

The Structured Decision Making<sup>®</sup> System  
for Adult Protective Services

# Intake Screening Policy and Procedures Manual

October 2012



Nebraska Department of Health and Human Services

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**NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
SDM<sup>®</sup> FOR APS INTAKE SCREENING**

**Intake Name:** \_\_\_\_\_

**Report Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Caregiver (if applicable):** \_\_\_\_\_

**Facility (if applicable):** \_\_\_\_\_

**Instructions:** In this section, determine if the report is subject to APS screening.

**REPORT TYPE**

- This is an APS information/referral report. **No screening required.**
- Courtesy interview requested by another APS agency. **No screening required.**

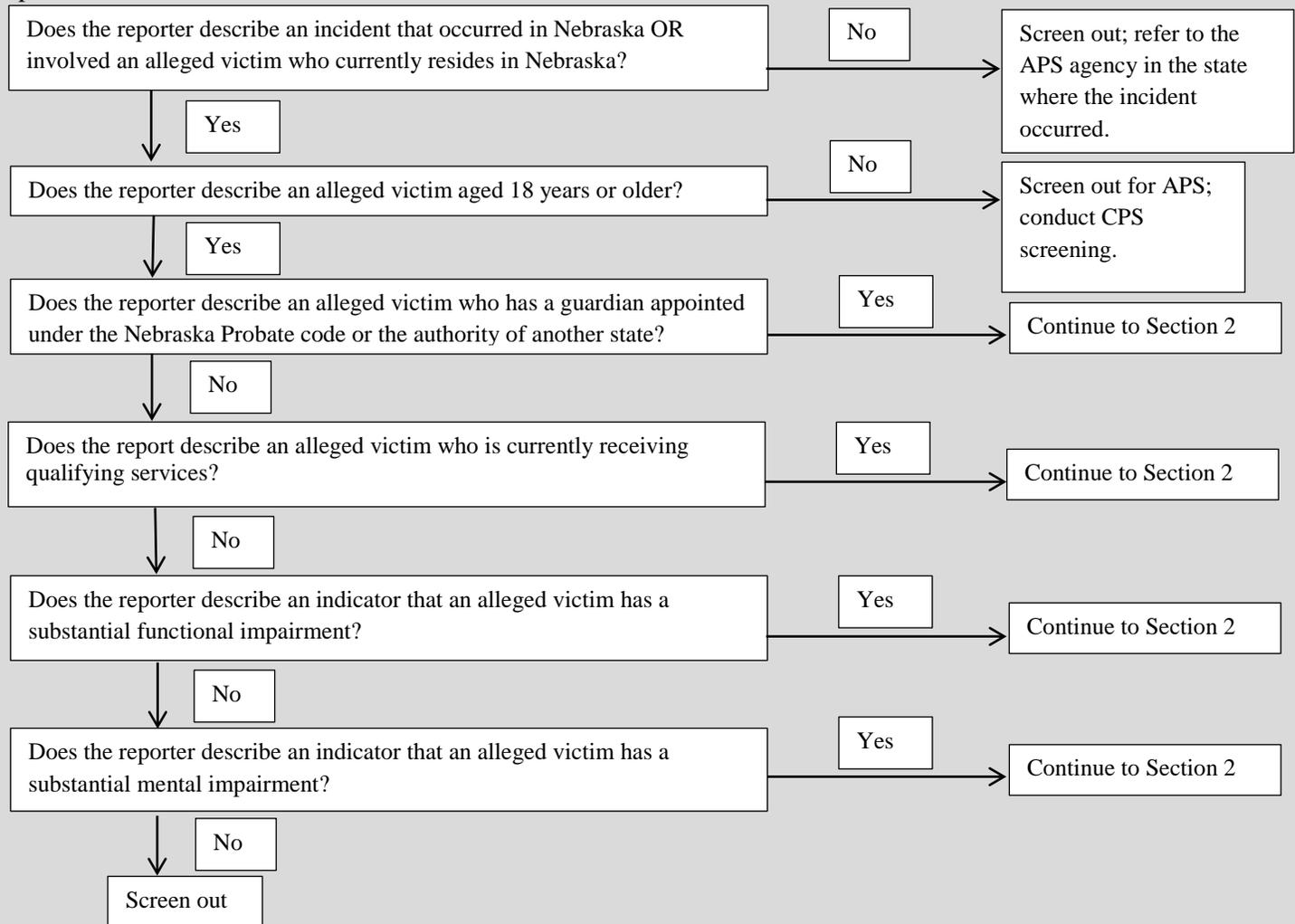
If this is not an APS information/referral report or a courtesy interview request, continue to complete the rest of the intake assessment.

