotline and make a report of alleged child abuse or neglect.

(6) Ineligible Disability. If after interviews with the alleged vulnerable adult(s) and other credible sources it is determined the alleged vulnerable adult(s) is not a vulnerable adult as defined in Chapter 415, F.S.

c. Screen Out. Reports can be closed as a screen out when the Hotline screens-in a report in error. Examples include reports in which there is no allegation narrative, or the allegation narrative states that “there are no vulnerable adults,” or the “alleged victim is not a vulnerable adult.” This may include reports in which it is clearly stated that the vulnerable adult is not in the state of Florida at the time of the intake.

(1) Screen Out closures requires a third-party review:

(a) The API calls their direct (or on-call) supervisor and informs them that there is possible “Screen Out” report.

(b) The supervisor concurs or does not concur with screening the report out. If the supervisor does not concur, then the report is worked as an active case. If the supervisor concurs, the supervisor will input a note into the investigation detailing why it is a screen out and bring to the attention of the Program Administrator for a second party review.

(c) The Program Administrator or designee concurs or does not concur with screening the report out. If the Program Administrator does not concur, then the report is worked as an active case. If the Program Administrator concurs, the Program Administrator will input a note into the investigation detailing why it is a screen out and bring to the attention of the Program Office for a third party review.

(d) The Program Office concurs or does not concur with screening the report out. If the Program Office does not concur, then the report is worked as an active case. If the Program Office concurs, the Program Office will document their review in a note entered into SAFE system and notify operations. The Program Administrator or supervisor will complete the closure using the Screen Out code, enter a finding of “not substantiated” on the maltreatment(s), and enter a summary detailing the closure, reasons for closure, and resulting referrals if appropriate.

(2) If it determined the report should be screened out, the API or supervisor must contact the reporter (when applicable) to inform them of the screen out. The reporter will be referred to another investigative body (such as law enforcement, AHCA, or LTCOP). This contact must be documented in a note in the SAFE system.

(3) If the allegations indicate any type of danger to the Vulnerable Adult, the API will go out to see the vulnerable adult(s) to ensure their safety while the report is being reviewed as a potential screen out. Intakes received on the weekend or holidays, the Vulnerable Adult will be seen and staffing on screen out will occur the next working day.

17-6. Expedited Closure.

a. This closure will be used when the on-site investigation or VAINS assessment produces clear, observable evidence that disproves the allegations.

b. The protective investigator will commence the investigation within the assigned response time frame.

c. The protective investigator will make face-to-face contact with the vulnerable adult(s) and alleged perpetrator if the identity of the alleged perpetrator is known.

d. During the face-to-face contact with the vulnerable adult(s) the protective investigator will:

(1) Determine if there is evidence of any allegations;

(2) Determine the vulnerable adult's capacity to consent to or refuse services;

(3) Determine the risk level for the vulnerable adult; and

(4) Assess the vulnerable adult's need for services making referrals for service needs identified.

e. The investigator is required to contact the reporter to validate the correctness of the allegations in the report.

f. One (1) relevant collateral contact is required if the identity of the reporter is unknown.

g. The investigator must complete a final summary of the investigation documenting the on-site investigation which produced clear, observable evidence disproving the allegations and the investigation is being closed as a Not Substantiated - expedited closure.

h. The investigator will submit the investigation to the supervisor for the initial six (6) day safety assessment review and closure. If the supervisor concurs, the investigation will be closed without further investigation. If the supervisor does not concur, the supervisor will note this in the electronic case record and return the investigation to the protective investigator.

17-7. Patently False Reports.

a. This closure will be used when the on-site investigation produces clear, observable evidence that disproves the allegations; and the investigator has a reasonable suspicion the report was filed with the Florida Abuse Hotline maliciously for the purpose of:

(1) Harassing, embarrassing, or harming another person;

(2) Personal financial gain for the reporting person;

(3) Acquiring custody of a vulnerable adult; or,

(4) Personal benefit for the reporting person in any other private dispute involving a vulnerable adult.

b. The protective investigator will commence the investigation within the assigned response time frame.

c. The protective investigator will make face-to-face contact with the vulnerable adult(s) and alleged perpetrator if the identity of the alleged perpetrator is known.

d. During the face-to-face contact with the vulnerable adult(s) the protective investigator will:

- (1) Determine if there is evidence of any allegations;
- (2) Determine the vulnerable adult's capacity to consent to services; and,
- (3) Determine the risk level for the vulnerable adult.

e. The investigator must complete a final summary of the investigation indicating no evidence was found and the investigation is being closed as patently false, following the required processes outlined in Chapter 20, False Reporting.

f. Investigations closed as "Patently False" must be referred to law enforcement for false reporting.

17-8. Investigation Complete. Investigation completed is the code used in the electronic case record to reflect case closure. These codes are:

a. "Investigation Complete – Death" is to be used when the "Death" maltreatment is attached to any vulnerable adult(s) in an investigation, regardless of findings.

b. "Investigation Complete –Vulnerable Adult(s) Deceased" is to be used when at least one of the vulnerable adults(s) in an investigation is deceased, but the Death maltreatment is not attached to any vulnerable adult(s).

c. "Investigation Complete" is to be used when the investigation is complete, and all the vulnerable adult(s) are still living.

Chapter 18

ADULT PROTECTION INVESTIGATION RECORD REVIEW

18-1. Purpose. This chapter provides information and procedures regarding the critical supervisory review that occurs throughout an investigation or vulnerable adult in need of services (VAINS) report. This critical review provides guidance and feedback to the investigator and ensures compliance with Chapter 415, F.S., and approved procedures and policies. This chapter provides information on what reviews are required during an investigation and VAINS report and who is required to complete the review.

18-2. Types of Reviews. There are two levels of reviews during an investigation:

a. Supervisory reviews are completed by the Adult Protective Investigator Supervisor. The Adult Protective Investigator Supervisor will designate a Senior Adult Protective Investigator or higher authority to act as the reviewer when they are unavailable.

b. Second-party reviews are completed by the Operational Program Administrator, their designee, or another individual working at a level higher than an Adult Protective Investigator Supervisor.

18-3. Review of Initial Safety Assessment and Plan. Adult Protective Investigators are required to complete an initial assessment and plan of adult safety within six (6) calendar days of the initial face-to-face contact with the vulnerable adult. Investigators complete and document the follow-up actions within six (6) calendar days.

a. Adult Protective Investigator Supervisors or their designee must complete an initial supervisory review of the safety assessment and plan within 72 hours of the initial submission by the investigator. This supervisory review is considered the initial review.

b. Supervisors review each investigative or VAINS record for accuracy, completeness, compliance with Chapter 415, F.S., and all current policy and procedures.

c. Supervisors provide investigators with written feedback and clear instructions on corrections needed and any additional investigative actions required, as well all actions waived by the supervisor must be identified, explained, and documented in the electronic case record.

d. The initial supervisory review is documented in the electronic case record. When a safety assessment action plan is not required, in a supervisory review note in the electronic case record.

e. Key components of the investigation or VAINS record reviewed at the initial review include:

(1) Interview with vulnerable adult(s) (or documented diligent effort to locate, including supervisory notifications);

(2) Determine capacity to consent to or refuse services for each vulnerable adult(s);

(3) Determine initial risk level for each vulnerable adult(s); and,

(4) Determine all service needs.

f. When required, the supervisor will document the reason for a second party review and transmit the request to the second party reviewer. This is done via the second party review request field of the adult safety assessment and plan.

g. When an adult safety assessment and plan is not required, and a second party review is needed, the supervisor will submit the request to a higher authority via email and a supervisory note

documenting the need for a second party review in the electronic case record.

18-4. Review of Updated Safety Assessment and Plan.

a. All adult safety assessments and plans (initial, updates, and closures) submitted during the investigation must be reviewed by the supervisor within 72 hours. All supervisory reviews are documented in the electronic case record.

b. Supervisors review each assessment and investigative record for accuracy, completeness, compliance with Chapter 415, F.S., and all current policy and procedures.

c. Supervisors provide investigators with written feedback and clear instructions on corrections needed and any additional investigative actions required, as well all actions waived by the supervisor must be identified, explained, and documented in the electronic case record.

18-5. High-Risk Review. Adult Protective Investigators determine vulnerable adult(s) are at high-risk of suffering further harm. Once the assessment of the adult safety assessment and plan has been reviewed and the risk level is high, the supervisor must complete a High-Risk Review which is documented in the electronic case record.

a. Supervisory review of the electronic investigative or VAINS file is required every seven (7) calendar day for each record in which the vulnerable adult(s) is determined to be at high-risk. The review must include what attempts have been made to decrease the vulnerable adult(s) risk, referrals made, and if a service case has been or should be open by APS.

b. Supervisory review continues every seven (7) days until the risk level is reduced or the investigation or VAINS record is closed.

c. Each supervisory review must be documented in the electronic case record.

18-6. Thirty-Day Review. All reports where the vulnerable adult(s) is not determined to be at a high-risk level will be reviewed by the supervisor again within thirty (30) calendar days from receipt. This review, like the initial review, identifies corrections and additional actions needed. Supervisors must provide clear written instructions to investigators. The review must be completed within 20 to 30 days from the date of the Hotline decision to screen in an intake. Thirty-day case reviews must be documented in the electronic case record.

18-7. Final Review. Adult Protective Investigator Supervisors must review all completed investigations and VAINS reports before they are closed in the electronic case management system. This is the final review of the case record. Supervisors must complete the APS Closure Checklist in the electronic case record (CF-AA 1097) prior to closure.

a. Supervisors must complete the final review of investigation or VAINS report within fifteen (15) days from the date the investigator submits the investigation for closure.

b. Supervisors review each investigation and VAINS report for accuracy, completeness, and compliance with Chapter 415, F.S., and this operating procedure.

c. Supervisors provide investigators with written feedback and clear instructions on corrections needed using the APS Closure Checklist in the electronic case record (CF-AA 1097, available in DCF Forms), along with any additional actions required.

d. Supervisors must ensure all required documents and records reviewed by the Registered Nurse Specialist (RNS) are uploaded into the electronic case record prior to closing the investigation.

e. Supervisors document the final review of the case record in the electronic case record.

18-8. Second Party Review.

a. Certain situations arise during an investigation or VAINS report which require a review beyond the supervisor before closure. A review beyond the supervisory level is called a second party review. These reviews are submitted by the supervisor to a designated higher authority (Operations Program Administrator or their designee). All second party reviews must be reviewed by the designated authority within 72 hours of submission from the supervisor.

b. The following situations require a second party review:

(1) Protective investigator did not locate the vulnerable adult(s) in a report after conducting a diligent search;

(2) Protective investigator did not interview an alleged perpetrator in an investigation closed with substantiated findings;

(3) Vulnerable adult(s) died during an open investigation or VAINS report;

(4) Vulnerable adult(s) died from suspected abuse or neglect, and the maltreatment of Death Due to Abuse/Neglect is investigated;

(5) Investigation or VAINS report is open beyond 60 days;

(6) No Jurisdiction investigation or VAINS report closure;

(7) Duplicate investigation closure;

(8) Possible media attention;

(9) Current active media attention – In this situation, not only is a second party review required, but the region program director must also notify the statewide director within 24 hours of the media being involved.

(10) Investigation or VAINS report closed with substantiated findings and the risk is high at closure;

(11) Vulnerable adult(s) has not been located for final risk determination; and,

(12) Investigation closed with substantiated findings on a health professional licensee before notification to the Department of Health Division of Medical Quality Assurance. (12) All intakes involving mental health hospitals or Baker-Act receiving facilities require a second-party review, irrespective of the final findings. This review is to be conducted by a program administrator, the regional program supervisor, or regional director. The second party reviewer or designee will document their review and concurrence with the requested action in the notes section of the electronic case record.

