

CF OPERATING PROCEDURE
NO. 140-2

STATE OF FLORIDA
DEPARTMENT OF
CHILDREN AND FAMILIES
TALLAHASSEE, October 11, 2022

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)

KATHRYN WILLIAMS
Deputy Assistant Secretary for
Operations

SUMMARY OF REVISED, ADDED, OR DELETED MATERIAL

In Chapter 10, added a sentence to the end of paragraph 10-12b; and, added the phrase “directly responsible to paragraph 10-12d.

In Chapter 14, added the phrase “directly responsible for the allegations” to paragraph 14-5b; added the phrase “directly responsible” to paragraph 14-8a; revised paragraph 14-8b(3); and, added new paragraph 14-8b(4).

In Chapter 16, added new paragraph 16-8b and renumbered following paragraph.

CONTENTS

	Page
Chapter 1 – INTRODUCTION TO ADULT PROTECTIVE SERVICES	
1-1. Purpose and Intent.....	1-1
1-2. Adult Protective Services	1-1
1-3. Overview of Adult Protective Services.....	1-1
1-4. Philosophy	1-1
1-5. Legal Base.....	1-2
1-6. Factors Contributing to Adult Abuse.....	1-2
1-7. Roles and Responsibilities	1-3
1-8. Cooperation with Others.....	1-9
Chapter 2 – CONFIDENTIALITY OF RECORDS	
2-1. Purpose	2-1
2-2. Confidentiality of Reports and Records	2-1
2-3. Release of Confidential Reports and Records.....	2-1
2-4. Release of the Identity of the Reporter	2-7
2-5. Caller Identification (Caller ID).....	2-8
2-6. Privileged Communication.....	2-9
Chapter 3 – CRIMINAL, CIVIL, AND ADMINISTRATIVE ACTIONS AND PENALTIES RELATING TO ABUSE, NEGLECT, AND EXPLOITATION	
3-1. Purpose	3-1
3-2. Criminal Action.....	3-1
3-3. Criminal Penalties and Statutory Base	3-1
3-4. Role of Protective Investigator During Criminal Investigations.....	3-1
3-5. Role of Protective Investigator During Criminal Proceedings.....	3-1
3-6. Criminal Actions Against Protective Investigators.....	3-3
3-7. Civil Action	3-3
3-8. Civil Penalties - Perpetrator.....	3-4
3-9. Administrative Actions and Administrative Fines for False Reporting	3-4
Chapter 4 – FLORIDA ABUSE HOTLINE REPORTING REQUIREMENTS	
4-1. Purpose	4-1
4-2. Major Components of the Florida Abuse Hotline	4-1
4-3. Florida Abuse Hotline	4-1
4-4. Accepting the Call	4-2
4-5. Categorizing the Call.....	4-2
4-6. Report of Allegations of Abuse, Neglect, Self-Neglect, or Exploitation.....	4-2
4-7. Knowledge of or Reasonable Cause to Suspect the Victim Is a Vulnerable Adult.....	4-5
4-8. Knowledge of or Reasonable Cause to Suspect Abuse, Neglect, or Exploitation by a Second Party	4-5
4-9. Knowledge of or Reasonable Cause to Suspect That a Vulnerable Adult Is in Need of Services Due to Self-Neglect.	4-5
4-10. Table of Abuse, Neglect, Exploitation and Self-Neglect.....	4-6
4-11. Processing and Documenting Abuse Reports by the Florida Abuse Hotline	4-6
4-12. Allegations of Maltreatment.....	4-8
4-13. Procedures for Taking Reports of Abuse, Neglect, Self-Neglect, or Exploitation	4-9
4-14. Information Obtained by the Hotline from the Reporter.....	4-14
4-15. Response Priority	4-15
4-16. Response Priority and Definitions.....	4-15
4-17. Complaints	4-16

CONTENTS (continued)

	Page
4-18. Requests for Service Information	4-16
4-19. Requests for Service Provision	4-16
4-20. Statewide Alert and Request to Locate Calls.....	4-17
Chapter 5 – REPORT ASSIGNMENT	
5-1. Purpose	5-1
5-2. Adult Protective Investigative Report Assignment by the Hotline	5-1
5-3. Transmitting a Report to the Appropriate Adult Protective Investigative Unit	5-1
5-4. Accepting a Report in the Protective Investigative Unit.....	5-1
5-5. Reassigning a Hotline Report.....	5-2
Chapter 6 – EMPLOYEES INVOLVED IN REPORTS OF ABUSE, NEGLECT, OR FINANCIAL EXPLOITATION	
6-1. Purpose	6-1
6-2. Scope.....	6-1
6-3. Reporting Requirements	6-1
6-4. Report Receipt and Processing at the Hotline	6-1
6-5. Management Responsibilities.....	6-2
6-6. Investigative Unit/Region Responsibilities	6-2
6-7. Notification Protocol for Verified Reports Involving Departmental Staff or Contractors.....	6-3
Chapter 7 – PREPARATION FOR THE PROTECTIVE INVESTIGATION	
7-1. Purpose	7-1
7-2. Key Elements to Preparation to Investigate.....	7-1
7-3. Key Participants	7-1
7-4. Actions Prior to Conducting an On-Site Visit	7-3
Chapter 8 – COMMENCEMENT OF THE PROTECTIVE INVESTIGATION – COMMENCEMENT TIME, RESPONSE TIMES, AND LOCATING THE VICTIM	
8-1. Purpose	8-1
8-2. Definition of Protective Investigation.....	8-1
8-3. Definition of Commencement	8-1
8-4. Response Time Frames	8-1
8-5. Changing a Response Time.....	8-2
8-6. Locating the Victim.....	8-3
8-7. Unable to Locate Victim After Diligent Search	8-4
8-8. Commencement for Self-Neglect vs. Second Party Maltreatments.....	8-5
8-9. Commencement of a Second Open Report.....	8-5
Chapter 9 – COMMENCEMENT OF THE PROTECTIVE INVESTIGATION – ENTERING THE PREMISES	
9-1. Purpose	9-1
9-2. Entering the Premises	9-1
9-3. Voluntary (Non-Emergency) Entry of the Premises	9-1
9-4. Failure to Gain Entry of the Premises.....	9-2
9-5. Law Enforcement Entry	9-2
Chapter 10 – COMMENCEMENT OF THE PROTECTIVE INVESTIGATION – DETERMINE ELIGIBILITY OF THE VICTIM AND AUTHORITY TO INVESTIGATE	
10-1. Purpose.....	10-1
10-2. Authority to Investigate.....	10-1
10-3. Determine Eligibility of Victim as a Vulnerable Adult.....	10-1

CONTENTS (continued)

	Page
10-4. A Vulnerable Adult is a person 18 years of age or older	10-2
10-5. A Vulnerable Adult is a person 18 years of age or older whose ability to perform the normal activities of daily living is impaired.....	10-2
10-6. 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.....	10-2
10-7. 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 his or her own care or protection is impaired due to a mental, emotional, sensory, long-term physical, or developmental disability or dysfunction	10-3
10-8. 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 his or her 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	10-5
10-9. 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, or developmental disability or dysfunction, or traumatic brain injury or damage, or the infirmities of aging.....	10-5
10-10. Documenting a Vulnerable Adult’s Eligibility to Investigate a Report	10-6
10-11. Determining Requirements for Abuse, Neglect, Exploitation or Self-Neglect ...	10-7
10-12. Alleged Perpetrator (AP) and Required Degree of Relationship to the Victim..	10-7
10-13. Incident Occurred in the State of Florida	10-8
10-14. Incident Occurred in a Location Where the Department Has No Authority.....	10-8
10-15. “No Jurisdiction” Closures	10-9
10-16. “No Jurisdiction” Dispositions	10-10
Chapter 11 – CONDUCTING THE PROTECTIVE INVESTIGATION – ASSESSING A VICTIM’S CAPACITY TO CONSENT TO OR REFUSE SERVICES	
11-1. Purpose.....	11-1
11-2. Definition of Capacity to Consent To or Refuse Services	11-1
11-3. Purpose of Assessing or Evaluating Capacity to Consent To or Refuse Services	11-1
11-4. Assessment of Capacity to Consent To or Refuse Services.....	11-1
11-5. When to Assess Capacity to Consent To or Refuse Services.....	11-3
11-6. Changes to an Individual’s Capacity to Consent To or Refuse Services.....	11-3
11-7. Assessment Criteria	11-3
11-8. Document the Information in the Electronic Case Management System.....	11-5
Chapter 12 – CONDUCTING THE PROTECTIVE INVESTIGATION – VICTIM SAFETY/RISK DETERMINATION	
12-1. Purpose.....	12-1
12-2. Risk and Victim Safety	12-1
12-3. Use of the Adult Safety Assessment in the Determination of Risk	12-1
12-4. Documentation of Risk in the Adult Safety Assessment	12-2
12-5. When To Complete	12-3
12-6. Determination of Risk and Contact with the Victim at Report Closure.....	12-3
Chapter 13 – CONDUCTING THE PROTECTIVE INVESTIGATION – INTERVIEWING THE VICTIM	
13-1. Purpose.....	13-1
13-2. Notification to Subjects of Report	13-1
13-3. On-Site Face to Face and Initial Interview with the Victim	13-1

CONTENTS (continued)

	Page
13-4. Determine the Immediate Risk to the Victim	13-2
13-5. Facility Reports Naming “All Residents” as Victims	13-2
13-6. Presence of Others in Interviews with Victim	13-2
13-7. Observation Techniques	13-3
13-8. Documentation	13-3
 Chapter 14 – CONDUCTING THE PROTECTIVE INVESTIGATION – INTERVIEW WITH THE ALLEGED PERPETRATOR NAMED IN A SECOND PARTY ABUSE, NEGLECT, OR EXPLOITATION REPORT	
14-1. Purpose.....	14-1
14-2. Who To Interview	14-1
14-3. Alleged Perpetrator	14-1
14-4. Interview with the Alleged Perpetrator	14-2
14-5. Locate the AP.....	14-3
14-6. Unable to Locate AP After Diligent Search.....	14-5
14-7. Situations That Prohibit an Interview with the AP	14-6
14-8. Interview with AP When Report Allegations Have Verified Findings	14-6
 Chapter 15 – CONDUCTING THE PROTECTIVE INVESTIGATION – INTERVIEW WITH COLLATERAL SOURCES	
15-1. Purpose.....	15-1
15-2. Collateral Contacts.....	15-1
15-3. Who Are Relevant Collateral Contacts	15-1
15-4. Interview with the Reporter and Sources Identified by the Reporter	15-2
15-5. Interview with Witnesses	15-2
15-6. Household Members	15-2
15-7. Caregiver/Guardian	15-2
15-8. Persons identified by the Adult Protective Investigator Supervisor and/or a Second Party Reviewer	15-3
15-9. Document Collateral Contacts.....	15-3
 Chapter 16 – PROTECTIVE INVESTIGATION IN SPECIAL SETTINGS	
16-1. Purpose.....	16-1
16-2. Definition of Special Settings for Purposes of this Chapter	16-1
16-3. Preparation for the Institutional Investigation.....	16-1
16-4. Commencement of Investigations in Special Settings.	16-1
16-5. Gathering Evidence in Special Settings.....	16-2
16-6. Determining Capacity of Victims in Special Settings to Consent To or Refuse Services	16-2
16-7. Documentation	16-2
16-8. Conclusion of Investigations for Victims in Special Settings	16-3
 Chapter 17 – ASSESSING FOR SERVICES	
17-1. Purpose.....	17-1
17-2. Protective Services	17-1
17-3. Assessment of Vulnerable Adults	17-1
17-4. APS Services	17-1
17-5. Emergency or Non-Emergency Services.....	17-2
17-6. Voluntary or Involuntary Protective Services	17-3
17-7. Protective Investigator Responsibilities	17-3
17-8. Referral Information	17-4
17-9. Refusal of Services	17-6

CONTENTS (continued)

	Page
Chapter 18 – NOTIFICATIONS	
18-1. Purpose.....	18-1
18-2. Methods Used to Complete the Notification Process.....	18-1
18-3. Notification to the Reporter.....	18-1
18-4. Notification to Subjects Pamphlet.....	18-1
18-5. Notification of HIPAA.....	18-2
18-6. Notification to Law Enforcement.....	18-2
18-7. Notification to Emergency Medical Services.....	18-3
18-8. Notification to the Court.....	18-3
18-9. Notification to the State Attorney’s Office.....	18-3
18-10. Notification to the Long-Term Care Ombudsman Program (LTCOP).....	18-4
18-11. Notification to the Medicaid Fraud Control Unit (MFCU).....	18-4
18-12. Notification to the Agency for Health Care Administration (AHCA).....	18-4
18-13. Notification to the Department of Health’s Division of Medical Quality Assurance.....	18-5
18-14. Notification to the Agency for Persons with Disabilities (APD).....	18-5
18-15. Notification to the Medical Examiner (ME).....	18-5
18-16. Notification to the Office of Child Welfare Licensing Unit.....	18-5
18-17. Notification of Investigation Closure.....	18-6
Chapter 19 – CLOSURE OF THE CASE RECORD	
19-1. Purpose.....	19-1
19-2. Submission of the investigation to Supervisor.....	19-1
19-3. Summarized Findings of Maltreatments.....	19-1
19-4. Report Closure.....	19-2
19-5. Other Investigative Closures.....	19-2
19-6. Expedited Closure.....	19-3
19-7. Patently False Reports.....	19-4
19-8. Investigation Complete.....	19-4
Chapter 20 – ADULT PROTECTION INVESTIGATION RECORD REVIEW	
20-1. Purpose.....	20-1
20-2. Types of Reviews.....	20-1
20-3. Review of Initial Safety Assessments.....	20-1
20-4. Review of Updated Safety Assessments.....	20-1
20-5. High Risk Review.....	20-2
20-6. Thirty-Day Review.....	20-2
20-7. Final Review.....	20-2
20-8. Second Party Review.....	20-2
20-9. Backlog Review.....	20-3
Chapter 21 – FATALITIES (DEATH INVESTIGATIONS)	
21-1. Purpose.....	21-1
21-2. Referral to the Registered Nurse Specialist (RNS).....	21-1
21-3. Determine Eligibility of Victim as a Vulnerable Adult.....	21-1
21-4. Capacity to Consent To or Refuse Services Determination.....	21-1
21-5. Safety/Risk Determination.....	21-2
21-6. Notifications.....	21-2
21-7. Responsibilities of Adult Protection Staff Conducting Investigations.....	21-2
21-8. Statutory Requirements Regarding Records.....	21-3
21-9. Operations Response to Vulnerable Adult Death.....	21-3

CONTENTS (continued)

Page

Chapter 22 – CRIMINAL, CIVIL, AND ADMINISTRATIVE ACTIONS AND
PENALTIES RELATING TO FALSE REPORTING

22-1. Purpose.....	22-1
22-2. Identifying False Reports.....	22-1
22-3. Administrative Actions and Administrative Fines for False Reporting	22-2

Appendices:

- Appendix A – Sample False Report Warning Letter
- Appendix B – API False Reporting Staffing Form
- Appendix C – FSFN Scanning Document Guide
- Appendix D – Reserved
- Appendix E – Allegation Maltreatment Index for Adult Protective Investigations

CONTENTS (continued)

Page

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, exploitation, and self-neglect. Use this operating procedure in close conjunction with those documents and 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.).

c. To be utilized as a teaching, training, and reference guide when implementing specific investigative and protective services procedures. Consult with unit supervisors and adult protective services program staff when appropriate.

1-2. Adult Protective Services. Adult Protective Services are one of several programs administered by the Office of Adult Protective Services (Headquarters). These programs assist vulnerable adults (aged 18 years of age and over) to live as independently as possible.

1-3. 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, exploitation, or self-neglect.

b. A report of abuse, neglect, exploitation, or self-neglect accepted by the Hotline, will initiate the assessment of an individual's need for protective services.

c. The four components of adult protective services are:

(1) On-site investigation of all reports of alleged abuse, neglect, exploitation, or self neglect caused by a second party or special conditions;

(2) 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;

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

(4) Provision of ongoing protective services.

d. Later chapters provide the details for the provision of these services.

1-4. Philosophy.

a. Many vulnerable adults are unable to care for and/or protect themselves. When they are willfully or intentionally hurt physically, psychologically, or financially by the conduct of their caregiver(s) or other person(s), the department has the authority provided by Chapter 415, Florida Statutes to intervene to correct the abuse, neglect, exploitation, or self-neglect through the provision of protective services.

b. The department recognizes that in society there is wide diversity in individual values and lifestyles and protects the individual's freedom of choice. Consequently, in situations that require

protection of a vulnerable adult from abuse, neglect, exploitation, or self-neglect, the department acts upon procedures that afford the elderly and adults with disabilities the same rights as other citizens and place the fewest restrictions on personal liberty and the exercise of constitutional rights.

1-5. Legal Base.

a. History of Adult Protective Services. The current statutes governing the provision of adult protective services represent consolidation and expansion of earlier legislation.

(1) Developmentally Disabled Abuse Act (1974) (referred to as the Disabled Abuse Act). Section 827.09, F.S., made it mandatory for people in certain professions to report suspected abuse, neglect, or maltreatment of persons with developmental disabilities. This section added mental illness as an example of a disability, and an amendment to this act in 1980 added the words “infirmities of aging” as a type of disability.

(2) The Adult Protective Services Act (1977). Section 410.10, F.S., required the provision of protective services to those persons suffering from the infirmities of aging who were abused, neglected, or exploited and made the abuse, neglect, or exploitation of an adult suffering from the infirmities of aging a criminal act.

(3) The Adult Protective Services Act (1983) and Florida Statutes governing the abuse of children or persons with disabilities were combined into one law, Chapter 415, F.S., which is the current governing body for Adult Protective Services.

(4) The Adult Protective Services Act (1998). Chapter 415, sections 415.101-415.113, F.S., mandates a comprehensive program to provide for the detection and correction of abuse, neglect, and exploitation of elderly persons and adults with disabilities. This program includes mandated reporting of such cases, social service investigations, criminal investigations, and the provision of protective services to all eligible persons. Such services should allow these individuals the same rights as other citizens while protecting them from abuse, neglect, and exploitation. The intent of Chapter 415 is to “place the fewest possible restrictions on personal liberty and the exercise of constitutional rights, consistent with due process and protection from abuse, neglect, and exploitation.”

b. Current Statutes. Chapter 415, Florida Statute provides the legal requirements and responsibilities for Adult Protective Services, such as:

- (1) Provision of Protective Services & Emergency Removals [section 415.105].
- (2) Mandatory reporting [section 415.1034 (1)].
- (3) Mandatory reports of death [section 415.1034(2)].
- (4) False reporting [section 415.111(5) and section 415.113(1)].
- (5) Immunity [section 415.1036].
- (6) Treatment by spiritual means [section 415.113].

1-6. Factors Contributing to Adult Abuse. The causes of adult abuse are many and are often complex. Refer to attachment 1 to this chapter for a discussion of the more common factors.

1-7. Roles and Responsibilities. The following descriptions are not all-inclusive but will provide a general overview of each organization's or individual's roles and responsibilities.

a. Office of Adult Protective Services (Headquarters).

(1) The role of the Office of Adult Protective Services is to administer programs for vulnerable adults in the state of Florida. These programs include:

- (a) Adult Protective Investigations;
- (b) Protective Supervision;
- (c) Protective Intervention;
- (d) Community Care for Disabled Adults (CCDA);
- (e) Home care for Disabled Adults (HCDA); and,
- (f) Short-Term Case Management.

(2) Headquarters responsibilities include planning for all these programs to achieve goals and objectives as established by the Department of Children and Families as well as the Florida Legislature, as well as development of new and improved programs. Headquarters works in conjunction with circuit and region staff to develop new legislative proposals to further improve the program's performance. Headquarters establishes specific standards that define acceptable levels of program performance and provides technical assistance to each circuit/region. Headquarters monitors circuit operations to ensure that services are being provided in accordance with those standards and program policies. Headquarters coordinates staff development and training to facilitate statewide consistency in the dissemination of policy and procedures.

b. Region Adult Protective Services Staff.

(1) The role of region adult protective services staff is to ensure the implementation of program policy. The program administrator supervises staff and is responsible for the compliance with statewide policies, procedures, and guidelines.

(2) Each region has human services program specialists whose responsibilities include, but are not limited to, contract management, technical assistance to field units, monitoring units, compliance, and training. The specialist also identifies unmet client needs and participates in developing new programs or services to meet those needs.

c. Circuit Adult Protective Services Staff.