**SPECIAL CONSIDERATION**

- The report involves a vulnerable adult who has a current open APS case. **Collateral contact required.**
- The report does not involve a vulnerable adult who has a current open APS case. No special consideration applies.

**SECTION 1: VULNERABLE ADULT STATUS**

Vulnerable adult status must be reassessed for each new report on an alleged victim. If a person was not previously identified as a vulnerable adult, his/her status may have changed in the interval between the previous and the current report.



**Instructions:** Information entered in this section will help you decide whether the report meets criteria requiring assessment, or if the report should not be accepted. Start by marking any allegations made by the reporter **that fit the definition** of an allegation listed in “Maltreatment Types.” If the reporter’s information does not fit the description of any of the maltreatment types below, mark “No Allegations Apply.” Then indicate the initial screening decision.

**SECTION 2: MALTREATMENT TYPES** (*Mark all that apply.*)

**Abuse**

- Physical abuse (including cruel punishment and other actions knowingly resulting in physical injury)
- Unreasonable confinement
- Methamphetamine exposure
- Sexual abuse
- Sexual exploitation

**Neglect by a Caregiver**

- Food
- Clothing/hygiene
- Shelter/environment
- Medical/behavioral health care
- Proper supervision/elopement

**Exploitation**

- Financial
- Property

**Self-Neglect**

- Food
- Clothing/hygiene
- Shelter/environment
- Medical/behavioral health care
- Lack of necessary supervision/wandering

- No Allegations Apply**

**SECTION 3: INITIAL SCREENING DECISION**

*Use the space below to mark the initial screening decision. If any allegations are marked above, select “Accept report.” If you marked “No Allegations Apply,” select “Do not accept report.”*

- Accept report: One or more allegation types are checked.
- Do not accept report: No allegations apply.

**Instructions:** If any overrides are present, mark them in Section 4. An overriding condition may be indicated in policy (i.e., one of the specific circumstances described below) or may be discretionary (i.e., at the worker's judgment, using information not considered elsewhere in the screening tool). If you exercise a discretionary override, you must indicate a reason and obtain the approval of your supervisor. Indicate the final screening decision, which is the initial screening decision from the previous section, changed (or not changed) by any overrides exercised.

#### **SECTION 4: CONSIDERATION OF OVERRIDES**

##### **Override to Accept Report:**

- Law enforcement/fire marshall/CFS administrator/county attorney/court order has requested investigation/self-neglect assessment.
- Discretionary override (requires supervisory approval). Reason: \_\_\_\_\_

##### **Override to Do Not Accept Report:**

- Insufficient information to locate vulnerable adult.
- Allegation already assessed or currently being assessed without new or additional information.  
**Communication with the current case manager is required if there is a current open assessment/investigation or case.**
- Collateral contacts indicate report is not credible.
- Discretionary override (requires hotline supervisory approval). Reason: \_\_\_\_\_
- No Overrides Apply.**

## SECTION 5: FINAL SCREENING DECISION

- Accept report.
  - Accept report for investigation.
  - Accept for self-neglect assessment—if the vulnerable adult is alleged to have self-neglected.
  - Accept for organization-related investigation—if a staff member in a group home or facility or a home health aide is the alleged perpetrator.
- Do not accept report.

### **If a report involves a child, consider a screening for CPS.**

- Screen report for CPS.
- Do not screen report for CPS.

## NOTIFICATION ANALYSIS

Regardless of the screening decision, some reports may require additional notifications (e.g., if a licensed organization, developmental disability organization, or other care entity is involved in the report; or if the alleged victim is part of a DDSC program case). Indicate if any additional notifications are required:

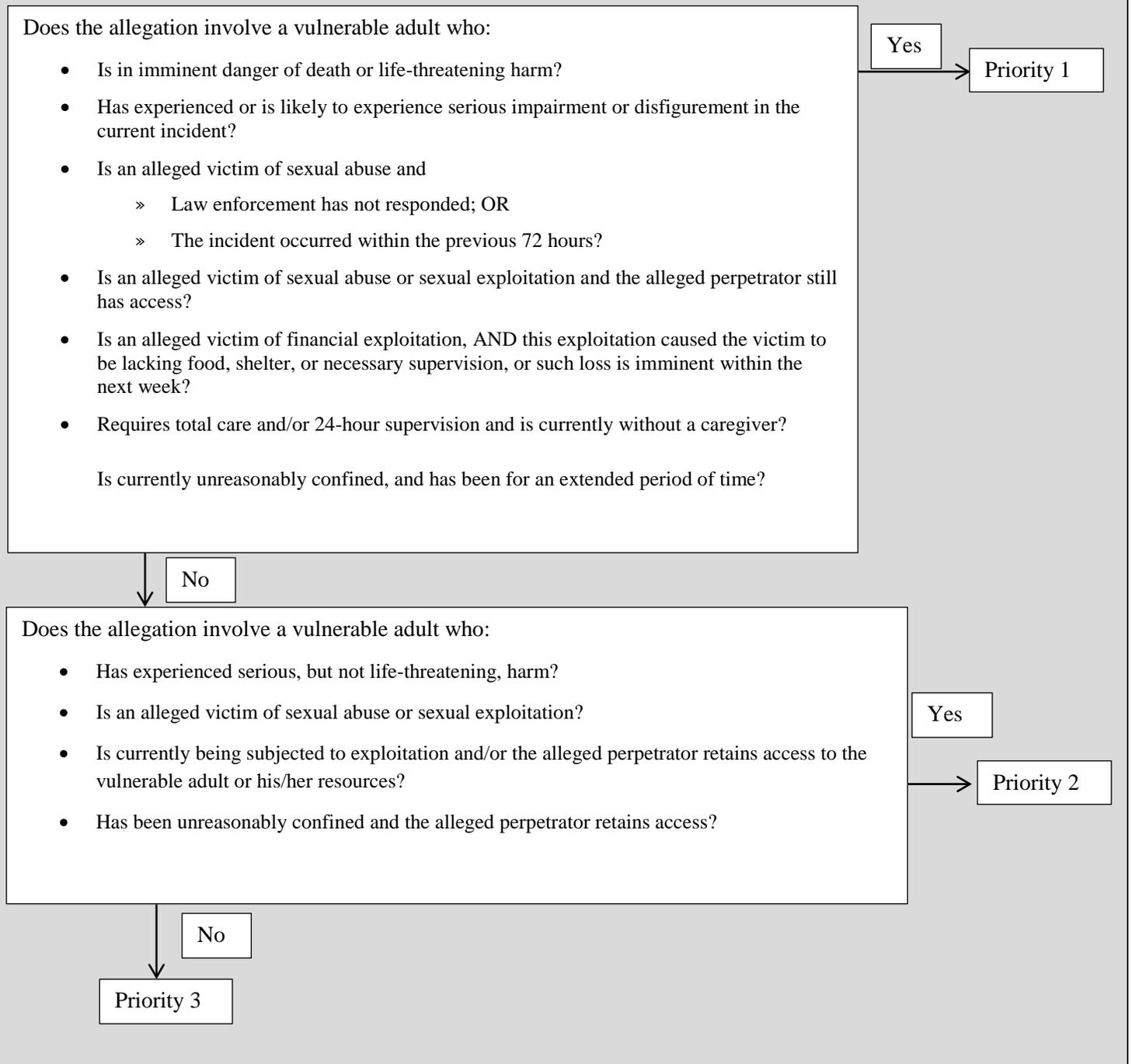
- Division of Developmental Disabilities
- Division of Public Health Licensure Unit—report concerns a licensed facility
- Nebraska Medicaid
- Medicaid Fraud and Patient Abuse Unit—report concerns a Medicaid provider
- Community referral
- Current worker
- Forward information to the APS agency of any other state involved in any allegation (e.g., exploitation allegation in which alleged perpetrator currently resides in another state)
- No additional notifications required

**If the final screening decision is “Do Not Accept Report,” the intake screening tool is complete.**

**If the final screening decision is “Accept Report,” continue to Section 6.**

**Instructions:** Complete the decision tree below for all reports accepted for investigation, including reports accepted using an override.

**SECTION 6: RESPONSE PRIORITY** (Required for accepted reports only)



**Instructions:** Indicate the initial response priority below. Then, indicate if any overrides will be used. Overrides may make the priority higher or lower, and may be indicated in policy (i.e., one of the specific circumstances described below) or may be discretionary (i.e., at the worker's judgment, using information not considered elsewhere in the decision tree). If you exercise a discretionary override, you must indicate a reason and obtain the approval of your supervisor. Indicate if the final response priority decision, which is the initial response priority, changed (or did not change) by any overrides exercised.

