Identifying and Intervening in Financial Exploitation

Manual and Protocol for Providers Serving Vulnerable Adults in Congregate Settings

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Acknowledgments

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# Contents

Acknowledgments........................................................................................................... 2

Introduction and Purpose ............................................................................................... 4

Part 1: Financial Exploitation - Legal Definitions and Behavioral Descriptions ............ 6

Part 2: Warning Signs that *May* Point to Financial Exploitation............................... 8

Part 3: Preventing and Deterring Financial Exploitation ............................................. 11

Part 4: Model Protocol for Effective Response .............................................................. 15

Part 5: Working with Families and Other Responsible Parties ..................................... 21

Part 6: Scams that Target the Elderly ........................................................................... 23

Part 7: Roles and Limitations of Public Agencies and Organizations ......................... 25

Part 8: Review ................................................................................................................ 28

Afterword ....................................................................................................................... 29

Appendix 1: Applicable laws ......................................................................................... 30

Appendix 2: Forms .......................................................................................................... 40

Appendix 3: Resources ................................................................................................... 44
  - Minnesota Common Entry Points: Listed by County ................................................. 45
  - Ombudsman Office Contact Information .................................................................. 52
  - Legal Services in Minnesota: Listed by County ...................................................... 53
  - Elder Law Attorneys .................................................................................................. 57

Appendix 4: Charts .......................................................................................................... 58

Appendix 5: Interviews and Focus Groups .................................................................... 60

Bibliography ................................................................................................................... 61
Introduction and Purpose

A note about audience and terminology: The majority of this content is applicable in any congregate setting that serves vulnerable adults. We have aimed to use general terms, such as “provider” and “vulnerable adult” rather than “facility” and “resident,” wherever fitting. There are, however, places in the text that highlight reporting or other laws that are specific to nursing facilities.

Financial Exploitation Cases Rising

There is growing awareness of financial exploitation of vulnerable adults, throughout Minnesota and around the globe. Minnesota law defines adults who are facility residents, inpatients, and clients of licensed home care as categorically vulnerable. A 2009 MetLife Mature Market study estimated the national figure for money and property taken from elderly victims at $2.6 billion a year. Reports alleging financial exploitation of care facility residents rose more than 50% from 2008 to 2009, according to the Department of Human Services. The primary victim is the vulnerable adult, robbed of financial security, placed at risk of involuntary discharge, risking neglect of care. Providers are also placed at risk of accumulating past due bills and often find that they are unable to recover the losses. Also, public assistance, which should be reserved for those most in need, has to be tapped through a hardship waiver to assure continued care.

Improved State Laws

In 2009, Minnesota lawmakers passed laws to improve the handling of these cases. A strengthened definition of criminal financial exploitation aids investigation and prosecution. New banking provisions encourage financial institutions to make reports and cooperate in investigations by providing relevant documents. There are standardized criteria for Medical Assistance hardship waivers across counties. Vulnerable adults now have a private right of action against those who exploit them, and such cases allow for recovery of damages, attorney’s fees, and reasonable administrative costs.

1The complete definition is found in Appendix 1.
3DHS Data Warehouse, March 2010. (Note: The 812 reports in 2008 and 1274 in 2009 include both elder care facilities and other residences for vulnerable adults).
Improvements at the policy level become effective when they reach the front lines of protecting vulnerable people. This manual is intended to include the first comprehensive protocol for providers to use for identifying and addressing the financial exploitation of a people in their care.

**Manual and Model Protocol**

Parts 1 and 2 define financial exploitation and the warning signs you may notice. Part 3 offers tools for prevention and deterrence. Part 4 is the action protocol for responding to perceived financial exploitation. Part 5 suggests practical ways to work on financial issues with families.

Part 6 briefly addresses scams that target the elderly. Part 7 describes the roles and limitations of public agencies and organizations. Part 8 is a summary review. Materials incorporate longstanding Minnesota laws, the 2009 amendments dealing with financial exploitation, and best practices for using community resources when exploitation is suspected.

Our focus is on the broad issue of exploitation, which includes but is not limited to responding to delinquent accounts. Unpaid bills may be a consequence of exploitation, but there can be significant loss to a victim before that occurs. Early detection and intervention are keys to preventing the worst-case scenarios of drained resources and imminent discharge. When prevention is not enough, our message takes the form of 3 R’s – Recognize, Record, & Report.
Part 1: Financial Exploitation - Legal Definitions and Behavioral Descriptions

**Legal Definitions**

Financial exploitation is defined in two sections of Minnesota law:

- in the Vulnerable Adult Act (Minn. Stat. § 626.5572) to establish its basic meaning and
- in the Criminal Code (Minn. Stat. § 609.2335) to establish the elements of the crime and the penalties when someone is convicted.

The complete definitions, as well as the definition of mandated reporter, are included, for reference, in Appendix 1.

While providers are not expected to quote every word of the law, you need to know what these definitions mean in terms of behavior that you may observe and need to communicate as a mandated reporter.

**Human Dimensions**

Financial exploitation can take many forms. Financial exploitation occurs when someone violates a legal obligation to take care of a vulnerable adult’s money or property. Examples of a legal obligation include a valid power of attorney to pay a vulnerable adult’s bill or signing a nursing home admissions contract as a responsible party.

Exploitation occurs when someone with a legal obligation spends the vulnerable adult’s money, without authorization, in a way that is or is likely to be harmful to the vulnerable adult. We may also suspect exploitation when someone with a legal obligation fails to use the vulnerable
adult’s funds for necessities like food, clothing, shelter and health care, putting the vulnerable adult at risk of harm. Examples of this behavior are situations when someone promises to pay a vulnerable adult’s bills, with a legal document or signature, but gambles the money away or decides to let the rent and overdue pharmacy bills go unpaid.

Financial exploitation can also occur without a prior legal obligation to take care of a vulnerable adult’s money. Examples are taking possession of and controlling the vulnerable adult’s property by pressuring, misleading or lying to the vulnerable adult, or gaining the vulnerable adult’s trust by professing to love and promising to care for him/her if they can just share a bank account. Forcing a vulnerable adult to perform services for someone else’s profit or advantage is another type of exploitation, although less likely to be observed in care settings for the elderly.

**Criminal Financial Exploitation**

The key for investigators and prosecutors in criminal cases is establishing that the financial exploitation was intentional. The crime of financial exploitation includes the actions described above as well as cases where a perpetrator establishes a relationship with a vulnerable adult for the purpose of gaining control of funds or property, and he or she accomplishes that through pressuring, deceiving or lying to the vulnerable individual. It is not unusual for someone to deny the crime by saying that the vulnerable adult agreed to make whatever financial arrangement is questioned, but Minnesota law does not allow “consent” as a defense when the accused person knew or had reason to know that the consenting person was a vulnerable adult.

Financial exploitation is more than theft, although thefts must be reported to a supervisor immediately. The crime of financial exploitation is complicated by its human elements. Financial exploitation generally occurs in relationships where the vulnerable adult has placed his/her trust and confidence. (Confidence, in this sense, is the origin of the phrase, “con game.”) When the exploitation occurs among family members, the subtleties of prior family history, conflicts, and expectations about inheritance may also play important roles.