(1) Operational Program Administrator (OPA). The role of the operational program administrator is to manage and coordinate the operations and service delivery system for all programs under his or her supervision, and supervises all unit supervisors within his or her jurisdiction.

(2) Adult Protective Investigator Supervisor (APIS) and Human Services Counselor Supervisor (HSCS). The primary responsibility of the adult protective investigator supervisor and the human services counselor supervisor is to ensure that all staff is performing their duties as required by Florida Statutes and program policies and procedures. The unit supervisor must provide guidance and training to each protective investigator and counselor through regularly scheduled conferences, case monitoring, evaluations, unit meetings, case staffings, and planned training activities. The unit supervisor is also responsible for reading cases, completing all required reports, identifying personnel

needs and problems, completing evaluations, and coordinating the unit's workflow and on-call schedule.

(3) Protective Investigator (PI). The protective investigator's primary responsibility is to investigate reports of abuse, neglect, exploitation, and self-neglect and to provide or arrange services to ensure the safety and well-being of the victim. The protective investigator must have a thorough knowledge of program and departmental policies and procedures. He or she should be familiar with programs and community resources to provide the client with appropriate referrals and comply with required documentation detailing the results of investigations and services provided.

(4) Protective Supervision Counselor (Human Services Counselor). The human services counselor is likely responsible for providing a varied number of services available through the adult protective services program. Some circuits, however, maintain counselors who are responsible for only protective supervision. The primary role of the protective supervision counselor is to protect victims from further abuse, neglect, self-neglect, or exploitation through the delivery of services. The protective supervision counselor may provide the services or may arrange for services through provider agencies. The protective supervision counselor must have a thorough knowledge of the program, departmental policies and procedures and be familiar with programs and community resources to provide the client with appropriate referrals. They must comply with required program documentation detailing all case management activities and services provided.

d. Florida Abuse Hotline.

(1) Availability and Purpose.

(a) The department maintains a central Abuse Hotline available to all persons 24 hours a day, seven days a week. The Abuse Hotline accepts reports that are written, faxed, electronically submitted via web reporting, or called to the Hotline.

(b) The purpose of the Abuse Hotline is to receive reports of allegations of abuse, neglect, exploitation, and self-neglect. Hotline counselors assess the information received and determine if the information meets criteria to accept. The Hotline staff transmits such reports to the appropriate investigative unit. The information maintained in the Abuse Hotline will allow the department to:

1. Immediately identify and locate any prior reports of abuse, neglect, or exploitation;
2. Track critical steps in the investigative process to ensure compliance with all requirements for all reports;
3. Develop and analyze statistical and other information for monitoring and evaluation purposes;
4. Maintain and produce aggregate statistical reports for monitoring and evaluation; and,
5. Serve as a resource for the evaluation, management, and planning of preventive and remedial services for those individuals who are victims of adult abuse, neglect, and exploitation.

(2) Record Checks. Upon receiving a report of abuse, neglect, or exploitation, the Abuse Hotline will check the system for prior reports and will transmit all information to the receiving unit.

(3) Information for Services, Requests for Services. These functions are responsibilities of the Hotline. Chapter 4 of this operating procedure includes additional information.

e. State Attorney. The state attorney determines whether his/her office will conduct a criminal investigation based on the information provided by the department and from information gathered by his office, and whether prosecution of any individual in the investigation will occur. The state attorney's office will report their findings to the department within 15 days following the completion of their investigation and include a determination of whether or not prosecution is justified and warranted.

f. Law Enforcement.

(1) The department should, per section 415.1055, F.S., immediately notify law enforcement, when the department has reasonable cause to suspect that abuse, neglect, or exploitation has occurred and was perpetrated by a second party. Law enforcement will determine whether to conduct a criminal investigation, and if they conduct it concurrently or independently of the department's investigation.

(2) The department, per section 415.1034, F.S. is mandated to immediately notify local law enforcement in writing upon determining reasonable cause to suspect that a victim died as a result of abuse, neglect, or exploitation.

(3) Working Agreements.

(a) The department shall enter into a working agreement with each county sheriff's office or local police department that has jurisdiction for an investigation. This agreement will:

1. Establish the law enforcement agency as the lead agency when conducting a criminal investigation that resulted from an allegation of abuse, neglect, or exploitation of a vulnerable adult.
2. Specify the way that the requirements of Chapter 415, F.S. will be met.
3. Authorize the law enforcement agency that has jurisdiction the ability to share Florida criminal history and local criminal history with the protective investigation staff for purposes that are described in the agreement. Criminal histories that are exempt from section 119.07(1) cannot be shared.
4. Allow the protective investigation staff to obtain these criminal histories at no charge to the department.
5. Allow Florida Department of Law Enforcement the ability to provide to the department electronic access to Florida criminal justice information that is lawfully available and not exempt from section 119.07(1) for the purpose of protective investigations and emergency placement.
6. Require the department to execute an appropriate user agreement which addresses the access, use, dissemination, and destruction of any information from Florida Department of Law Enforcement and to comply with all applicable laws and rules of that department.

(b) Adult Protective Services Headquarters, along with Florida Sheriff's Association, Police Benevolent Association, Florida Prosecuting Attorney's Association, and Florida Department of Law Enforcement have developed a "Model Working Agreement." This model

agreement contains minimum guidelines for each to use when entering into an agreement with local law enforcement agencies. Therefore, circuit staff and local law enforcement may add to the agreement to meet their own needs but may not delete any of the minimum guidelines. The model agreement is available for use by each circuit.

(4) Law enforcement may assist the protective investigator when:

- (a) Emergency entry into a victim's home is necessary;
- (b) Emergency removal from the premises is indicated;
- (c) Emergency transportation when medical transportation is not available or needed; or,
- (d) Enforcement of court orders is needed.

(5) The protective investigator may request the assistance of law enforcement at any time the protective investigator has reason to believe that either he/she or the victim is at risk.

g. Long-Term Care Ombudsman Program (LTCOP).

(1) Each Long-Term Care Ombudsman Program consists of numerous volunteer members appointed by the Governor and one salaried coordinator. The primary goals of the LTCOP are to protect the rights of residents of long-term care residential facilities by investigating and resolving problems and grievances and to improve the quality of life in these facilities. The council also provides information to, and works with, facilities, community organizations, and other agencies to increase their responsiveness to the residents in long-term care facilities.

(2) LTCOP responsibilities include, but are not limited to:

- (a) Serving as a third-party mechanism for protecting the health, safety, welfare, and civil and human rights of residents of nursing homes, assisted living facilities, and adult family homes;
- (b) Receiving, investigating, and resolving reports of abuse, neglect, or exploitation in any long-term care facility;
- (c) Eliciting, receiving, responding to, and resolving complaints of an administrative nature made by or on behalf of residents of long-term care facilities;
- (d) Reviewing all existing or proposed rules and regulations relating to long-term care facilities, and recommending changes in law, rules, and regulations to improve the care received by facility residents; and,
- (e) Conducting an annual administrative inspection of each long-term care facility.

h. Agency for Health Care Administration (AHCA).

(1) The primary responsibility of the Agency for Health Care Administration (AHCA) is to inspect and license health care and health care related facilities. AHCA licensed facilities most pertinent to adult protective services clients include assisted living facilities, nursing homes, hospitals, adult day care centers, intermediate care facilities for adults with intellectual disabilities and state mental institutions.

(2) AHCA may, upon request, share their expertise with the protective investigator during an abuse, neglect, or exploitation investigation in any facility under their jurisdiction. The protective investigator must notify AHCA in writing when licensure issues surface during the investigation or when he/she identifies an unlicensed facility.

i. Department of Health (DOH). The responsibilities of the Department of Health are many and varied. A partial list of responsibilities includes the provision of health care services to children and adults; regulation of medical professions and occupations; regulation and monitoring of emergency medical services; regulation of environmental health services; and operation and regulation of laboratories for research and analysis.

j. Medicaid Fraud Control Unit (MFCU).

(1) Medicaid Fraud Control Unit (MFCU), within the Department of Legal Affairs, Office of the Attorney General investigates allegations of abuse, neglect, or exploitation of patients in health care facilities receiving Medicaid funds, Assisted Living Facilities (ALFs) even if the ALFs do not receive Medicaid funding, and Adult Family Care Homes (AFCH) or any other Medicaid vendor. MFCU is a law enforcement agency and may be the primary agency to investigate patient abuse, neglect, and exploitation in facilities that receive Medicaid funding. Law enforcement and MFCU will jointly determine who has primary investigation responsibility. The adult protective investigator's responsibility is to notify each agency in accordance with the requirements of Chapter 415, F.S., for notification to Criminal Justice Agencies.

(2) MFCU may investigate the referral and will coordinate their investigation with the referring adult protective services unit and the Office of the State Attorney, when applicable. MFCU will notify the adult protective services unit regarding their disposition decision. MFCU will also notify AHCA regarding any administrative violations.

(3) The MFCU Patient Abuse, Neglect, and Exploitation (PANE) project has access to the electronic case management system to view incoming reports. In order to ensure that MFCU gets the referral, the protective investigator must still follow the notification procedures specified in Chapter 18 of this operating procedure.

k. Medical Examiner.

(1) A circuit medical examiner is appointed by the Governor for each medical examiner circuit from nominees who are practicing physicians in pathology. The term of office for each circuit medical examiner is three (3) years.

(2) One of the primary duties of a circuit medical examiner is to perform examinations, investigation, and autopsies he or she deems necessary when an individual dies or a body of a person is found in the circuit. Such examinations, investigations, and autopsies occur when:

(a) The person dies in Florida of criminal violence; by accident; by suicide; suddenly, when in apparent good health; unattended by a practicing physician or other recognized practitioner; in any prison or penal institution; in police custody; in any suspicious or unusual circumstance; by criminal abortion; by poison; by disease constituting a threat to public health; or by disease, injury, or toxic agent resulting from employment.

(b) A dead body is brought into the state without proper medical certification.

(c) A body is to be cremated, dissected, or buried at sea.

l. Judicial System. Court action may be necessary when vulnerable adults, who are victims of abuse, neglect, self-neglect, or exploitation, are in need of services for their protection, but lack capacity to consent to services. The protective investigator will file a petition with the clerk of the circuit court. Each of the state's judicial circuits may have a different procedure regarding the filing of petitions and the scheduling of hearings. Investigative staff needs to consult with legal counsel to determine correct procedures.

m. Legal Counsel.

(1) Legal counsel may support the protective investigator by assisting in the development and filing of petitions and representing the department during hearings. Legal counsel may also assist in the coordination of information to ensure the meeting of appropriate time standards regarding the court process.

(2) Legal counsel provides consultation and is available to assist the protective investigator in all legal matters pertaining to the abuse, neglect, self-neglect, or exploitation of a vulnerable adult.

n. Adult Protection Team (APT).

(1) Section 415.1102, F.S., provides minimum requirements and guidelines for establishing adult protection teams. The department may develop, maintain, and coordinate the services of one or more multidisciplinary adult protection teams in each of the circuits of the department, subject to appropriation.

(2) Teams may be comprised of representatives of appropriate health, mental health, social, service, legal service, and law enforcement agencies. In most circuits the APT members include a physician, nurse, psychologist, representative from the Agency for Health Care Administration (AHCA), legal counsel, law enforcement, Comprehensive Assessment and Review for Long-Term Care Services (CARES), Medicaid Fraud Control Unit, Guardianship Program, and other appropriate programs.

(3) The department shall utilize and convene the teams to supplement the protective services activities of the protective services program of the department.

(4) The role of an APT is to:

(a) Support the activities of the protective services program in investigating reports of abuse, neglect, self-neglect, or exploitation;

(b) Provide protective and other services determined to be necessary and appropriate to abused, neglected, and exploited vulnerable adults upon referral, with the consent of the vulnerable adult or that person's guardian or through court order.

(c) In instances in which an adult protection team is providing certain services to victims of abuse, neglect, self-neglect, or exploitation, other offices and units of the department must avoid duplicating the provision of those services.

o. Department of Elder Affairs (DOEA).

(1) The Department of Elderly Affairs, in partnership with an Advisory Council, other state agencies and organizations, represents the interests of elders and senior advocates in Florida. DOEA coordinates, through the Area Agencies on Aging (AAA), the federally and state-funded community-based programs of The Older Americans Act, Community Care for the Elderly (CCE),

Medicaid-Waiver, Home and Community Based Services, Alzheimer's Disease Initiative, Emergency Home Energy Assistance for Elderly and Handicapped, Job Training Partnership Act, Title I Older Individuals Program (JTPA), Home Care for the Elderly, and CARES. DOEA maintains an Elder Helpline Information and Referral Service in each county that is available to provide information to the public regarding available services for seniors. The Statewide Elder Helpline number is 1-800-963-5337.

(2) Upon receipt of a report, which alleges an employee of DOEA, acting in an official capacity, is named as the alleged perpetrator in a report of abuse, neglect, or exploitation, the protective investigator must orally and in writing, notify the state attorney in whose circuit the alleged abuse, neglect, or exploitation occurred.

1-8. Cooperation with Others [section 415.106].

a. Protective investigators and protective supervision counselors must notify other programs within the department when it becomes known that those programs have involvement in the situation. Staff should consult with their supervisors for the appropriate protocol to use in obtaining this assistance.

b. Circuit adult protective services staff should have cooperative agreements or operational procedures developed with the Agency for Persons with Disabilities (APD), substance abuse, and mental health program offices; other appropriate departmental programs; LTCOP; and other agencies that provide services to vulnerable adults. These agreements or procedures must specify roles and responsibilities as related to adult protective services (reporting and investigating abuse, neglect, self-neglect, or exploitation, the provision of services, and other related coordinated activities). An inherent responsibility of the protective staff is to establish and develop resources and relationships with parties within the circuit who can assist in providing services to subjects of abuse, neglect, self-neglect, or exploitation.

CAUSAL FACTOR AND INDICATORS OF ABUSE, NEGLECT, AND EXPLOITATION

The information included in this attachment contains basic information on Adult Abuse provided by the National Center on Elder Abuse in conjunction with the National Adult Protective Services Association thru the NCEA publication, June 2005.

I. EXTENT OF ADULT ABUSE

Precisely how many adults unable to provide for their own protection are victimized by the abuse, neglect, or exploitation of their caregivers is subject to question. There is no doubt, however, that the incidence of adult abuse far exceeds the number of reported cases. Though abuse, neglect, and exploitation of vulnerable adults is only a slightly less widespread phenomenon than child abuse, it is far less likely to be reported.

Estimates of the prevalence of adult abuse vary widely.

- More than half suffer psychological abuse, including verbal assault, threats, fear, or isolation.
- Psychological abuse is generally considered to be the most common of all forms of abuse.
- At least half suffer financial abuse such as the theft or misuse of their property and finances.

Regardless of the setting, most abused adults are reluctant to report the abuse for fear of retaliation from the caregiver, exposure of their family or relatives to legal punishment, or removal from the only homes they know. Institutionalization is greatly feared by older people and is often seen as a punishment for complaining rather than as a solution to the problem. Many vulnerable adults are maintained in home settings partly because of the caregiver's feelings of guilt about institutionalization even though the caregiver cannot adequately care for the adult relative.

II. CHARACTERISTICS OF ABUSED ADULTS

Because of age or disability, persons who become victims of abuse, neglect, self-neglect, or exploitation are usually in a position of dependency on others (generally on those who abuse them) for care and protection. While each case of adult abuse, neglect, self-neglect, or exploitation is unique, statistical analyses of reports from around the nation point to a constellation of common characteristics of abused adults.

- Advanced Age. As the population ages, the proportion of people living into their eighties and nineties (and beyond) is increasing even more rapidly. This group is the most vulnerable to abuse and, as a result, victims are typically 75 years of age or older.
- Physical Impairment. Though many older people are in reasonably good health, eight out of ten of those over 65 suffer from one or more chronic illnesses, physical impairment, or other conditions that limit some aspect of their daily activities. Any impairment that requires assistance in the activities of daily living may place the vulnerable adult at a risk for abuse, neglect, or exploitation. Multiple impairments increase this risk.
- Mental or Emotional Impairment. Advancing age may also directly or indirectly affect the older person's mental capacity or emotional health. Memory loss, confusion, and depression are among the many conditions, which may lead to the need for some type of mental health service. Social, emotional, and mental health dependencies appear to be closely associated with abuse, neglect, self-neglect, and exploitation of older persons.
- Gender/Race. Statistically, the victim of abuse, neglect, or exploitation is most likely to be a Caucasian, middle-class woman living with an adult child. This may partly be because women

have a longer life span than men and represent a larger proportion of the elderly population. Typically, the abuser is likely to be a middle-aged female child who is the primary caregiver.

III. FACTORS CONTRIBUTING TO ADULT ABUSE

The causes of adult abuse are numerous, complex, and interactive. Factors to consider in determining causes include the following:

- Retaliation
- Ageism and violence as a way of life
- Lack of close family ties
- Lack of community resources
- Lack of financial resources
- Mental and emotional disorder
- Unemployment
- History of alcohol and drug abuse
- Environmental conditions
- Resentment of dependency
- Increased life expectancy
- Other situational stresses

The specific factors can be grouped into three categories as defined in Table A1.1.

TABLE A1.1 – FACTORS CONTRIBUTING TO ADULT ABUSE

TYPE OF FACTOR	DESCRIPTION
PERSONAL FACTORS	<ul style="list-style-type: none"> • <u>Cycle of Violence</u>. Not surprisingly, adult abuse is most likely to occur in homes with a lifelong pattern of violent relationships. The cycle of violence suggests both the abuser and the abused persons have learned to use abuse as a means of tension reduction in response to stressful situations. Half of the children who are abused by their parents attack their parents later in life. In comparison, only one in 400 who are reared nonviolently indulge in such behavior. • <u>Self-Image</u>. Older persons who are, or perceive themselves to be, helpless and dependent are the most likely targets for abuse. • <u>Dependency</u>. Individuals who develop patterns of excessive dependence often find themselves at a serious disadvantage. When such dependence causes them to feel that they cannot function without the presence or attention of a limited few, they suddenly become at risk of tolerating unacceptable behavior directed toward them by those selected few. • <u>Abusive Behavior</u>. There are studies that indicate the abusive behavior of the older adult toward the caregiver adds to the stress of the caregiver. In one study, almost one out of five caregivers reported the older person used force, such as slapping or hitting. • <u>Physical and Mental Impairments</u>. Mental health dependency of the older person, resulting in confusion and inability to make decisions and forcing caregivers to deal with irrational or explosive behavior, was highly correlated with abusive behavior by caregivers and other family members. These combine to increase their vulnerability. When the older person is confused, the stress on the caregiver and potential for random instances of abuse are increased. • <u>Ignorance</u>. There is a general lack of knowledge and understanding of the aging process and the support network available to assist families. There is also a lack of awareness of how to care for older persons who are dependent. • <u>Emotional Disturbance</u>. Emotional problems a caregiver may already be experiencing can be worsened by the additional stresses of caregiving.

<p>INTERPERSONAL FACTORS</p>	<ul style="list-style-type: none"> • <u>Unresolved Conflicts</u>. Interpersonal factors may include a variety of unresolved past conflicts and lifelong histories of inadequate relationships. Power conflicts may contribute to abuse, as with failure to resolve the parent-child conflict. • <u>Gratitude</u>. Adults providing support may believe they are not receiving enough recognition and appreciation for their efforts, leading to resentful feelings and abuse.
<p>SITUATIONAL FACTORS</p>	<ul style="list-style-type: none"> • Sometimes the vulnerable adult already lives in the home and becomes dependent. In other cases, the dependent person must be moved into the home, causing changes in relationships, sleeping arrangements, and household activities. • A middle-aged abuser may be overwhelmed by the need to provide care both to children and the older adult. • Frustration at the need to provide care to an elderly parent at a time when the caregiver is facing personal challenges (such as the “empty nest”) or opportunities (such as developing a postponed career). • The stress of unemployment. • Geographic separation of family members. • Inadequate community resources to support caregivers. • Poverty of the elderly person or disabled adult who must rely on the caregiver for financial support.

IV. INSTITUTIONAL ABUSE

Persons in institutions are typically the older and most frail of the vulnerable adults and more likely to be victims of abuse. Direct abuse in institutions may involve all the types of abuse that are involved in family violence. However, the following two types of abuse are especially prevalent:

- Abuse of Medication is common. Medication abuse also includes overmedication. Older persons in institutions take an average of ten to twelve drugs per day, in contrast to four to seven per day for older persons living in the community. Of nursing home patients, 95 percent use prescribed drugs. Depression is a major side effect of many medications and drug interactions and adverse reactions are common. Over-tranquilization is a significant problem. Lack of education is a major cause of medication abuse. Education of physicians and caregivers is needed to reduce the incidence of all kinds of abuse.
- Passive Abuse. This is a situation in which a caregiver allows a resident to be mistreated or teased by other residents or staff. Passive abuse includes the failure to provide activities for improving the quality of life.