18-9. Backlog Review. In certain instances, a report will not be ready for closure by the 60th day. The supervisors must review the record and approve the exception for not closing a report within 60 days. These exceptions include awaiting evidence, crucial witness unavailable, court order, request of law enforcement or medical examiner, awaiting medical records or when the vulnerable adult dies during an investigation.

a. Unlike other reviews, a Backlog Review only involves issues which impact the vulnerable adult's safety and the exception(s) for case remaining open and must be documented in the electronic case record.

b. A Backlog Review must occur on day 60 of the intake decision by the Hotline and may be

completed between days 50 to 60. A Second Party Review is also required at this time and documented in the electronic case record.

c. After the Backlog review, a supervisory review is required every (7) seven days until the case is closed.

d. The Backlog Review is documented in the electronic case management record.

18-10. Internal Findings Review. An internal review of protective investigation findings shall be conducted upon written or verbal request for a substantiated finding of abuse, neglect, or financial exploitation by the perpetrator, caregiver, or external partner agency. An internal review may not be conducted on an investigative file past the Department's retention schedule. Florida Statutes provides authority to retain child protection investigative reports with verified findings of maltreatment in system of record until the youngest victim turns 30 years of age. Adult protective investigations with verified/substantiated findings are retained through eight (8) years after investigative closure. An Internal Review should not be confused with a Special Review. A special review is defined as being internally identified and is referred to the Regional Program Director.

a. The internal review will be completed by the APS Regional Program Director or their designee and assigned at the level of Region Program Office Specialists or higher. The individual completing the review must not have been involved in any stage of the investigation. The internal review must be conducted within 30 days of the initial request. The assigned reviewer must complete the following:

- (1) Review all investigative information that was available during the investigation.
- (2) Review all history in the electronic system of record.
- (3) Review any documents referenced in the investigation (police reports, medical records, etc.)
- (4) Interview the investigator or supervisor (as necessary if they are still employed)
- (5) Determine if the evidence supports the findings according to Chapter 415, F.S., and CFOP. (Note: the review is not to re-investigate the allegations but to determine if the evidence collected supports the findings of the maltreatment).
- (6) Consult with Operations staff regarding the review and findings.
- (7) Follow normal escalation process to regional program director as necessary.
- (8) Details of the review will be captured on the Review of Maltreatment Findings Form, including the need to change any findings in the official system of record (attached at end of chapter).
- (9) Write a letter to the complainant with the outcome of the review and provide it to the Regional Program Director for approval and signature.
- (10) Regional Program Director reviews/approves/signs letter with the outcome of the review and mails the letter to the complainant.

b. The Region APS Director will forward the Internal Review report to the Statewide APS Director or their designee for review.

c. The Statewide APS Director or their designee, will, upon review and approval, return the Internal Review report to the Region APS Director to effectuate any recommendations (i.e., change in

findings, revised investigation summary, additional training, etc.).

d. If the review does not result in the need to change the findings, and the original findings were supported by the evidence available, the requestor will be notified in writing of the decision regarding the original findings being supported within 10 business days of the conclusion of the review. The Region Program Director or their designee will ensure documentation is entered by the Adult Protective Services Investigator or their supervisor in the electronic case record to reflect the review and outcome.

e. If the review requires a change in the maltreatment findings, the outcome and evidence to support the change of findings will be documented in the system of record (through a case note) and the findings in the case record will be changed to reflect the outcome of the review. The requestor and all appropriate partners will be notified of the outcome of the review.

f. The review will be documented in the official system of record through a case note identifying the type of review and outcome of review with note to see attached documentation. The Review of Maltreatment Findings Form along with the letters and correspondence sent regarding outcome of the review will be uploaded as an attachment to the case note. The regional program director is responsible for ensuring the appropriate documentation is captured in the official system of record.

g. The Region APS Director will ensure all necessary recommendations are completed and will notify, in writing, all subjects of the investigation and appropriate external partner agencies of any changes.

h. Exceptions – An internal review may not be conducted on an investigative file past the Department's retention schedule. Adult protective investigations with substantiated findings are retained through eight (8) years after investigative closure. If there is a conflict with the Regional Program Director or their designee completing the review (due to a conflict of interest or other concerns based on the circumstances of the case), the situation will be escalated to the Statewide Program Director for consideration of the review being completed by another regional director.

REVIEW OF MALTREATMENT FINDINGS

REQUESTOR	
*Request Date:	*Requestor Phone #:
*Requestor Name:	*Requestor Email:
*Requestor Address:	

CASE INFORMATION		
*Case ID:	*Intake/Investigation Number:	
*Case Name:	*Requestor's role in investigation:	
*Current Maltreatments and Findings at Initiation of Review:		
Maltreatment	Findings	Caregiver Responsible/ AP

Outcome and Supporting Evidence or Additional Documentation		
Document the outcome of the review and supporting evidence:		
*Maltreatments/Findings at Completion of Review:		
Maltreatment	Findings	Caregiver Responsible/ AP

Outcome	Date
* Review Completed	
* Staffed with Investigative Team	
* Requestor or Caregiver Responsible notified of outcome	
* Maltreatment findings updated in FSFN (if applicable)	
*Additional Notifications completed (as necessary)	
Law Enforcement	
State Attorney's Office	
Licensing Entity	
Other: _____	
*Person Conducting Review:	
*Regional Point of Contact:	
*Person Making Edit in System of Record:	
*Date Edit Completed:	

Chapter 19

FATALITIES (DEATH INVESTIGATION)

19-1. Purpose. To provide information and procedures for the Protective Investigator when preparing to investigate a report in which the vulnerable adult's death is alleged to be the result of abuse and/or neglect. This chapter identifies actions the investigator will complete to ensure a thorough investigation. This chapter should be reviewed in conjunction with CFOP 140-11, Chapter 4.

19-2. Referral to the Registered Nurse Specialist (RNS).

a. The API will notify the region RNS within 24 hours or the next working day of receipt of the initial Hotline report alleging death due to abuse/neglect.

b. The RNS will contact the API and staff the case within 24 hours of receipt of the referral. The RNS will consult with the API to request the relevant medical investigative information (death certificate, autopsy report) needed for the assessment, to include but not limited to, medical records and specific questions to be included in the investigative process.

c. If a vulnerable adult dies during an open investigation, the API or APIS must notify the RNS of the death within 48 hours if the original maltreatment required an objective medical opinion for verification. The API, APIS and RNS must consult and determine whether there is a reasonable suspicion the death was caused by abuse or neglect. When appropriate, the API or APIS will add the death maltreatment to the open investigation. The consultation must be documented in the electronic case record by the API.

d. The API or API Supervisor must consult with the RNS prior to adding death allegation maltreatment to an existing open investigation.

19-3. Determine Eligibility as a Vulnerable Adult.

a. If the alleged vulnerable adult is deceased prior to case commencement, the investigator must verify that the alleged victim in the report was a vulnerable adult at the time of death as defined in Chapter 415, F.S. For this determination, the investigator should utilize statements provided by family members, caregivers, (when available) medical/mental health records; medical/mental health professionals and any relevant documents.

b. Section 415.102(28), F.S., defines a vulnerable adult as one who is 18 years of age or older whose ability to perform the normal activities of daily living or to provide for his or her own care or protection is impaired due to a mental, emotional, sensory, long-term physical, or developmental disability or dysfunction, brain damage, or the infirmities of aging.

c. The investigator must document the vulnerable adult's eligibility at the time of death by recording in the electronic case record whether the victim met the criteria for a vulnerable adult, the appropriate disabilities or dysfunctions that applied to the vulnerable adult, AND how the determination (verification of eligibility) was made.

19-4. Capacity to Consent to or Refuse Services Determination.

a. A Capacity to Consent to or Refuse Services (CTC) Assessment and determination for deceased vulnerable adult(s) is not required unless it is determined by the API, API Supervisor or the RNS to be a factor in the outcome of the investigation. If necessary, the CTC determination will be documented in the RNS assessment report in the electronic case record.

b. For investigations in which the vulnerable adult is deceased prior to the receipt of the report,

and the vulnerable adult's CTC at the time of the alleged abuse/neglect is NOT a factor in the investigation, the investigator should document their reasoning for determining that the vulnerable adult's mental capacity is not a factor in the overall investigation in the electronic case file notes.

19-5. Safety/Risk Assessment. For investigations which allege death due to abuse and/or neglect, it is vital that the investigator evaluate and assess the overall level of risk as it impacts other vulnerable adults in the care of the alleged perpetrator. Whenever it appears that a vulnerable adult may have died as a result of abuse or neglect and other person(s) are residing in the home or facility, adult protection staff must conduct an on-site visit within the priority timeframe to ensure the safety and well-being of the other person(s).

If there are no other vulnerable adults at risk, a safety assessment and plan is not required, with the API documenting such in the electronic case management notes. The API will also notify their supervisor to do an initial review via email and a reminder "to-do" notification in the electronic case management system.

The API supervisor must complete an initial review of the investigation within six (6) days of the decision date/time to screen in the investigation.

19-6. Notifications. Communication and coordination between the various entities involved in adult death cases is essential to maximize information sharing and avoid duplication of effort. In addition, the responsibility for responding to and preventing adult deaths due to abuse and/or neglect belongs to the community, not any single agency or entity.

a. The investigator must ensure timely notification of and appropriate coordination with law enforcement, the medical examiner, the state attorney's office, Medicaid Fraud Control Unit, Agency for Health Care Administration and other community agencies involved in the investigation.

b. Medical Examiner. In death reviews, the medical examiner's report can be of importance to the findings of the investigation. Death reports are not to be closed prior to the receipt of essential information related to the investigation. If the medical examiner gives a verbal report of his findings, the investigation does not have to remain open until the final report is received.

19-7. Responsibilities of Adult Protection Staff Conducting Investigations. Whenever it appears that a vulnerable adult may have died as a result of abuse or neglect, an immediate assessment must be conducted to ensure the safety and well-being of any other person(s) residing in the home or facility. In addition to completing this assessment, adult protection staff must conduct a thorough investigation of the circumstances surrounding the death, including:

a. Gathering all relevant information necessary to determine whether the death was due to abuse or neglect, including, but not limited to:

- (1) The vulnerable adult's death certificate.
- (2) If ordered, a copy of the toxicology report.
- (3) A copy of the medical examiner's final autopsy report of the death if an autopsy was conducted.
- (4) A copy of the law enforcement investigation of the death incident, if applicable
- (5) All criminal history records and abuse reports pertaining to the alleged perpetrator for the vulnerable adult's death, if applicable
- (6) All prior adult protective services records pertaining to the vulnerable adult, the alleged perpetrator for the vulnerable adult's death and/or household members, if applicable, and prior reports on

facilities when the death is alleged to be from abuse or neglect by facility staff; and,

(7) All current and prior Adult Protection Team reports, or other pertinent medical, psychological, or social service records relevant to the vulnerable adult, the alleged perpetrator for the vulnerable adult's death and/or household members, if applicable.

b. The RNS is required to provide the API with a comprehensive list of all medically relevant items necessary for the investigation, enabling the RNS to conduct a thorough review of the intake, allegations and the investigation.

(1) The RNS will assist the API with fieldwork as often as needed and participate in interviews.

(2) All intakes involving death will require a final medical review conducted by the RNS, prior to case closure, regardless of initial or final findings by the API.

c. The API and their supervisor are responsible for conducting a staffing with a Registered Nurse Specialist (RNS) every 15 days for all death investigations.

d. Reviewing information entered in the electronic case record for accuracy and completeness prior to closure. Appropriate findings must be entered for the maltreatment of Death Due to Abuse or Neglect and for the maltreatment code that best describes the cause of death.

e. Ensuring the summarized findings in the electronic case record clearly reflect the cause and circumstances surrounding the vulnerable adult's death. The date of death and findings from the medical examiner and law enforcement (including the status of criminal prosecution, if applicable) must be included in the summary to the extent that information is available prior to closing the report.

f. All intakes involving the death maltreatment will require a second-party review before closure, regardless of initial or final findings. This review is to be conducted by a program administrator, the regional program supervisor, or regional director.