These definitions of financial exploitation give you a basis for recognizing its manifestations. The next section describes some more behaviors that are associated with financial exploitation. Alone, any one of these may turn out to be a benign situation, regardless of your first impression, but document them as you observe them.
Part 2: Warning Signs that May Point to Financial Exploitation

Things a Resident Tells You or that You Observe about the Resident

- Resident, regardless of cognitive impairment, reports that someone is misusing their money
- Resident reports missing checkbook, credit card, or important papers
- Resident is agitated or distraught after a family member or friend visits
- Resident is agitated or distraught after a family member or friend takes him/her out for a visit or appointment
- Resident begins hoarding behavior

Things You Observe in or about a Resident’s Room

- Disappearance of possessions
- Replacement of nice items in resident’s room with those of lesser value
- Personal needs allowance account drained while resident needs basics (e.g. underwear)
- ATM withdrawal slips

Note: These signs are equally applicable in congregate settings where the client is called a tenant.
Family Dynamics and Other Things You Observe When the Resident is with Visitors

- Observing/hearing a resident pressured into a decision or signature that has to be made “now”

- Observing/hearing a resident being threatened by family or other visitor that unless the resident agrees to or signs a document, the visitor will stop taking care of the resident

- “Chaperoning” – possible exploiter lets others visit only when he/she is present to monitor

- New acquaintance showing extreme affection for resident, cutting her/him off from others

- Previously uninvolved relatives show up claiming authority to manage resident’s finances

- Agent or family member declining recommended treatments on basis of cost

- Known gambling addiction of resident or family

- Conflicts between resident’s adult children about money
**Money and Money Management**

- **Billing**
  - Unpaid facility bills
  - Unpaid pharmacy bills
  - Stalling or broken promises from person handling resident’s money
  - Abrupt changes in responsibility for paying resident’s bills
  - Bills paid in cash
  - Threat or notice that the resident will be moved out after questions arise about potential financial exploitation

- **Power of Attorney**
  - Power of Attorney “playing dumb” about money or documents needed to establish medical assistance eligibility
  - Multiple people with powers of attorney
  - Resident who lacks decisional capacity agrees to establish power of attorney

- **Checks and Imbalances**
  - Checks or other documents signed/dated when resident was no longer able to write
  - Suspicious signatures (e.g. many versions of resident’s signature or one that was shaky is suddenly firm)
  - Frequent checks made out to “cash”
  - Resident’s checkbook has check numbers out of order
  - Gifts (either frequent or costly) to staff or volunteers
  - Sales of valuables to staff or volunteers
Part 3: Preventing and Deterring Financial Exploitation

Prevention and deterrence are goals that support vulnerable adults’ safety, financial independence, and continuity of care. These are recommendations for staff education, consumer education, and provider policies to guard against exploitation.

Topics for Staff Orientation and In-service Training about Financial Exploitation

- Provider’s commitment to preventing and responding to financial exploitation
- Definitions and signs
- Risks of permitting financial exploitation to escalate
- Provider’s policies prohibiting accepting money and loans from residents
- Provider’s policies and internal processes for recording and reporting suspected financial exploitation
- If applicable, policy for releasing money from nursing home residents’ personal accounts (See Appendix 1).¹
- Financial powers of attorney and health care directives
- Role of the Office of Ombudsman for Long-Term Care
- Roles of the Common Entry Point, County Adult Protection, and the Office of Health Facility Complaints

Topics for Resident and Family Council Programs about Financial Exploitation

- Provider’s commitment to preventing and responding to financial exploitation
- Definitions and signs
- Risks of permitting financial exploitation to escalate
- The person to contact when residents or families have a concern
- Safeguarding your papers and valuables
- Provider’s policies and internal processes for recording and reporting suspected financial exploitation
- If applicable, policy on releasing money from residents’ personal accounts (See Appendix 1).²
- Role of the Office of Ombudsman for Long-Term Care
- Roles of the Common Entry Point, County Adult Protection, and the Office of Health Facility Complaints

One way to start the conversation is discussing a financial exploitation case from a newspaper story. The topics are also ideal for guest speakers and resources from seniors’ organizations, the Ombudsman for Long-Term Care, Adult Protective Services workers, or from local law enforcement. These opportunities also encourage a resident or family member to confide financial concerns to staff and initiate steps to prevent a situation from worsening.

Policies and Practices

Note: The following section focuses on nursing home admissions and medical assistance eligibility; however, the recommendations for clear communication are universal.

Admission practices and communication during the first 30 days are essential to preventing payment problems that arise from causes other than exploitation. Paradoxically, the mix of emotions, haste, family dynamics, as well as signing multiple complex documents makes this period an especially difficult time for consumers to learn new concepts and calendars.

Minnesota’s nursing home admissions agreement law states, in part, “Oral representations and statements between the facility and the resident or resident’s representative are not part of the contract of admission unless expressly contained in writing in those documents.” The message to both the family and the provider is this: Get it in writing.

The resident or resident’s representative(s) should have this essential information written in plain language:

- The billing process and its timing
- The provider’s process for responding to late or missed payments
- The person on staff who will answer billing questions and how to reach that individual
- Limitations to the payment source at admission (e.g. Medicare) and the timetable for making a necessary transition to other payment
- If appropriate, information about applying for Medical Assistance, the help available to complete the application, and contact information. The Department of Human Services has basic brochures about the program available online and periodically updated. Clients, especially married couples, should be encouraged to seek legal help from an elder law attorney to guide their application.
- If a Medical Assistance application is being made, introduce the basics of the spenddown requirement and estimate what the resident’s share will be once eligibility is established. The facility may bill for that amount while the application is pending and say that payment of the entire estimated spenddown will keep the bill current.
- Information about additional resources in the community that can help with Medicare, prescription drug programs, and health insurance. (See Part 5).

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The facility should obtain and keep on file copies of official documentation of the financial authorities held by a guardian, conservator, representative payee, agent(s) with power of attorney, trust administrator or other.

Unless the anticipated stay is short-term, the resident or resident’s representative should officially notify the Social Security Administration, income and benefit sources that the resident’s mailing address has changed so that correspondence and payments will be sent to the resident at the facility. The facility should have copies of these official notifications.

Communication is recommended a few weeks after admission to review the information discussed at admission, answer questions, and identify problems that should be addressed.

**Monitoring Payment and Residents’ Funds**

- Establish and follow policies for releasing funds from residents’ personal needs (trust) accounts to someone other than the resident.

- Delinquent account tracking documents should be maintained and updated by the business office.

- Do not wait more than 60 days (2 payment cycles) before determining whether an arrearage is due to:
  
  - the person responsible for payment is bewildered and failing to manage (e.g. has not begun Medical Assistance application) – Reiterate information about additional social service and legal resources in the community that can help with Medicare, Medical Assistance, prescription drug programs, and health insurance. (See Part 5). Establish and stick to a time frame for completing necessary paperwork.

  - the Medical Assistance application is pending and “stuck in neutral.” – With consent of the resident or resident’s representative, contact the county worker weekly to check on the status of the application.

  - there are documented signs of financial exploitation in social services notes and/or delinquent account tracking documents – Report the alleged financial exploitation to the county with specific dates and evidence. (See Part 4). Help the applicant seek legal help if an application for Medical Assistance is being denied on the basis of illegal transfers of assets.
Part 4: Model Protocol
Recognize, Record & Report

Establish and Maintain a Financial Security Team

A Financial Security Team, composed, at a minimum, of the administrator, business office, and social work representatives, should conduct early, effective responses to perceived financial exploitation through monthly meetings, case review, and coordinated action. Staff in other pertinent roles, such as Admissions Coordinator, should be considered as additional members; however, larger teams can be more difficult to manage.

Coordinated action means that members of the Financial Security Team will establish which member has the lead responsibility for record-keeping and reporting cases of suspected financial exploitation.

At the risk of feeding stereotypes about soft-hearted social workers and no-nonsense accountants, below are some duties related to roles of social workers, business offices, and administrators.

- **The social worker’s role** is to listen to the resident, observe signs of potential exploitation, and document the findings, including information provided by nursing staff. Residents are often distressed to learn that bills are not being paid or that they owe money and/or that a loved one may be stealing from them. This focused attention should begin at the first signs of financial exploitation, whether triggered by unpaid bills or other factors. The social worker provides support and, as necessary, ensures that the vulnerable adult’s needs are met through referral(s) to external professional services, such as legal representation.

- **The business office’s role** is to confront nonpayment by close monitoring, complete documentation, and taking action to recover delinquent payments.

- **The administrator’s role** is to assure that the Team has leadership support, opportunities for outside consultation, and to take action when a facility employee or volunteer is suspected of theft or exploiting a resident financially.
Without a solid team approach, led by the administrator, hectic days in a facility and periodic changes of staffing can allow a bad situation to endure simply because the right hand and the left hand are in different worlds. With a solid team approach, arrearages mounting to the tens of thousands can become historical artifacts – for the safety of the resident and the financial security of the home.

**Investigate and Record as Soon as Signs Appear**

- When suspicions arise, engage the Team. Consult with other staff who may have observed relevant behavior and be sure that each instance of that behavior is documented with date, time, what was observed, and witness(es).