Chapter 2

CONFIDENTIALITY OF RECORDS

2-1. Purpose. As mandated by Chapter 415, F.S., this chapter provides information and procedures for confidentiality of protective investigative and protective supervision records. It also provides procedures for releasing and copying confidential information.

2-2. Confidentiality of Reports and Records [Section 415.107].

a. All reports and records of abuse, neglect, exploitation, or self-neglect of vulnerable adults, are confidential. Reports may not be disclosed except under restricted conditions outlined in section 415.1071, Release of Confidential Information.

b. The department restricts who the Hotline can release information to and what information the Hotline can release. The department provides security profiles for protective services staff who may access information in the electronic case management system. Individuals having the right of access to the electronic case management system may gain access by providing the following identification information:

- (1) Circuit, area, and unit number; and,
- (2) Name and specified security information.

2-3. Release of Confidential Reports and Records.

a. Chapter 415, F.S., allows the release of protective investigative reports and protective supervision records in certain situations. The protective investigator and protective supervision counselor must ensure all records are accurately maintained.

(1) Each protective investigation and protective supervision record **MUST** contain all reports and documentation that the investigator or counselor used to close reports or to make decisions in a case. This includes prior reports, medical and psychological reports, financial reports, and other documentation. If the contents of a prior report are used in making decisions or recommendations regarding a case, the prior report **MUST** be documented in the findings section of the electronic case management system.

(2) A protective investigation or protective supervision record **MUST NOT** contain any information that was not used or requested to use in an investigation or to make a decision in a case. If there are prior reports, medical and psychological reports, or financial reports that are not used in making decisions in the case, they **MUST NOT** be included in the record. This does not mean if such information is included in the record, it should be removed prior to producing the record in a response to a records request or court order.

b. The following are information and procedures for release of investigation reports to specific individuals including the victim, the victim's guardian, the victim's caregiver, the alleged perpetrator, and the legal counsel for any of the above persons:

(1) A "report" means the Investigative Summary, excluding the name of the reporter. The Final Investigative Summary is printed from the electronic case management system. This Final Investigative Summary is completed by the protective investigator and is reviewed and approved by the supervisor at the conclusion of the investigation.

(2) Individuals who have a right to a copy of the report are notified of that right at the beginning of the investigation. The Notification to Subjects Pamphlet is the approved method of notification.

(3) Individuals must request a copy of the report. Copies of reports are not provided without a request EXCEPT when the requester is an alleged perpetrator named in the report. Instructions for providing copies to an alleged perpetrator are covered in paragraph (4) below. Legal counsel should be involved with all requests for copies of reports of adult protective investigations that are being released. General instructions for providing a copy of a report to individuals are as follows:

(a) The reporter's name and any information, which might lead to the identification of the reporter, must be redacted before providing the copy to the requester.

(b) When a request for a copy of a report is received, the protective investigator must notify the unit supervisor. The unit supervisor, at their discretion, may notify other legal or management personnel.

(c) Anyone who is given a copy of an adult abuse, neglect, or exploitation report is subject to the same confidentiality requirements as the employee releasing the information. That individual may be "guilty of a misdemeanor of the second degree punishable as provided in section 775.082, section 775.083, and section 775.084, F.S.," if he shares the information with persons not authorized by law to have it.

(d) When a copy of a report is given to a person, the protective investigator must ask the recipient to sign a confidentiality affidavit. Confidentiality Affidavit (form CF-AA 1098, available in DCF Forms) states that he or she understands their responsibility to maintain confidentiality and the penalty for violation.

1. Document a refusal to sign the affidavit.

2. File affidavits in the investigative record and provide a copy to the individual.

3. If, a copy of the affidavit is mailed to the requestor, included with the affidavit should be instructions for signing and returning to the protective investigator, prior to the copy of the report being mailed.

(e) A copy of the report must be provided to the requester within a reasonable time frame.

(4) Section 415.107 F.S. does not provide for written notification to the alleged perpetrator at the conclusion of the investigation.

(a) Any alleged perpetrator has the right to a copy of the Final Investigative Summary upon request. The investigator should provide the Notification To Subjects Pamphlet to the alleged perpetrator.

(b) If, at the conclusion of the investigation, the alleged perpetrator in any report contacts the protective investigator or the unit office to obtain further information regarding the outcome of the investigation, the protective investigator may consider this as a request for a copy of the Final Investigative Summary. The protective investigator or supervisor should work with the appropriate legal counsel to release copies of the Final Investigative Summary to the alleged perpetrator.

c. Access to Records.

(1) Chapter 415, F.S., grants certain individuals the right to access records. Access to records means the individual has the right to view, copy, or use the hard-copy record maintained in the electronic case management system. An individual with the right to access the record may receive a copy of the record for use as permitted by law in accordance with CF Operating Procedures 15-9 and 15-12 which provide detailed procedures on releasing selected information pertaining to a report of abuse, neglect, exploitation or self neglect of a vulnerable adult.

(2) Table 2-2 depicts access to records as found in section 415.107, F.S.

TABLE 2-2 ACCESS TO RECORDS [415.107]		
WHO	WHEN	WHAT
Staff of the legislative committees with jurisdiction over issues and services related to vulnerable adults, or over the department.	Upon written or oral request	Copy or review of Investigative records and Protective supervision records. Note: Redact all information identifying the reporter.
Employees or agents of the Department of Children and Families (DCF), Agency for Persons with Disabilities (APD), Agency for Health Administrations (AHCA) or Department of Elder Affairs (DOEA) responsible for <ul style="list-style-type: none"> • Protective investigations, • Ongoing protective services, • Licensure or approval of nursing homes, assisted living facilities, adult day care centers, adult family-care homes, home care for the elderly, hospices, residential facilities licensed under chapter 393 (APD licensed facilities), or other facilities used for the placement of vulnerable adults. 	Upon written or oral request	Copy or review of Investigative records and Protective Supervision records. Note: Redact all information identifying the reporter.
Criminal justice agencies	Upon oral or written request when investigating a report of known or suspected abuse, neglect, or exploitation of vulnerable adult	Copy or review of Investigative records and Protective Supervision records. Note: Redact all information identifying the reporter. (See paragraph 2-4.)

<p>State attorney</p>	<p>Upon oral or written request when victim of a report resides in judicial circuit or abuse, neglect, or exploitation occurred in judicial circuit</p>	<p>Copy or review of Investigative records and Protective Supervision records. Note: Redact all information identifying the reporter.</p>
<ul style="list-style-type: none"> • Victim* • Guardian of victim * • Caregiver of victim* • Legal counsel for victim* • Alleged perpetrator * 	<p>Upon oral or written request</p>	<p>Copy or review of Investigative records and Protective Supervision records. Note: Redact all information identifying the reporter. (See paragraph 2-4.)</p>
<p>Judicial</p>	<p>By subpoena when the court finds access to records is necessary to determine an issue before the court</p> <p>Access by court order is limited to inspection in the privacy of a judge’s chambers, unless the court determines public disclosure of the record is needed to resolve the issue</p>	<p>Copy or review of Investigative records and Protective Supervision records.</p> <p>Note: Redact all information identifying the reporter.</p>
<p>Grand jury</p>	<p>By subpoena after a grand jury determines access is necessary in conducting official business</p>	<p>Copy or review of Investigative records and Protective Supervision records.</p> <p>Note: Redact all information identifying the reporter.</p>
<p>Officials of Long-Term Care Ombudsman Program (LTCOP)</p>	<p>Upon oral or written request when investigating report of known or suspected abuse, neglect, or exploitation of a vulnerable adult</p>	<p>Review or copy of Investigative records and Protective Supervision records.</p> <p>Note: Redact all information identifying the reporter.</p>

<p>Officials of DCF, APD, AHCA, or DOEA</p>	<p>Upon oral or written request when conducting official functions pertinent to the administration or supervision of the programs for the prevention, investigation, or treatment of adult abuse, neglect, or exploitation.</p> <p>Upon oral or written request when taking appropriate administrative action concerning an employee alleged to have perpetrated abuse, neglect, or exploitation of a vulnerable adult in an institution</p>	<p>Review or copy of Investigative records and Protective Supervision records.</p> <p>Note: Redact all information identifying the reporter.</p>
<p>Research/auditing person*</p>	<p>Upon oral or written request when engaged in bona fide research or auditing as approved by the Department of Children and Families Human Research Committee.</p>	<p>Review or copy of Investigative records and Protective supervision records.</p> <p>Note: Redact all information identifying the reporter and information identifying any subjects of the report.</p>
<p>Agency for Health Care Administration (AHCA) Department of Health (DOH) Department of Business and Professional Regulation (DBPR)</p>	<p>Upon oral or written request when considering disciplinary action against a licensee or certified nursing assistant pursuant to allegations of abuse, neglect, or exploitation.</p>	<p>Review or copy of Investigative records and Protective supervision records.</p> <p>Note: Redact all information identifying the reporter.</p>
<p>Employees or agents of agencies other states with similar responsibilities as DCF*</p>	<p>Upon oral or written request when employee has comparable jurisdiction to employees of DCF, APD, AHCA, and DOEA described above</p>	<p>Review or copy of Investigative records and Protective supervision records.</p> <p>Note: Redact all information identifying the reporter.</p>
<p>Public Employees Relations Commission (PERC)</p>	<p>Upon oral or written request when obtaining evidence for appeals filed pursuant to section 447.207, F.S.</p>	<p>Review or copy of Investigative records and Protective supervision records.</p> <p>Note: Redact all information identifying the reporter. Also redact all identifying information about all named persons except the employee who is subject of the PERC appeal.</p>

<p>Professional person</p>	<p>Upon oral or written request when diagnosing, treating, and/or providing services to a vulnerable adult or alleged perpetrator (AP)</p>	<p>Review or copy ONLY such information from the investigative or supervision records necessary to diagnose, treat, and/or provide the services.</p> <p>Note: Redact all information identifying the reporter.</p>
<p>Any person*</p>	<p>Upon oral or written request in the report of a death of a vulnerable adult Verified to be the result of abuse, neglect, or exploitation.</p>	<p>Review or copy of Investigative records and Protective Supervision records.</p> <p>Note: Redact all information identifying the reporter. Also redact information that is confidential or exempt by virtue of other laws.</p>

*An asterisk means the department may be able to require payment in advance for staff time in redacting, overseeing record review, and making copies. Please consult legal counsel.

d. Determining and Receiving Payment for Access to a Record.

(1) Under Florida law, the department may charge individuals or entities that have a right to access a record, a fee for viewing and/or copying a protective investigation or protective supervision record.

(2) The department may charge a fee for copying a record as outlined in CF Operating Procedure 15-9, chapter 2.

ACCESS TO RECORDS (per CFOP 15-9 and CFOP 15-12)	
IF THE REQUESTER IS:	THEN:
<ul style="list-style-type: none"> • Staff of legislative committees with jurisdiction over issues/services related to vulnerable adults, or over the department • DCF, AHCA, APD or DOEA • Criminal Justice Agencies • State Attorney • LTCOP • Division of Administrative Hearings • Public Employees Relations Commission • Professional person 	<ol style="list-style-type: none"> 1. Verify that the requester is eligible under Chapter 415, F.S., to obtain access. 2. Determine what type record may be accessed based on the requester. 3. Obtain the request in writing. 4. Obtain assistance from legal counsel. 5. Advise the requester of the confidentiality of records 6. Obtain requester’s signature on an “Affidavit of Understanding” 7. Redact all information that might identify the reporter. 8. Schedule time for requester to visually inspect the record, if requested. 9. If the requester asks for a copy of the record, provide the copy to the requester by hand delivery whenever possible. Mail copies of records when there is no other feasible method of delivery. If delivery is by mail, stamp the envelope and each page of the contents “Confidential.” 10. For Public Employees Relations Commission (PERC), redact all names except the employee at issue.
<ul style="list-style-type: none"> • Court • Grand jury 	<ol style="list-style-type: none"> 1. Provide legal counsel a copy of the subpoena or court order and obtain his instructions as to how to proceed. 2. File subpoena or court order in case record. 3. Redact all information from the record that might identify the reporter. 4. Prepare copy of record as specified in the subpoena or order. 5. Stamp each page “Confidential,” place in a sealed envelope, and deliver as specified in the subpoena or court order.

e. Section 119.07(7), F.S., authorizes the making public of records that pertain to investigations of abuse, neglect, or exploitation of a vulnerable adult when the victim died as a result of abuse, neglect, or exploitation or when the victim suffers serious bodily injury. CF Operating Procedure 15-12, “Procedures for Releasing Selected Information Pertaining to an Abuse, Neglect, Abandonment, or Exploitation Report,” gives procedures for staff to follow in releasing these records.

2-4. Release of the Identity of the Reporter.

a. The name and identifying information of the reporter of an abuse, neglect, or 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.

2-5. Caller Identification (Caller ID). Section 39.201(2)(e), F.S., allows the department to install and operate electronic equipment which automatically provides the Hotline with the number from which a call is placed. This information is known as caller identification information or "Caller ID" and is available to adult protective investigation staff on incoming telephone calls from persons reporting abuse, neglect, or exploitation. Guidelines for recording and using the Caller ID include:

a. Hotline Staff Responsibilities.

(1) The Caller ID is displayed at the onset of each call received at the Hotline, as is the Internet Protocol (IP) address for a web report, and the Caller ID for a fax report. The Hotline counselor will immediately record this number.

(2) If the information meets statutory criteria for acceptance as a report of abuse, neglect, or exploitation, the Hotline counselor will enter the Caller ID into the appropriate fields in the electronic case management system. The entry will include the area code, telephone prefix and number preceded by the words, "Caller ID." Since some persons may have acquired and attached an identification blocking device to their telephones, the caller's ID may not be available on telephone equipment at the Hotline. If the Caller ID is not displayed or is blocked in any way, the Hotline staff will so document in the appropriate fields in the electronic case management system.

b. Staff Responsibilities.

(1) Protective investigators or other department staff involved with an adult protective investigation must not call the number provided by Caller ID to verify that the report was made from that number or to make inquiries about the content of the report. However, if the telephone number provided by Caller ID is the same as provided by the reporter, telephone contact with the reporter is appropriate.

(2) If the caller is a vulnerable adult who is self-reporting and the adult's immediate location is not known at the time of the report AND the protective investigator believes it is absolutely necessary to verify the location, the protective investigator, with the approval of the immediate supervisor or other designated administrative staff, may call the telephone number listed by Caller ID to verify the location. This approval and the reasons for needing to make the call must be documented in the investigative notes.

(3) If all means to locate a vulnerable adult AND attempts to contact the reporter at the telephone number provided by the reporter are unsuccessful, the protective investigator, with the approval of the immediate supervisor or other designated administrative staff, may contact the reporter at the telephone number provided by the Caller ID. Information obtained will be used only to assist in the location of the victim. This approval and the reasons for needing to make the call must be documented in the investigative notes.

(4) The Caller ID telephone number included in a report is confidential. This number is protected by the same confidentiality provisions as the identity of the reporter pursuant to section 415.107, F.S.

(5) A protective investigator must follow chapter 3 of this operating procedure, "Criminal, Civil, and Administrative Actions and Penalties Relating to Abuse, Neglect, and Exploitation," when the

investigator suspects the report is false and was maliciously made for the purpose of harassment, embarrassment, harm, financial gain, custody, or personal benefit. Legal counsel will assist the investigator in referring false reports to the appropriate law enforcement agency. Legal counsel will also assist in providing information, including the caller identification number or IP address, needed for consideration for possible criminal investigations.

2-6. 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 clergy-person as the only confidential communication relationship in situations of known or suspected abuse, neglect, or exploitation. 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 exploitation, failure to cooperate with the department during an investigation, or failure to give evidence in any abuse, neglect, self-neglect, or exploitation judicial proceeding.

Chapter 3

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

3-1. Purpose. This chapter provides information, guidelines, and procedures regarding criminal, civil, and administrative actions and penalties that are pertinent to abuse, neglect, and exploitation of vulnerable adults.

3-2. 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.

3-3. 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 exploitation of vulnerable adults.

3-4. Role of the Protective Investigator During Criminal Investigations.

a. The investigation of criminal abuse, neglect, or 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 victim(s) or alleged perpetrator(s); and,
- (3) Providing oral or written testimony during depositions or court hearings.

3-5. Role of the Protective Investigator During Criminal Proceedings. The role of the protective investigator during any of the stated criminal proceedings depends on the type of criminal action that occurs:

a. Failing to Report Abuse, Neglect, or Exploitation; Preventing Another Person from Reporting; Making Public or Disclosing Confidential Information; Violations of Confidentiality by Persons Having Custody of Records and Documents, Refusing to Grant the Department Access to Records as Required by Section 415.1045(5), F.S. When the protective investigator learns that one of these actions occurs, the following steps must be taken:

(1) The protective investigator will immediately notify his or her supervisor and present all information and personal knowledge that relates to the issue;

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

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

(4) 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.

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

(1) A “false report” is a report of abuse, neglect, or exploitation of a vulnerable adult 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, or exploitation of a vulnerable adult 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, or exploitation 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 victim 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 victim 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 victim(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 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 a yearly 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 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.

3-6. Criminal Actions Against Protective Investigators. During the course of 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).

3-7. Civil Action. A civil action is a means whereby a victim can sue a perpetrator of harm, and, if successful, be awarded compensation and punitive damages (money) by a jury or by the court. In most cases only the victim, the victim's guardian, or person or organization acting on behalf of the victim or guardian, or the personal representative of the victim's estate may bring a civil action against the perpetrator of abuse, neglect, or exploitation.

3-8. Civil Penalties – Perpetrator [section 415.1111, F.S.] (Actual and Punitive Damages to the Victim).

a. Certain individuals may seek actual and punitive damages from the perpetrator on behalf of the victim who has been abused, neglected, or exploited. These individuals may petition a court of competent jurisdiction for recovery of actual and punitive damages for any deprivation of or infringement on the rights of the victim. The action for damages may be brought by the victims as well as other individuals.

b. All individuals who may file petitions for civil action on behalf of the victim include:

(1) The victim;

(2) The victim's guardian;

(3) A person or organization acting on behalf of the victim, but only with the consent of the victim or the victim's guardian; and,

(4) The personal representative of the estate of a deceased victim.

c. The victim who prevails in this court action may be entitled to more than one specific remedy. In addition to damages, the court may award to the victim recovery of reasonable attorney's fees, and costs of the legal action.

3-9. 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, or exploitation 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. Whenever protective services staff has knowledge that a person has knowingly and willfully made a false report of abuse, neglect, or exploitation 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 report 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. 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 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"> • \$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 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 4

FLORIDA ABUSE HOTLINE REPORTING REQUIREMENTS

4-1. 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.

4-2. 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, or exploitation through the 800 number (1-800-96ABUSE), fax (1-800-914-0004) or, via the internet (www.dcf.state.fl.us/abuse/report/index.asp).

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, exploitation, or self-neglect 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.

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

4-3. Florida Abuse Hotline.

a. The Florida Abuse Hotline provides a uniform, centralized system to receive reports of abuse, neglect, exploitation, or self-neglect of vulnerable adults and reports of abuse, neglect, and abandonment of children from the entire state through a 24-hour, toll-free telephone number (1-800-96ABUSE). 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 4-5, Categorizing the Call.)

b. A simplified view of the Florida Abuse Hotline regarding the acceptance of second party abuse, neglect, exploitation, or self-neglect reports involves 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, self-neglect, or exploitation 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. The Hotline counselor then decides one of two report response priorities, each requiring a different investigative response. (See paragraph 4-15, 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, exploitation, self-neglect, 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.

4-4. 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.

4-5. 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 exploitation; or special conditions report alleging self neglect or caregiver unavailable; or,
- 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); or,
- c. A request for services (information and/or provision); or,
- d. A call regarding administrative or operational matters.

4-6. Report of Allegations of Abuse, Neglect, Self-Neglect, or Exploitation.

a. Hotline Staff.

(1) A report of abuse, neglect, exploitation, self-neglect is initiated when a reporter calls and alleges that a vulnerable adult has been or is being abused, neglected, or exploited by another person (second party), neglected by himself/herself 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, exploitation, or self-neglect as set forth in Chapter 415, F.S.