(1) Work with Adult Protective Investigation staff to be sure the investigation and the review are thorough and that all issues are appropriately addressed.

(2) Review all adult reports alleging death due to abuse or neglect for completeness and accuracy prior to case closure.

(3) Complete and document their review in the electronic case record within (3) three working days.

g. All facility death reports must undergo a final review staffing before closure to discuss investigative actions taken and findings. The review involves the API, Supervisor, Program Administrator, and the RNS. These parties must agree on the selection of the alleged perpetrator, completion of all investigative actions, and the report findings. If a consensus cannot be reached, the Regional Program Supervisor (RPS) will be involved. After review, the RPS will determine if the investigation is ready to be closed or if additional actions are required.

19-8. Statutory Requirements Regarding Records.

a. Generally, reports alleging the death of a vulnerable adult due to abuse or neglect are confidential. However, section 415.107(3)(l), F.S., provides access "To any person in the event of the death of a vulnerable adult determined to be a result of abuse, neglect, or exploitation. Information identifying the person reporting abuse, neglect, or exploitation shall not be released. Any information otherwise made confidential or exempt by law shall not be released pursuant to this paragraph."

b. Section 415.1071, F.S., provides that any person or organization may petition the court for an order making public Department of Children and Families records that pertain to investigations of abuse, neglect, or exploitation. Specific procedures governing the release of information are contained in CFOP 15-12.

c. The requirement in section 415.107(3)(l), F.S., to release records of the death investigation applies only to records in which it was determined that the vulnerable adult's death was the result of abuse or neglect. This means that, as a result of an adult protective investigation, there were substantiated findings the vulnerable adult died as a result of abuse or neglect.

19-9. Operations Response to Vulnerable Adult Death.

a. Adult Protective Services staff are often exposed to end-of-life situations involving vulnerable adults. The following outlines the responsibilities of APS administration as it relates to staff wellbeing when staff are involved with death cases and or other stressful circumstances during their APS duties.

b. Responsibilities of APS Region-Directors. In addition to notification responsibilities, the region APS Director must ensure implementation of, and ongoing activities related to, the region's death review process, including providing emotional or other support to staff, as needed.

(1) The region APS Director is responsible for establishing an environment that will provide emotional support for adult protection staff and supervisors who have been directly involved in a case in which a vulnerable adult has died. The region APS Director will ensure that staff who have been directly involved with a vulnerable adult death may be initially placed on administrative leave and receive support through the Employee Assistance Program (EAP).

(2) The additional pressures associated with the death investigation process may further inhibit their ability to cope with the tragedy. In some instances, support services such as the following may be indicated to help staff through times of stress:

(a) Peer support from other staff, including those who have experienced a vulnerable adult death on their caseload or those who are known to be especially supportive in such situations

(b) Temporary assistance with duties from staff within the unit, including leave or a reduced caseload

(c) Referral to or information regarding the Employee Assistance Program (EAP)(under the umbrella of the EAP, an employee may be allowed time off from work without using personal leave for grief and loss resolution counseling); and,

(d) Assigning another investigator/counselor to complete the investigation or provide services to the survivors, if appropriate. This action should be taken if requested by the investigator/counselor, or if determined necessary by region/circuit management.

Chapter 20

CRIMINAL, CIVIL, AND ADMINISTRATIVE ACTIONS AND
PENALTIES RELATING TO FALSE REPORTING

20-1. Purpose. This chapter provides information, guidelines, and procedures for determining if a false report of abuse, neglect, or financial exploitation of a vulnerable adult has been made and what the possible criminal, civil, and administrative actions and penalties may be applied.

20-2. Identifying False Reports.

a. Section 415.102(10), F.S., defines "False report" as a report of abuse, neglect, or financial exploitation of a vulnerable adult to the central abuse hotline which is not true and is maliciously made for the purpose of: (a) Harassing, embarrassing, or harming another person; (b) Personal financial gain for the reporting person; (c) Acquiring custody of a vulnerable adult; or (d) Personal benefit for the reporting person in any other private dispute involving a vulnerable adult. The term "false report" does not include a report of abuse, neglect, or financial exploitation of a vulnerable adult which is made in good faith to the Florida Abuse Hotline.

b. The department may become aware of a potential false report through many channels, such as staff observation, information received from third parties, or from a complaint submitted by the alleged perpetrator or vulnerable adult.

c. In determining whether a report has been filed maliciously, the investigator, in consultation with their supervisor and legal counsel, shall consider the following factors where applicable. It shall not be necessary for all factors to be present in each case in order to determine that a report is false.

(1) Have the facts alleged in the report been determined to be untrue?

(2) Has the reporter admitted that the report is untrue or that it is a false report?

(3) Have previous criminal charges been filed for false reporting; and if so, when?

(4) Has the reporter made contradictory statements?

(5) Have prior reports by this reporter been determined to be false or to have no indicators of abuse, neglect, or financial exploitation?

(6) Have statements been made during the investigation which indicates retaliation or malicious intent?

(7) Is there a history of family disputes?

(8) Is the reported information patently false relative to what is observable?

(9) Is the information provided by an individual who witnessed the reporting of false information or to whom the reporter admitted to filing a false report?

(10) Is there likelihood of personal or financial gain for the reporter?

(11) Did the alleged perpetrator have access to the vulnerable adult(s) or their financial resources at the time the alleged maltreatment occurred?

(12) Is there any other relevant information from neighbors, relatives, professionals, or other persons?

d. When the department suspects that a false report has been made, the department must advise the reporter of the potential criminal, civil, and administrative penalties.

e. When the department suspects that a false report has been made, the investigator must advise the alleged perpetrator of their rights to pursue civil or criminal penalties (or both) against the false reporter. (See procedure below in section

f). Reporter information remains confidential until a determination has been made by the Department.

g. When a report is determined to be a false report, the protective investigator will:

(1) Staff the case with the program administrator, supervisor, and general counsel.

(2) Obtain the written consent of the alleged perpetrator to refer the report to local law enforcement for investigation and possible prosecution of the false reporter by law enforcement.

(3) If the alleged perpetrator does not consent to a referral to law enforcement, document the information and close the report under an expedited closure (see Chapter 18 of this operating procedure).

(4) If the alleged perpetrator consents to a referral to the law enforcement, submit all information gathered, along with the written consent of the alleged perpetrator to legal counsel.

(5) Obtain assistance from legal counsel in pursuing an administrative fine for false reporting as well as referring the report to the local law enforcement agency having jurisdiction. See paragraph 22-3c of this operating procedure.

h. Each APS Regional Program office shall submit a yearly report of the number of referrals to local law enforcement to the Adult Protective Services Headquarters office. Each yearly report is due in the Adult Protective Services Headquarters on or before June 15 and will include the number of referrals for the previous fiscal year. Headquarters will include data from all circuits and regions in a report to the legislature.

20-3. Administrative Actions and Administrative Fines for False Reporting.

a. Administrative actions are processed before administrative agencies as distinguished from judicial actions before a court. Section 415.1113, Florida Statutes, provides the department with the authority to fine a false reporter through the administrative process.

b. The department may impose an administrative fine upon any person who knowingly and willfully makes a false report of abuse, neglect, or financial exploitation of a vulnerable adult or upon any person who counsels or advises another person to make a false report. Fines may not exceed \$10,000.00 for each violation and are in addition to criminal penalties for false reporting.

c. When protective services staff determines that a person has knowingly and willfully made a false report of abuse, neglect, or financial exploitation to the Florida Abuse Hotline, staff will notify the unit supervisor. The unit supervisor will immediately notify legal counsel, in writing, of the false report. The written notice to legal counsel must contain:

(1) The report phone number;

(2) The findings of the maltreatment in the report;

(3) The name, age, and address of the reporter;

(4) The facts supporting the allegation that the reporter knowingly and willfully filed a false report with the Abuse Hotline; and,

(5) The recommended administrative fine to impose on the individual, in compliance with section 415.1113, F.S.

d. Legal counsel may, after consulting with APS Operations, opt to send a warning letter to the reporter (see sample warning letter in Appendix A to this operating procedure), in lieu of pursuing administrative fines (section 415.1113(1), F.S.).

e. Resources of the false reporter should not be considered in recommending fines.

f. The following chart provides guidelines for determining the amount of an administrative fine to impose:

TABLE 22-4 GUIDELINES FOR ADMINISTRATIVE FINES	
FINE AMOUNT	GUIDELINES
<ul style="list-style-type: none"> • \$1.00 to \$2,500.00 	<p>1. No prior false report or history of counseling or advising others to make a false report; AND Action(s) taken within 24 hours to retract or recant a false report; AND Little or no adverse effect on the subject(s) of the false report.</p>
<ul style="list-style-type: none"> • \$2,500.00 to \$5,000.00 	<p>2. No prior false report or history of counseling or advising others to make a false report; AND Action(s) taken prior to classification to retract or recant the false report, or no action taken; AND Some adverse effect on the subject(s) of the false report.</p>
<ul style="list-style-type: none"> • \$5,000.00 to \$10,000.00 	<p>3. A previous false report or history of counseling or advising others to make a false report; AND/OR Action(s) taken to encourage the investigation by providing additional false information, AND/OR;</p> <p>Significant adverse effect on the subject(s) of the false report; AND/OR, A false report made by, or with the encouragement or counsel of, a professional person specifically identified in section 415.1034, F.S., as a mandatory reporter.</p>

Chapter 21

TEAM APPROACH TO SPECIAL FACILITY INVESTIGATIONS FOR REGISTERED NURSE SPECIALISTS AND PROTECTIVE INVESTIGATORS

21-1. Purpose. The purpose of this chapter is to provide information and procedures for conducting investigations using a team approach by Registered Nurse Specialists (RNS) and Adult Protective Investigators (API) in special facility settings. "Special Facility Settings" refers to vulnerable adult(s) residing, committed to, or placed at DCF owned or contracted state mental treatment facilities. This chapter does not include those "facility" coded investigations involving in-home services through companies designed to provide nursing, personal care, supervision, or other services to vulnerable adults in their own homes, or to vulnerable adults in assisted living facilities, adult group homes, hospitals, or foster homes.

21-2. When to Use a Team Approach for Investigations in Special Facility Settings.

a. For investigations in State Mental Health Treatment Facilities, a team approach will be utilized. Investigations in these facilities an APS RNS will accompany the protective investigator to the initial and subsequent visits to the facility to assist with collection and review of on-site of medical records, interviews with the vulnerable adult(s) and facility staff.

b. This team approach involving the APS RNS at the beginning of the investigation would be limited to the following allegations:

(1) Death due to Abuse or Neglect

(2) Sexual Abuse within the last 120 hours

(3) Significant Injury that could result in death, which may include Decubitus, Burns, Internal Injuries

(includes brain or spinal cord damage, intra-cranial hemorrhage) Bone Fracture (includes skull fracture) and Asphyxiation.

21-3. Preparation for the Special Facility Investigation.

a. Preparation for the Special facility investigation involving vulnerable adult(s) is similar to the approach used in all investigations. The RNS must be notified as soon as possible of the investigations in a special facility setting in order to coordinate a joint response with the API.

b. A key safety element prior to beginning these investigations is to review prior histories and known patterns of patient behavior encountered in past investigations.

c. The RNS and API must review all prior reports on named facilities closed within one year of screen-in decision date of the current investigation prior to the initial on-site attempt to see the vulnerable adult.

d. The vulnerable adult(s) right to privacy should always be a consideration, however professional judgment should be used when interviewing known violent patients regarding where to conduct the interview and number of facility staff to have on standby or present during the interview.

21-4. Commencement of Investigations in Special Facility Settings. Commencement is defined as activities that begin an investigation but are prior to making an on-site face-to-face visit with the vulnerable adult(s).