- Keep written documents of all pertinent communications such as phone calls, meetings, and letters. Dates, times, locations, behaviors/statements, physical evidence, and witness(es) are the information that outside investigators will need. (See Appendix 2).

**Advocate for the Vulnerable Adult**

- Talk with the resident separately from the person(s) suspected of exploitation. Note inconsistencies in their stories. Note nonverbal cues at that time as well as when the resident and suspected exploiter(s) are together.\(^5\)

- Talk with the suspected individual or individuals. Doing this as a team will lessen discomfort with confrontation in general and with families in particular.\(^6\) State your factual observations and what you have documented. Make it absolutely clear that as facility staff, you are mandated under state law to make reports of suspected financial exploitation to the County Adult Protection Department and to local law enforcement if necessary. Document this communication and what you are told.

- Let the resident know about the Regional Ombudsman for Long-Term Care, and contact that office right away if the resident desires to talk with an ombudsman. If facility staff contact the ombudsman on their own because the resident is at risk of discharge for nonpayment, documentation should be complete, including actions already taken to collect payment.

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\(^{6}\) Request a legal review by the provider’s attorney before proceeding if the individual or individuals have made or implied threats.
Report to the Common Entry Point

- Report financial exploitation of a vulnerable adult in accordance with state law.
- Changes to the Vulnerable Adult Act in 2009 streamlined the reporting process for Minnesota facilities that are subject both to the mandates of the Vulnerable Adult Act and federal reporting requirements under CFR, title 42, section 483.13.
  - Reports from nursing facilities, boarding care homes, and hospital swing beds can be made online to the Department of Health and then submitted electronically to the Common Entry Point instead of the earlier dual, separate reporting requirements.
  - Each county designated Common Entry Point must make a secure FAX number and/or encrypted e-mail address for vulnerable adult maltreatment reports available to the Minnesota Department of Human Services, Adult Protection Unit, as well as the providers (nursing homes, boarding care homes, and hospital swing beds) in their county.
  - MN Department of Health Bulletin on Reporting

Understand Reporting Requirements

- Under Minnesota law, a vulnerable adult report is defined as “a statement concerning all the circumstances surrounding the alleged or suspected [financial exploitation] which are known to [you] at the time the statement is made.”
  - For that reason, sending only a copy of a discharge notice or a report that a delinquent account of so many dollars will result in a discharge notice does not constitute a report. Adult Protective Services and law enforcement need a specific reason to investigate to protect their agencies from accusations of overreaching.
  - Yet reporters are not in a position to investigate every aspect of a case. Think of the mandated reporter’s role as that of a traditional newspaper reporter. Do your best to keep notes on the “who, what, where, when, and how.” The “why” is likely to be speculation.

Who • What • Where • When • How

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• Make clear in your report that you are requesting an investigation of financial exploitation of a vulnerable adult; you are not requesting emergency social services. Your allegation should include facts and figures that back up the report.

• These are the basic questions that will be asked when you make a report:8
  
  o the time and date of the report
  o the name, address, and telephone number of the person reporting
  o the time, date, and location of the incident(s)
  o the name(s) of the persons involved, including but not limited to, alleged victim, alleged perpetrator(s) and witness(es)
  o whether there is a risk of imminent danger to the alleged victim
  o a description of the suspected maltreatment
  o the health condition or disability of the alleged victim
  o the relationship of the alleged perpetrator to the alleged victim, if known
  o whether a facility is involved and, if so, which agency licenses the facility
  o whether law enforcement has been notified
  o whether the reporter wishes to receive notification of the initial and final reports
  o if the report is from a facility with an internal reporting procedure, the name, mailing address, and telephone number of the person who initiated the report internally

• In your report, be specific about any suspicion that the resident is a crime victim, because the Vulnerable Adult Act directs the Common Entry Point to contact law enforcement immediately if there is reason to believe a crime has been committed. You can also report suspected theft in a congregate setting directly to local law enforcement, just as you would in your own house.

• Reports to the Common Entry Point that allege exploitation by a family member or someone outside the supervision of the facility, are sent to the County Adult Protective Services.

• Reports to the Common Entry Point that allege financial exploitation by provider staff, are sent to the Minnesota Department of Health, Office of Health Facility Complaints for facilities with Health Department licenses or to the Minnesota Department of Human Services for facilities with Human Service Department licenses.

• Include in your report, as appropriate, whether you have made previous reports on this same client or matter. That may enable the agency to consolidate reports or look for trends that promote an investigation.

• Questions arise about whether a discharge notice is legally required before a report can be made. The simple answer is “no.” Nothing under Minnesota law requires specific triggers, like a discharge notice or even a delinquent account, before you may report suspected financial exploitation or before a case may be assigned for investigation. A challenge in the system is that agencies differ in their priorities, and therefore experience across counties can differ.

**Persistence Counts**

• Do not take NO for the one and only answer.
  
  o If the county chooses not to investigate a case that alleges financial exploitation by family or someone else outside the supervision of the provider, find out what additional information is needed and provide what you can. Your call should be to the County Adult Protective Services Unit Supervisor to discuss why the case was not assigned. That individual will be able to explain the assignment priority criteria and accept additional information that may have arisen.

  o If the Department of Health chooses not to investigate a case that alleges financial exploitation by nursing home or home care agency staff, you may contact the Director of the Office of Health Facility Complaints, (651) 201-4201, to learn more about their assignment priority criteria and what additional information may be needed.

  o If the Department of Human Services chooses not to investigate a case that alleges financial exploitation by a provider licensed by that agency, you may contact the Director of the Licensing Division, (651) 296-3971, to learn more about their assignment priority criteria and what additional information may be needed.

• As soon as your follow up indicates that none of these agencies will investigate or make a report to law enforcement, you should make the report to local law enforcement with the information you have compiled about an alleged crime.


**Additional Avenues**

- Contact the local social security office to report representative payee fraud and to receive a representative payee application. Make an effort to identify an alternative family member to serve as representative payee. As a last resort, the provider can be the representative payee.

- Contacting the vulnerable adult’s bank can be helpful in the long-run, but recognize that without authorization by the owner of the account, provider staff who call are not entitled to receive any information or follow-up in return for their “report.” Ask for a compliance officer or a branch manager. The information you provide may prompt an internal investigation. However, your first call should be to the county’s Common Entry Point to report suspected financial exploitation.

**When the Picture is Unclear**

There will be times when, short of making a formal report, you are looking for knowledgeable, independent advice from an ombudsman, county adult protection or law enforcement agency. There is no universal recommendation on this point. Agency and organizational policies differ on whether requests for consultation are accepted or whether only reports are taken. Every provider needs someone who can be counted on for advice and assistance. Given the local differences, each provider’s Financial Security Team should make the inquiries necessary to find your “one” local touchstone for advice in handling difficult cases.

**New Legal Recourse for Vulnerable Adult Victims of Financial Exploitation**

Although the following is not an action step for providers, it is useful to know that Minnesota law provides an avenue for redress of financial exploitation beyond regulatory and law enforcement tracks. In 2009, Minnesota lawmakers amended the Vulnerable Adult Act to allow a vulnerable adult victim of financial exploitation, or that person’s representative, to bring a lawsuit (a private right of action) against the person(s) who committed the exploitation. A successful legal action of this kind can recover some or all of the assets, as well as damages and attorney’s fees. This information should be made available to clients in fitting situations. (See Appendix 1).
Part 5: Working with Families and Other Responsible Parties

Timely help for people who are genuinely bewildered and frightened is an important part of minimizing uncompensated care. The following are recommendations when working with families and other responsible parties.

- Provide support and encouragement at admission and follow-up to people who appear overwhelmed and stuck. Families and other authorized representatives typically have little knowledge about the Medicare, the Medical Assistance program, and the application process.

- Encourage families to ask for help, and introduce them to the facility staff who can respond to financial questions. Assure them that good faith efforts matter; however, practical steps must be taken.

- Have at least one staff person who keeps current a contact list of where to obtain information about the eligibility and coverage of Medicare and Medical Assistance and can provide those contacts to clients and their families.