(3) In order for an adult protective investigator to investigate a report of second party abuse, neglect, exploitation, or self-neglect, a means to locate the victim(s) is vital. The following will be used as an acceptable means to locate a victim in Florida:

- (a) A home address;
- (b) An apartment complex by name and location, with or without the apartment number; or name and location of the facility where the victim lives;
- (c) Directions to the home;
- (d) A mobile home park, by name and location, with or without the lot number;
- (e) A home 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 victim or alleged perpetrator;

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

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

(4) If a report is received for investigation that does not contain one of the above acceptable means to locate the victim, 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 are able to 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 victim, the investigator shall notify his or her supervisor, who can contact the Florida Abuse Hotline to request the intake be screened out.

(5) Once a report is taken, the Hotline electronically transmits or calls the report to an investigation unit in the circuit where the victim is located. A protective investigator must then investigate 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 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) All reports received when the office is closed and the following day is not a normal business day will be called out by telephone the morning after receipt.

(9) 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 victim (if available);

(c) Address of victim (if available);

- (d) Name and number of reporter;
- (e) Investigation response priority;
- (f) Allegation narrative; and,
- (g) Prior history.

b. Adult Protective Services (APS) Staff.

(1) All allegations of abuse, neglect, or exploitation or of a vulnerable adult in need of services (self-neglect) 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, or exploitation, or self-neglect, 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 fax all letters and forms alleging abuse, neglect, exploitation, or self-neglect 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, exploitation, or self-neglect 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, exploitation, or self-neglect 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 exploitation;
- (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 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 is in need of services.

4-7. 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, exploitation, or self-neglect, 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, exploitation, or self-neglect and the Crime Intelligence Unit transmits the report to a Protective Investigations unit for investigation, the protective investigator must verify that the alleged victim is a vulnerable adult. Obtaining this verification must begin at the first face-to-face contact with the victim.

4-8. Knowledge of or Reasonable Cause to Suspect Abuse, Neglect, or 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 exploitation caused by a second party.

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

c. After the Hotline counselor accepts a report of second party abuse, neglect, or 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 exploitation as defined in Florida Statute occurred.

4-9. 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 is in need of 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 and the Crime Intelligence Unit electronically transmits the report to a Protective Services unit for investigation, the protective investigator must verify the alleged victim is suffering from the ill effects of self-neglect.

4-10. Table of Abuse, Neglect, Exploitation and Self Neglect. The following table outlines abuse, neglect, exploitation, and self-neglect as defined in Chapter 415, F.S.

DEFINITIONS FOR ABUSE, NEGLECT, AND 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 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
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 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,	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 temporarily or permanently deprive the individual of the use, benefit, or possession of funds, assets, or property 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.
Self-Neglect	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 is in need of protective services or other services to prevent further harm.	The vulnerable adult has neglected himself or herself, or the caregiver is unavailable.

4-11. Processing and Documenting Abuse Reports by the Florida Abuse Hotline.

a. The Hotline counselor will 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, exploitation, or self-neglect, a report is taken. A report accepted by the Hotline requires a full protective service investigation.

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

(2) Subjects of an adult report are limited to only the vulnerable adult victim(s), the alleged perpetrator(s) named in a report, the alleged victim's caregiver(s) and/or guardian(s).

(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 victim or the alleged perpetrator has a prior history of abuse, neglect, exploitation, or self-neglect. This search will also include a history of facility abuse, neglect, or exploitation, 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. 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, exploitation, or self-neglect investigation and the victim(s) is not currently under investigation in an existing active report. Allegations of abuse, neglect, exploitation, and allegations of self-neglect cannot be combined in the same report. 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 4-11f below.)

(2) Additional Investigation Report. An additional investigation report is a report, whether by the same or different reporter, made after an initial abuse report is received and adds new allegations of maltreatments, new incidents or occurrences of the same allegations of maltreatments, or additional victims 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 victim *within 24 hours* is required to ensure the safety of the victim. The investigator must enter the commencement date and time in the electronic case management system for the additional report and properly document the additional contact with the victim. When the initial report is more than 30 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 criteria 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 victim, 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.

(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, exploitation, and self neglect reports a unique identification number. The protective investigator will place the report number on all forms, documents, and correspondence placed in the investigation record.

4-12. 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, self-neglect, or exploitation.

b. A maltreatment is the description of the injury or harm to a vulnerable adult as a result of abuse, neglect, self-neglect, or exploitation.

c. The allegation maltreatment system allows each specific type of abuse, neglect, self-neglect, or exploitation, 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 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 victims 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 into 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 as Self Neglect; and,

(d) E = Exploitation (second party).

4-13. Procedures for Taking Reports of Abuse, Neglect, Self-Neglect, or Exploitation. The following are general guidelines for accepting reports:

a. Residence of Victim 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 victim currently resides in Florida; or,

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

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

(d) Occurred in the institution or facility in Florida where the victim resided, and the alleged perpetrator is an employee, thus potentially placing other residents at risk of abuse, neglect, or exploitation.

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

(a) A caller alleges a resident of Florida was the victim of abuse, neglect, or exploitation while living in Florida, but the victim 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 exploitation occurred in another state, and the victim 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.

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 a victim 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 abuse, neglect, or exploitation made to the Hotline.

(4) The Hotline will not accept a report of death due to self-neglect.

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

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

(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 victim; 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 victim.

d. General.

(1) The Hotline will accept a report of abuse, neglect, self-neglect, or exploitation, when the reporter is a staff member from a hospital emergency room or crisis stabilization unit (CSU) alleging a victim is being released from the emergency room or CSU 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 victim 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 of these 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 relative, caregiver, or household member of the victim.

(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 as a result 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 victim without that person's informed consent or when the victim 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 victim's sexual organs;
- (d) Exposure of sexual organs to victim; and,
- (e) Use of victim to solicit for or engage in prostitution or sexual performance.

(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 victim. (Example: An alleged perpetrator(s) hits a victim and leaves a bruise [physical injury].)

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

(c) Sexual abuse and there is a visible or diagnosable physical injury in addition to the sexual abuse. (Example: An alleged perpetrator fondles a victim 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 victim. (Example: An alleged perpetrator confines a victim in a small closet during the night to keep the victim 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 victim to participate in oral sex resulting in psychological injury to the victim [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 victim(s). NOTE: A spouse of the victim should not be automatically assumed to be a caregiver for the victim. Hotline staff should assess the information to ensure that a spouse is performing in a caregiver role to the victim.

(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 either a self-neglect report or a prevention document requesting services.

(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 victim 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 victim.

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

(a) Abuse. Failure of a caregiver to make a reasonable effort to protect a victim from abuse is a situation in which the caregiver fails to protect the victim from being abused (physically, psychologically, or sexually) by a person who meets the degree of relationship (relative, another caregiver, or household member) to the victim as defined in section 415.102(1), Florida Statutes. The caregiver who fails to protect the victim 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 victim is named as the alleged perpetrator of abuse. If the person who abuses the victim 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 victim from neglect is a situation in which one caregiver fails to protect the victim from abuse, neglect or exploitation by another family member, caregiver, or household member. In this situation, both will be named in the report as alleged perpetrator(s).

(c) Exploitation. Failure of the caregiver to make a reasonable effort to protect the victim from exploitation is a situation in which the caregiver fails to protect the victim from exploitation by an individual who stands in a position of trust and confidence or who knows or should know that the victim 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 exploitation will be named as alleged perpetrator of 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 victim is not considered an alleged perpetrator. These reports are taken as "Special Conditions (self-neglect)" reports.

(6) The Hotline will not accept a report alleging self-neglect while the individual is a resident in an institution.

(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. The Hotline will use the Other Self-Neglect maltreatment code in processing this report.

(8) The Hotline will not take a report of self-neglect 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 know the whereabouts of a patient at all times. These reports will be coded "Inadequate Supervision."

(10) The Hotline will not combine allegations of second party abuse, neglect, exploitation in a report with special conditions allegations (self-neglect).

g. Reports Alleging Exploitation.

(1) In taking a report of exploitation, the Hotline counselor will enter the appropriate maltreatment of exploitation. For definition of exploitation refer to section 415.107(2). 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 victim 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 may be 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 should 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 victim’s funds, assets, or property for the benefit of another person.

(e) 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 victim, 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 exploitation the alleged perpetrator may or may not be the caregiver of the victim(s).

(3) The Hotline will not accept a report of exploitation when the victim is deceased.

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

(b) Allegations of exploitation naming a deceased victim are appropriate for a referral to the appropriate law enforcement agency.

4-14. 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 victim’s disability or infirmity of aging;

c. Name of person who can provide assistance to the victim or additional information about the victim’s circumstances and means of contacting person;

d. The type of maltreatment reported and the nature and extent of harm suffered by the victim;

e. Any prior history of abuse, neglect, exploitation, or self-neglect 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 victim.

4-15. Response Priority.

a. When the Hotline accepts a report of abuse, neglect, self-neglect, or exploitation, 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.

4-16. 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 victim. 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; and,
- (b) Is at immediate risk of serious injury or death; and,
- (c) Is alone with no one available to assume the caregiver role; and,
- (d) Law enforcement or EMS is present but not able to take action, 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, exploitation, or self-neglect that do not rise to the level of an immediate response. Reports in which the victim 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 circuit, region or program to determine the response priority based on whether or not the employee has access to the electronic case management system, the seriousness of the allegations, and other reasons as determined by the circuit, region, or program. 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 region 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 6 of this operating procedure.

d. Transferring A Report to the Local Sherriff'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 Sherriff'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 victim.
<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 victim.
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 victim; 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.

4-17. 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 unit, circuit, or region office, or central 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 circuit and/or region procedures.

4-18. 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, circuit or 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.

4-19. 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, self-neglect, or exploitation.

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, self-neglect, or exploitation if services are not immediately provided.

(2) The Hotline counselor will provide a referral to 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 considered to be 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, or exploitation, the Hotline counselor will transfer the caller (**during** normal business hours) or refer the caller (**after** normal business hours) to the 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 acceptance at the Florida Abuse Hotline. A request for placement services include 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 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, self-neglect, or exploitation is not the direct cause of the request for placement, a report of abuse, neglect, self-neglect, or exploitation, 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 circuit or region procedures.

4-20. 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 in an effort to conceal abuse, neglect, or 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 be in need of 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 victim in an open abuse, neglect, self-neglect, or exploitation report, or is a client in an open protective supervision case. The Adult Protective Investigator Supervisor will enter into 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 children and 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 victim in an open second party abuse, neglect, or exploitation report or report of a vulnerable adult in need of services, 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), victim, 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 make contact with 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, or exploitation.

(3) Investigators who interview the victim for another circuit will update all victim information in the electronic case management system. The investigator who interviews the victim is responsible for:

- (a) Determining eligibility;
- (b) Assessing capacity to consent to services;
- (c) Assessing risk and completing a standardized risk assessment tool;
- (d) Assessing and documenting emergency and non-emergency service needs;
- (e) Documenting an interview with the victim regarding the allegations in a report;

and,

(f) Having the victim sign the rights pamphlet, HIPAA notification and medical/financial release of information.

Chapter 5

REPORT ASSIGNMENT

5-1. 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, self-neglect, or exploitation at the investigation unit level.

5-2. 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 resides or 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 remain current at all times.

c. Each circuit is responsible for input of an on-call schedule into the electronic case management system. Prior to the ending of a given month, the following month's updated on call schedule will be inputted.

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

5-4. 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 the Hotline to request review, correction or screen-out of the report.

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 victim alleged to have been abused, neglected, or exploited.

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

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

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

(5) Name, address, and telephone number of the person reporting the alleged abuse, neglect, or 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 exploitation that occurred or is occurring.

c. The electronic case management report and all uploaded documentation is considered the "record copy." All documentation obtained in the course of an investigation must be stored in the electronic case file. Please see Appendix C to this operating procedure ("FSFN Scanning Document Guide").

d. 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 working days of completion of the investigative activity.

5-5. 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.

b. To Another County, Circuit 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 resides or is located. If the unit has not accepted the report from the electronic case management system, the supervisor can contact the Hotline and request a reassignment to the correct county.

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

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

c. Out of Town Inquiries. The Hotline will assign all reports to the county where the victim is located. If the report is against a facility and the victim is not currently located in that facility, the report will be assigned to the county where the facility is located. This is done because the majority of the investigation and contacts will be where the facility is located and the alleged abuse, neglect, or exploitation occurred.

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

(2) There will be some instances when the victim is located in one county and the incident occurred in another county. Since the majority 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 victim 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 3 working days of receipt of the OTI. Documentation in the electronic case management system must be completed within 2 working days of completed actions.

(4) The following steps ensure the safety of the victim and timely completion of the investigation.

Responsibilities of the Investigative Unit (Where victim is located)	Responsibilities of the Assisting Unit (Where incident occurred)
<ol style="list-style-type: none"> 1. Upon receipt of the report, commence the investigation by initiating a face-to-face contact with the victim within required time frames. 2. Assess the risk to the victim and provide or arrange those services necessary to assure the safety of the victim and to stabilize the situation. 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. 4. Proceed with other investigative activities as specified in section 415.101-113, Florida Statutes, and this operating procedure. 	<ol style="list-style-type: none"> 1. Complete all investigative responsibilities in accordance with time frames as required by the investigating unit, policies, and procedures. 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. Maintain regular telephone contact with the investigating unit and provide all information obtained. 4. Mail or scan hard copy information upon conclusion of investigation for use by the investigative unit. Assure that all appropriate notes, notifications, and any other pertinent information are entered in the electronic case management system.

d. 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 victim, 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 the course of an investigation, the investigator determines that the allegation(s) has already been investigated 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 in order 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.

e. 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 Hotline abuse 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 victim, 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.

f. 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 victim 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 victim 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 6

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

6-1. 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.

6-2. Scope. The operating procedure applies to Adult Protective Services 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.

6-3. Reporting Requirements.

a. All Adult Protective Services (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 Adult Protective Services 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 or household member, or co-worker and shall notify their supervisor of the situation.

6-4. 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 of Operations; 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.

6-5. 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 Adult Protective Services 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. Per 415.1055(1), Circuit management will immediately notify the State Attorney’s Office so they can conduct an independent investigation.

6-6. 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.

6-7. Notification Protocol for Verified 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 verified findings will be applied when the alleged perpetrator is an employee of the Department, 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 Verified 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 verified maltreatment(s); and,
- (5) Safety of the victim(s).

Chapter 7

PREPARATION FOR THE PROTECTIVE INVESTIGATION

7-1. Purpose. To provide information and procedures for the Protective Investigator when preparing to investigate an abuse, neglect, exploitation, or self-neglect report concerning a vulnerable adult. This chapter identifies actions the investigator will complete prior to the commencement of the protective investigation.

7-2. Key Elements to Preparation to Investigate.

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:

- (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 if an allegation is specifically coded, mentioned in the reporter or allegation narrative, and/or the investigator becomes aware of additional allegations during the course of the investigation.

7-3. Key Participants.

a. While preparing and conducting a thorough investigation, the protective investigator will be required to interact with other department employees, community members, and/or 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 victim location, and to gather additional information.	Initiates protective investigation by providing details of suspected abuse, neglect, self-neglect, or exploitation. May also be able to assist in locating the victim 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	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 victim or other subjects.	May have undocumented information not found in the electronic case management system.
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 victim.	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 victim has medical problems or when the investigator needs medical information and consultation related to the allegations in the report.	Can provide the victim(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 victim(s)' prior history, medical history, and medication history. May be able to assist with locating and accessing the victim.
Other service providers or community resources	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 of these participants will be involved in the preparation stage of the protective investigation. However, all potential sources may participate at different stages of the investigation.

7-4. 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:

- (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 if an allegation is specifically coded, mentioned in the reporter or allegation narrative, and/or the investigator becomes aware of additional allegations during the course of the investigation.

(1) 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:

- (a) Name and identifying factors (date of birth, race, gender, disability, etc.);
- (b) Address and/or directions to the home or site;
- (c) Complete details of the reported allegations;
- (d) Any special instructions (i.e., interpreter needed, safety precautions, etc.);
- (e) Name of the reporter (if not anonymous) and his/her relationship to the victim(s); and,
- (f) Other reporter information sources.

(2) Attempt Initial Contact with the Reporter. If at all possible, contact should be made with the reporter prior to an on-site visit with the victim to verify the allegations in the narrative, victim location, and to request any additional information not provided in the report. The actions taken by the adult protective investigator that begins an investigation (initial contact or attempt to contact 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.

(3) 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.

(a) 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 2 working days of obtaining the updated information.

(b) 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.

Chapter 8

COMMENCEMENT OF THE PROTECTIVE INVESTIGATION

COMMENCEMENT TIME, RESPONSE TIMES, AND LOCATING THE VICTIM

8-1. Purpose. This chapter provides information and procedures regarding commencement, response times, and locating the victim.

8-2. Definition of Protective Investigation. A Protective Investigation is an investigation by an Adult Protective Services Investigator into a report that alleges that a vulnerable adult is the victim of abuse, neglect, self-neglect, or exploitation.

8-3. Definition of Commencement.

a. The investigation is commenced when the adult protective investigator or other designated responder begins an investigation of alleged abuse, neglect, exploitation or self-neglect of a vulnerable adult. Commencement is defined as activities conducted that begin an investigation. These activities include:

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

(2) Contact and exchange of information with relevant collaterals who can provide current information;

(3) Researching prior reports, on-line records, and criminal history if demographics are available at intake; or,

(4) Initial on-site attempt to see the victim.

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

c. The investigator must attempt to contact the victim within 24 hours of receipt of the initial report and additional sequences. (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 victim to comply with Florida Statutes, he must locate, or make every attempt to locate, the victim to ensure the safety of that individual.

e. The investigator must document in the electronic record, the date and time of day the victim was seen. Additionally, the investigator must document the content of each interview with the victim.

8-4. 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 victim. 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. Because the allegations in a report assigned this response time indicate that the victim is at immediate risk of serious injury or death, the investigator must begin immediately to locate the victim to ensure his/her safety and well-being. The investigator must clearly document in the notes section of the electronic case management system if the victim was not seen face-to-face within this time frame and why the investigator was not able to see the victim.

(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 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 victim in all 24-Hour Response reports within twenty-four (24) hours after the report is received by the Hotline. Response time for reports containing only allegations of exploitation will always be assigned a 24-hour response. The investigator must document in the electronic case management system if the victim was not seen face-to-face within this time frame and why the investigator was not able to see the victim.

8-5. 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, his 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 victim 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 victim 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 his supervisor, or in his absence, the supervisor's designee, or a higher-level supervisor. If the supervisor, the designee, or a higher-level supervisor 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 supervisor.

c. Local offices have the capability of changing the response time in the electronic case management system as long as the change is completed prior to the submission of the initial safety assessment. The unit supervisor must document in the notes section of the electronic case management system the response time change as well as the justification for the change, no later than the next working day.

8-6. Locating the Victim.

a. There will be some situations in which the investigator is unable to locate the victim on the first attempt. When this occurs, the investigator must make a continuing diligent and “good faith” effort to contact the victim. This diligent effort includes:

(1) Actively continue efforts to locate the victim by making 2 daily physical attempts to see the victim in the first 24 hours. Thereafter, the investigator must continue efforts to locate the victim at various times during the day/night, including weekends, to initiate contact with the victim of a report; and,

(2) Within 24 hours of receipt of the report by the Hotline the investigator will notify the supervisor of all cases in which the investigator is unable to locate and to contact the victim within the mandated response time frame. The supervisor will assist in developing strategies to ensure contact with the victim is made. The investigator must document all efforts and activities to locate the victim in the electronic case management system.

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

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

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

SUGGESTED METHODS FOR LOCATING A VICTIM	
Circumstances	Method
Victim has moved from address given in report.	<ul style="list-style-type: none"> • Contact relatives or person who resides near the victim’s last reported address. • Contact the landlord; he or she may have a forwarding address for the victim. • The landlord may know other relatives. • Contact post office for a possible forwarding address.
Only a vehicle license plate number is known to the investigator. The last address given is not known.	Hotline staff have access and should provide a name and address of the vehicle’s owner.
Victim has moved and landlord is unknown.	Obtain the owner’s name and address from the county property appraiser.
Victim has moved and forwarding address is unknown.	Contact the post office or the local city/rural mail carrier.
Victim has moved but may still be in the general area.	Contact utility companies. Service may have been set up at another residence for the victim or a relative.

Victim not at any given address.	Check departmental records and other agencies. Also contact the police to review any records or outstanding warrants.
No valid address of victim and whereabouts unknown.	Contact reporter who made the original report. If the reporter is anonymous, the caller ID may be used to contact the reporter.