**Initial Response Priority** (*Indicate the fastest response priority from the decision tree above.*)

- Priority 1
- Priority 2
- Priority 3

## **SECTION 8: FINAL RESPONSE PRIORITY**

Override to a more urgent response:

- Law enforcement currently responding and requests immediate assistance.
- Discretionary override (requires supervisory approval). Reason: \_\_\_\_\_

Override to a less urgent response:

- Adult is in an alternative safe environment pending a Priority 2 or 3 response.
- Discretionary override (requires supervisory approval). Reason: \_\_\_\_\_

No overrides apply

### **Assigned Response Priority**

- Priority 1: Immediately, no later than eight hours from the time of the report; requires notification of law enforcement
- Priority 2: Within five working days of the report
- Priority 3: Within 10 working days of the report

Supervisory Approval: \_\_\_\_\_

Date: \_\_\_\_\_

**NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
SDM<sup>®</sup> FOR APS INTAKE SCREENING  
DEFINITIONS**

**REPORT TYPE**

**APS INFO/REFERRAL:**

Determine if screening is required. If the report is APS INFO/REFERRAL, no screening is required.

APS INFO/REFERRAL are reports in which the reporter does not intend to report an incident of maltreatment or self-neglect of a vulnerable adult and in which no allegation of maltreatment or self-neglect is made.

Mark APS INFO/REFERRAL when the report concerns resident-to-resident aggression in a residential setting or facility AND there is evidence the action was spontaneous or could not be anticipated. The alleged incident occurred in any health, mental health, or nursing facility and the alleged perpetrator and alleged victim are both residents of that facility AND there is reason to believe the facility took appropriate and reasonable action to prevent harm prior to this incident. If this incident is the first time a facility resident has engaged in violent or abusive behavior toward others OR if the facility took reasonable precautions to contain concerning behaviors prior to the incident (e.g., increased supervision, behavior modification plans, changing personal plans, moving rooms, medication changes), close as information only.

- Do not consider the facility to have taken reasonable action to prevent harm if multiple reports have been received concerning resident-to-resident aggression in the same facility. Continue to complete the rest of the assessment.
- Do not use if a serious injury (i.e., an injury requiring medical attention) has occurred. Continue to complete the rest of the assessment.

**VULNERABLE ADULT STATUS**

**Does the reporter describe an incident that occurred in Nebraska OR involving an alleged victim who currently resides in Nebraska?**

Mark “yes” if the allegation occurred in the state of Nebraska OR if the alleged victim is a current resident of Nebraska. Also include exploitation (financial and property) when the alleged victim resides in Nebraska, even if the alleged perpetrator resides elsewhere.

**Does the reporter describe an alleged victim aged 18 years or older?**

Mark “yes” if the alleged victim is an adult, defined as a person who has reached his/her 18th birthday. Mark “no” if the alleged victim is a state ward aged 18, **and** communicate with the current CPS case manager and DD service coordinator (if applicable).

**Does the reporter describe an alleged victim who has a guardian appointed under the Nebraska Probate code or the authority of another state?**

Mark “yes” if the alleged victim is a person for whom a guardian has been appointed under the Nebraska Probate Code (Neb. Rev. Stat. § 28-371). Also include persons with a guardian appointed by the authority of another state.

**Does the report describe an alleged victim who is currently receiving qualifying services?**

Mark “yes” if the alleged victim is currently ACTIVE in any of the following types of N-FOCUS program cases:

- AD – Waiver Aged and Disabled
- TBI – Waiver Traumatic Brain Injury
- Any DD program, including:
  - » DDSC – DD Service Coordination
  - » DDAID – DD State Aid
  - » DDAC – DD Adult Comp Waiver
  - » DDAD – DD Adult Day Waiver
  - » DDAR – DD Adult Resident Waiver
  - » DDCSA – DD Community Support Adult Waiver
  - » AUT – Waiver Autism

Also mark “yes” if the alleged victim is currently receiving care at the Beatrice State Developmental Center (BSDC), including the Bridges program. (The caller may know this information, or it may be recorded in the alleged victim’s N-FOCUS case in the case notes or indicated in the alleged victim’s address.)