- Encourage Medical Assistance applicants to seek professional elder law advice. Medical Assistance is a complex and changing program. Although individuals and families may be reluctant to consult with lawyers, explain that their rights are best protected when they are properly guided through the application, or when they are confronting medical assistance delays, appeals, and hardship waivers. (See Appendix 3).

- The Senior LinkAge Line® State Health Insurance Counseling Program through each Area Agency on Aging is available to vulnerable adults and their families for consultation about health insurance and Medicare prescription drug options.
By contrast, when you encounter cases where the responsible party is misusing or withholding resources intended for the resident’s care or you are facing the equivalent of “it’s in the mail,” “the dog ate my invoice,” and other repeated, delaying tactics, take these steps:

- Be direct, specific, and identify consequences that the provider is prepared to back up.

- As recommended earlier, confronting the suspected individual(s) as a Team will lessen discomfort with confrontation in general and with families in particular.

- Describe in detail what you have observed and documented, and explain that facility staff are mandated by state law to make reports to the County Adult Protection Department and to other public authorities.

- Clearly state that in financial cases, those departments will work with law enforcement if criminal activity is suspected.

- Make clear that the resident’s safety is your immediate concern; but that the potential consequences for the unpaid bills may include seeking professional conservatorship or discharge for nonpayment.
Part 6:  
Scams that Target the Elderly

According to the Minnesota Attorney General’s Office, “older people comprise almost 14% of the state’s population but account for a higher percent of consumer fraud victims.” While scams are comparatively better-recognized and documented among older people living independently, these are some warning signs that might be observed in your residence. These points are equally valid for residents and tenants.

• Resident receives telephone calls about a lottery or sweepstakes that require him/her to send money immediately or lose a one-time opportunity.

• Resident is excited about having won a lottery or sweepstakes.

• Resident receives goods or subscriptions that were not ordered.

• Resident receives a sales call “out of the blue” especially one followed up by a sales visit.

• Resident or family is dealing with “debt” generated by a scam that happened before moving in.

• Resident receives a phone call from someone who sounds like a grandson who is in some kind of trouble and needs money wired right away.

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Resources for Residents, Families, and Facility Staff

As in every reach of financial exploitation, tackling these predatory crimes calls for our best efforts in prevention and early response. These resources are easily accessed for information and instructions for taking action:

- **Minnesota Attorney General’s Office, Seniors Guide to Fighting Fraud**
  - Seniors Guide to Fighting Fraud
  - Fraud “Don’t be a victim of Consumer Fraud!!”

- **MN Dept. of Public Safety, The Minnesota Fraud Enforcement Partnership**
  The Department describes the MN Fraud Enforcement Partnership as a coalition of private and public partners to increase awareness and combat fraudulent lottery and sweepstakes crimes. When reports are made, law enforcement can “employ technological enforcement tactics to identify, disrupt and stop those committing the frauds. Early reporting by the public can allow authorities the opportunity to recover lost funds.”
  - Prevention: A consumer guide to lottery and sweepstake scams.
  - Report fraud.

- **Federal Trade Commission**
  The Federal Trade Commission website is another plentiful source of information for identifying and responding to scams, including those that target the elderly. This is an example, on the topic of telemarketing scams.
Part 7:
Roles and Limitations of Public Agencies

Ombudsman for Long-Term Care

The Ombudsman is a resident’s advocate. Regardless of who contacts the Ombudsman, the Ombudsman represents the resident.

- The Ombudsman can assist the resident and family advocate to resolve problems with public agencies, such as a delayed Medical Assistance application or Veteran’s Benefits, as well as vulnerable adult investigations. If the resident does not want Ombudsman assistance, the Ombudsman can provide information about other community resources, but will then step aside.

- The Ombudsman can assist the resident with problems concerning the personal needs account when, for example, a representative payee is not providing that portion of the resident’s income for clothing and other purchases.

- The Ombudsman may represent the resident in an appeal of discharge, with the permission of the resident or the resident’s legal representative.

- The Ombudsman provides educational resources and consultation for facility staff but cannot respond to legal questions that are the province of the facility’s attorney.

You may call the toll-free number: **(800) 657-3591**
This toll-free number operates out of the state office.
The local phone number is (651) 431-2555.
(TDD/TTY, please call 711)

Office of Ombudsman for Long-Term Care
P.O. Box 64971
St. Paul, MN 55164-0971

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Ombudsman for Mental Health and Developmental Disabilities

The Office of Ombudsman for Mental Health and Developmental Disabilities is charged with promoting the highest attainable standards of treatment, competency, efficiency, and justice for persons receiving services for mental illness, developmental disabilities, chemical dependency, and emotional disturbance in children.\(^\text{11}\)

This Office assists with the following:

- concerns or complaints about services
- questions about rights
- grievances
- access to appropriate services
- ideas for making services better
- general questions or the need for information concerning services for persons with mental disabilities

An agency, facility, or program serving persons with mental disabilities is required to report to the Ombudsman Office the death or serious injury of a client within 24 hours of the incident.

You may call or fax: (651) 757-1800, 1-800-657-3506 or FAX: (651) 296-1021.

County Adult Protective Services

County Adult Protective Services’ duties, paraphrased below, are those most applicable in cases of alleged financial exploitation.\(^\text{12}\)

- The county social service agency assesses reports of maltreatment and offers emergency and continuing protective social services to prevent further maltreatment and to safeguard the welfare of the maltreated vulnerable adult.

- County social service agencies may enter facilities and inspect and copy any pertinent records to the extent necessary to conduct its investigation. The inquiry is not limited to the written records of the facility, but may include every other available source of information.


• When necessary in order to protect a vulnerable adult from serious harm, the county social service agency shall immediately intervene on behalf of that adult to help the family, vulnerable adult, or other interested person by seeking any of the following:
  
  o the appointment of a guardian or conservator
  
  o replacement of a guardian or conservator suspected of maltreatment and appointment of a suitable person as guardian or conservator
  
  o making a referral to the prosecuting attorney for possible criminal prosecution

While these are the legal authorities of the county social services agency, there are differences among their policies and priorities. Most important for the reporter of financial exploitation is to provide the most detailed information that can be compiled to describe the financial exploitation. Neither a discharge notice alone, nor a discharge notice accompanied by the dollar value of unpaid bills, is sufficient to describe why intervention is needed to curtail the financial exploitation.

**Legal Assistance Programs**

Legal Aid offices are listed by county in Appendix 3. While there is not a standard statewide list of services they offer to seniors and people with disabilities, these offices may be contacted for help in situations where the vulnerable adult, a family member or legal representative is encountering delay or denial in the processing of a Medical Assistance application or is seeking a hardship waiver. Legal Aid attorneys must counsel and represent specific clients and cannot intervene with public agencies on the basis of calls from facilities or advocates.

Another resource for obtaining legal assistance for vulnerable adults and their families is LawHelpMN.org a free website for low-income people who need help with civil law problems. This site includes self-help forms and contact information for legal assistance by zip code.
Part 8: Review

These are the keys to success in congregate settings:

• Understand the definitions and warning signs of financial exploitation.

• Provide practical information to staff, residents or tenants, and their families about prevention and responding to troubling situations.

• Respond quickly to delinquent accounts and to unauthorized use of funds intended for the benefit of the vulnerable adult, such as personal needs allowance accounts.

• Establish and maintain a well-coordinated Financial Security Team.

• Become skilled at recording and organizing information about suspected exploitation.

• Understand the responsibilities of mandated reporters, how to make a report, and how to follow up on reports.

• Learn to spot scams that can target any vulnerable adult, even those in care facilities.

• Know the roles and limitations of the counties, the ombudsmen, and legal services programs.

• Have resources and contact numbers close at hand.

Together, we can work to combat financial exploitation of vulnerable adults, wherever they live.
Afterword

It is inevitable that a provider wrestling with a difficult case that is well into its second year, unresolved, will comb through these recommendations with frustration, knowing that all these bases were covered. There are times when all the diligence, logic, and advice available do not produce success. This material is intended to minimize the numbers of these cases.

It is also necessary to recognize that a barrier to intervention is the legal right of vulnerable adults with decisional capacity to make financial decisions that seem to outsiders like victimization. We can offer advice about how, for example, gifts of value will affect eligibility for future public financial assistance, but our good intentions do not override the individual’s right to folly.