8-7. Unable to Locate Victim After Diligent Search.

a. In the vast majority of investigations, the investigator is able to locate and interview the victim 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 locate the victim, even after a diligent search. When the investigator exhausts all avenues in an attempt to locate the victim, he may request from his supervisor approval to discontinue the diligent search.

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

(1) The unit supervisor must review all documentation by the investigator of attempts he/she made to locate the victim(s). If the supervisor 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. The supervisor must document in the electronic case management system that he is not in agreement with the discontinuation of the diligent search. If the supervisor is in agreement with the discontinuation of the search, the supervisor must document his approval in the electronic case management system. He or she must also document a second party review is required and needed. The supervisor 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 his determination of whether or not the diligent search for the victim should be discontinued in the electronic case management system.

(3) The unit supervisor 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 victim, 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 victim that the report may be closed. The investigator must investigate the allegations in the report and document as thoroughly as he would if the victim 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 “Verified” based on the evidence obtained through the contact with other sources. A finding of “Verified” when the victim cannot be contacted may only be used when the investigator has the level of evidence required to support that abuse, neglect, or exploitation occurred. The investigation may not be closed without documentation indicating the investigator was unable to locate the victim after a diligent search.

8-8. Commencement for Self-Neglect vs. Second Party Maltreatments.

a. On occasion, the investigator may determine that an intake should be for self-neglect, rather than the second party maltreatment coded by the Hotline (or vice versa). As an intake report cannot contain both self-neglect and second party maltreatments, the investigator must call in a new report to the Hotline changing a self-neglect to a second party report or vice versa. Once the new report is generated with the correct maltreatment, the original report should then be closed.

b. The investigator may use the same initial face to face and commencement date and time from the initial intake for the new intake if the new intake is generated within 24 hours of determining a new report is needed. The investigator should clearly document in the electronic case management notes using the same commencement time and why, referencing the original report.

8-9. Commencement of a Second Open Report. On occasion, the investigator, when completing a follow-up visit, or on commencing an additional, may determine that another report 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 victim, 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 management notes specifying the use of that commencement time and referencing the original report.

Chapter 9

COMMENCEMENT OF THE PROTECTIVE INVESTIGATION

ENTERING THE PREMISES

9-1. Purpose. This chapter provides guidelines to follow when making the initial face-to-face contact with the victim during an investigation.

9-2. Entering the Premises. The investigator must make a face-to-face contact with the victim within the required response time. There are two types of methods for entering the premises and gaining access to the victim: Voluntary (Non-Emergency) Entry and Emergency (Forced) Entry.

9-3. Voluntary (Non-Emergency) Entry of the Premises.

a. Upon arrival at the location of the victim, the manner in which 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) Victim is in the home alone; or,

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

(3) Victim is a resident in a facility.

c. The victim allows the investigator to enter the home. The investigator must identify himself by showing the victim his or her identification and state the purpose and authority of the visit. The investigator must show his department identification card to the victim. The victim must allow 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 with the victim.

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

e. The victim is not alone at home.

(1) The investigator should attempt to obtain permission to enter the home to talk with the victim. If there is a caregiver or family members present and the victim is not able to grant entry, the investigator should ask the caregiver or family member to grant entry to the home. The investigator is to provide identification to the caregiver or family member present explaining why the investigator is at the home. Always tell the caregiver or family member the reason for the visit.

(2) If entry and contact with the victim continues to be denied to the investigator, the investigator should initiate contact with law enforcement and request assistance in accessing the victim 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.

9-4. Failure to Gain Entry to the Premises. In certain situations, the investigator is unable to gain access to the victim for the purpose of conducting a protective services investigation. Failure to gain entry is most likely to occur when:

a. The victim is unable to consent to entry. If the victim fails to respond and the investigator, from information in the report or observed on the scene, believes the victim 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 victim:

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

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

9-5. 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 victim, 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 victim. The investigator must never attempt a forced entry. Only a law enforcement officer may forcibly enter a victim's home.

c. After obtaining access to the victim through a forced entry, the investigator must determine through a personal assessment:

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

(2) Whether the victim has capacity to consent; and,

(3) If there is a caregiver or guardian present in home that the caregiver or guardian is responsible for the care of the victim.

d. The following chart provides an overview of guidelines for the investigator in various situations.

OVERVIEW OF EMERGENCY AND NON-EMERGENCY SERVICES

An Emergency is Found	An Emergency is Not Found
<ol style="list-style-type: none"> 1. Determine if the victim is at risk of death or serious physical harm or injury from abuse, neglect, or self-neglect; and 2. Determine whether the victim has capacity to consent; or, 3. Determine if there is a caregiver or guardian present in the home who is responsible for the care of the victim and who can consent to services. <p>Based on the above determination, the investigator may:</p> <ol style="list-style-type: none"> 1. Provide emergency protective services as defined in Chapter 415.105, F.S., with the consent of the victim, if the victim has capacity to consent, or with the consent of a guardian or caregiver; or, 2. Provide emergency protective services as defined in Chapter 415.1051; and, 3. Petition the court for a protective services order on an emergency, Lacks Capacity” basis for provision of services section 415.1051 (2). 	<ol style="list-style-type: none"> 1. Terminate the emergency entry; and, 2. Continue the investigation; and, 3. Arrange for voluntary services if the victim has capacity to consent and consents to services; or, 4. Arrange for voluntary services if the victim lacks capacity to consent and the caregiver or guardian present in the home consents to services; or, 5. Petition the court for a protective services order on a non-emergency, “Lacks Capacity” basis for provision of services when the victim lacks capacity to consent 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.

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 victim, 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 victim has capacity to consent and agrees to services; or,

- (b) The victim lacks capacity to consent, 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” basis and the victim 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 10

COMMENCEMENT OF THE PROTECTIVE INVESTIGATION

DETERMINE ELIGIBILITY OF THE VICTIM AND AUTHORITY TO INVESTIGATE

10-1. Purpose. This chapter provides information and procedures regarding the determination of whether or not the victim in a report is a vulnerable adult. The investigator establishes eligibility during the initial face-to-face contact with the victim. This chapter provides information on other instances where the department has no legal jurisdiction to investigate an abuse report. 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.

10-2. Authority to Investigate.

a. Chapter 415, Florida Statutes, mandates that the Adult Protective Services Program investigate abuse reports alleging abuse, neglect, self-neglect, or exploitation reports of vulnerable adults in the State of Florida. Adult Protective Investigators must investigate all abuse reports which allege that:

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

(2) Allegations in a report constitute abuse, neglect, self-neglect, or exploitation, as defined in Chapter 415, F.S.;

(3) The alleged perpetrator named in a report of abuse, neglect, or 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 authority to conduct an investigation.

b. The Hotline counselor only needs to suspect a call meets the criteria required in Chapter 415 to accept a report. The investigator must verify the information to determine the department has jurisdiction to conduct an investigation. Determination of jurisdiction to conduct an investigation is completed during the initial face-to-face visit with the victim.

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 management system;
and,

(3). Close the investigation.

10-3. Determine Eligibility of Victim as a Vulnerable Adult.

a. The Hotline counselor determines if there is reasonable cause to suspect the victim named in the report is a vulnerable adult prior to accepting a report. The investigator must verify 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 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.

10-4. 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 Adult Services Information System (ASIS), 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; or,

(6) If no official records are available, the victim's statement regarding his/her birth date and age may be accepted.

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

10-5. 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 or not an individual can perform his/her activities of daily living by observing the victim, and by asking pertinent questions regarding activities of daily living of the victim and household members, caregivers, providers, or other collaterals.

c. The investigator records observations and information obtained about the victim's ability to perform the normal activities of daily living in the electronic case management system.

10-6. 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 himself 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 his/her own care and protection. These activities include, but are not limited to, shopping, laundry,

housekeeping, preparing meals, managing medication, and managing his/her financial responsibilities/assets.

b. The investigator determines whether or not an individual can adequately provide for his own care and protection by observing the victim, asking pertinent questions of the victim and household members, caregivers, providers, or other collaterals.

c. The investigator records observations and the information obtained about the victim's ability to provide for his or her own care and protection in the electronic case management system.

10-7. 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 his or her 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. Function refers to the ability to manage a person's daily routine.

c. Long-Term Physical Disability or Dysfunction means any impairment of function that hinders or limits the victim's ability to care for or protect themselves, including progressive deterioration or no expectations of improvement in the victim'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.

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 to self-protect. The term includes individuals who are deaf and individuals who are hard of hearing. The API will ensure that victims with hearing impairments/deafness shall receive reasonable accommodations according to Departmental policy in accessing and/or receiving services through the use of auxiliary aids and/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 self-protect. 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(31) F.S., means a significantly sub average general intellectual functioning existing concurrently with deficits in adaptive behavior. This results in an inability to cope with the normal, everyday responsibilities of life.

(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.

(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 eligibility as a vulnerable adult for investigative purposes without further determinations related to the victim's ability to perform the normal activities of daily living or to provide for his or her own care or protection.

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

- (1) Observing the victim;
- (2) Asking the victim questions that pertain to his/her 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.

10-8. 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 his or her 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. Organic Brain Damage means a disturbance of consciousness, intellect, or mental functioning of organic (physical) as opposed to psychiatric origin. There are numerous types of organic brain damage, but the two most prevalent are:

(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.

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

b. The investigator determines the victim's impairment due to brain damage by: observing the victim, asking pertinent questions regarding his/her disability or dysfunction, of the victim and household members, caregivers, providers, or other collaterals, and assessing the victim'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 victim's disability or dysfunction.

c. A diagnosis of traumatic brain injury (TBI) or damage with permanent impairment constitutes eligibility as a vulnerable adult for investigative purposes without further determinations related to the victim's ability to perform the normal activities of daily living or to provide for his or her own care or protection.

10-9. 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, or developmental disability or dysfunction, or traumatic brain injury or damage, or the infirmities of aging.

a. Infirmities of Aging are physical and mental impairments that are associated with the aging process. Infirmities of aging applies to victims who are age 60 or older.

b. Per section 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 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 victim.

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

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

(1) Recording in the electronic case management system whether the victim is a vulnerable adult AND how the determination (verification of eligibility) was made.

(2) Recording in the electronic case management system the appropriate disabilities or dysfunctions that apply to the victim.

(3) If the victim has more than one type disability, entering each disability and how the disability was verified. The thirteen disabilities that are primarily used within Adult Protective Services are:

- (a) Autism;
- (b) Cerebral Palsy;
- (c) Deafness;
- (d) Other emotional disability; dysfunction;
- (e) Infirmities of aging;
- (f) Mental illness;
- (g) Other mental limitations;
- (h) Organic brain damage;
- (i) Physical brain damage;
- (j) Other physical limitations;
- (k) Prader-Willi Syndrome;
- (l) Intellectual disability (retardation); and,
- (m) Spina Bifida.

b. An individual suffering from a developmental disability or traumatic brain injury resulting in damage with permanent impairment should be eligible as a vulnerable adult.

c. The following chart depicts what is needed to determine a victim's 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
Traumatic Brain Injury or Damage with Permanent Impairment	Yes	Yes	No	No
Dementia/Delirium	Yes	Yes	Yes	Yes
Infirmities of Aging (60 years to 74 years)	Yes	Yes	Yes	Yes
Infirmities of Aging (75 years and older)	Yes	Yes	Yes	Yes
Mental Illness	Yes	Yes	Yes	Yes

10-11. Determining Requirements for Abuse, Neglect, Exploitation or Self-Neglect.

a. The Hotline determines if there is reasonable cause to suspect the allegations constitute abuse, neglect, exploitation, or self-neglect when taking a report. This determination of eligibility is to establish whether the allegations in the report meet the statutory definitions of abuse, neglect, exploitation, or self-neglect. It will only be in rare instances that the investigator will determine that the allegations do not meet the definition of abuse, neglect, exploitation, or self-neglect at this point in the investigation.

b. The investigator must make the determination of whether the allegations meet the definition of abuse, neglect, exploitation, or self-neglect at the first face-to-face contact with the victim.

c. An in-depth discussion of definitions of abuse, neglect, exploitation and self-neglect is found in Chapter 4 of this operating procedure.

d. If the allegations of abuse, neglect, self-neglect, or exploitation 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 management system.

10-12. Alleged Perpetrator (AP) and Required Degree of Relationship to the Victim.

a. The Hotline determines if there is reasonable cause to suspect that the AP meets the required degree of relationship to the victim when taking a report of second party abuse, neglect, or 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 in order to investigate the report.

b. The investigator must make the determination of the required degree of relationship of the AP to the victim at the first face-to-face contact with the victim. The AP must be directly responsible for the alleged abuse, neglect, or 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
Exploitation	Stands in a position of trust and confidence; No relationship; but knows or should know that the victim lacks capacity to consent.

c. If the degree of relationship between the victim and the AP is not met, the investigator must document in the electronic case management system the reason for the determination.

d. The investigator must document in the electronic case management system the relationship between the victim and the alleged perpetrator directly responsible as it pertains to the abuse, neglect, or exploitation being investigated.

10-13. 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 victim currently resides in Florida; or,

(2) Occurred in the State of Florida and the alleged victim is temporarily visiting or living in Florida; or,

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

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

(1) The victim is no longer a resident of the State of Florida. If a victim is temporarily out of the state and will be returning, the department has jurisdiction to complete an investigation. The investigator needs to contact the victim and determine when he or she will be returning to the State of Florida; 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 management system the incident did not occur in the State of Florida or that the victim is not a resident of the State of Florida.

10-14. 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) Indian reservations.

b. An EXCEPTION to this procedure exists when the federal or state authority has a written agreement with the department to conduct an abuse investigation on federal or state 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 or state property and there is no existing agreement between that entity and the department for conducting an investigation.

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

e. When the subjects of a report reside or are located on a federal or state property, and the investigator determines that the incident occurred off federal or state property, the department must conduct the investigation. The investigator must contact the appropriate federal or state 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 management system the decision the department has “No Jurisdiction” and how that determination was made.

10-15. “No Jurisdiction” Closures.

a. After seeing and interviewing the victim face to face, the investigator determines that the department does not have authority or jurisdiction to investigate an abuse report, the investigator must IMMEDIATELY terminate the investigation and close the report.

b. “No Jurisdiction” closure is used when:

(1) The victim does not meet the definition of vulnerable adult; or,

(2) The allegations do not constitute abuse, neglect, self-neglect, or exploitation; or,

(3) The alleged AP does not meet the required degree of relationship to the victim; or,

(4) The reported incident did not occur in the State of Florida; or,

(5) The victim is not currently in the state of Florida and is not expected to return; or,

(6) 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 victim requests services. A referral to protective supervision cannot be made.

d. The investigator should **NEVER** close a report as “No Jurisdiction” without contact with the victim, except when the victim is not in the state of Florida. The API must verify the victim is not in Florida and complete a referral to the corresponding APS program in the state in which the victim is located.

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

10-16. “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
Victim is not a vulnerable adult	Law enforcement where the incident occurred; State Attorney where the incident occurred.
Allegations do not constitute abuse, neglect, or exploitation	Law enforcement where the incident occurred; State Attorney where the incident occurred.
AP does not meet degree of relationship to victim	Law enforcement where the incident occurred; State Attorney where the incident occurred.
Incident did not occur in Florida	Law enforcement in the state where the incident occurred; Agency in other state having jurisdiction to investigate report of abuse, neglect, or exploitation.
Incident occurred on state or federal property	Law enforcement where incident occurred; Appropriate federal or state agency having jurisdiction.
Victim is under age 18	Call Florida Abuse Hotline

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

Chapter 11

CONDUCTING THE PROTECTIVE INVESTIGATION

ASSESSING A VICTIM'S CAPACITY TO CONSENT TO OR REFUSE SERVICES

11-1. 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.

11-2. 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.

11-3. 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.

11-4. 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.

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 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 need not have the same level of awareness at all 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.

11-5. 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.
- 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.

NOTE: For vulnerable adults residing in facilities, please see Chapter 16 (Protective Investigations in Special Settings), paragraph 16-6.

11-6. 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.

11-7. Assessment Criteria.

a. There are nine (9) areas into which the investigator should inquire in order 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. 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 hard copy 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 hard copy 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 assessing the vulnerable adult's capacity to consent to or refuse services and document such consultation when it occurs.

(9) Registered Nurse Specialist consultation. The investigator should consider consultation with a 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. This includes the Adult Protective Services Registered Nurse Specialist.

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?
<p>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.</p>				

11-8. 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's supervisor must review the Capacity to Consent to or Refuse Services assessment and approve the investigator's findings.

c. 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 receipt of the report prior to submission of the initial safety assessment to their supervisor.

d. 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.

e. If anticipating judicial action or referring the vulnerable adult for services, the protective investigator should print the initial Capacity to Consent to or Refuse Services assessment and place it in the hard copy file for use in the judicial or service referral packet. When updates to the Capacity to Consent assessment are made, the investigator should print the updated Capacity to Consent to or Refuse Services assessment and file it in the hard copy record.

Chapter 12

CONDUCTING THE PROTECTIVE INVESTIGATION

VICTIM SAFETY/RISK DETERMINATION

12-1. Purpose. This chapter provides information and procedures for assessing safety factors to determine the degree of risk present to a victim of second party abuse, neglect, exploitation, or self-neglect.

12-2. Risk and Victim Safety.

a. The risk to the victim is determined by the evaluation of specific safety factors relating to harm, injury, or loss to a victim who is the subject of a report of second party abuse, neglect, exploitation, or self-neglect. Risk and safety also relate to the potential for harm, injury, or loss to the victim.

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

12-3. Use of the Adult Safety Assessment in the Determination of Risk.

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

b. The Adult Safety Assessment is used to:

(1) Provide a comprehensive listing of factors and variables on which the assessment of risk and safety is based;

(2) Ensure a uniform and systematic method for assessing the overall level of risk to determine the safety of the victim;

(3) Provide an assessment tool to evaluate the vulnerable adult and his present environment;

(4) Increase the accuracy of all decisions revolving around the assessment of risk and safety;

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

(6) Make decisions based on facts rather than "feelings;"

(7) Compare the most recent safety assessment to previous assessment(s) to determine patterns or trends, case plan, or need for revisions;

(8) Provide investigators a means of sharing pertinent case information with other staff who will assist in the evaluation of the victim's needs for services; and,

(9) Ensure a uniform and systematic method for assessing the overall risk to determine the safety of all residents in an institutional facility.

c. The determination of the overall level of risk to the victim is the responsibility of the Adult Protective Services program. There are **five** levels of risk:

(1) **No risk** means the protective investigator has obtained and documented in the electronic case management system sufficient information for all applicable safety components that support the determination that there is no indication of risk or further harm, abuse, neglect, exploitation or continued self-neglect to the victim. No intervention by Adult Protective Services is necessary.

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

(3) **Intermediate risk** means the investigator has obtained and documented in the electronic case management system sufficient information for all applicable safety components that support the determination that there is some likelihood that the victim is at risk of further harm, abuse, neglect, exploitation or self-neglect 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 management system sufficient information for all applicable safety components that support the determination that there is a strong likelihood that the victim is at high risk of further harm, abuse, neglect, exploitation, or self-neglect if Adult Protective Services does not intervene in a timely manner.

(5) **Unknown Risk** means the protective investigator has been unable to locate the victim and does not have sufficient information to determine the overall level of risk.

d. Intervention by Adult Protective Services could include emergency services, immediate in-home services, or non-emergency services.

12-4. Documentation of Risk in the Adult Safety Assessment.

a. The Adult Safety Assessment in the electronic case management system is the system used to document risk.

b. The determination of the victim's risk is based on a thorough assessment of related safety components at the beginning of the investigation. The investigator must use the information from the initial assessment of each safety component to determine the immediate risk level and safety of the victim. The investigator will continue to assess risk to the victim throughout the investigation to ensure the safety of the victim during and at the conclusion of the investigation.

12-5. When To Complete. The investigator must determine the risk of each victim in a report through face-to-face contact in accordance with the chart on the following page. The method used to complete a face-to-face contact with the victim and determine risk at report closure is outlined in paragraph 12-6

of this operating procedure. If the victim cannot be located, in spite of diligent efforts, initial risk may be assessed through the use of collateral contacts and/or environmental observations by the investigator.