- a. Review and documentation of prior department or criminal history for named vulnerable adult(s), alleged perpetrators, and facility.
- b. Reporter contact should be attempted or made prior to making an on-site visit to see the vulnerable adult(s) as in all investigations. Commencement only occurs when contact has been made and there is an exchange of information.
- c. When entering the premises of a facility, the RNS and API should inform the administrator or operator of the facility (or designee) prior to speaking to the vulnerable adult(s). This notification is the "entrance interview." In some instances, it may be appropriate to see the vulnerable adult(s) or collect records prior to conducting the entrance interview. If the facility (staff) is also the caregiver and/or AP, the administrator or operator of the facility (or designee) should be provided the Notification of Subjects pamphlet. The entrance interview is a courtesy to the facility, a means to gain additional information, and a means of enlisting the cooperation of facility staff with the investigation and must be documented in the current electronic case record.
- d. Prior to interviewing vulnerable adult(s) in facility settings such as state hospitals or mental health facilities, it is critical to know as much as possible about the person's behaviors to determine the safety of both vulnerable adult(s) and APS staff during the interview process. Otherwise, interviewing the vulnerable adult(s) in a facility setting is the same as any other setting and requires notification of rights, the HIPAA information, assessing capacity to consent to or refuse services, and the interview regarding the allegations.
- e. Interviews of the alleged perpetrators and collaterals are the same in special facility settings as in any other investigation.
- f. Interviews with collaterals in special facility settings include, but are not limited to, other residents/patients, roommates of the subject, other staff, family members, medical staff, guardians (if applicable), psychologists, shift supervisors, hospital victim's advocate or risk management, security (if on state hospital grounds), service team members, the qualified mental health professional, and any other person with information about the allegations in the investigation.

21-5. Gathering Evidence in Special Facility Settings. Investigations in special facility settings have an advantage over other types of investigations. These settings can provide a wealth of information, both medical and personal, on individuals in placement and can often offer insight into the allegations. Vulnerable adult(s) information in special facility settings include, but is not limited to, the following evidence:

- a. Photographs. Each photograph must be uploaded into the electronic case record. In addition, a note to the file should be entered in the electronic case record that indicates the subject of the photo, photographer, date taken and a brief description of the photograph.
- b. Copies of medical records including physician's orders and the vulnerable adult's diagnosis.
- c. Copies of daily client logs.
- d. Copies of court orders if involuntarily committed to specific facility.
- e. Guardian/guardianship papers.
- f. Copy of mental health assessment or capacity determination established by the facility.
- g. Financial records kept on behalf of the individual.
- h. Security reports/Incident reports generated by the facility.

- i. Vulnerable adult's care/service plan if applicable to investigation.
- j. Any other documented evidence generated by the facility that helps establish findings.

21-6. Determining Capacity to Consent or Refuse Services.

a. For residents of state hospitals, mental health facilities, or development disability defendant program facilities for defendants with an intellectual disability, capacity may be already determined via a court order indicating the vulnerable adult(s) is incapacitated. These individuals cannot make requests or decisions about services offered. Residents of these type settings have been involuntarily committed by a judge in a court proceeding.

b. The RNS and API must determine capacity to consent or refuse to services for residents that have not been determined to be incapacitated by either court order or by physician's statement.

21-7. Documentation.

a. As in all investigations, all actions by the RNS and API will be entered into the electronic case management system. Based on the evidence, the investigative report in the electronic case record must meet all required documentation for case closure.

b. The RNS will complete a full nursing assessment as outlined in CFOP 140-11 into the electronic case record.

21-8. Conclusion of Investigations for Vulnerable Adult(s) in Special Facility Settings.

a. Follow-up visits/contact with vulnerable adult(s) prior to closing an investigation in special facility settings are the same as those set forth in all investigations.

b. Facility reports with substantiated findings of abuse, neglect, or financial exploitation that occurred due to systemic issues within the facility will have an "unknown" AP, as there was no staff identified as being directly responsible. Systemic issues identified during a facility investigation must be reported to the agency who has licensing authority over the facility.

c. Facility reports require an exit interview with the administrator/designee to share the findings and any recommendations of the investigation. This exit interview will be completed using the Notice of Conclusion (form CF AA 1042, available in DCF Forms) and is to be provided to the facility/institutional administrator. If the vulnerable adult(s) still resides in the facility, the API may use this exit interview as notification to the primary caregiver of investigation closure. This notification will not substitute for the required closure notification to a vulnerable adult(s) who has capacity to consent to services. This may be completed in person, by email, or U.S. Postal Service mail and must be documented in the electronic case record. A copy of the Notice of Conclusion form must also be stored in the electronic case record.

APPENDIX A

Sample False Report Warning Letter

(use letterhead paper)

Date:

CERTIFIED MAIL:

RE: False Report to Florida Abuse Hotline

Dear :

The Department of Children and Families has determined that you made a report to the Florida Abuse Hotline System, which was false, and was made maliciously.

Florida Statutes Subsection 415.102(10) defines "False report" as a report of abuse, neglect, or exploitation of a vulnerable adult to the central abuse hotline which is not true and is maliciously made for the purpose of: (a) Harassing, embarrassing, or harming another person; (b) Personal financial gain for the reporting person; (c) Acquiring custody of a vulnerable adult; or (d) Personal benefit for the reporting person in any other private dispute involving a vulnerable adult. An administrative fine up to \$10,000.00 may be imposed for each report determined to be false. (Section 415.111(3), Florida Statutes)

In addition to the above administrative penalties, a person who knowingly and willfully makes a false report, or who advises another to make a false report, is guilty of a felony of the third degree, punishable by 5 years imprisonment and another \$5,000.00 fine. (Sections 415.111, 775.082; 775.083, Florida Statutes.)

Please be advised, if you make another report to the abuse hotline that is determined to be false, the Department of Children and Families will impose an administrative fine for the maximum amount allowed for each false report made, including past reports. The Department, at that time, also may make a referral to law enforcement for criminal prosecution.

Sincerely,

Assistant Regional Counsel

cc: Adult Protective Investigations Unit
Adult Protective Operations Program Administrator

APPENDIX B

API False Reporting Staffing Form

FSFN Report #: _____ Report Status: CLOSED Date Closed: _____
API Name: _____ Telephone: _____

***REQUIRED INFORMATION:**

*Alleged False Reporter: _____
(Name required)

*Address (required): Street/Mailing: _____
City: _____ State: _____ Zip: _____

Alleged Vulnerable Adult & Relationship to Reporter: _____

Prior FSFN/HSN/FPSS Reports filed by alleged false reporter (if relevant):

(1) Have the facts alleged in the report determined to be untrue? _____

(2) Has the reporter admitted that the report is untrue or that it is a false report? _____

(3) Have previous criminal charges been filed for false reporting; and if so, when? _____

(4) Has the reporter made contradictory statements? _____

(5) Have prior reports by this reporter been determined to be false or to have no indicators of abuse, neglect or exploitation? If so, give report numbers:

(6) Have statements been made during the investigation which indicates retaliation or malicious intent?

(7) Is there a history of family disputes? _____

(8) Is the reported information patently false relative to what is observable? _____

(9) Is the information provided by an individual who witnessed the reporting of false information or to whom the reporter admitted to filing a false report? _____

(10) Is there likelihood of personal or financial gain for the reporter? _____

(11) Did the alleged perpetrator have access to the vulnerable adult at the time the alleged maltreatment occurred? _____

(12) Is there any other relevant information from neighbors, relatives, professionals or other persons? _____

Recommended Action: _____

Law Enforcement Notified? YES or NO If so, state report number/information: _____

Alleged Perpetrator Notified of Agency Action? YES or NO If so, does the AP have any objection to the proposed action? Attach copy of AP written consent for referral to law enforcement.

Signatures:

API: _____ Date: _____

API Supervisor: _____ Date: _____

APS Program Administrator: _____ Date: _____

Received at Legal: _____

File Number: _____

Warning Letter Date: _____

RRR/Cert #: _____

Date RRR/Cert Letter Signed For/Name: _____

Legal Further Action _____

APPENDIX C

MALTREATMENTS WHERE A MEDICAL PROFESSIONAL DIAGNOSIS IS REQUIRED OR PREFERRED

According to the Adult Allegation Matrix, certain allegations of maltreatment either require or it is preferred there be documentation from a medical professional diagnosis for verification.

To verify the following maltreatments, an unbiased medical professional diagnosis is required (see CFOP 140-2, Appendix E, Allegation Matrix for additional source information).

Maltreatment Name	Medical Professional Diagnosis Required
Physical Injury Allegations	
Bone Fracture	Yes
Internal Injuries	Yes
Asphyxiation/Suffocation/Drowning	Yes (if death occurs)
Neglect Allegations	
Malnutrition/Dehydration	Yes
Medical Neglect	Yes
Decubitus	Yes
Mental Injury Allegations	
Confinement/Bizarre Punishment	Yes (required for mental/psychological abuse)
Substance Abuse	
Substance Misuse Maltreatment	Yes
Other Physical Injury	
Sprain	Yes
Dislocation	Yes
Other Mental or Psychological Injury	Yes
Death Allegation	
Death Due to Abuse/Neglect	Yes
Sexual Abuse Allegations	
Sexual Battery	Yes

To verify the following maltreatments, an unbiased medical professional diagnosis is preferred but not required (see CFOP 140-2, Appendix E, Allegation Matrix for additional source information).

Maltreatment Name	Medical Professional Diagnosis Preferred
Physical Injury Allegations	
Burn/Scald	Yes
Asphyxiation/Suffocation/Drowning	Yes (if death does not occur)
Bruises/welts/cuts/puncture bites	Yes
Sexual Abuse Allegations	
Sexual Abuse	Yes

Appendix D

DEFINITIONS TO TERMS USED IN THIS OPERATING PROCEDURE

This Appendix provides definitions of terms used throughout this operating procedure. The definitions are based on the definitions of terms used in sections 415.101-415.113, Florida Statutes.

- (1) “**Abuse**” means any willful act or threatened act by a relative, caregiver, or household member which causes or is likely to cause significant impairment to a vulnerable adult’s physical, mental, or emotional health. Abuse includes acts and omissions.
 - (2) “**Activities of Daily Living**” (ADL) means functions and tasks for self-care, including ambulation, bathing, dressing, eating, grooming, toileting, and other similar tasks.
 - (3) “**Alleged perpetrator**” means a person who has been named by a reporter as the person responsible for abusing, neglecting, or exploiting a vulnerable adult.
 - (4) “**Capacity to consent**” means a vulnerable adult has sufficient understanding to make and communicate responsible decisions regarding the vulnerable adult’s person or property, including whether or not to accept protective services offered by the department.
 - (5) “**Caregiver**” means a person who has been entrusted with or has assumed the responsibility for frequent and regular care of or services to a vulnerable adult on a temporary or permanent basis and who has a commitment, agreement, or understanding with that person or that person’s guardian that a caregiver role exists. “Caregiver” includes, but is not limited to, relatives, household members, guardians, neighbors, and employees and volunteers of facilities (as defined in (9)). (For the purpose of departmental investigative jurisdiction, the term “caregiver” does not include law enforcement officers or employees of municipal or county detention facilities or the Department of Corrections while acting in an official capacity.)
 - (6) “**Deception**” means a misrepresentation or concealment of a material fact relating to services rendered, disposition of property, or the use of property intended to benefit a vulnerable adult.
 - (7) “**Department**” means the Department of Children and Families.
 - (8) “**Early Services Intervention (ESI)**” The APS Counselor can provide short-term case management, supportive or placement services to a vulnerable adult named in an investigation of abuse, neglect, or exploitation report prior to the close of the protective investigation, including court ordered protective supervision while awaiting the court order. This allows the vulnerable adult and his/her family to begin receiving services as soon as the API identifies the service needs.
 - (9) “**Exploitation**” means a person who:
 - (a) Stands in a position of trust and confidence with a vulnerable adult and knowingly, by deception or intimidation, obtains or uses, or endeavors to obtain or use, a vulnerable adult’s funds, assets, or property with the intent to temporarily or permanently deprive a vulnerable adult of the use, benefit, or possession of the funds, assets, or property for the benefit of someone other than the vulnerable adult; or
 - (b). Knows or should know that the vulnerable adult lacks the capacity to consent, and obtains or uses, or endeavors to obtain or use, the vulnerable adult’s funds, assets, or property with the intent to temporarily or permanently deprive the vulnerable adult of the use, benefit, or possession of the funds, assets, or property for the benefit of someone other than the vulnerable adult.
- “Exploitation” may include, but is not limited to:
- (a) Breaches of fiduciary relationships, such as the misuse of a power of attorney or the abuse of guardianship duties, resulting in the unauthorized appropriation, sale, or transfer of property.