Finally, in the work to produce this booklet, we have identified several areas of current law and rules that create barriers to effective intervention in cases of suspected financial exploitation of vulnerable adults. Those have been recorded and will be the subject of further research and action by the Center for Elder Justice and Policy at William Mitchell College of Law.
Minn. Stat. §626.5572 (2009) Definition of Vulnerable Adult (Vulnerable Adult Act)

Subd. 21. Vulnerable adult.

(a) “Vulnerable adult” means any person 18 years of age or older who:

(1) is a resident or inpatient of a facility;

(2) receives services at or from a facility required to be licensed to serve adults under sections 245A.01 to 245A.15, except that a person receiving outpatient services for treatment of chemical dependency or mental illness, or one who is served in the Minnesota sex offender program on a court-hold order for commitment, or is committed as a sexual psychopathic personality or as a sexually dangerous person under chapter 253B, is not considered a vulnerable adult unless the person meets the requirements of clause (4);

(3) receives services from a home care provider required to be licensed under section 144A.46, or from a person or organization that exclusively offers, provides, or arranges for personal care assistant services under the medical assistance program as authorized under sections 256B.04, subdivision 16, 256B.0625, subdivision 19a, 256B.0651, 256B.0653 to 256B.0656, and 256B.0659; or
regardless of residence or whether any type of service is received, possesses a physical or mental infirmity or other physical, mental, or emotional dysfunction:

(i) that impairs the individual’s ability to provide adequately for the individual’s own care without assistance, including the provision of food, shelter, clothing, health care, or supervision; and

(ii) because of the dysfunction or infirmity and the need for care or services, the individual has an impaired ability to protect the individual’s self from maltreatment.

(b) For purposes of this subdivision, “care or services” means care or services for the health, safety, welfare, or maintenance of an individual.


**Subd. 9. Financial Exploitation.**

“Financial exploitation” means:

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

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

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

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

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

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

(3) acquires possession or control of, or an interest in, funds or property of a vulnerable adult through the use of undue influence, harassment, duress, deception, or fraud; or
(4) forces, compels, coerces, or entices a vulnerable adult against the vulnerable adult’s will to perform services for the profit or advantage of another.

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


**Subd. 1.Crime.**

Whoever does any of the following acts commits the crime of financial exploitation:

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

(i) fails to use the real or personal property or other financial resources of the vulnerable adult to provide food, clothing, shelter, health care, therapeutic conduct, or supervision for the vulnerable adult;

(ii) uses, manages, or takes either temporarily or permanently the real or personal property or other financial resources of the vulnerable adult, whether held in the name of the vulnerable adult or a third party, for the benefit of someone other than the vulnerable adult; or

(iii) deprives either temporarily or permanently a vulnerable adult of the vulnerable adult’s real or personal property or other financial resources, whether held in the name of the vulnerable adult or a third party, for the benefit of someone other than the vulnerable adult; or

(2) in the absence of legal authority:

(i) acquires possession or control of an interest in real or personal property or other financial resources of a vulnerable adult, whether held in the name of the vulnerable adult or a third party, through the use of undue influence, harassment, or duress;

(ii) forces, compels, coerces, or entices a vulnerable adult against the vulnerable adult’s will to perform services for the profit or advantage of another; or

(iii) establishes a relationship with a fiduciary obligation to a vulnerable adult by use of undue influence, harassment, duress, force, compulsion, coercion, or other enticement.
Subd. 2. Defenses.

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

(b) If the actor knew or had reason to know that the vulnerable adult lacked capacity to consent, consent is not a defense to a violation of this section.

Subd. 3. Criminal penalties.

A person who violates subdivision 1, clause (1) or (2), item (i), may be sentenced as provided in section 609.52, subdivision 3. A person who violates subdivision 1, clause (2), item (ii) or (iii), may be sentenced to imprisonment for not more than one year or to payment of a fine of not more than $3,000, or both.


Subd. 16. Mandated reporter.

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


Subd. 3. Prohibition on commingling of funds.

The nursing home may not commingle the patient’s funds with nursing home funds or in any way use the funds for nursing home purposes.

Subd. 4. Field audits required.

The commissioner of human services shall conduct field audits at the same time as cost report audits required under section 256B.27, subdivision 2a, and at any other time but at least once every four years, without notice, to determine whether this section was complied with and that the funds provided residents for their personal needs were actually expended for that purpose.
Subd. 5. Designation on use of funds.

The nursing home may transfer the personal allowance to someone other than the recipient only when the recipient or the recipient’s guardian or conservator designates that person in writing to receive or expend funds on behalf of the recipient and that person certifies in writing that the allowance is spent for the well-being of the recipient. Persons, other than the recipient, in possession of the personal allowance, may use the allowance only for the well-being of the recipient. Any person, other than the recipient, who, with intent to defraud, uses the personal needs allowance for purposes other than the well-being of the recipient shall be guilty of theft and shall be sentenced pursuant to section 609.52, subdivision 3, clauses (2), (3)(a) and (c), (4), and (5). To prosecute under this subdivision, the attorney general or the appropriate county attorney, acting independently or at the direction of the attorney general, may institute a criminal action. A nursing home that transfers personal needs allowance funds to a person other than the recipient in good faith and in compliance with this section shall not be held liable under this subdivision.


Subd. 1. Definitions.

For purposes of this section, the following terms have the meanings given them.

(a) “Facility” means a nursing home licensed under chapter 144A or a boarding care facility licensed under sections 144.50 to 144.58.

(b) “Contract of admission,” “admission contract,” or “admission agreement,” includes, but is not limited to, all documents that a resident or resident’s representative must sign at the time of, or as a condition of, admission to the facility. Oral representations and statements between the facility and the resident or resident’s representative are not part of the contract of admission unless expressly contained in writing in those documents. The contract of admission must specify the obligations of the resident or the responsible party.

(c) “Legal representative” means an attorney-in-fact under a valid power of attorney executed by the prospective resident, or a conservator or guardian appointed for the prospective resident, or a representative payee appointed for the prospective resident, or other agent of limited powers.
(d) “Responsible party” means a person who has access to the resident’s income and assets and who agrees to apply the resident’s income and assets to pay for the resident’s care or who agrees to make and complete an application for medical assistance on behalf of the resident.

Subd. 2. Waivers of liability prohibited.

An admission contract must not include a waiver of facility liability for the health and safety or personal property of a resident while the resident is under the facility’s supervision. An admission contract must not include a provision that the facility knows or should know to be deceptive, unlawful, or unenforceable under state or federal law, nor any provision that requires or implies a lesser standard of care or responsibility than is required by law.

Subd. 3. Contracts of admission.

(a) A facility shall make complete unsigned copies of its admission contract available to potential applicants and to the state or local long-term care ombudsman immediately upon request.

(b) A facility shall post conspicuously within the facility, in a location accessible to public view, either a complete copy of its admission contract or notice of its availability from the facility.

(c) An admission contract must be printed in black type of at least ten-point type size. The facility shall give a complete copy of the admission contract to the resident or the resident’s legal representative promptly after it has been signed by the resident or legal representative.

(d) An admission contract is a consumer contract under sections 325G.29 to 325G.37.

(e) All admission contracts must state in bold capital letters the following notice to applicants for admission: “NOTICE TO APPLICANTS FOR ADMISSION. READ YOUR ADMISSION CONTRACT. ORAL STATEMENTS OR COMMENTS MADE BY THE FACILITY OR YOU OR YOUR REPRESENTATIVE ARE NOT PART OF YOUR ADMISSION CONTRACT UNLESS THEY ARE ALSO IN WRITING. DO NOT RELY ON ORAL STATEMENTS OR COMMENTS THAT ARE NOT INCLUDED IN THE WRITTEN ADMISSION CONTRACT.”

Subd. 4. Resident and facility obligations.

(a) Before or at the time of admission, the facility shall make reasonable efforts to communicate the content of the admission contract to, and obtain on the admission contract the signature of, the person who is to be admitted to the facility and the
responsible party. The admission contract must be signed by the prospective resident unless the resident is legally incompetent or cannot understand or sign the admission contract because of the resident’s medical condition.

(b) If the resident cannot sign the admission contract, the reason must be documented in the resident’s medical record by the admitting physician.