WHEN TO DETERMINE RISK OF VICTIM THROUGH ASSESSMENT OF SAFETY FACTORS

Report of Second Party Abuse, Neglect, or Exploitation	Report of Self-Neglect
<p>1. Initial risk determination is always required within six (6) days of receipt of the report unless the investigation is being submitted for closure as No Jurisdiction or Duplicate during the first six (6) days. Risk is determined based on initial contact with the victim.</p> <p>2. Update risk determination any time during the investigation that the situation changes, such as additional investigative allegations or subjects being added to a report.</p> <p>NOTE: If a referral for services to a community provider has been made with an initial risk level of “low” or “intermediate,” the investigator must make a new referral for services to a community provider when the risk level changes to “high.”</p> <p>3. With the exception of investigations closed as No Jurisdiction, Duplicate, or Patently False, a final determination of risk is always required; unless the investigation is submitted for closure within the first 6 days and closed within 12 days.</p>	<p>1. Initial risk determination is always required within six (6) days of receipt of the report unless the investigation is being submitted for closure as No Jurisdiction or Duplicate during the first six (6) days. Risk is determined based on initial contact with the victim.</p> <p>2. Update risk determination any time during the investigation that the victim’s situation changes.</p> <p>NOTE: If a referral for services to a community provider has been made with an initial risk level of “low” or “intermediate,” the investigator must make a new referral for services to a community provider when the risk level changes to “high.”</p> <p>3. With the exception of investigations closed as No Jurisdiction, Duplicate, or Patently False, a final determination of risk is always required, unless the investigation is submitted for closure within the first 6 days and closed within 12 days.</p>

Updated safety assessments should be completed within the electronic case management system within two working days of determining a situational change has occurred.

12-6. Determination of Risk and Contact with the Victim at Report Closure.

a. The investigator must determine the risk level of each victim prior to closing a second party report or a report of self-neglect.

(1) If an initial determination of risk is completed and all investigative work has been completed with no change to the risk level, and the case has been submitted for closure within 6 days, a final determination of risk is not required if closed within 12 days.

(2) In all other situations, a final determination of risk is required any time within 15 calendar days before a report is submitted to the supervisor for review and closure with the exception of cases being closed as No Jurisdiction, Duplicate, or Patently False.

(3) For 2nd party reports that are being closed with not substantiated findings, a caregiver (who may have been the alleged perpetrator in the initial report) may be contacted for the final contact within 15 days of submitting the report.

b. The investigator should determine the level of risk for each victim by:

(1) Making contact with each victim; and,

(2) Completing and updating the safety factors to determine the degree of risk of the victim. The investigator may update the Safety Factors to determine risk without contacting the victim when the investigator:

(a) Obtains current information regarding the risk level and safety of the victim from certain professional sources who are knowledgeable of the current risk of the victim, that validates that the victim's risk level has stabilized or improved since the last face-to-face visit; and,

(b) Obtains information from a caregiver (that is not an alleged perpetrator) that validates that the victim's risk level has stabilized or improved since the last face-to-face visit.

c. The essence of this requirement, updating the safety assessment with the victim or caregiver, whether professional or not, in or not in a facility, is that the API gathers the most accurate information from person(s) with the **best knowledge of the victim** and who have fundamental understanding of current issues and/or situations that place the victim at risk of harm so that risk can be accurately and effectively assessed at each change.

d. The investigator may obtain information from the following professional sources:

(1) Adult Protective Services counselor with an open service case;

(2) Staff person from a licensed facility (i.e., owner/operator, administrator, or his/her designee unless that person is the alleged AP);

(3) Case manager from another agency (i.e., Agency for Persons with Disabilities, Substance Abuse and Mental Health, and Community Care for the Elderly); and,

(4) Medical professional who is currently involved in the assessment and/or the provision of care to the victim (i.e., Hospice and Home Health Agencies).

e. Face to face contact with the victim 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 victim's risk level has not stabilized or improved since the last face-to-face visit with the victim and the victim lacks the capacity to consent to or refuse services.

f. Phone contact with the victim is sufficient within 15 days of submitting the investigation for closure if the victim has capacity to consent to or refuses services, and:

(1) There are not substantiated findings for abuse, neglect, or exploitation, or,

(2) The initial report is alleging self-neglect.

Chapter 13

CONDUCTING THE PROTECTIVE INVESTIGATION

INTERVIEWING THE VICTIM

13-1. Purpose. The purpose of this chapter is to provide the investigator with information and procedures for conducting an interview with the victim of a report of abuse, neglect, exploitation or self-neglect.

13-2. Notification to Subjects of Report.

a. Upon commencing the investigation, the investigator must provide and discuss with the subject [vulnerable adult(s) named in the report] the “Notification to Subjects” pamphlet (CF/PI 140-40), which provides the following information:

(1) The names of the investigator(s) and show identifying credentials from the department;

(2) The purpose of the investigation;

(3) That the victim, the victim’s guardian, the victim’s caregiver, and the Alleged perpetrator (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;

(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.

b. Receipt or nonreceipt of the pamphlet by a subject of the investigation should be recorded in the electronic case management system.

13-3. On-Site Face to Face and Initial Interview with the Victim.

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

(1) Verify the victim is a vulnerable adult as defined in section 415.102, Florida Statutes.

(2) Assess the victim’s capacity to consent to or refuse services.

(3) Determine whether the victim is in need of emergency or immediate services (see Chapter 11 of this operating procedure).

(4) Verify and/or collect demographic information on the victim and household members.

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

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

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

c. In certain cases when an interview must be scheduled, the length of 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.

13-4. Determine the Immediate Risk to the Victim.

a. The investigator must decide whether to:

- (1) Leave the victim in the home;
- (2) Remove the victim (with or without consent); or,
- (3) Refer/arrange in-home services with consent.

b. The decisions the investigator makes regarding the above situations is based upon the investigator's judgment in analyzing safety factors to determine the victim's level of risk.

c. The investigator assigned to the report has the primary responsibility of conducting the investigation. During the investigation, 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 until the final disposition of the report.

13-5. Facility Reports Naming "All Residents" as Victims. When a report lists "all residents" or "other residents" of a facility as victims and the allegations are the same for all residents, the investigator will interview a sample of the 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. Presence of Others in Interviews with Victim.

a. At the beginning of the initial interview with the victim, the investigator must inform the victim of the victim's right to have another person present during the interview.

b. Every effort should be made to interview the victim without the presence of the AP. The AP is to be present only at the victim's request. It is never to be done based upon the AP's insistence.

c. If the victim chooses to have another person present during the interview (other than the AP), the investigator must explain confidentiality requirements to the person and ask him to sign an Affidavit of Understanding (form CF AA-1098, available in DCF Forms) that he understands the responsibility to maintain confidentiality and the penalty for violation. If the person refuses to sign the affidavit, the investigator will document his refusal on the affidavit. The investigator will provide a copy of the affidavit to the person and may continue the interview. The investigator will then file the affidavit in the investigative file, and document in the electronic case management system.

d. 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.

e. Proceed with other aspects of the investigation when a victim refuses to be interviewed until an attorney or another person can be present. While awaiting a scheduled interview with the victim, the investigator may interview other individuals, make collateral contacts, or complete other investigative tasks.

13-7. Observation Techniques.

a. Good observations are as important to the investigator as the interview findings. When the investigator interviews and observes, he is gathering factual information about:

- (1) Indicators of maltreatment;
- (2) Evidence bearing on the truth of the allegations; and,
- (3) Safety factors impinging on the immediate and future risk and safety of the vulnerable adult.

b. All 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, exploitation, or self-neglect;
- (2) Evidence of injury, harm, or threatened harm due to the abuse, neglect, or exploitation;
- (3) Environmental factors as determinants of harm and potential harm;
- (4) Interactions of family and/or household members; and,
- (5) Behavioral and nonverbal messages the victim might display.

d. The investigator should never observe the genitalia of a victim without appropriate medical professional present. The investigator must always have a witness present when observing injuries that are not on an exposed body part.

e. Consent of the victim who has the capacity to consent, the victim'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.

13-8. Documentation.

a. Documentation of all statements, observations, notifications and hard copy evidence must be stored in the electronic case management system. 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 working days of completion of the investigative activity.

b. The investigation should reflect substantive notes were entered into the electronic case management system on a consistent basis (every 7 to 10 days) that reflects the investigation is moving towards resolution/conclusion or updates the status of a victim's condition or safety.

c. Photographs may be necessary during the course of an investigation. The protective investigator must inform the victim, guardian, persons in the home with the victim or administrator of a

facility that photos are being taken. The protective investigator must obtain the consent of the victim (or caregiver/legal guardian if the victim lacks capacity to give consent) to take pictures of either the victim or his or her environment. Each photograph must be uploaded into the electronic case management system (see Appendix C to this operating procedure for guidance).

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 14

CONDUCTING THE PROTECTIVE INVESTIGATION

INTERVIEW WITH THE ALLEGED PERPETRATOR NAMED IN A
SECOND PARTY ABUSE, NEGLECT, OR EXPLOITATION REPORT

14-1. Purpose. The purpose of this chapter is to provide information and procedures to the investigator that will assist in locating and interviewing the Alleged Perpetrator (AP) named in a second party abuse, neglect, or exploitation report.

14-2. Who To Interview.

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

- (1) Alleged perpetrator (AP);
- (2) Reporter;
- (3) Any witnesses;
- (4) Other collateral sources;
- (5) Immediate family members; and,
- (6) Caregiver and/or Guardian.

b. Procedures for interviewing the AP are found in this chapter. Procedures for interviewing all other persons may be found in Chapter 15 of this operating procedure.

14-3. Alleged Perpetrator (AP).

a. Florida Statutes define “alleged perpetrator” as a person who has been named by a reporter as the person responsible for abusing, neglecting, or exploiting a vulnerable adult. The term, “AP,” will be used to identify the person responsible for abuse, neglect, or exploitation.

(1) For abuse maltreatments, the AP must be a household member, family member or caregiver.

(2) For exploitation maltreatments, the AP must be in a position of trust and confidence or knew or should have known that the victim lacked capacity to consent to or refuse services.

(3) For neglect maltreatments, the AP must be a caregiver as defined in Chapter 415, F.S.

b. An individual who has been providing meals or other services out of a gesture of friendship or neighborly concern for a vulnerable adult is acting as a “Good Samaritan” and generally should not be considered a caregiver.

c. Persons who provide infrequent and irregular services such as taxicab 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 acting in an official capacity are not considered caregivers and are not alleged perpetrators.

14-4. Interview with the Alleged Perpetrator.

a. Before interviewing any person identified as an AP during the investigative process, the investigator must inform that person that he or she may:

(1) Be represented by an attorney, at the person's own expense; and,

(2) Choose to have another person present during the interview. The other person present may not be an AP in any report currently under investigation.

b. If the AP selects to have another person present during the interview, the investigator must explain confidentiality requirements to the person and ask him to sign an Affidavit of Understanding that he understands the responsibility to maintain confidentiality and the penalty for violation. If the person refuses to sign the affidavit, the investigator will document his refusal on the affidavit. The investigator will provide a copy of the affidavit to the person and may continue the interview. The investigator will then file the affidavit in the investigative file.

c. 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.

d. If an AP can be identified and located, an attempt for a face-to-face interview is required. The investigator must initiate this interview as soon as possible following commencement of the investigation. If the AP's identity and address are known, the investigator may send an appointment letter or make phone contact scheduling a face-to-face interview with the AP.

e. 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.

f. Prior to beginning the interview with the AP, the investigator must use the Notification Pamphlet to inform the individual of the following:

(1) The names of the investigators and show identifying credentials from the department;

(2) The purpose of the investigation;

(3) The victim, the victim's guardian, the victim'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;

(4) The name and telephone number of the investigator's supervisor who is available to answer questions; and,

(5) The AP has the right to obtain his own attorney at his own expense.

g. All the above notifications to the AP are listed in the "Notification of Subjects" pamphlet. This pamphlet is the departmental approved method of notification of an investigation to subjects named in a report (the victim and the AP are subjects of a report).

h. The "Notification of Subjects" pamphlet must be discussed with the AP and a copy given to him/her prior to an interview regarding the allegations. The investigator must attempt to obtain the AP's signature and date of receipt of the pamphlet. This signed portion of the pamphlet should be saved in

the electronic case record system. This documentation must also be entered in the notifications section of the electronic case management system as proof that the AP was notified of his rights.

i. 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.

j. 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 to 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 victim's statements and the AP's denial.

k. Upon terminating the initial interview, inform the AP of the investigative process.

l. 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 in order 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 victim;

(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 Administration (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 and hard copy file maintained by the department. Subjects (Victim and AP) of the report have the right to a copy of the final investigative report.

m. Always assure the AP that the investigation is being conducted with fairness and objectivity. Inform the AP that more interviews may be necessary and they are free to contact the investigator at any time during the investigation.

14-5. Locate the AP.

a. Some reports that the investigator receives will name the AP. Others will not. In those 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 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 in the notes section of the electronic case management system that he or she 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 efforts 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 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. Some 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.	Contact the Hotline and request a search based on the vehicle tag number.	Record name of counselor, date, and information given.
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.

<p>No valid address and whereabouts unknown. Forwarding address is unknown.</p>	<p>Contact the reporter who made the original complaint.</p>	<p>Record time and date. Note any information not in original report.</p>
<p>Reporter in a facility setting knows abuse, neglect, or exploitation may have occurred, but does not know who is responsible.</p>	<p>Contact the reporter who made the report. Determine from nursing charts when incident occurred. Research staff members on duty at time incident occurred and gather evidence to identify AP.</p>	<p>Record dates and times of contacts, names of individuals. Note any information not in report.</p>

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.

14-6. Unable to Locate AP After Diligent Search.

a. In the vast majority of investigations, the investigator is able to 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 in an attempt to identify or locate the AP, he may request from his supervisor approval to discontinue the diligent search.

b. Discontinuation of the diligent search by the investigator to identify, locate and interview the AP requires approval from two separate management levels for reports that are being closed with verified 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 is in agreement with the discontinuation of the search, the supervisor must document his approval in the Supervisory Review section of the electronic case management 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.

(3) When 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 management system.

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

d. 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.

14-7. Situations That Prohibit an Interview with the AP.

a. In situations when a AP has been arrested on criminal charges made as a result of the second party abuse, neglect, or 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 his legal constitutional rights against self-incrimination.

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

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

(1) With the consent of law enforcement;

(2) In the presence of the attorney for the AP; and,

(3) To inform the AP of:

(a) The investigator's identity as an 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 request that 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.

14-8. Interview with AP When Report Allegations Have Verified Findings.

a. All Abuse, Neglect, or Exploitation Reports that have "Verified" 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; or,

(2) A law enforcement agency has requested that the investigator not interview the AP in order to protect the criminal investigation; or,

(3) The AP has made himself unavailable or has disappeared; or,

(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 "Verified" 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 exploitation did occur;

(2) The evidence is sufficient to prove the findings; or,

(3) The investigator has a preponderance of evidence to identify the AP was directly responsible for the abuse, neglect and/or exploitation of the vulnerable adult.

(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 "Verified" 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.

Chapter 15

CONDUCTING THE PROTECTIVE INVESTIGATION

INTERVIEW WITH COLLATERAL SOURCES

15-1. Purpose. The purpose of this chapter is to provide information and procedures to the investigator that will assist in interviewing individuals who may have pertinent information to the abuse, neglect, exploitation, or self-neglect of a vulnerable adult. This chapter covers individuals who should be interviewed during the investigative process except the victim and the Alleged Perpetrator (AP).

15-2. Collateral Contacts.

a. "Collateral Contacts" means face-to-face, telephonic, or written communication with those persons who provide relevant information for an adult protective investigation, but who are not subjects of the report.

b. A collateral contact is any person other than the victim or AP with whom the investigator contacts in an effort to obtain information and evidence to reach a decision about the allegations. Collateral contacts are also important methods for obtaining more information about the victim's background or present living arrangements to assist the investigator in assessing service needs.

c. The investigator is cautioned about the information that may be shared with collateral 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 victim and the situation from these individuals but does not reveal confidential information about the report or reporter. Use discretion in discussing the allegations with collateral contacts so that privacy and confidentiality are not violated.

d. The investigator should interview collateral contacts 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.

15-3. Who Are Relevant Collateral Contacts.

a. A relevant collateral contact is a person who has had contact with the victim, alleged perpetrator, or family, and has direct knowledge or information regarding the victim's situation with regard to the specific allegation(s). A relevant collateral contact may also have pertinent information about the victim and/or alleged perpetrator even though they do not have direct knowledge of the alleged incident. Examples of the relevant collateral contacts may be knowledge of the behaviors of the vulnerable adult or alleged perpetrator, family dynamics, etc. These persons may include law enforcement personnel, medical personnel, service providers, neighbors, other relatives, and any other significant person in the vulnerable adult's life.

b. Relevant collateral contacts are those individuals who should be contacted in order for the investigator to complete a thorough investigation. Those relevant collateral contacts include, but are not limited to:

- (1) Reporter and sources identified by the reporter;
- (2) Witnesses;
- (3) Household members;

(4) Caregiver/Guardian;

(5) Medical personnel for maltreatments that require a medical diagnosis; and Registered Nurse Specialist, if required;

(6) Law enforcement personnel; and,

(7) Any persons identified by the Adult Protective Investigator Supervisor or a second party reviewer as a relevant contact.

c. If a victim named in an open investigation dies, the API should always verify the cause of death, prior to closure, so it can be determined whether or not 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/NH discharge summary.

15-4. Interview with the Reporter and Sources Identified by the Reporter.

a. If a reporter identifies himself to the Hotline counselor when making an abuse, neglect, self-neglect, or exploitation, the investigator should make it a practice to contact that person. A reporter may identify other persons who are familiar with the victim and those persons should be contacted.

b. The investigator must always guard and protect the identity of the reporter. Care must be given when documenting the interview to protecting the reporter's identity. The investigator must word his or her 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.

15-5. Interview with Witnesses. In most situations, there may be no third parties (i.e., witnesses) to an incident of abuse, neglect, self-neglect, or exploitation. However, if the investigator determines someone has actually seen or heard (i.e., has first-hand knowledge of) the incident under investigation, then that person must be interviewed.

15-6. Household Members.

a. Interviews with household members are important but can be difficult. The investigator's approach to interviewing family members should be guided by:

(1) Whether the family members live in the household of the victim; and,

(2) Whether they are believed to be a party to the abuse, neglect, or exploitation.

b. Interviews with household members who are minors, must be conducted with the permission of the minor's parents/guardian(s).

15-7. 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.

15-8. Persons Identified by the Adult Protective Investigator Supervisor and/or a Second Party Reviewer. The investigator may be directed by the supervisor and/or a second party reviewer to make

additional contacts with a person or persons who may have information that is relevant to the investigation. These persons may include:

OTHER RECOMMENDED SOURCES

Law Enforcement
Medical professionals
DCF Co-Workers
Neighbors
Other social services agencies/professionals
Educators

15-9. 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 management system:

- (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 where the interview occurred;
- (6) Details of information obtained, including descriptions of incident and observations of the interviewee;
- (7) Details of responses to specific questions; and,
- (8) The identifying information of any other person present in the interview.

Chapter 16

PROTECTIVE INVESTIGATION IN SPECIAL SETTINGS

16-1. Purpose. The purpose of this chapter is to provide information and procedures for conducting investigations in special settings. "Special Settings" refers to victims residing, committed to or placed in state mental hospitals, long-term residential care facilities, nursing homes, adult living facilities, facilities licensed by Agency for Persons with Disabilities and facilities designed to restore individuals with intellectual disability deemed mentally incapacitated to proceed. 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.

16-2. Definition of Special 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, state institution, nursing home, 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.

b. Other types of investigations can be coded as institutional, such as, but not limited to, vulnerable adults named as victims residing in their own homes and receiving services such as nursing care, supervision, support services, etc. This type of institution report is not covered in this chapter.

16-3. Preparation for the Institutional Investigation.

a. Preparation for the institutional investigation involving victims 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.

b. The victim'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.

16-4. Commencement of Investigations in Special 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 victim.

a. Review of prior department or criminal history for named victim, alleged perpetrators and facility.

b. Reporter contact should be made prior to making an on-site visit to see the victim as in all investigations.

c. When entering the premises of a facility, the investigator must inform the administrator or operator of the facility (or designee) prior to speaking to the victim. 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 notifications section of the current electronic case management system.

d. Prior to interviewing victims 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 victim and investigator during the interview process. Otherwise, interviewing the victim 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 settings as in any other investigation.

f. Interviews with collaterals in special settings include, but are not limited to, other residents/patients, 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 information in the investigation.

16-5. Gathering Evidence in Special Settings. Investigations in special 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. Victim information in special settings includes, but is not limited to, the following evidence:

a. Photographs of victims. Each photograph must be uploaded into the electronic case management system as directed in Appendix C to this operating procedure. In addition, a note to the file should be entered in the electronic case management system 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 victim'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. Victim's care/service plan if applicable to investigation.

j. Any other documented evidence generated by the facility that helps establish findings.