- (b) Unauthorized taking of personal assets.
- (c) Misappropriation, misuse, or transfer of moneys belonging to a vulnerable adult from a personal or joint account; or
- (d) Intentional or negligent failure to effectively use a vulnerable adult's income and assets for the necessities required for that person's support and maintenance.

(10) **"Facility"** means any location providing day or residential care or treatment for vulnerable adults. The term "facility" may include, but is not limited to, any hospital, state institution, nursing home, assisted living facility, adult family-care home, adult day care center, residential facility licensed under chapter 393, adult day training center, or mental health treatment center.

(11) **"False report"** means a report of abuse, neglect, or exploitation of a vulnerable adult to the central abuse hotline which is not true and is maliciously made for the purpose of:

- (a) Harassing, embarrassing, or harming another person.
- (b) Personal financial gain for the reporting person.
- (c) Acquiring custody of a vulnerable adult; or
- (d) Personal benefit for the reporting person in any other private dispute involving a vulnerable adult.

The term "false report" does not include a report of abuse, neglect, or exploitation of a vulnerable adult which is made in good faith to the central abuse hotline.

(12) **"Family"** means spouses, former spouses, persons related by blood or marriage, persons who are presently residing together as if a family or who have resided together in the past as if a family, and persons who are parents of a child in common regardless of whether they have been married.

(13) **"Fiduciary relationship"** means a relationship based upon the trust and confidence of the vulnerable adult in the caregiver, relative, household member, or other person entrusted with the use or management of the property or assets of the vulnerable adult. The relationship exists where there is a special confidence reposed in one who in equity and good conscience is bound to act in good faith and with due regard to the interests of the vulnerable adult. For the purposes of this part, a fiduciary relationship may be formed by an informal agreement between the vulnerable adult and the other person and does not require a formal declaration or court order for its existence. A fiduciary relationship includes, but is not limited to, court-appointed or voluntary guardians, trustees, attorneys, or conservators of a vulnerable adult's assets or property.

(14) **"Guardian"** means a person who has been appointed by a court to act on behalf of a person; a preneed guardian, as provided in chapter 744 F.S.; or a health care surrogate expressly designated as provided in chapter 765 F.S.

(15) **"Household Member"** means persons who are presently residing together in a private, single dwelling unit.

(16) **"Home and Community Based Services"** are services that are provided to maintain vulnerable adults in their home.

a. Community Care for Disabled Adults (CCDA) is run by the Department's APS program and provides a link to community resources which help disabled adults ages 18 to 59 to remain as productive and comfortable as possible, while enabling them to remain in their own homes for as long as possible. These services include adult day care, personal care, chores, etc. See CFOP 140-8.

b. Community Care for Elders (CCE) is run by the Department of Elder Affairs for clients age 60+, providing the same services as the CCDA program.

c. Home Care for Disabled Adults (HCDA) is run by the Department's APS program and provides a monthly stipend to approved caregivers for providing 24-hour care to disabled adults ages 18 to 59.

d. Home Care for Elders (HCE) is run by the Department of Elder Affairs and provides a monthly stipend to approved caregivers for providing 24-hour care to elder adults ages 60+.

(17) **“In-home services”** means the provision of nursing, personal care, supervision, or other services to vulnerable adults in their own homes.

(18) **“Intimidation”** means the communication by word or act to a vulnerable adult that that person will be deprived of food, nutrition, clothing, shelter, supervision, medicine, medical services, money, or financial support or will suffer physical violence.

(19) **“Lacks capacity to consent”** means a mental impairment that causes a vulnerable adult to lack sufficient understanding or capacity to make or communicate responsible decisions concerning person or property, including whether to accept protective services.

(20) **“Statewide Medicaid Managed Care (SMMC)”** is a service in which clients are case managed by one of seven Managed Care Organizations (MCO). When crisis resolving services are identified as necessary for risk mitigation at the outcome of an APS investigation, and the vulnerable adult (regardless of age) is determined to be enrolled in SMMC, the referral for services is to be made directly to the MCO Plan. Upon determination (during an investigation of abuse, neglect, or exploitation) of the need for a referral for services for any vulnerable adult, APS staff will use the Florida Medicaid Management Information System (FMMIS) to determine whether the vulnerable adult is enrolled in SMMC. If it is determined that the vulnerable adult is SMMC enrolled, the investigator will submit the referral to the MCO Plan's primary and secondary contacts.

(21) **“Neglect”** means the failure or omission on the part of the caregiver or vulnerable adult to provide the care, supervision, and services necessary to maintain the physical and mental health of the vulnerable adult, including, but not limited to, food, clothing, medicine, shelter, supervision, and medical services, which a prudent person would consider essential for the well-being of a vulnerable adult. The term “neglect” also means the failure of a caregiver or vulnerable adult to make a reasonable effort to protect a vulnerable adult from abuse, neglect, or exploitation by others. “Neglect” is repeated conduct or a single incident of carelessness which produces or could reasonably be expected to result in serious physical or psychological injury or a substantial risk of death.

(22) **“Obtains or uses”** means any manner of:

- (a) Taking or exercising control over property.
- (b) Making any use, disposition, or transfer of property.
- (c) Obtaining property by fraud, willful misrepresentation of a future act, or false promise; or,
- (d)
 1. Conduct otherwise known as stealing; larceny; purloining; abstracting; embezzlement; misapplication; misappropriation; conversion; or obtaining money or property by false pretenses, fraud, or deception; or
 2. Other conduct similar in nature.

(23) **“Position of trust and confidence”** with respect to a vulnerable adult means the position of a person who:

- (a) Is a parent, spouse, adult child, or other relative by blood or marriage.
- (b) Is a joint tenant or tenant in common.
- (c) Has a legal or fiduciary relationship, including, but not limited to, a court-appointed or voluntary guardian, trustee, attorney, or conservator; or
- (d) Is a caregiver or any other person who has been entrusted with or has assumed responsibility for the use or management of the vulnerable adult's funds, assets, or property.

(24) **“Protective investigation”** means acceptance of a report from the central abuse hotline alleging abuse, neglect, or exploitation as defined in Chapter 415, F.S.; investigation of the report; determination as to whether action by the court is warranted; and referral of the vulnerable adult to another public or private agency when appropriate.

(25) **“Protective services”** means services to protect a vulnerable adult from further occurrences of abuse, neglect, or exploitation. Such services may include, but are not limited to, protective supervision, placement, and in-home and community-based services.

(26) **“Protective supervision”** means those services arranged for or implemented by the department to protect vulnerable adults from further occurrences of abuse, neglect, or exploitation.

(27) **“Psychological injury”** means an injury to the intellectual functioning or emotional state of a vulnerable adult as evidenced by an observable or measurable reduction in the vulnerable adult’s ability to function within that person’s customary range of performance and that person’s behavior.

(28) **“Records”** means all documents, papers, letters, maps, books, tapes, photographs, films, sound recordings, videotapes, or other material, regardless of physical form or characteristics, made or received pursuant to a protective investigation.

(29) **“Sexual abuse”** means acts of a sexual nature committed in the presence of a vulnerable adult without that person’s informed consent. “Sexual abuse” includes, but is not limited to, the acts defined in s. 794.011(1)(h), fondling, exposure of a vulnerable adult’s sexual organs, or the use of a vulnerable adult to solicit for or engage in prostitution or sexual performance. “Sexual abuse” does not include any act intended for a valid medical purpose or any act that may reasonably be construed to be normal caregiving action or appropriate display of affection.

(30) **“Victim”** means any vulnerable adult named in a report of abuse, neglect, or exploitation.

(31) **“Vulnerable adult”** means a person 18 years of age or older whose ability to perform the normal activities of daily living or to provide for his or her own care or protection is impaired due to a mental, emotional, sensory, long-term physical, or developmental disability or dysfunction, or brain damage, or the infirmities of aging.

(32) **“Vulnerable adult in need of services - VAINS”** means a vulnerable adult who has been determined by a protective investigator to be suffering from the ill effects of neglect not caused by a second party perpetrator and needs protective services or other services to prevent further harm.

APPENDIX E

APS ALLEGATION MALTREATMENT INDEX

TYPE: Types of maltreatments:

A – Abuse

N – Neglect

E – Exploitation

S – VA In need of services (Includes Caregiver Unavailable)

MALTREATMENT: Named maltreatments.

DEFINITION: Maltreatments defined.

(Sources: PDR, Medical Dictionary, Williams & Wilkins, First Edition, 1995.

Physician's Desk Reference, 59th Edition, Thompson PDR, 2005 and National Pressure Ulcer Advisory Panel, February 2007)

USAGE: Application for maltreatments.

SOURCES OF EVIDENCE: Evidence recommended to support or refute maltreatment(s). For maltreatments in which a medical opinion is *required* as a source of verification, regardless of findings.

ALLEGATION MALTREATMENT INDEX

PHYSICAL INJURY ALLEGATIONS

MALTREATMENT

BURNS (Burn/Scald)

BONE FRACTURE (includes)

- SKULL FRACTURE

INTERNAL INJURIES (includes)

- POISONING
- INAPPROPRIATE/EXCESSIVE DRUGS GIVEN
- BRAIN OR SPINAL CORD DAMAGE/INTRA-CRANIAL HEMMORRAGE

ASPHYXIATION (ASPHYXIATION/SUFFOCATION/DROWNING)

PHYSICAL INJURY (OTHER) (includes)

- BRUISE/WELT
- CUT/PUNCTURE/BITE
- SPRAIN
- DISLOCATION
- DEADLY WEAPON

SEXUAL ABUSE ALLEGATIONS

MALTREATMENT

SEXUAL ABUSE (includes)

- SEXUAL MOLESTATION
- SEXUAL BATTERY (INCEST)
- SEXUAL BATTERY (NOT INCEST)
- SEXUAL EXPLOITATION/LEWDNESS
- OTHER SEXUAL MALTREATMENT

MENTAL INJURY ALLEGATIONS

MALTREATMENT

CONFINEMENT/BIZARRE PUNISHMENT

- INAPPROPRIATE/EXCESSIVE RESTRAINTS
- INAPPROPRIATE/EXCESSIVE ISOLATION

MENTAL INJURY (OTHER MENTAL OR PSYCHOLOGICAL INJURY)

- HARASSMENT/BELITTLEMENT/RIDICULE

SUBSTANCE ABUSE ALLEGATIONS

MALTREATMENT

SUBSTANCE MISUSE (includes)

- INAPPROPRIATE/EXCESSIVE DRUGS GIVEN

EXPLOITATION ALLEGATIONS

MALTREATMENTS

EXPLOITATION (includes)

- (OBTAINS OR USES) BY DECEPTION/INTIMIDATION
- EXPLOITATION (ENDEAVORS TO OBTAIN OR USE) BY DECEPTION/INTIMIDATION
- EXPLOITATION WHEN VICTIM LACKS CAPACITY
EXPLOITATION OF \$50,000 OR GREATER

EXPLOITATION OF \$50,000 OR GREATER

EXPLOITATION OF LESS THAN \$50,000

NEGLECT ALLEGATIONS

MALTREATMENTS

INADEQUATE SUPERVISION (includes)

- INADEQUATE SUPERVISION – CAREGIVER PRESENT
- INADEQUATE SUPERVISION – CAREGIVER NOT PRESENT
- DEADLY WEAPON
- POISONING

ENVIRONMENTAL HAZARDS (includes)

- INADEQUATE SHELTER
- INADEQUATE CLOTHING
- INADEQUATE FOOD
- OTHER NEGLECT (NOT MEDICAL)

MALNUTRITION/DEHYDRATION

MEDICAL NEGLECT (includes)

- INAPPROPRIATE/EXCESSIVE DRUGS GIVEN

VULNERABLE ADULT(S) IN NEED OF SERVICES

- SELF NEGLECT (other)
- CAREGIVER UNAVAILABLE

DEATH ALLEGATIONS

DEATH DUE TO ABUSE/NEGLECT

PHYSICAL INJURY ALLEGATIONS

BURNS (Burn/Scald)	A/N
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DEFINITION: BURN: A tissue injury resulting from excessive exposure to thermal, chemical, electrical or radioactive agents. The effects vary according to the type, duration and intensity of the agent and part of the body involved. Burns are usually classified as:

- First Degree: Superficial burns in which the damage is limited to the outer layer of the skin.
- Second Degree: Burns in which the damage extends through the outer layer of the skin into the inner layer. Blistering will be present within 24 hours.
- Third Degree: Burns in which the skin is destroyed with damage extending into underlying tissues, which may be charred or coagulated.