(c) If the determination under paragraph (b) has been made, the facility may request the signature of another person on behalf of the applicant, subject to the provisions of paragraph (d). The facility must not require the person to disclose any information regarding the person’s personal financial assets, liabilities, or income, unless the person voluntarily chooses to become financially responsible for the resident’s care. The facility must issue timely billing, respond to questions, and monitor timely payment.

(d) A person who desires to assume financial responsibility for the resident’s care may contract with the facility to do so. A person other than the resident or a financially responsible spouse who signs an admission contract must not be required by the facility to assume personal financial liability for the resident’s care. However, if the responsible party has signed the admission contract and fails to make timely payment of the facility obligation, or knowingly fails to spend down the resident’s assets appropriately for the purpose of obtaining medical assistance, then the responsible party shall be liable to the facility for the resident’s costs of care which are not paid for by medical assistance. A responsible party shall be personally liable only to the extent the resident’s income or assets were misapplied.

(e) The admission contract must include written notice in the signature block, in bold capital letters, that a person other than the resident or financially responsible spouse may not be required by the facility to assume personal financial liability for the resident’s care.

(f) This subdivision does not preclude the facility from obtaining the signature of a legal representative, if applicable.

Subd. 5/Public benefits eligibility.

An admission contract must clearly and explicitly state whether the facility participates in the Medicare, medical assistance, or Veterans Administration programs. If the facility’s participation in any of those programs is limited for any reason, the admission contract must clearly state the limitation and whether the facility is eligible to receive payment from the program for the person who is considering admission or who has been admitted to the facility.
Subd. 6. Medical assistance payment.

(a) An admission contract for a facility that is certified for participation in the medical assistance program must state that neither the prospective resident, nor anyone on the resident’s behalf, is required to pay privately any amount for which the resident’s care at the facility has been approved for payment by medical assistance or to make any kind of donation, voluntary or otherwise. Except as permitted under section 6015 of the Deficit Reduction Act of 2005, Public Law 109-171, an admission contract must state that the facility does not require as a condition of admission, either in its admission contract or by oral promise before signing the admission contract, that residents remain in private pay status for any period of time.

(b) The admission contract must state that upon presentation of proof of eligibility, the facility will submit a medical assistance claim for reimbursement and will return any and all payments made by the resident, or by any person on the resident’s behalf, for services covered by medical assistance, upon receipt of medical assistance payment.

(c) A facility that participates in the medical assistance program shall not charge for the day of the resident’s discharge from the facility or subsequent days.

(d) If a facility’s charges incurred by the resident are delinquent for 30 days, and no person has agreed to apply for medical assistance for the resident, the facility may petition the court under chapter 524 to appoint a representative for the resident in order to apply for medical assistance for the resident.

(e) The remedy provided in this subdivision does not preclude a facility from seeking any other remedy available under other laws of this state.

Subd. 7. Consent to treatment.

An admission contract must not include a clause requiring a resident to sign a consent to all treatment ordered by any physician. An admission contract may require consent only for routine nursing care or emergency care. An admission contract must contain a clause that informs the resident of the right to refuse treatment.

Subd. 8. Written acknowledgment.

An admission contract must contain a written acknowledgment that the resident has been informed of the patient’s bill of rights, as required in section 144.652.

Subd. 9. Violations; penalties.

(a) Violation of this section is grounds for issuance of a correction order, and if uncorrected, a penalty assessment issued by the commissioner of health, under section
The civil fine for noncompliance with a correction order issued under this section is $250 per day.

(b) Unless otherwise expressly provided, the remedies or penalties provided by this subdivision do not preclude a resident from seeking any other remedy and penalty available under other laws of this state.

Subd. 10. Applicability.

This section applies to new admissions to facilities on and after October 1, 1989. This section does not require the execution of a new admission contract for a resident who was residing in a facility before June 1, 1989. However, provisions of the admission contract that are inconsistent with or in conflict with this section are voidable at the sole option of the resident. Residents must be given notice of the changes in admission contracts according to this section and must be given the opportunity to execute a new admission contract that conforms to this section.

**Minn. Stat. §609.2336 (2009) Deceptive or Unfair Trade Practices; Elderly or Disabled Victims. (Criminal Code)**

Subd. 1. Definitions.

As used in this section:

(1) “charitable solicitation law violation” means a violation of sections 309.50 to 309.61;

(2) “consumer fraud law violation” means a violation of sections 325F.68 to 325F.70;

(3) “deceptive trade practices law violation” means a violation of sections 325D.43 to 325D.48;

(4) “false advertising law violation” means a violation of section 325F.67;

(5) “disabled person” means a person who has an impairment of physical or mental function or emotional status that substantially limits one or more major life activities;

(6) “major life activities” means functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working; and

(7) “senior citizen” means a person who is 65 years of age or older.

Subd. 2. Crime.

It is a gross misdemeanor for any person to commit a charitable solicitation law violation, a consumer fraud law violation, a deceptive trade practices law violation, or
a false advertising law violation if the person knows or has reason to know that the person’s conduct:

(1) is directed at one or more disabled persons or senior citizens; and

(2) will cause or is likely to cause a disabled person or a senior citizen to suffer loss or encumbrance of a primary residence, principal employment or other major source of income, substantial loss of property set aside for retirement or for personal or family care and maintenance, substantial loss of pension, retirement plan, or government benefits, or substantial loss of other assets essential to the victim’s health or welfare.

Subd. 3. Prosecutorial jurisdiction.

The attorney general has statewide jurisdiction to prosecute violations of this section. This jurisdiction is concurrent with that of the local prosecuting authority responsible for prosecuting gross misdemeanors in the place where the violation was committed.


Subd. 20. Cause of action for financial exploitation; damages.

(a) A vulnerable adult who is a victim of financial exploitation as defined in section 626.5572, subdivision 9, has a cause of action against a person who committed the financial exploitation. In an action under this subdivision, the vulnerable adult is entitled to recover damages equal to three times the amount of compensatory damages or $10,000, whichever is greater.

(b) In addition to damages under paragraph (a), the vulnerable adult is entitled to recover reasonable attorney fees and costs, including reasonable fees for the services of a guardian or conservator or guardian ad litem incurred in connection with a claim under this subdivision.

(c) An action may be brought under this subdivision regardless of whether there has been a report or final disposition under this section or a criminal complaint or conviction related to the financial exploitation.
Appendix 2: Forms

3 R's
- Recognize
- Record ✔
- Report ✔
### Case Log: Suspected Financial Exploitation

**Name of the Vulnerable Adult:**

**Name of the Provider Organization & Individual Recording:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Location</th>
<th>Observation*</th>
<th>Communication**</th>
<th>Physical Evidence</th>
<th>Witness(es)</th>
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</table>

* See definitions of warning signs (Manual Part 1 and 2) for examples.

** Phone calls, Meetings, Correspondence (Keep copies of electronic or paper correspondence).
Preparing to Make a Report of Suspected Financial Exploitation

This form will help you organize your information before making the report with space to track your initial report and any follow-up.

Date of Report: _________      Time of Report:_________

Name of Person Reporting: ______________________   Phone number(s):_________________

Your relationship to the vulnerable adult (e.g. social worker at his/her care facility):
____________________________________________________________________________

Address: _____________________________________________________________________

Do you want to receive notification of the initial and final decisions about this report?
___Yes ___No    If yes, same address as above?___ other:_____________________________

Location of Incident(s):___________________________________________________________

Date(s):_________________      Time(s):_____________________

Names of the persons involved, including but not limited to, alleged victim (V), perpetrator(S) (P), and witness(es) (W).

____________________________________    ______________________________________
____________________________________    ______________________________________
____________________________________    ______________________________________

Is there a risk of imminent danger to the alleged victim?   ____Yes  ____ No

Description of the suspected maltreatment and, if applicable, imminent danger:___________
______________________________________________________________________________

Health condition or disability of the alleged victim:___________________________________

Primary physician, if known:_____________________________________________________

Address:_________________________________________ Phone number:________________

Relationship of the alleged perpetrator to the alleged victim, if known:___________________

Are you calling from a licensed facility or service?   ____Yes  ____ No

If yes, is the licensing agency: MDH_____ DHS________ Other__________________________

Has law enforcement been notified?   ____Yes  ____ No

(continued on next page)
If the report is from a facility with an internal reporting procedure, the name, mailing address, and telephone number of the person who initiated the report internally.