16-6. Determining Capacity of Victims in Special 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 victim 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 should 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.

16-7. Documentation. The adult protective investigator will use the following guidelines for completion of required documentation in the electronic case management system:

a. If there is no evidence for any allegations in the report and therefore no victims named, the investigation may be closed without identifying a victim by name. Residents interviewed will be considered collateral contacts and documented in the notes section.

b. If there is any evidence supporting any or all of the allegations, actual victims 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 management system must meet all required documentation for all case closures.

16-8. Conclusion of Investigations for Victims in Special Settings.

a. Follow-up visits/contact with victims prior to closing an investigation in special settings are the same as those set forth in all investigations.

b. Facility reports with verified findings of abuse, neglect, or 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 victim 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 victim 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 Notification section of the current electronic case management system. A copy of the Notice of Conclusion form must also be stored in the electronic case management system.

Chapter 17

ASSESSING FOR SERVICES

17-1. Purpose. The purpose of this chapter is to provide information and procedures for investigators to assess all victims of abuse, neglect, exploitation, or self-neglect for services and, as appropriate, make referrals to service providers, community agencies or for protective services.

17-2. Protective Services. Protective Services are those services intended to protect vulnerable adults from further occurrences of abuse, neglect, exploitation, or self-neglect. These services are broadly categorized as either emergency or non-emergency in nature and may be provided either voluntarily (victim/caregiver/guardian consent) or involuntarily (court ordered).

17-3. 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, exploitation or self-neglect, 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 victim is in need of emergency or nonemergency protective services; and,
- d. The victim is in need of non-protective services.

17-4. APS Services.

a. When the adult protective investigator determines a vulnerable adult is in need of services due to the ill effects of self-neglect or due to abuse, neglect, or 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 victim when the victim has capacity to consent to services, or when the victim lacks capacity to consent and the caregiver or legal guardian consents to protective services. However, when the victim is a vulnerable adult, who lacks the capacity to consent to or refuse services, a referral for protective supervision must always be made when in-home services are ordered by court order.

(2) Placement. When placement in a facility is the protective service needed, the investigator should follow current procedures for referrals to protective supervision.

b. When the adult protective investigator determines the vulnerable adult needs in-home services to prevent harm from abuse, neglect, exploitation or self-neglect, 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 protective service that is needed. The individuals must be vulnerable adults who are 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 protective service necessary AND the disabled adult 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 protective service 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 protective 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 ages 18 to 59 must be made when the investigator identifies this as protective services necessary to prevent further harm.

c. The protective investigator will determine the risk level of the victim 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 victims initially assessed by the protective investigator as being at high risk. The Council on Aging is usually the lead agency and 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. (Some lead agencies may be willing and able to provide services to the high risk victim prior to the 72-hour requirement.)

(2) **INTERMEDIATE RISK**. Includes all victims initially assessed by the protective investigator as being at intermediate risk. The lead agency will serve these victims in accordance with DOEA targeting policy which gives priority for services to those persons at high risk of institutionalization.

(3) **LOW RISK**. Includes all victims 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 victims to a waiting list if adequate funding for services is not available.

(4) **NO RISK**. Includes all victims initially assessed by the protective investigator as being at no risk. Services are not required.

17-5. Emergency or Non-Emergency Services.

a. The investigator may determine the need for emergency services during any contact with the victim 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 victim when consent to enter is not obtained and the investigator believes the victim to be at risk of death or serious physical injury. Refer to paragraph 9-5 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 victim who lacks capacity to consent from the premises when the victim 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. Nonemergency services are those that are provided or arranged for the victim when there is no risk of death or serious physical injury to the victim. Non-emergency services are provided with the consent of the victim who has capacity to consent, the consent of the victim's caregiver or guardian when the victim lacks the capacity to consent or by court order when the victim lacks the capacity to consent and there is no one appropriate to provide consent. Non-emergency services may be initiated at any point during the investigation.

17-6. Voluntary or Involuntary Protective Services.

a. Voluntary protective services include services provided to a victim with their consent. The following individuals may consent to services;

- (1) Victim who has capacity to consent; or,
- (2) Caregiver of a victim who lacks capacity to consent; or,
- (3) Guardian of a victim who lacks capacity to consent.

b. Involuntary protective services include those services authorized by the court for a victim who lacks the capacity to consent to 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, exploitation, or self-neglect. 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.).

17-7. Protective Investigator Responsibilities. Procedures for the protective investigator are as follows:

a. Seek the written consent of the victim'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 victim is already receiving services from a provider, including checking FLMMIS to determine if the victim receiving services under Statewide Medicaid Managed Care (SMMC) in the home or in the facility (denoted by LTCC or LTCF codings). If it is determined that the victim 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 victims 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 victim is waiting for services, circumstances worsen, causing the victim 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 when services are ordered by the court.

i. Within three (3) working days of determining the need for protective services, staff the case either in person 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 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.

17-8. 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 victims 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 victim with capacity to consent to or refuse services or the caregiver or guardian of a victim who lacks the capacity to consent 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 some or verified indicators for at least one maltreatment; and,

(5) A copy of the In-home Safety Assessment or Institutional Safety Assessment 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 management system containing the following information:

(a) The victim's eligibility for Protective Supervision;

(b) Health Insurance Portability and Accountability Act (HIPAA) receipt;

(c) The investigators observations of the victim's physical appearance;

(d) Any visible injuries; and,

(e) A list of the prescribed medications and over the counter drugs the client is taking.

(9) Any other supporting documents to assist the Protective Supervision counselor in the performance of her/his duties.

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; and,

(2) A Consent to the Provision of Services signed by the victim who has capacity to consent to or refuse services or the caregiver or guardian of a victim who lacks the capacity to consent to or refuse services; and,

(3) A copy of the In-home Safety Assessment tool; and,

(4) A copy of the Capacity to Consent 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 victim who has capacity to consent to or refuse services or the caregiver or guardian of a victim 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 a follow up contact with the providers within 10 days of making the referral to verify the referral was received by the provider.

(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 management system.

17-9. Refusal of Services. When the investigator determines that a vulnerable adult who has capacity to consent to or refuse services is in need of services, but refuses to accept services, the investigator will:

a. Document the need for services in the current electronic case management system; and,

b. Document the refusal of the victim to accept services in the electronic case management system.

Chapter 18

NOTIFICATIONS

18-1. Purpose. This chapter provides information and procedures for the protective investigator in completing investigation notifications that are required by Chapter 415, F.S.

18-2. 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 notifications section of the electronic case management system within two working days of completing the activity. All forms for notification, including emails and faxes, must be uploaded into the electronic case management system.

c. The investigator must complete a separate entry in the notifications section for each action or individual notified. 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.

18-3. Notification to the Reporter. Upon receiving a report of abuse, neglect, exploitation, or self-neglect, the investigator must attempt to contact the reporter prior to the initial face-to-face contact with the victim to verify the victim'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 management system. If contact with the reporter is not completed prior to the initial face-to-face contact, then an attempt must be completed and documented in the electronic case management system prior to the determination of findings.

NOTE: The reporter's name is strictly confidential information. The information the investigator enters in the electronic case management system must not contain any information that identifies the reporter.

18-4. 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 victim and alleged perpetrator named in the report or revealed during the course of 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 management 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 victim or the AP refuses to sign, the investigator will note their refusal on the receipt and upload the receipt into the electronic case management record.

c. The investigator must document their action pertaining to each subject in the electronic case management system. It is recommended that the investigator document their actions in the notifications section.

(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 victim 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 management 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.

18-5. Notification of HIPAA. The victim 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 victim's signature or identifying mark indicating receipt of the information and place the receipt in the hard copy file. 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 victim 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 victim'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 victim in the Notifications section of the electronic case management system.

(1) Each notification must be a separate entry for each victim 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 victim's facility case management file.

18-6. 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 management system.

(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 management system.

(3) If at any time during the investigation there is a reasonable cause to believe a vulnerable adult has been abused, neglected, or 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 management system referencing the assigned law enforcement case number.

b. When law enforcement has been notified, the investigator must also document the notification in the Notifications section of the electronic case management system.

c. At the conclusion of an investigation with "verified" findings of abuse, neglect or exploitation, the investigator must notify the appropriate law enforcement agency and document the notification in the Notifications section of the electronic case management system.

d. At the conclusion of an investigation with "not substantiated" findings of abuse, neglect or exploitation, the investigator may notify the appropriate law enforcement agency if a criminal investigation seems warranted. The investigator must document the notification in the Notifications section of the electronic case management system if notification is provided.

18-7. Notification to Emergency Medical Services.

a. The investigator must contact the appropriate medical services agency if the investigator determines the victim is in need of immediate medical assistance or care.

b. The investigator must document their actions in the notes section and in the Safety Actions section of the electronic case management system.

18-8. Notification to the Court. If the investigator determines emergency removal of the victim from their current living environment is warranted, then within 24 hours after arranging the emergency removal, the department must notify and petition the court for an order authorizing emergency protective services.

a. Probate Court in writing if a court appointed guardian, who is not a public or professional guardian, is a subject of the report.

b. 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.

c. The investigator must document their actions in the notifications section and in the Safety Actions section of the electronic case management system.

18-9. Notification to the State Attorney's Office.

a. The appropriate State Attorney's Office must be notified within one working 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 exploitation.

(2) If at any time during the investigation, there is a reasonable cause to believe a vulnerable adult has been abused, neglected, or 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 Notifications section of the electronic case management system and indicate whether the notification was oral or written.

18-10. 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 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. Written notification must also be made at the conclusion of the investigation.

b. The investigator must document both notifications as separate entries in the Notifications section of the electronic case management system.

c. The adult protective investigator is required to use form CF 960 (available in DCF Forms) in order to notify LTCOP.

18-11. Notification to the Medicaid Fraud Control Unit (MFCU). Notification must be made to MFCU within (1) one working day if the facility identified in the investigation receives Medicaid funding and there is a reasonable cause to believe abuse, neglect, or 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 Notifications section of the electronic case management system indicating whether the notification was oral or written.

18-12. Notification to the Agency for Health Care Administration (AHCA). Written notification must be made to AHCA 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 exploitation.

a. A written notification must be provided at the conclusion of the investigation.

b. The investigator must document both notifications as separate entries in the Notifications section of the electronic case management system.

18-13. 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 verifies a health professional licensed or certified under the Department of Health has abused, neglected, or exploited a vulnerable adult. A second party review must be completed on all verified 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 as separate entries in the Notifications section of the electronic case management system.

18-14. Notification to the Agency for Persons with Disabilities (APD). Notification must be made to APD upon receipt of a report in which the vulnerable adult is an APD client, or when determining the vulnerable adult is an APD client. The notification must be made by the next working day.

a. The API will email the region APD region office with the following information:

- (1) Client name;
- (2) FSFN 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) FSFN investigation number;
- (3) Date closed; and,
- (4) Findings.

c. The investigator must document both notifications in the Notifications section of the electronic case management system.

18-15. Notification to the Medical Examiner (ME). The department must immediately notify the Medical Examiner of any report of abuse, neglect, or exploitation of a vulnerable adult when there is reasonable cause to suspect the vulnerable adult died as a result of the abuse, neglect, or exploitation.

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 as separate entries in the Notifications section of the electronic case management system.

18-16. 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 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 Notifications section of the electronic case management system indicating whether the notification was oral or written.

18-17. 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 Notifications section of the electronic case management system 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 to serve as the exit interview. A copy of the letter must be stored in the electronic case management system.

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 orally, either in person or by phone.

(2) The investigator must document the action in the Notifications section of the electronic case management system of the notification of case closure. The investigator must include the method of notification (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 18-1 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 19

CLOSURE OF THE CASE RECORD

19-1. Purpose. This chapter provides information and procedures regarding the closure of investigative reports and the summarized findings of the maltreatments.

19-2. Submission of the Investigation to Supervisor. No later than 45 days after receiving the initial report of abuse, neglect, exploitation, or self-neglect, the protective investigator must:

- a. Complete the investigation including all contacts with the victim, the alleged perpetrator and all essential collateral contacts; and,
- b. Determine whether abuse, neglect, exploitation, or self-neglect occurred and enter findings of maltreatment and a summary of the evidence that support the findings in the electronic case management system; and,
- c. Submit the investigative record to the unit supervisor for review and case closure.

19-3. Summarized Findings of Maltreatments. The Investigative Summary (IS) must include the following in the narrative:

- a. Findings for each maltreatment listed. 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, exploitation, or self-neglect.

(2) Verified. This finding is used when there is a preponderance (greater than 50% of the evidence supports that the alleged incident(s) of abuse, neglect, self-neglect or exploitation 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 verified findings when the investigator has a preponderance of evidence the allegation occurred and the investigator is able to identify the person who is responsible; or,

(b) Use verified 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) should be addressed in the narrative.

c. All evidence or facts that support or refute the allegations in each maltreatment should 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 should be assessed by the investigator in detailing implications to the victim's safety.

19-4. 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 management system. 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 management 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 his findings, the investigation need not remain open until the final report is received.

19-5. 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 are in agreement, 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 are in agreement, 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 an Indian reservation, 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
Exploitation	Stands in a position of trust and confidence; or knows or should know the victim 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) Victim Out of State. If it is determined the alleged incident(s) happened in another state and the victim lives out of the state, the investigator should transfer the information to the appropriate state’s abuse hotline or law enforcement agency.

(5) Victim Under 18. If it is determined the alleged victim is under the age of 18, 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 victim and other credible sources it is determined the victim is not a vulnerable adult as defined in Chapter 415, F.S.

19-6. Expedited Closure.

a. This closure will be used when the on-site investigation 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 victim and alleged perpetrator if the identity of the alleged perpetrator is known.

d. During the face-to-face contact with the victim the protective investigator will:

(1) Determine if there is evidence of any allegations;

(2) Determine the vulnerable adult’s capacity to consent to 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 identify of the reporter is unknown.

g. The investigator must complete a final summary of the investigation indicating no evidence was found and the investigation is being closed as an 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 management system and return the investigation to the protective investigator.

19-7. 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 that 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 victim and alleged perpetrator if the identity of the alleged perpetrator is known.

d. During the face-to-face contact with the victim 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 as found and the investigation is being closed as patently false, following the required processes outlined in Chapter 22, False Reporting.

f. Investigations closed as "Patently False" must be referred to law enforcement for false reporting.

19-8. Investigation Complete. Investigation completed is the code used in the electronic case management system to reflect case closure. These codes are:

a. "Investigation Complete – Death" is to be used when the "Death" maltreatment is attached to any victim in an investigation, regardless of findings.

b. "Investigation Complete – Victim Deceased" is to be used when at least one of the victims in an investigation is deceased, but the Death maltreatment is not attached to any victim.

c. "Investigation Complete" is to be used when the investigation is complete and all the victims are still living.

Chapter 20

ADULT PROTECTION INVESTIGATION RECORD REVIEW

20-1. Purpose. This chapter provides information and procedures regarding the critical supervisory review that occurs throughout an investigation. 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 who is required to complete the review. This chapter includes Adult Service's Red Flag Protocol for review and tracking of high-risk cases.

20-2. Types of Reviews. There are two levels of reviews during an investigation:

a. Supervisory reviews are completed by the Adult Protective Investigator Supervisor.

b. Second-party reviews are completed by the Operational Program Administrator or another individual working at a level higher than an Adult Protective Investigator Supervisor.

20-3. Review of Initial Safety Assessments. Adult Protective Investigators are required to complete an initial assessment of adult safety within six (6) calendar days of receipt of a report. Investigators complete and document the following actions within six (6) calendar days.

a. Adult Protective Investigator Supervisors must complete an initial supervisory review of the safety assessment within 72 hours of the initial submission by the investigator. This supervisory review is considered the initial review.

b. Supervisors review each 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.

d. The initial supervisory review is documented in the electronic case management system.

e. Key components of the investigation reviewed at the initial review include:

(1) Interview with victim (or documented diligent effort to locate, including supervisory notifications); and,

(2) Determine capacity to consent to or refuse services for each victim; and,

(3) Determine initial risk level for each victim; and,

(4) Determine immediate service needs.

20-4. Review of Updated Safety Assessments.

a. All adult safety assessments (initial, updates and closures) submitted during the course of the investigation must be reviewed by the supervisor within 72 hours. All supervisory reviews are documented in the electronic case management system.

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.

20-5. High-Risk Review. Adult Protective Investigators determine some victims are at high-risk of suffering further harm.

a. Supervisory review of the investigative file is required every seven (7) calendar day for each investigation in which the victim is determined to be at high-risk. The review should include what attempts have been made to decrease the victim'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 is closed.

c. Each supervisory review must be documented in the electronic case management system.

20-6. Thirty-Day Review. All reports where the victim 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. Thirty-day case reviews must be documented in the electronic case management system.

20-7. Final Review. Adult Protective Investigator Supervisors must review all completed investigations before they are closed in the electronic case management system. This is the final review of the investigation.

a. Supervisors must complete the final review of investigation within fifteen (15) days from the date the investigator submits the investigation for closure.

b. Supervisors review each investigation 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 and any additional investigative actions required.

d. Supervisors document the final review of the investigation in the electronic case management system.

20-8. Second Party Review.

a. Certain situations arise during an investigation which require a review beyond the supervisor before an investigation is closed. 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 victim in a report after conducting a diligent search;

(2) Protective investigator did not interview an alleged perpetrator in an investigation closed with verified findings;

(3) Victim died during an open investigation;

(4) Victim died from suspected abuse or neglect, and the maltreatment of Death Due to Abuse/Neglect is investigated;

(5) Investigation is open beyond 60 days;

(6) No Jurisdiction investigation closure;

(7) Duplicate investigation closure;

(8) Possible media attention;

(9) Investigation closed with verified findings and the risk is high at closure;

(10) Victim has not been located for final risk determination; and,

(11) Investigation closed with verified findings on a health professional licensee before notification to the Department of Health Division of Medical Quality Assurance.

c. The second party reviewer will document their review and concurrence with the requested action in the second party review section of the adult safety assessment or, when a safety assessment is not required, in the notes section of the electronic case management system.

20-9. 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 or crucial witness, court order, request of law enforcement or medical examiner.

a. Unlike other reviews, a 60+ Day Review only involves issues which impact the victim's safety and the exception(s) for case remaining open.

b. A 60+ Day Review must occur on day 60 of the intake. A Second Party Review is also required at this time.

c. After the day 60 review, a supervisory review is required every 7 days until the case is closed.

d. The 60+ Day Review is documented in the electronic case management record.

Chapter 21

FATALITIES (DEATH INVESTIGATION)

21-1. 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.

21-2. 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. The API will notify and consult the region RNS within 48 hours of being notified of a vulnerable adult's death during an open investigation and when the RNS was already consulting on the investigation.

d. The API or API Supervisor should consult with the RNS prior to adding death allegation maltreatment to an existing open investigation.

21-3. Determine Eligibility of Victim as a Vulnerable Adult.

a. If the victim is deceased prior to case commencement, the investigator must verify that the victim in the report was a vulnerable adult at the time of death as defined in Chapter 415, Florida Statutes. 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(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. The investigator must document the victim's eligibility at the time of death by recording in the electronic case management system whether the victim was a vulnerable adult, the appropriate disabilities or dysfunctions that applied to the victim, AND how the determination (verification of eligibility) was made.

21-4. Capacity to Consent To or Refuse Services Determination.

a. For investigations in which the vulnerable adult is deceased prior to the receipt of the report, and the victim'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 victim'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 victim 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 or not such determination is required. For determining the deceased victim'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.

b. For investigations in which the vulnerable adult is deceased prior to the receipt of the report, and the victim’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 victim’s mental capacity is not a factor in the overall investigation in the electronic case file notes. (NOTE: The current electronic case management system (FSFN) requires completion of CTC assessment. The investigator needs to enter “Victim Deceased” in all factors of the form.)

21-5. Safety/Risk Determination. 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).

21-6. 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 examiners 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.

21-7. 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) A copy of the medical examiner’s final autopsy report of the death if an autopsy was conducted;

(3) A copy of the law enforcement investigation of the death incident, if applicable;

(4) All criminal history records and abuse reports pertaining to the possible responsible person for the vulnerable adult’s death, if applicable;

(5) 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,

(6) All current and prior Adult Protection Team reports, or other pertinent medical, psychological or social service records relevant to the vulnerable adult, the possible responsible person for the vulnerable adult's death and/or household members, if applicable.

b. Reviewing information entered into electronic case management system 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.

c. Ensuring that the summarized findings in the electronic case management system 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 (locking) the report.

d. Investigative reports in which death is an allegation maltreatment requires a second party review before closure. The designated authority conducting the second party review should:

(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) Document their review in the electronic case management system within 2 working days of completing the second party review.