SCALD: A burn to the skin or flesh caused by hot liquid or steam. A scald is deeper than a burn from dry heat and should be treated as a burn.

USAGE: The action or willful omission by the alleged perpetrator must be directly attributable by abuse or neglect perpetrated by a second party. Severe burns, burns of an unknown origin, or burns where the injury is not consistent with the explanation provided should be examined by a physician or a registered nurse, if possible. Such burns include cigarette burns; burns in which it appears a hot instrument was applied to the skin; immersion burns that indicate dunking in a hot liquid. (“Stocking” burns on the arms or legs or “doughnut” burns on the buttocks and genitalia.)

SOURCES OF EVIDENCE: Any of the following may be necessary depending on the circumstances:

1. Documentation from medical professional diagnosis (preferred); or
2. Documentation of a Medical Professional’s opinion the injury was/was not the result of abuse or neglect (preferred); or
3. Documentation from law enforcement officer; or
4. Observation by PI; or
5. Direct admission from the alleged perpetrator; or
6. Statement of witnesses; or
7. Statement of vulnerable adult.

BONE FRACTURE	A/N
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DEFINITION: A fracture or broken bone. There are several types of fractures, the most common being:

Simple: The bone is broken, but there is no external wound. Also known as Closed Fracture

Compound: The bone is broken, and there is an external wound leading down to the site of fracture or fragments through the skin. It can also be known as Open Fracture.

Complicated: The bone if broken and has injured some internal organ, such as a broken rib piercing a lung. There is significant soft tissue injury.

Spiral: Twisting which causes the line of the fracture to encircle the bone in the form of a spiral.

Skull Fracture: A broken bone in the skull.

USAGE: The action or willful omission by the alleged perpetrator must be directly attributable to abuse or neglect perpetrated by a second party.

SOURCES OF EVIDENCE: Any of the following may be necessary depending on the circumstances:

1. Documentation from medical professional diagnosis (required).
2. Documentation of a Medical Professional’s unbiased opinion the injury was/was not the result of abuse or neglect (required); or
3. Observation from PI; or
4. Direct admission from the alleged perpetrator; or
5. Statement of witnesses; or
6. Statement of vulnerable adult(s).

INTERNAL INJURIES	A/N
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DEFINITION: A wound or other specific damage to an internal organ of the body occupying the thoracic, abdominal, or cranial cavities. This injury is not visible from the outside of the body.

A person so injured may be pale, cold, perspiring freely, have an anxious expression or may seem semi-comatose. Pain, usually intense at first, may continue or gradually diminish as condition worsens.

USAGE: The action or willful omission by the alleged perpetrator must be directly attributable to abuse or neglect perpetrated by a second party.

This maltreatment includes, but is not limited to:

- Poisoning – The intentional, inappropriate, or excessive administering of any substance other than controlled substances or alcohol, by ingestion, inhalation, injection, or absorption that interferes with normal physiological functions. The term poison often implies excessive degree of dosage rather than a specific group of substances. This would include noxious substances that when taken into the body would be harmful and injurious.
- Inappropriate/Excessive Drugs Given – The intentional, inappropriate, or excessive administering of drugs including prescription and non-prescription medication.
- Brain/Spinal Cord Damage – Injury to the large soft mass of nerve tissue contained within the cranium (skull) or spinal canal.
- Intra-Cranial Hemorrhage – An abnormal collection of blood within the skull, including subdural or epidural hematoma and intra-cerebral hemorrhage.

SOURCES OF EVIDENCE:

Any of the following may be necessary depending on the circumstances: (Medical professional’s opinion required)

1. Documentation from medical professional diagnosis (required).
2. Documentation of a Medical Professional’s unbiased opinion the injury was/was not the result of abuse or neglect (required); or
3. Observation from PI; or
4. Direct admission from the alleged perpetrator; or
5. Statement of witnesses; or
6. Statement of vulnerable adult(s).

ASPHYXIATION (SUFFOCATION/DROWNING)	A/N
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DEFINITION: ASPHYXIATION: Unconsciousness or death from suffocation, or interference of oxygenation of blood, or interference with circulation of blood.

SUFFOCATION: To impede respiration by choking, smothering, or other mechanical means; to be unable to breathe.

DROWNING: Suffocation or death resulting from filling the lungs with water or substances other than air.

USAGE: The action or willful omission by the alleged perpetrator must be directly attributable to abuse or neglect perpetrated by a second party.

SOURCES OF EVIDENCE: Any of the following may be necessary depending on the circumstances:

Documentation from physician or Medical Examiner if death results (required); **and**

1. Documentation from medical professional diagnosis (preferred); or
2. Documentation of a Medical Professional’s opinion the injury was/was not the result of abuse or neglect (preferred) (required if death occurred); or
3. Documentation from law enforcement officer; or
4. Observation by PI; or
5. Direct admission from the alleged perpetrator; or
6. Statement of witnesses; or
7. Statement of vulnerable adult(s).

PHYSICAL INJURY (OTHER)	A/N
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DEFINITION: Any other bodily harm, excluding mental or psychological injury, which is not covered by other physical abuse maltreatment definitions. Any act, threatened act, or omission (abuse) that could cause or is likely to cause significant impairment to the vulnerable adult.

USAGE: The action or willful omission by the alleged perpetrator must be directly attributable to abuse or neglect perpetrated by a second party.

This maltreatment includes, but is not limited to:

- **Bruise** – An injury resulting from an impact without a break in the skin, causing bleeding within the skin.
 - Petechiae – very tiny bruise caused by broken capillaries that may be the result of trauma or may be caused by clotting disorders or certain medications. Petechiae are 1 mm (pinhead) or smaller in size.
 - Purpura – Senile purpura is by far the most prevalent and is a purplish discoloration that frequently appears on the forearms or dorsa of the hands.
 - Ecchymosis – bleeding within the skin, cause to be determined.
- **Welt** – An elevation on the skin that can be produced by a lash, blow, or allergic stimulus. The skin is not broken, and the mark is reversible, in a relatively short time.
- **Cut** – An opening, incision, or break in the skin made by some external agent.
- **Puncture** – An opening in the skin that is relatively small compared to the depth, as might be produced by a narrow-pointed object.
- **Bite** – A wound, bruise, cut or indentation in the skin caused by seizing, piercing, or cutting the skin with teeth.
- **Sprain** – Trauma to a joint, which causes pain and disability, depending upon the degree of injury to ligaments. In a severe sprain, ligaments may be completely torn. The signs are rapid swelling, heat, and tenderness to touch. Often discoloration and limitation of function are also present. NOTE: Medical diagnosis required.
- **Dislocation** – The displacement of any body part, especially the temporary displacement of a bone from its normal aligned position in a joint. NOTE: Medical diagnosis required.
 - Types of dislocations include:
 - Closed: A simple dislocation.
 - Complete: A dislocation that completely separates the surfaces of the joint.
 - Complicated: A dislocation associated with other major injuries.

Compound: A dislocation in which the joint is exposed to the external air.

- Deadly Weapon Injury – Injury caused or threatened through the use of a deadly weapon, such as a knife or a gun or by leaving a loaded weapon (or unloaded weapon near ammunition) accessible to the vulnerable adult. **This includes any act, threatened act, or omission (abuse) that could cause or is likely to cause significant impairment due to the use of a deadly weapon to the vulnerable adult.**

SOURCES OF EVIDENCE:

Any of the following may be necessary depending on the circumstances:

1. Documentation from medical professional diagnosis and/or
2. Documentation of a Medical Professional's opinion the injury was/was not the result of abuse or neglect (preferred); and/or
3. Documentation from law enforcement officer; or
4. Observation by PI; or
5. Direct admission from the alleged perpetrator; or
6. Statement of witnesses; or
7. Statement of vulnerable adult(s).

SEXUAL ABUSE ALLEGATIONS

SEXUAL ABUSE	A/N
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DEFINITION: Sexual conduct with a vulnerable adult when such contact, touching or interaction is of a sexual nature.

Sexual Abuse may include fondling; inappropriate touching of parts of the individual’s body generally associated with sexual activity; encouraging, forcing, or permitting the vulnerable adult to inappropriately touch the same parts of the alleged perpetrator’s body generally associated with sexual activity.

Sexual abuse also includes intentional touching of the vulnerable adult’s breasts, genital area, groin, inner thighs, and buttocks, or the clothing covering these parts by the alleged perpetrator. Sexual abuse also includes the non-consensual oral, anal, or vaginal penetration by, or union with the sexual organ of another, or the anal or vaginal penetration of another with any object by a person. Sexual abuse **does not include:**

- any act that might occur in the provision of normal caregiving or appropriate display of affection; or,
- any act intended for bona fide medical purposes.

Human Trafficking of vulnerable adults may be included in the maltreatment of Sexual Abuse. For this maltreatment, human trafficking is defined as the unlawful act of transporting or coercing vulnerable adults to benefit from their work or service, typically in the form of forced labor or sexual exploitation or gains from the vulnerable adult’s benefits and assets.

USAGE: The action by the alleged perpetrator must be directly attributable to abuse or neglect perpetrated by a second party.

The consent of the vulnerable adult is **not** to be considered when the alleged perpetrator is an employee of a mental health treatment facility or an employee of a facility providing services for adults with developmental disabilities, or any other direct service professional entrusted to provide care.

This maltreatment includes, but is not limited to:

- Sexual molestation- Sexual molestation may include fondling; inappropriate touching of parts of the individual’s body generally associated with sexual activity; encouraging, forcing, or permitting the vulnerable adult to inappropriately touch the same parts of the possible responsible person’s body generally associated with sexual activity. Sexual molestation also includes intentional touching of the vulnerable adult’s breasts, genital area, groin, inner thighs, and buttocks, or the clothing covering these parts by the alleged perpetrator.