Name: ___________________________________    Phone # ___________________________
Address: ______________________________________________________________________
_____________________________________________________________________________

Report to CEP #1: Name of Reporter: ____________________________ Date:_____________
Name of CEP County/Contact:_____________________________________________________
Response:____________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Report to CEP #2: Name of Reporter______________________________  Date:____________
Name of CEP County/Contact:____________________________________________________
Response:____________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Report to CEP #3: Name of Reporter______________________________  Date:____________
Name of CEP County/Contact: _________________________________________________
Response:____________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Report to law enforcement: Name of Reporter______________________  Date:______________
Name of Agency/Contact:________________________________________________________
Response:____________________________________________________________________
_____________________________________________________________________________
Appendix 3:

Resources

- Minnesota Common Entry Points: Listed by County
- Ombudsman Office Contact Information
- Legal Services in Minnesota: Listed by County
- Elder Law Attorneys
# County Common Entry Point Address and Phone Numbers (7/09)

<table>
<thead>
<tr>
<th>County</th>
<th>CEP Address</th>
<th>Day Phone</th>
<th>Weekend/Evening</th>
<th>TTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>AITKIN</td>
<td>Aitkin County Health &amp; Human Services</td>
<td>(218) 927-7200 800-328-3744</td>
<td>(218) 927-7400 Sheriff’s Dept.</td>
<td></td>
</tr>
<tr>
<td>ANOKA</td>
<td>Anoka Co. Human Services</td>
<td>(763) 422-7168</td>
<td>(651) 291-4680 Red Cross</td>
<td>(763) 323-6166</td>
</tr>
<tr>
<td>BECKER</td>
<td>Becker County Human Services</td>
<td>(218) 847-5628 Ext. 5382</td>
<td>(701) 235-3620 First Link</td>
<td>(701) 235-3620</td>
</tr>
<tr>
<td>BELTRAMI</td>
<td>Beltrami County Adult Services</td>
<td>(218) 333-4223</td>
<td>(218) 751-9111 Law Enforcement</td>
<td></td>
</tr>
<tr>
<td>BENTON</td>
<td>Benton Co. Human Services</td>
<td>(320) 968-5087</td>
<td>(320) 968-7201 Sheriff’s Dept.</td>
<td>(320)-968-8842</td>
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<tr>
<td>BIG STONE</td>
<td>Big Stone Co. Social Services</td>
<td>(320) 839-2555</td>
<td>(320) 839-3558 Law Enforcement</td>
<td>(320) 839-6161</td>
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<tr>
<td>BLUE EARTH</td>
<td>Blue Earth County Human Services</td>
<td>(507) 304-4319</td>
<td>(507) 625-9034</td>
<td></td>
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<tr>
<td>BROWN</td>
<td>Brown Co. Family Services</td>
<td>(507) 354-8246</td>
<td>(507) 233-6720 Sheriff’s Dept.</td>
<td>(507) 354-8246</td>
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<tr>
<td>CARLTON</td>
<td>Carlton Co. Public Health and Human Services</td>
<td>(218) 879-4511 888-818-4511</td>
<td>(218) 384-4185 Sheriff’s Dept.</td>
<td>(218) 878-2540</td>
</tr>
<tr>
<td>CARVER</td>
<td>Carver County Social Services</td>
<td>(952) 361-1600</td>
<td>(952) 226-1483 Safe Haven</td>
<td></td>
</tr>
<tr>
<td>CASS</td>
<td>Cass County Health &amp; Human Services</td>
<td>(218) 547-1340</td>
<td>(218) 547-1424 Law Enforcement</td>
<td></td>
</tr>
<tr>
<td>County</td>
<td>CEP Address</td>
<td>Daytime Phone</td>
<td>Weekend/Evening Phone</td>
<td>TTY</td>
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</tr>
<tr>
<td>CHIPPEWA</td>
<td>Chippewa Co. Family Services</td>
<td>(320) 269-6401</td>
<td>(320) 269-2121 Sheriff’s Dept.</td>
<td></td>
</tr>
<tr>
<td>CHISAGO</td>
<td>Chisago Co. Health &amp; Human Services</td>
<td>(651) 213-5658</td>
<td>(651) 235-1355</td>
<td></td>
</tr>
<tr>
<td>CLAY</td>
<td>Clay County Social Services</td>
<td>(218) 299-5200</td>
<td>(218) 299-5171 Clay County Detox</td>
<td>(701) 235-3620</td>
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<tr>
<td>CLEARWATER</td>
<td>Clearwater Co. Human Services</td>
<td>(218) 694-6164</td>
<td>(218) 694-6226 Sheriff’s Dept.</td>
<td></td>
</tr>
<tr>
<td>COOK</td>
<td>Cook County Public Health &amp; Human Services</td>
<td>(218) 387-3620</td>
<td>(218) 387-3030 Law Enforcement</td>
<td></td>
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<tr>
<td>COTTONWOOD</td>
<td>Cottonwood Co. Family Service agency</td>
<td>(507) 831-1891</td>
<td>(507) 831-1375 Sheriff’s Dept.</td>
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<tr>
<td>CROW WING</td>
<td>Crow Wing County Social Services</td>
<td>(218) 824-1140</td>
<td>(218) 829-4749 Law Enforcement</td>
<td></td>
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<tr>
<td>DAKOTA</td>
<td>Dakota County Social Services</td>
<td>(651) 554-6000</td>
<td>(952) 891-7171 Crisis Line</td>
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<td>DODGE</td>
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<td>DOUGLAS</td>
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<td>(507) 765-2175</td>
<td>(507) 765-3874 Sheriff’s Dept.</td>
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<td>FREEBORN</td>
<td>Freeborn County DHS</td>
<td>(507) 377-5400</td>
<td>(507) 383-8666 or (507) 377-5485</td>
<td>(507) 377-5519</td>
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<td>ISANTI</td>
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<td>ITASCA</td>
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<td>(218) 327-2941</td>
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<td>JACKSON</td>
<td>Jackson Co. Human Services</td>
<td>(507) 847-4000</td>
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<td>KANABEC</td>
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<td>(320) 679-6350</td>
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<td>KANDIYOHI</td>
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<td>(320) 231-6232</td>
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<td>KITTSON</td>
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<td>LAKE OF THE WOODS</td>
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<td>LINCOLN</td>
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<td>(507) 532-6241</td>
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<td>MARSHALL</td>
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<td>(218) 745-5124</td>
<td>(218) 745-5411 800-657-3529</td>
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<td>MARTIN</td>
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<td>(507) 526-3265</td>
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<td>MORRISON</td>
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<td>NICOLLET</td>
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<td>NOBLES</td>
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<td>OLMSTED</td>
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<td>(507) 328-6400</td>
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<td>PENNINGTON</td>
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<td>PINE</td>
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<td>(800) 450-7263</td>
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<td>(507) 825-6700</td>
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<td>(651) 291-6795 Emergency Social Services</td>
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<td>RENVILLE</td>
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<td>ST. LOUIS</td>
<td>St. Louis County Social Service Department</td>
<td>(218) 726-2164 800-450-9777</td>
<td>(218) 726-2164 or 877-474-4290</td>
<td>(218) 726-2222</td>
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<td>SCOTT</td>
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<td>(952) 445-7751</td>
<td>(651) 291-4680 Red Cross</td>
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<td>SHERBURNE</td>
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<td>(763) 241-2600</td>
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<td>Sibley County Human Services</td>
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<td>WASHINGTON</td>
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<td>(651) 291-6795 Red Cross</td>
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<td>WINONA</td>
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<td>YELLOW MEDICINE</td>
<td>Yellow Medicine Co. Family Service Center</td>
<td>(320) 564-2211</td>
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Office of the Ombudsman for Long-Term Care

The state office staff and the regional ombudsmen serving the 7-county metropolitan area are located in the Office of Ombudsman for Long-Term Care’s state office in downtown St. Paul, Minnesota. Nine regional offices are located statewide. There is also a regional ombudsman located on the campus of the Minneapolis Veterans Home.