21-8. 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 119.07, 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 verified findings that the vulnerable adult died as a result of abuse or neglect.

21-9. Operations Response to Vulnerable Adult Death.

a. Adult Protective Services staff often gets involved after a call is made to the Florida Abuse Hotline and the alleged victim is already deceased. At times, a vulnerable adult dies during the course of the investigation, but this death is typically expected as the alleged victim is terminally ill, frail, etc.

However, this does not mean that at times an unexpected death occurs and the policy described below may need to be implemented.

b. Responsibilities of Region/Circuit Administrators. In addition to notification responsibilities, the region/circuit administrator must ensure implementation of, and ongoing activities related to, the region's/circuits death review process, including providing emotional or other support to region/circuit staff, as needed.

(1) The region/circuit administrator 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/circuit administrator 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 22

CRIMINAL, CIVIL, AND ADMINISTRATIVE ACTIONS AND
PENALTIES RELATING TO FALSE REPORTING

22-1. Purpose. This chapter provides information, guidelines, and procedures for determining if a false report of abuse, neglect, or exploitation of a vulnerable adult has been made and what the possible criminal, civil, and administrative actions and penalties may be applied.

22-2. Identifying False Reports.

a. Section 415.102(10), F.S., 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. 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.

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 victim.

c. In determining whether a report has been filed maliciously, the investigator, in consultation with his/her 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 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 victim or his/her 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 his/her rights to pursue civil or criminal penalties (or both) against the false reporter.

f. 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 19 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.

g. 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.

22-3. 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 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 exploitation 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 report 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), Florida Statutes).

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 affect 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>

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

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 Victim & 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 victim 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 _____

FSFN Scanning Document Guide

#	Document Type	Scan document as	
		Primary Category	Secondary Category
1	APS/HIPAA Pamphlet	Participant Documents	Visitation Documentation
2	Voluntary Provision for Adult Protective Services Form	Participant Documents	Visitation Documentation
3	PRP APS Pamphlet	Participant Documents	Visitation Documentation
4	Pictures (evidence of environment conditions)	Participant Documents	Visitation Documentation
5	Faxes / Fax Notification Confirmations (LEO, SAO, AHCA, MFCU, DOH, LTCOP)	Participant Documents	Visitation Documentation
6	1099 Referral Form	Participant Documents	Visitation Documentation
7	Bank Records (Exploitation Cases)	Participant Documents	Visitation Documentation
8	HHS Documents (hard of hearing)	Participant Documents	Visitation Documentation
9	Vulnerable Adult Protective Placement (VAPP Info sheet) for TES	Participant Documents	Visitation Documentation
10	Confidentiality Affidavit	Participant Documents	Visitation Documentation
11	ALF Face Sheet	Participant Documents	Visitation Documentation
12	Hospital Face Sheet	Medical Records	Other Medical Evaluations
13	List of Medications	Medical Records	Other Medical Evaluations
14	Medical Records (pertinent pages)	Medical Records	Other Medical Evaluations
15	Pictures (evidence of client injuries/wounds)	Medical Records	Other Medical Evaluations
16	Psychological Evaluation	Medical Records	Other Medical Evaluations
17	Male/Female Body Charts	Medical Records	Other Medical Evaluations
18	Court Documents (EAPS / APS Petition(s), D/C, Plenary, ETG Petitions, Court Orders & Memo)	Legal	Orders - Other
19	Power of Attorney Document(s), Will, Health Care Proxy	Legal	Orders - Other

Appendix D

RESERVED

(to be added at a future date)

**ALLEGATION MALTREATMENT INDEX
FOR
ADULT PROTECTIVE INVESTIGATIONS**

TYPE: Types of maltreatments:

A – Abuse

N – Neglect

E – Exploitation

S – Self-Neglect (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 VERIFICATION: Evidence recommended to verify maltreatment(s).

ALLEGATION MALTREATMENT INDEX

PHYSICAL INJURY ALLEGATIONS

MALTREATMENT

BURN/SCALD

BONE FRACTURE (includes)

- SKULL FRACTURE

INTERNAL INJURIES (includes)

- POISONING
- INAPPROPRIATE/EXCESSIVE DRUGS GIVEN
- BRAIN OR SPINAL CORD DAMAGE/INTRA-CRANIAL HEMMORRAGE

ASPHYXIATION/SUFFOCATION/DROWNING

OTHER PHYSICAL INJURY (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

OTHER MENTAL OR PSYCHOLOGICAL INJURY

- HARASSMENT/BELITTLEMENT/RIDICULE

SUBSTANCE ABUSE ALLEGATIONS

MALTREATMENT

SUBSTANCE MISUSE (includes)

- INAPPROPRIATE/EXCESSIVE DRUGS GIVEN

EXPLOITATION ALLEGATIONS

MALTREATMENT

EXPLOITATION (includes)

- (OBTAINS OR USES) BY DECEPTION/INTIMIDATION
- EXPLOITATION (ENDEAVORS TO OBTAIN OR USE) BY DECEPTION/INTIMIDATION
- EXPLOITATION WHEN VICTIM LACKS CAPACITY

NEGLECT ALLEGATIONS

MALTREATMENT

INADEQUATE SUPERVISION (includes)

- INADEQUATE SUPERVISION – CAREGIVER PRESENT
- INADEQUATE SUPERVISION – CAREGIVER NOT PRESENT
- DECUBITUS
- DEADLY WEAPON
- POISONING

ENVIRONMENTAL NEGLECT (includes)

- INADEQUATE SHELTER
- INADEQUATE CLOTHING
- INADEQUATE FOOD
- OTHER NEGLECT (NOT MEDICAL)

MALNUTRITION/DEHYDRATION

MEDICAL NEGLECT (includes)

- DECUBITIS
- INAPPROPRIATE/EXCESSIVE DRUGS GIVEN

SPECIAL CONDITIONS ALLEGATIONS

SELF NEGLECT

DEATH ALLEGATIONS

DEATH DUE TO ABUSE/NEGLECT

PHYSICAL INJURY ALLEGATIONS

BURN/SCALD	A/N
-------------------	------------

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 VERIFICATION: Any or all of the following may be necessary depending on the circumstances:

1. Documentation from medical professional diagnosis (preferred); or
2. Documentation from law enforcement officer; or
3. Observation by PI; or
4. Direct admission from the possible responsible person; or
5. Statement of witnesses; or
6. Statement of victim.

BONE FRACTURE**A/N**

DEFINITION:	<p>A fracture or broken bone. There are several types of fractures, the most common being:</p> <p><u>Simple:</u> The bone is broken, but there is no external wound. Also known as Closed Fracture</p> <p><u>Compound:</u> 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.</p> <p><u>Complicated:</u> The bone is broken and has injured some internal organ, such as a broken rib piercing a lung. There is significant soft tissue injury.</p> <p><u>Spiral:</u> Twisting which causes the line of the fracture to encircle the bone in the form of a spiral.</p> <p><u>Skull Fracture:</u> A broken bone in the skull.</p>
USAGE:	<p>The action or willful omission by the alleged perpetrator must be directly attributable to abuse or neglect perpetrated by a second party.</p>
SOURCES OF VERIFICATION:	<p>Any or all of the following may be necessary depending on the circumstances: (Medical professional diagnosis required)</p> <ol style="list-style-type: none">1. Documentation from medical professional diagnosis; and2. Documentation from law enforcement officer; or3. Observation from PI; or4. Direct admission from the possible responsible person; or5. Statement of witnesses; or6. Statement of victim.

INTERNAL INJURIES	A/N
--------------------------	------------

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 VERIFICATION:

Any or all of the following may be necessary depending on the circumstances: (Medical professional diagnosis required)

1. Documentation from medical professional diagnosis; **and**
2. Documentation from law enforcement officer; or
3. Observation by PI; or
4. Direct admission from the possible responsible person; or
5. Statement of witnesses; or
6. Statement of victim.

ASPHYXIATION/SUFFOCATION/DROWNING**A/N**

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
VERIFICATION:**

Any or all of the following may be necessary depending on the circumstances:
(If death results, documentation from physician or coroner required)

1. Documentation from physician or coroner if death results (required); **and**
2. Documentation from medical professional diagnosis (preferred); or
3. Documentation from law enforcement officer; or
4. Observation by PI; or
5. Direct admission from the possible responsible person; or
6. Statement of witnesses; or
7. Statement of victim.

OTHER PHYSICAL INJURY	A/N
------------------------------	------------

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 victim.

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 victim.**

**SOURCES OF
VERIFICATION:**

Any or all of the following may be necessary depending on the circumstances:

1. Documentation from medical professional diagnosis and/or
2. Documentation from law enforcement officer; or
3. Observation by PI; or
4. Direct admission from the possible responsible person; or
5. Statement of witnesses; or
6. Statement of victim.

SEXUAL ABUSE ALLEGATIONS

SEXUAL ABUSE

A

DEFINITION: Sexual conduct with a victim 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 victim to inappropriately touch the same parts of the possible responsible person's body generally associated with sexual activity. Sexual abuse also includes intentional touching of the victim's breasts, genital area, groin, inner thighs, and buttocks, or the clothing covering these parts by the possible responsible person. 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.

USAGE: The action by the possible responsible person must be directly attributable to abuse perpetrated by a second party.

The consent of the victim 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.

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 victim 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 victim's breasts, genital area, groin, inner thighs, and buttocks, or the clothing covering these parts by the possible responsible person.
- 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 victim. 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 victim by lineal consanguinity. Documentation from a physical exam by physician is required.

- Sexual Exploitation/Lewdness- The indecent sexual solicitation of the victim by explicit verbal enticement; exploitation of human needs for food, shelter, safety, or affection; coercive or threatening behavior; or inducing or encouraging the victim to solicit or engage in prostitution or sexual performance. Sexual exploitation also includes engaging a victim in pornography through the use of coercive or threatening behavior. Lewdness is an act of exposing sexual organs to the victim as an act of a sexual nature, aggression, or similar purpose; forcing the victim to watch sexual acts; self-masturbation in non-consenting victim's presence.
- Other Sexual Maltreatment- Any other sexual maltreatment not covered in other sexual maltreatment definitions.

**SOURCES OF
VERIFICATION:**

Any or all of the following may be necessary depending on the circumstances.

1. Documentation from physical examination by physician (preferred); or
2. Statement of victim; or
3. Statement of witnesses; or
4. Documentation from medical opinion; or
5. Direct admission from the possible responsible person; 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

DEFINITION:	<p><u>Confinement</u>: The unauthorized or unreasonable restriction of victim's mobility, actions, or physical functioning by imposing strict boundaries and limits. Confinement may include forcing the victim to remain in a closely confined area that restricts physical movement or exit; tying the victim.</p> <p><u>Bizarre Punishment</u>: Sadistic physical, psychological or verbal torture of victim.</p> <p>If the alleged perpetrator contends that confinement was recommended by a physician or psychiatrist as a suggested means to ensure the victim's safety or control the victim's behavior, the API must obtain verification from the physician or psychiatrist.</p>
USAGE:	<p>The action or lack of action by the alleged perpetrator must be directly attributable to abuse or neglect.</p> <p>This maltreatment includes, but is not limited to:</p> <p><u>Inappropriate/Excessive Restraints</u>- Unauthorized or unreasonable restriction of victim'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 victim.</p> <p><u>Inappropriate/Excessive Isolation</u>- The unauthorized or unreasonable restriction of a victim's interaction or contact with other residents of the household or with persons outside the household.</p>
SOURCES OF VERIFICATION:	<p>Any or all of the following may be necessary depending on the circumstances: (Documentation from medical professional is required for mental/psychological abuse.)</p> <ol style="list-style-type: none"> 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 possible responsible person; or 6. Statement of victim.

OTHER MENTAL OR PSYCHOLOGICAL INJURY	A/N
---------------------------------------------	------------

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 victim.
- Belittlement- Unreasonable and intentional verbal or physical acts that disparage, depreciate, or minimize the self-worth or self-esteem of a victim
- Ridicule- Unreasonable and intentional verbal or physical acts that make a victim the object of scornful, laughter by joking or mocking results in an impairment to the intellectual, psychological, or physical capacity of a victim.

SOURCES OF VERIFICATION:

Any or all of the following may be necessary depending on the circumstances:
(Documentation from medical professional is required)

1. Documentation from medical professional, such as physician or psychiatrist (required); or
2. Documentation from law enforcement officer; or
3. Observation by PI; or
4. Statement of witnesses; or
5. Direct admission from the possible responsible person; or
6. Statement of victim.

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
-------------------------	------------

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 victim 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 substantially and harmfully affect the vulnerable adult’s behavior, motor coordination, or judgment.

SOURCES OF VERIFICATION: Any or all of the following may be necessary depending on the circumstances: (Documentation of medical professional diagnosis is required)

1. Documentation from medical professional diagnosis; and
2. Documentation from law enforcement officer; or
3. Observation by API; or
4. Direct admission from the possible responsible person; or
5. Statement of witnesses; or
6. Statement of victim.

EXPLOITATION ALLEGATIONS

EXPLOITATION	E
---------------------	----------

The maltreatment, Exploitation, includes, but is not limited to:

**OBTAINS OR USES BY
DECEPTION/INTIMIDATION**

DEFINITION: To use or obtain a victim'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 victim of the funds, assets, or property for the benefit of someone other than the victim.

The individual who stands in a position of trust and confidence (alleged perpetrator) may or may not have use or management of the victim's funds, assets, or property.

USAGE: The action by the alleged perpetrator is directly attributable to exploitation and results in loss to the victim.

**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 victim's funds, assets, or property with the intent to temporarily or permanently deprive the victim of the benefit or possession of the funds, assets, or property for the benefit of someone other than the victim.

USAGE: The action by the alleged perpetrator is directly attributable to exploitation but does not result in a loss to the victim.

EXPLOITATION WHEN VICTIM LACKS CAPACITY

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 victim lacks capacity to consent. The alleged perpetrator must obtain, use, or endeavor to obtain or use the victim's funds, assets, or property with the intent to temporarily or permanently deprive the victim of the use, benefit, or possession of the funds, assets, or property for the benefit of someone other than the victim.

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 victim.

**SOURCES OF
VERIFICATION:**

Any or all of the following may be necessary, depending on the circumstances:

1. Direct admission from the possible responsible person; or
2. Witnesses statement; or
3. Statement of victim; 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.

NEGLECT ALLEGATIONS

INADEQUATE SUPERVISION

N

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 victim adequately although the caregiver is present and this failure to oversee and manage the victim places the victim in situations or circumstances which are likely to require judgments or actions greater than the victim's level of maturity, physical condition, or mental abilities reasonably dictate, and the potential risk of harm to the victim 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 victim and this failure places the victim in a situation or circumstance which is likely to require judgments or actions greater than the victim's level of maturity, mobility, physical condition, or mental abilities reasonably dictate, and the potential risk of harm to the victim 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 possible responsible person is directly attributable to neglect by the caregiver.

SOURCES OF VERIFICATION:

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 victim; or
6. Direct admission from the possible responsible person.

INADEQUATE SUPERVISION (continued)	N
-------------------------------------------	----------

The maltreatment, Inadequate Supervision, includes, but is not limited to:

DECUBITUS

DEFINITION: A decubitus (also known as pressure ulcer or bed sore) is a localized injury to the skin and/or underlying tissue over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction. There are 6 recognized levels:

SUSPECTED DEEP TISSUE INJURY: Purple or maroon localized area of discolored intact skin or blood-filled blister due to damage of underlying soft tissue from pressure and/or shear. The area may be preceded by tissue that is painful, firm, mushy, boggy, warmer, or cooler as compared to adjacent tissue. Deep tissue injury may be difficult to detect in individuals with dark skin tones. Evolution may include a thin blister over a dark wound bed. The wound may further evolve and become covered by thin eschar. Evolution may be rapid exposing additional layers of tissue even with optimal treatment.

STAGE 1: This stage shows intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have visible blanching; its color may differ from the surrounding area. The area may be painful, firm, soft, warmer or cooler as compared to adjacent tissue. Stage I may be difficult to detect in individuals with dark skin tones. May indicate "at risk" persons (a heralding sign of risk).

STAGE 2: A partial thickness loss of dermis presenting as a shallow open ulcer with a red pink wound bed, without slough. It may also present as an intact or open/ruptured serum-filled blister. Presents as a shiny or dry shallow ulcer without slough or bruising.* This stage should not be used to describe skin tears, tape burns, perineal dermatitis, maceration or excoriation.

*Bruising indicates suspected deep tissue injury.

STAGE 3: This stage reflects full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle are not exposed. Slough may be present but does not obscure the depth of tissue loss. This may include undermining and tunneling.

STAGE 4: Full thickness tissue loss with exposed bone, tendon, or muscle. Slough or eschar may be present on some parts of the wound bed. Often include undermining and tunneling.

UNSTAGEABLE: Full thickness tissue loss in which the base of the ulcer is covered by slough (yellow, tan, gray, green or brown) and/or eschar (tan, brown or black) in the wound bed.

USAGE: The lack of action by the possible responsible person must be directly attributable to neglect by a caregiver. **Medical professional diagnosis is required.**

INADEQUATE SUPERVISION (continued)**N**

The maltreatment, Inadequate Supervision, includes, but is not limited to:

DEADLY WEAPON

DEFINITION: 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. 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 is capable of producing 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 VERIFICATION:

Any or all 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 possible responsible person; or
5. Statement of witnesses; or
6. Statement of victim.

ENVIRONMENTAL HAZARDS	N
------------------------------	----------

DEFINITION: Situations in which the victim's person, clothing, or living conditions are unsanitary and/or unsafe to the point that the victim'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 possible responsible person 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 victim 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 victim, although reasonably able to do so.
Inadequate clothing includes insufficient clothing to protect the victim 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 victim 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 victim who frequently and repeatedly misses meals; the victim who is frequently and repeatedly fed insufficient amounts of food; the victim who frequently asks neighbors for food; and any other situation where information substantiates that the victim 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 his/her 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 victim 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 victim which is not covered by the other neglect maltreatments.

SOURCES OF VERIFICATION:

Any or all 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 PI ; or
5. Direct admission from the possible responsible person or; or
6. Statement of witnesses; or
7. Statement of victim.

MALNUTRITION/DEHYDRATION**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 VERIFICATION: Any or all of the following may be necessary depending on the circumstances: (Documentation from medical professional diagnosis required)

1. Documentation from medical professional diagnosis; and
2. Statement of victim; or
3. Statement of witnesses; or
4. Direct admission from the possible responsible person; or
5. Documentation from law enforcement officer; or
6. Observation by PI.

MEDICAL NEGLIGENCE**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 victim. Medical neglect includes the failure to obtain, administer and supervise medication or failure to follow a prescribed treatment plan for the victim 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 possible responsible person, 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.

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:

- Decubitus- A bed sore or skin ulcer can be 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 involve the full thickness of the skin and the structures below the skin.
- Inappropriate/Excessive Drugs Given- The intentional, inappropriate, or excessive administering of drugs including prescription and non-prescription medication.

SOURCES OF VERIFICATION:

Any or all of the following may be necessary depending on the circumstances: (Documentation from medical professional diagnosis required)

1. Documentation from medical professional diagnosis; and
2. Statement of victim; or
3. Statement of witnesses; or
4. Direct admission from the possible responsible person; or
5. Documentation from law enforcement officer; or
6. Observation by PI.

SPECIAL CONDITIONS ALLEGATIONS

SELF NEGLECT

S

DEFINITION: Any action or lack of action by the vulnerable adult that results in the failure to provide for his or her 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 victim.

This includes situations where the caregiver is unavailable to provide care and protection of the victim 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 action or lack of action by the victim is directly attributable to neglect that is not perpetrated by a second party.

This maltreatment code includes **ALL** situations of self neglect, including situations where the caregiver is unavailable. 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.

SOURCES OF VERIFICATION:

Any or all of the following may be necessary depending on the circumstances:

1. Direct admission from the victim; or
2. Observation by the PI; or
3. Documentation from law enforcement officer; or
4. Documentation from medical professional; or
5. Statement of witnesses.

DEATH ALLEGATIONS**DEATH DUE TO ABUSE/NEGLECT****A/N**

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 possible responsible person 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 VERIFICATION:

Any or all of the following may be necessary depending on the circumstances: (Documentation from medical professional, medical examiner/coroner required.)

1. Documentation from medical professional; and
2. Statement of witnesses; or
3. Direct admission from the possible responsible person; or
4. Documentation from law enforcement officer.