- Sexual Battery (incest)- The non-consensual oral, anal, or vaginal penetration by, or union with the sexual organ of another, or the anal or vaginal penetration of another with any object by a person who is a relative by lineal consanguinity of the vulnerable adult. Sexual battery includes acts commonly known as oral sex (cunnilingus, fellatio), digital penetration, coitus and copulation. Documentation from a physical exam by physician is required.
- Sexual Battery (not incest)- The non-consensual oral, anal or vaginal penetration by, or union with, the sexual organ of another, or the anal or vaginal penetration of another with any object by a person not related to the vulnerable adult by lineal consanguinity. Documentation from a physical exam by physician is required.
- Sexual Exploitation/Lewdness- The indecent sexual solicitation of the vulnerable adult by explicit verbal enticement; exploitation of human needs for food, shelter, safety, or affection; coercive or threatening behavior; or inducing or encouraging the vulnerable adult to solicit or engage in prostitution or sexual performance. Sexual exploitation also includes engaging a vulnerable adult in pornography using coercive or threatening behavior. Lewdness is an act of exposing sexual organs to the vulnerable adult as an act of a sexual nature, aggression, or similar purpose; forcing the vulnerable adult to watch sexual acts; self-masturbation in non-consenting vulnerable adult's presence. This includes sexual exploitation of vulnerable adult as defined by human trafficking.
- Other Sexual Maltreatment- Any other sexual maltreatment not covered in other sexual maltreatment definitions.

SOURCES OF EVIDENCE:

Any of the following may be necessary depending on the circumstances:

1. Documentation from physical examination by physician (preferred); or
2. Statement of vulnerable adult; or
3. Statement of witnesses; or
4. Documentation from medical opinion; or
5. Direct admission from the alleged perpetrator; or
6. Documentation from law enforcement officer; or
7. Documentation from psychiatric opinion.

No physical injury is required to verify this maltreatment. When a physical injury is present, appropriate maltreatments must be coded to reflect those physical injuries sustained.

MENTAL INJURY ALLEGATIONS

CONFINEMENT/BIZARRE PUNISHMENT	A/N
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DEFINITION: Confinement: The unauthorized or unreasonable restriction of vulnerable adult’s mobility, actions, or physical functioning by imposing strict boundaries and limits. Confinement may include forcing the vulnerable adult to remain in a closely confined area that restricts physical movement or exit, tying the vulnerable adult.

Bizarre Punishment: Sadistic physical, psychological or verbal torture of vulnerable adult.

If the alleged perpetrator contends that confinement was recommended by a physician or psychiatrist as a suggested means to ensure the vulnerable adult’s safety or control the vulnerable adult’s behavior, the API must obtain verification from the physician or psychiatrist.

USAGE: The action or lack of action by the alleged perpetrator must be directly attributable to abuse or neglect.

This maltreatment includes, but is not limited to:

Inappropriate/Excessive Restraints- Unauthorized or unreasonable restriction of vulnerable adult’s mobility, actions, or physical functioning. Inappropriate/excessive restraints may include tying limbs together without order of a physician or court or physically holding the vulnerable adult.

Inappropriate/Excessive Isolation- The unauthorized or unreasonable restriction of a vulnerable adult’s interaction or contact with other residents of the household or with persons outside the household.

SOURCES OF EVIDENCE:

Any of the following may be necessary depending on the circumstances:

1. Documentation from medical professional (preferred, dependent upon physical abuse; required for mental/psychological abuse); or
2. Documentation from law enforcement; or
3. Observation by PI; or
4. Statement of witnesses; or
5. Direct admission from the alleged perpetrator; or
6. Statement of vulnerable adult.

MENTAL INJURY	A/N
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DEFINITION: Any psychological trauma not covered in other mental injury maltreatment definitions. Any act, threatened act, or omission (abuse) that causes or is likely to cause mental or psychological injury. Any lack of action (neglect) which produces or could reasonably be expected to result in serious psychological injury.

USAGE: The action or lack of action by the alleged perpetrator must be directly attributable to abuse or neglect.

This maltreatment includes, but is not limited to:

- Harassment- Unreasonable and intentional verbal or physical acts that cause worry, trouble, or torment for a vulnerable adult.
- Belittlement- Unreasonable and intentional verbal or physical acts that disparage, depreciate, or minimize the self-worth or self-esteem of a vulnerable adult.
- Ridicule- Unreasonable and intentional verbal or physical acts that make a vulnerable adult the object of scornful, laughter by joking or mocking results in an impairment to the intellectual, psychological, or physical capacity of a vulnerable adult.

SOURCES OF EVIDENCE:

Any of the following may be necessary depending on the circumstances:

1. Documentation of a Medical Professional's opinion the injury was/was not the result of abuse or neglect, such as physician or psychiatrist (required for a substantiated finding); or
2. Documentation from law enforcement officer; or
3. Observation by PI; or
4. Statement of witnesses; or
5. Direct admission from the alleged perpetrator; or
6. Statement of vulnerable adult

Mental abuse should require verification by physician or psychiatrist. When physical injury is present, appropriate maltreatments must be coded to reflect those physical injuries sustained.

SUBSTANCE ABUSE ALLEGATIONS

SUBSTANCE MISUSE	A/N
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DEFINITION: The intentional, inappropriate, or excessive administering of drugs including prescription and non-prescription medication.

USAGE: The action or lack of action by the alleged perpetrator must be directly attributable to abuse or neglect. The API must establish that the vulnerable adult was given inappropriate or excessive drugs that causes or is likely to cause injury or harm to the individual.

This maltreatment includes, but is not limited to:

Inappropriate/Excessive Drugs Given – The intentional, inappropriate, or excessive administering of drugs including prescription and non-prescription medication. The act of deliberately giving the vulnerable adult inappropriate drugs, alcohol or other controlled substances that causes or is likely to cause injury or harm to the vulnerable adult or is likely to affect the vulnerable adult’s behavior, motor coordination, or judgment substantially and harmfully.

SOURCES OF EVIDENCE:

- Any of the following may be necessary depending on the circumstances:
1. Documentation from medical professional diagnosis.
 2. Documentation of a Medical Professional’s opinion the injury was/was not the result of abuse or neglect (preferred); and/or
 3. Documentation from law enforcement officer; or
 4. Observation by API; or
 5. Direct admission from the alleged perpetrator; or
 6. Statement of witnesses; or
 7. Statement of vulnerable adult.

EXPLOITATION ALLEGATIONS

EXPLOITATION	E
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The maltreatment, Exploitation, includes, but is not limited to:

OBTAINS OR USES BY DECEPTION/INTIMIDATION

DEFINITION: To use or obtain a vulnerable adult’s funds, assets, or property by a person who stands in a position of trust and confidence through deception or intimidation with the intent to temporarily or permanently deprive the vulnerable adult of the funds, assets, or property for the benefit of someone other than the vulnerable adult.

The individual who stands in a position of trust and confidence (alleged perpetrator) may or may not have use or management of the vulnerable adult’s funds, assets, or property.

Human Trafficking of vulnerable adults may also be included in Exploitation. For this maltreatment, human trafficking is defined as the unlawful act of coercing vulnerable adults to benefit from their work or service, typically in the form of forced labor or commercial sexual exploitation, or for the access and usage of their benefits, assets, or living setting. In this instance, a person in a position of trust and confidence requires a vulnerable adult to perform work, provide services without lawful compensation or gains from the vulnerable adult’s benefits and assets. Examples may include:

- An owner of an adult family care home requires residents to work in a janitorial role in the facility without providing monetary compensation for the work performed by the vulnerable adult.
- An individual moves into a vulnerable adult’s home with the intent to benefit from the use of the VA’s benefits, assets, or other forced labor.

USAGE: The action by the alleged perpetrator is directly attributable to exploitation and results in loss to the vulnerable adult.

ENDEAVORS TO OBTAIN OR USE BY DECEPTION/INTIMIDATION

DEFINITION: The endeavor (attempt or effort) by a person who stands in a position of trust and confidence through deception or intimidation to obtain or use a vulnerable adult’s funds, assets, or property with the intent to temporarily or permanently deprive the vulnerable adult of the benefit or possession of the funds, assets, or property for the benefit of someone other than the vulnerable adult.

Human Trafficking of vulnerable adults may also be included in Exploitation. In this instance, a person in a position of trust and confidence attempts to force a vulnerable adult to perform work without lawful compensation.

USAGE: The action by the alleged perpetrator is directly attributable to exploitation but does not result in a loss to the vulnerable adult.

EXPLOITATION WHEN VULNERABLE ADULT LACKS CAPACITY TO CONSENT

DEFINITION: To use, obtain or endeavor to use a person’s funds, assets, or property by any person who knows, or should know, that the vulnerable adult lacks capacity to consent to or refuse services. The alleged perpetrator must obtain, use, or endeavor to obtain or use the vulnerable adult’s funds, assets, or property with the intent to temporarily or permanently deprive the vulnerable adult of the use, benefit, or possession of the funds, assets, or property for the benefit of someone other than the vulnerable adult.

Human Trafficking of vulnerable adults may also be included in Exploitation. In this instance, a person who knows or should know that a vulnerable adult(s) lacks the capacity to consent attempts or forces a vulnerable adult(s) to perform work or provide services without lawful compensation.

USAGE: The action by the alleged perpetrator is directly attributable to exploitation, and results in loss (uses or obtains) or does not result in loss (endeavors to use or obtains) to the vulnerable adult.

SOURCES OF EVIDENCE:

Any of the following may be necessary, depending on the circumstances:

1. Direct admission from the alleged perpetrator; or
2. Witnesses statement; or
3. Statement of vulnerable adult or
4. Statement of other collateral sources; or
5. Documentation from law enforcement officer; or
6. Documentation/statements from financial institutions; or
7. Documentation from public assistance files

EXPLOITATION \$50,000. or Greater **E**

DEFINITION: The maltreatment, **Exploitation**, includes all definitions of exploitation including exploitation by deception or intimidation, exploitation endeavors to obtain, and exploitation when the vulnerable adult lacks the capacity to consent, but the amount exploited or endeavored to be exploited is **\$50,000. or greater.**

USAGE: The action by the alleged perpetrator is directly attributable to exploitation of \$50,000 or greater, and results in loss (uses or obtains) or does not result in loss (endeavors to use or obtains) to the vulnerable adult.

SOURCES OF EVIDENCE:

Any of the following may be necessary, depending on the circumstances:

1. Direct admission from the alleged perpetrator; or
2. Witnesses statement; or
3. Statement of vulnerable adult or
4. Statement of other collateral sources; or
5. Documentation from law enforcement officer; or
6. Documentation/statements from financial institutions; or
7. Documentation from public assistance files

EXPLOITATION Less Than \$50,000. **E**

DEFINITION: The maltreatment, **Exploitation**, includes all definitions of exploitation including exploitation by deception or intimidation, exploitation endeavors to obtain, and exploitation when the vulnerable adult lacks the capacity to consent, but the amount exploited or endeavored to be exploited is **less than \$50,000.**

USAGE: The action by the alleged perpetrator is directly attributable to exploitation of \$50,000 or less, and results in loss (uses or obtains) or does not result in loss (endeavors to use or obtains) to the vulnerable adult.

SOURCES OF EVIDENCE:

Any of the following may be necessary, depending on the circumstances:

1. Direct admission from the alleged perpetrator; or
2. Witnesses statement; or
3. Statement of vulnerable adult or
4. Statement of other collateral sources; or
5. Documentation from law enforcement officer; or
6. Documentation/statements from financial institutions; or
7. Documentation from public assistance files

INADEQUATE SUPERVISION	A/N
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The maltreatment, Inadequate Supervision, includes, but is not limited to:

INADEQUATE SUPERVISION – CAREGIVER PRESENT

DEFINITION: The lack of action or failure (neglect) of caregiver to oversee and manage the vulnerable adult adequately although the caregiver is present and this failure to oversee and manage the vulnerable adult places the vulnerable adult in situations or circumstances which are likely to require judgments or actions greater than the vulnerable adult’s level of maturity, physical condition, or mental abilities reasonably dictate, and the potential risk of harm to the vulnerable adult is present. This definition also includes the failure to comply with court-ordered protective supervision or, the failure to provide an appropriate caregiver.

Such situations may include medical conditions, behavioral, mental, or emotional problems, developmental disabilities, or physical impairments.