Toll-free number: (800) 657-3591 or MN Relay Service (TDD/TTY) 711
This toll-free number operates out of the state office.
The local phone number is (651) 431-2555.

When calling for an ombudsman in any region, you will be directly transferred to that ombudsman.

Office of Ombudsman for Long-Term Care
P.O. Box 64971
St. Paul, MN 55164-0971

Office of the Ombudsman for Mental Health and Developmental Disabilities

Contact by E-Mail
General Questions - ombudsman.mhdd@state.mn.us
Regional Ombudsman - Regional Listing or County Listing
Website - Webmaster@state.mn.us

Contact by Phone
651-757-1800 or 1-800-657-3506
or MN Relay Service (TDD/TTY) 711
Click here for the Agency Directory

Contact by Mail
Office of the Ombudsman for Mental Health and Developmental Disabilities
121 7th Place E, Ste 420, Metro Square Bldg
St. Paul, MN 55101

Contact the Suicide Hotline
(800) SUICIDE or (612) 379-6363
(800) 273-TALK
Has a dedicated link for Veterans
## Legal Services in Minnesota – Listed by County

**Abbreviations**

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<th>Abbreviation</th>
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<td>ECLS</td>
<td>East Central Legal Services (part of MMLA)</td>
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<td>CMLS</td>
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<td>LAS</td>
<td>Legal Aid Society of Minneapolis (part of MMLA)</td>
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<td>LASNEM</td>
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<td>St. Cloud Area Legal Services (part of MMLA)</td>
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<td>SMRLS</td>
<td>Southern Minnesota Regional Legal Services</td>
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Anishinabe Legal Services serves residents of Leech Lake, White Earth and Red Lake Reservations.

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<td>Aitkin</td>
<td>LASNEM – Baxter</td>
<td>(800) 933-1112</td>
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<td>Anoka</td>
<td>ANOKA – Blaine</td>
<td>(763) 783-4970</td>
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<td>Anoka (LSC)</td>
<td>CMLS – Minneapolis</td>
<td>(612) 334-5970</td>
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<td>Anoka (seniors only)</td>
<td>MMLA – St. Cloud</td>
<td>(888) 360-2889</td>
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<td>Becker</td>
<td>LSNM - Moorhead</td>
<td>(800) 450-8585</td>
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<td>Beltrami</td>
<td>LSNM - Bemidji</td>
<td>(800) 450-9201</td>
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<td>Benton</td>
<td>CMLS - St. Cloud</td>
<td>(800) 622-7773</td>
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<td>Big Stone</td>
<td>CMLS - Willmar</td>
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<td>Blue Earth</td>
<td>SMRLS - Rural Intake &amp; Hotline Project</td>
<td>(888) 575-2954</td>
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<td>Brown</td>
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<td>Carlton</td>
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<td>SMRLS - Shakopee</td>
<td>(651) 222-4731</td>
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<td>Cook</td>
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<td>Crow Wing</td>
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<td>(800) 933-1112</td>
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**MAO Legal Services**

MAO Legal Services assists clients with wills, trusts, estate planning, probate, powers of attorney, health care directives, guardianship, conservatorship, special needs trusts, Medical Assistance planning, and real estate matters.

**Office Location:** Volunteers of America-Minnesota Senior Services, 2021 E Hennepin, Suite 200, Minneapolis, MN 55413

**Service Locations:** Clients may meet with an attorney at the office location, the Volunteers of America Southwest Center at 3612 Bryant Ave S in Minneapolis, or in their homes.

**Eligible Clients:** All individuals are eligible to receive our services at private-pay rates. Individuals with disabilities or those age 60 or older may qualify to receive our services at subsidized rates based on monthly income and asset levels.

Days/Hours: Monday–Friday, 9:00 a.m. – 5:30 p.m.
Phone for MAO Legal Services: (612) 676.6300
Email: maolegal@voamn.org

56
Elder Law Attorneys

Elders, their families, and those assisting them can locate elder law attorneys in their area via the National Academy of Elder Law Attorneys, Inc. This online member directory enables anyone to locate elder law attorneys by city, state, and zip code. The following information about the National Academy of Elder Law Attorneys, Inc., is found online at their site.

The National Academy of Elder Law Attorneys, Inc. is a non-profit association that represents lawyers, bar organizations and others who work with older clients and their families. Established in 1987, the Academy provides a resource of education, information, networking and assistance to those who deal with the many specialized issues involved with legal services for seniors and people with special needs.

The mission of the National Academy of Elder Law Attorneys is to establish NAELA members as the premier providers of legal advocacy, guidance and services to enhance the lives of people as they age as well as individuals with special needs.

The NAELA membership is comprised of attorneys in the private and public sectors who deal with legal issues affecting the elderly and disabled. Members also include judges, professors of law, and students.

Some of the issues NAELA members assist their clients with include, but are not limited to: public benefits, probate and estate planning, guardianship/conservatorship, and health and long-term care planning.
Appendix 3: Charts

Minnesota Adult Maltreatment Reports
(Department of Human Services)

Statewide Adult Protection Maltreatment Reports by Month, 2009

Total Reports 23,157
DHS Data Warehouse 5/25/2010
Adult Maltreatment Referrals Sent to Lead Agency, Percent of Total, 2009

Total Referrals to Lead Agencies 22,099
- DHS Licensing
- MDH Office of Health Facility Complaints
- County

Statewide Adult Protection Maltreatment Reports by Allegation Type, Percent of Total, 2009

- Neglect Caregiver: 39%
- Neglect Self: 20%
- Abuse Physical: 12%
- Financial exploitation not fiduciary relationship: 12%
- Abuse Emotional: 8%
- Financial exploitation fiduciary relationship: 4%
- Abuse Sexual: 4%
- Abuse Mental: 1%
- Involuntary Servitude: 0.3%

Total Allegations 25,236
Reports may have multiple allegations
Appendix 5: Interviews and Focus Groups

Focus Groups

• Aging Services of MN Members, 2/10/10
• Care Providers of MN Members, 12/9/09
• County Adult Protective Services, 2/12/10
• Elder Lawyers & Health Facility Lawyers, 1/22/10
• Investigators & Prosecutors: Attorney General, County and City, 1/15/10

Individual and Small Group Interviews

• Aging Services of MN CEO and staff, 11/5/09
• Care Providers of MN CEO and staff, 10/21/09
• Metro Area Agency on Aging, Senior Linkage Line, 2/5/10
• Minnesota Board on Aging Executive Director, Aging Division, Department of Human Services, 3/4/2010
• Minnesota Department of Human Services, Adult Protection, 3/9/10
• MN Association for Guardianship & Conservatorship, 2/5/10
• MN Bankers’ Association, 3/11/10
• Office of Health Facility Complaints, 1/5/10
• Ombudsman for Long-Term Care, 2/12/10
• Ombudsman for Mental Health and Developmental Disabilities, 3/19/10
• United Food and Commercial Workers, Local 789, 3/8/10

Thank you to everyone who contributed their time, experience and recommendations to this manual and protocol.


Guidelines and Screening Tools

Elder Abuse and Neglect: Waring Signs, Risk Factors, Prevention, and Help Help. Helpguide.org
Downloaded 1/13/2010


Elder Financial Abuse (undated) San Bernardino (California) District Attorney’s Office.


Guide for South Dakota Nursing Facilities and Assisted Living Centers: Avoiding and Responding to Delinquent Facility Accounts. (author? Ombudsman program?)


Preventing Financial Exploitation of Vulnerable Adults in Missouri. (undated) Missourians Stopping Adult Financial Exploitation (MOSAFE). Missouri Department of Health and Senior Services, Division of Senior and Disability Services.

Preventing Nursing Home Discharge Notices When the Resident’s Income is Being Misused. (2003) Resource Materials Prepared by Roberta Collins, Long-Term Care Ombudsman, Atlanta, GA.

Proceedings of Mini-Conferences on Resident Discharge Cases, February 17 and March 25, 1994. Minneapolis, MN. Contact: Carmen Castaneda, Carmen.Castaneda@co.hennepin.mn.us, or Susan Voigt, SVoigt@vkr-law.com.