INADEQUATE SUPERVISION – CAREGIVER NOT PRESENT

DEFINITION: The failure of a caregiver to oversee or to arrange for adequate supervision of the vulnerable adult and this failure places the vulnerable adult in a situation or circumstance which is likely to require judgments or actions greater than the vulnerable adult’s level of maturity, mobility, physical condition, or mental abilities reasonably dictate, and the potential risk of harm to the vulnerable adult is present. This definition also includes the failure to comply with court-ordered protective supervision or, the failure to provide an appropriate caregiver.

Such situations may include medical conditions, behavioral, mental, or emotional problems, developmental disabilities, or physical impairments.

USAGE: The lack of action by the alleged perpetrator is directly attributable to neglect by the caregiver.

SOURCES OF EVIDENCE:

Any or all of the following may be necessary depending on the circumstances:

1. Documentation from medical professional; or
2. Observation by PI; or
3. Documentation from law enforcement officer; or
4. Statement of witnesses; or
5. Statement of vulnerable adult; or
6. Direct admission from the alleged perpetrator.

INADEQUATE SUPERVISION (continued)**A/N**

The maltreatment, Inadequate Supervision, includes, but is not limited to:

DEADLY WEAPON

DEFINITION: Injury caused or threatened using a deadly weapon, such as a knife or a gun or by leaving a loaded weapon (or unloaded weapon near ammunition) accessible to the vulnerable adult. Any lack of action (neglect) which produces or could reasonably be expected to result in serious physical injury or a substantial risk of death due to the use of a deadly weapon.

USAGE: The harm or threatened harm to the vulnerable adult is in the form of a physical infliction where the instrument causing or capable of causing the injury is one that can produce death. Typically, deadly weapons are guns and knives, but it can also include machetes, tire irons and other instruments that when wielded can produce fatal results. The lack of action by the alleged perpetrator must be directly attributable to neglect perpetrated by a second party.

POISONING

DEFINITION: The intentional, inappropriate, or excessive administering of any substance other than controlled substances or alcohol, by ingestion, inhalation, injection, or absorption that interferes with normal physiological functions. The term poison often implies excessive degree of dosage rather than a specific group of substances. This would include noxious substances that when taken into the body would be harmful and injurious.

USAGE: The lack of action by the alleged perpetrator must be directly attributable to neglect.

SOURCES OF EVIDENCE:

Any of the following may be necessary depending on the circumstances.

1. Documentation from medical professional, and
2. Documentation from law enforcement officer; or
3. Observation by PI; or
4. Direct admission from the alleged perpetrator; or
5. Statement of witnesses; or
6. Statement of vulnerable adult.

ENVIRONMENTAL HAZARDS	A/N
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DEFINITION: Situations in which the vulnerable adult’s person, clothing, or living conditions are unsanitary and/or unsafe to the point that the vulnerable adult’s health and well-being may be impaired as a result of the failure of the caregiver to take action to correct the condition.

USAGE: The lack of action by the alleged perpetrator is directly attributable to neglect perpetrated by a second party

This maltreatment includes, but is not limited to:

- Inadequate Shelter: The failure to provide or seek to provide although reasonably able to do so, a physical or structural shelter that is safe, healthy, and sanitary and which protects the vulnerable adult from the elements (weather conditions), and/or other risk situations. It always includes situations in which the caregiver has the means to provide adequate shelter but fails to do so.
- Inadequate Clothing: The periodic or continuing failure to provide adequate clothing for the health and well-being of the vulnerable adult, although reasonably able to do so.

Inadequate clothing includes insufficient clothing to protect the vulnerable adult from prevailing weather conditions; lack of clean clothes and underclothes as needed for daily living. Inadequate clothing means that a caregiver is or has been negligently or deliberately depriving the vulnerable adult of clothing. It always includes situations in which the caregiver has the means or is provided with the means to provide adequate clothing but fails to do so.

- Inadequate Food: The failure to provide or have available food in adequate amounts, at regular intervals and of sufficient nutritional quality to sustain normal functioning, although reasonably able to do so.

Inadequate food is not as severe as malnutrition, which requires a medical diagnosis. However, extended over time inadequate food can lead to malnutrition. It includes the vulnerable adult who frequently and repeatedly misses meals; the vulnerable adult who is frequently and repeatedly fed insufficient amounts of food; the vulnerable adult who frequently asks neighbors for food; and any other situation where information substantiates that the vulnerable adult is not being fed. It always includes situations in which the caregiver has the means or is provided with the means to provide adequate food but fails to do so.

- Hazardous Conditions: The vulnerable adult’s person, clothing, or living conditions are unsanitary or dangerous to the point that their

well-being is or may be impaired as the result of the caregiver(s)'s failure to take action to correct the conditions.

- Other Neglect (Not Medical): Any lack of action which results in the failure to provide for the basic needs of the vulnerable adult and thereby produces or could reasonably be expected to result in serious physical, psychological, or emotional harm or a substantial risk of death to the vulnerable adult which is not covered by the other neglect maltreatments.

SOURCES OF EVIDENCE:

Any of the following may be necessary depending on the circumstances.

1. Documentation from health/sanitation officer (Environmental Specialist) (preferred); or
2. Documentation from medical professional; or
3. Documentation from law enforcement officer; or
4. Observation by API; or
5. Direct admission from the alleged perpetrator; or
6. Statement of witnesses; or
7. Statement of vulnerable adult.

MALNUTRITION/DEHYDRATION**A/N****DEFINITION:**

Malnutrition: Lack or insufficient amounts of necessary or proper food substances in the body. Malnutrition may be caused by inadequate food, a diet of food insufficient in vitamins, minerals, or the essential nutrient groups. Malnutrition also includes excessive nutrient/fluid/electrolyte losses through frequent or prolonged diarrhea or vomiting.

Dehydration: Lack or insufficient amounts of necessary or proper liquids in the body. Dehydration may be caused by inadequate liquids, or no liquids, resulting in the water content below the normal amount or below a standard amount. Dehydration also includes a condition which electrolyte losses are disproportionately smaller than water losses caused by frequent or prolonged diarrhea or vomiting.

USAGE:

The lack of action by the alleged perpetrator is directly attributable to neglect perpetrated by a second party.

SOURCES OF EVIDENCE:

Any of the following may be necessary depending on the circumstances:

1. Documentation of a Medical Professional's opinion the injury was/was not the result of neglect (required); and
2. Documentation from medical professional diagnosis; or
3. Statement of vulnerable adult; or
4. Statement of witnesses; or
5. Direct admission from the alleged perpetrator; or
6. Documentation from law enforcement officer; or
7. Observation by API.

MEDICAL NEGLECT**A/N**

DEFINITION: The failure to provide or seek adequate medical, dental, or psychiatric treatment for a health problem or condition which, if untreated, could become severe enough to constitute a serious or long-term harm to the vulnerable adult. Medical neglect includes the failure to obtain, administer and supervise medication or failure to follow a prescribed treatment plan for the vulnerable adult to assist in alleviating the health problem or condition. The failure to provide or obtain medical treatment due to religious belief is NOT included. When a medical professional is the alleged perpetrator, the API must apply the standard of care that a reasonably prudent similar health care provider would deem acceptable and appropriate. To determine whether the care was acceptable and appropriate, the API must obtain the opinion of a similarly qualified medical professional in the same community, if possible. This standard of care imposed by Florida Statutes is not met and neglect occurs if a similarly qualified medical professional asserts that the care under scrutiny does not meet the standard of care for medical treatment in that community.

A professional medical opinion is required on all investigations in which the medical neglect maltreatment is listed.

USAGE: The lack of action by the alleged perpetrator is directly attributable to neglect perpetrated by a second party. Failure by the caregiver to obtain medical treatment due to religious reasons is NOT medical neglect.

This maltreatment includes, but is not limited to:

- Inappropriate/Excessive Drugs Given- The intentional, inappropriate, or excessive administering of drugs including prescription and non-prescription medication.
- Inappropriate Medical Care Provided – The intentional, inappropriate, or lack of medical care. The standard of care imposed by Florida Statutes is not met and neglect occurs if a similarly qualified medical professional asserts that the care under scrutiny does not meet the standard of care for medical treatment in that community.

SOURCES OF EVIDENCE:

Any or all of the following may be necessary depending on the circumstances:

1. Documentation of a Medical Professional's opinion the injury was/was not the result of neglect (required); and
2. Documentation from medical professional diagnosis; or
3. Statement of vulnerable adult; or
4. Statement of witnesses; or
5. Direct admission from the alleged perpetrator; or
6. Documentation from law enforcement officer; or
7. Observation by API.

DECUBITUS	A/N
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DEFINITION: A bed sore or skin ulcer normally caused from remaining in one position for lengthy periods of time and is generally located over bony prominences; a breaking down of the skin and underlying tissue; may range from redness which persists after 30 minutes of pressure relief to ulcers which involved the full thickness of the skin and the structures below the skin.

USAGE: The action or lack of action by the alleged perpetrator is directly attributable to abuse or neglect perpetrated by a second party.

SOURCES OF EVIDENCE:

Any or all the following may be necessary depending on the circumstances

1. Documentation of a Medical Professional' diagnosis (required; and
2. Documentation from law enforcement officer; or
3. Observation by API; or
4. Direct admission from the alleged perpetrator; or
5. Statement of witnesses; or
6. Statement from the vulnerable adult(s).

VULNERABLE ADULT IN NEED OF SERVICES

SELF NEGLECT (OTHER)	S
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DEFINITION: Any action or lack of action by the vulnerable adult that results in the failure to provide for their basic needs and thereby produces or could reasonably be expected to result in serious physical or psychological injury or a substantial risk of death to the vulnerable adult.

USAGE: The action or lack of action by the vulnerable adult is directly attributable to neglect that is not perpetrated by a second party.

SOURCES OF EVIDENCE: Any or all the following may be necessary depending on the circumstances:

1. Direct admission from the vulnerable adult; or
2. Observation by the API; or
3. Documentation from law enforcement officer; or
4. Documentation from medical professional; or
5. Statement of witnesses.

CAREGIVER UNAVAILABLE	S
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DEFINITION: Situations where the caregiver is unavailable to provide care and protection of the vulnerable adult due to hospitalization, incarceration, death or when the caregiver is unable to provide the appropriate level of care and protection due to their own declining physical or mental health. This does not include intentional action or lack of action by the caregiver, i.e., vacation or abandonment, which would be considered second party neglect.

USAGE: The unintentional action or lack of action by the caregiver is directly attributable to neglect that is not perpetrated by a second party.

SOURCES OF EVIDENCE:

Any or all the following may be necessary depending on the circumstances:

1. Direct admission from the vulnerable adult; or
2. Direct admission from the caregiver; or
3. Observation by the PI; or
4. Documentation from law enforcement officer; or
5. Documentation from medical professional; or
6. Statement of witnesses.

DEATH DUE TO ABUSE/NEGLECT	A/N
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DEFINITION: Permanent and irreversible cessation of all vital functions as determined by a physician or medical examiner.

USAGE: The action or lack of action by the alleged perpetrator must be directly attributable to abuse or neglect. To be used only when the *vulnerable* adult dies as a result of abuse or neglect.

NOTE: This maltreatment requires another separate maltreatment to be used to describe the abuse/neglect that occurred.

SOURCES OF EVIDENCE

Any or all of the following may be necessary depending on the circumstances: (Documentation from medical professional’s opinion, medical examiner/coroner’s report/opinion required.)

1. Medical examiner’s professional opinion or report (Required if ME involved); or,
2. Documentation from the regional Registered Nurse Specialist’s assessment of the case file and their nursing assessment/medical opinion (required); and,
3. Statement of witnesses; or,
4. Direct admission from the alleged perpetrator; or,
5. Documentation from law enforcement officer; or,
6. Documentation from Medical Health Providers