**Does the reporter describe an indicator that an alleged victim has a substantial functional impairment?**

Mark “yes” if the alleged victim shows indications of a substantial incapability, due to physical limitations, of living independently or providing self-care as determined through observation, diagnosis, investigation, or evaluation (Neb. Rev. Stat. § 28 -368). Two conditions must be met to indicate vulnerability: The alleged victim must show indications of having a physical impairment, and this impairment must prevent independent living or provision of self-care. **At least one element from each column below must be present to mark this item.**

<p>Indications of physical impairment include, but are not limited to:</p> <ul style="list-style-type: none"><li>• Hearing</li><li>• Mobility</li><li>• Any condition that impairs basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying.</li><li>• Speech</li><li>• Visual</li></ul>	<p>Self-care that may be prevented by this physical impairment include, but are not limited to:</p> <ul style="list-style-type: none"><li>• Personal hygiene, eating, and dressing (Neb. Rev. Stat. § 28-366).</li><li>• Activities necessary to support independent living (e.g., using the telephone, shopping, preparing food, housekeeping, self-administering medications, and managing money) (Neb. Rev. Stat. § 28-361).</li></ul>
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**Does the reporter describe an indicator that an alleged victim has a substantial mental impairment?**

Mark “yes” if the alleged victim shows indications of a substantial disorder of thought, mood, perception, orientation, or memory that grossly impairs judgment, behavior, or ability to live independently or provide self-care as revealed by observation, diagnosis, investigation, or evaluation (Neb. Rev. Stat. § 28-369).

Two conditions must be met to indicate vulnerability: The alleged victim must show indications of having substantial mental impairment, and this impairment must prevent independent living or provision of self-care. **At least one element from each column below must be present to mark this item.**

<p>Indications of substantial mental impairment include, but are not limited to:</p> <ul style="list-style-type: none"><li>• Psychotic or thought disorders such as schizophrenia, delusional disorder, or brief psychotic disorder with impaired thought processing or thought content. Symptoms include hallucinations, delusions, and inability to analyze thoughts rationally.</li><li>• Dementia characterized by short-term memory loss, impaired judgment, or intellectual impairment, including Alzheimer’s disorder or dementia-alcoholism type.</li><li>• Mood disorders including bipolar disorder or major depressive disorder characterized by severe sadness; weight loss; fatigue; lack of interest; diminished ability to think; or extreme changes in mood, thoughts, behaviors, and/or energy level.</li><li>• Substance abuse disorders characterized by chronic and long-term use of substances.</li></ul>	<p>Self-care that may be prevented by this impairment include, but are not limited to:</p> <ul style="list-style-type: none"><li>• Personal hygiene, eating, and dressing (Neb. Rev. Stat. § 28-366).</li><li>• Activities necessary to support independent living (e.g., using the telephone, shopping, preparing food, housekeeping, self-administering medications, and managing money) (Neb. Rev. Stat. § 28-361).</li></ul>
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**MALTREATMENT TYPES**

***Applying these definitions:***

*Do not screen out reports that meet any definition below because the reporter indicates the alleged victim may be unreliable due to mental impairment (e.g., dementia, mental health disorder) or the alleged victim’s inability to confirm abuse (e.g., non-verbal).*

Abuse means any knowing or intentional act on the part of a caregiver or any other person that results in physical injury, unreasonable confinement, cruel punishment, sexual abuse, or sexual exploitation of a vulnerable adult (Neb. Rev. Stat. § 28-351).

## **Abuse**

### **Physical Abuse**

Physical abuse includes cruel punishment and other knowing or intentional actions resulting in physical injury.

Physical injury shall mean damage caused by nontherapeutic conduct to bodily tissue including, but not limited to, fractures, bruises, lacerations, internal injuries, or dislocations; and shall include, but not be limited to, physical pain, illness, or impairment of physical function (Neb. Rev. Stat. § 28-363). Therapeutic contact includes both conventional medical intervention and alternative medicine and cultural practices (e.g., cupping and coining).

When determining if an action caused physical pain, consider whether the alleged victim gave any indication of pain (e.g., statement of pain, crying out, grimacing) and if a reasonable person would expect the action to result in pain (e.g., slapping, pushing into a wall, rough transferring). Include allegations of physical injury that resulted in the death of the alleged victim.

Cruel punishment is punishment that intentionally causes physical injury to a vulnerable adult (Neb. Rev. Stat. § 28-354). Cruel punishment shall include force-feeding or requiring the vulnerable adult to consume non-food items or inappropriate amounts of food, water, or non-food items; withholding of food, water, or required care; or use of sadistic measures or weapons with the intent to punish the vulnerable adult. Intent may be indicated by a knowing and purposeful action to cause harm or pain. Examples include, but are not limited to, striking a vulnerable adult in retaliation for the vulnerable adult's action or inaction, scapegoating a particular vulnerable adult and singling him/her out for physical harm, and habitual actions toward the vulnerable adult that cause or are likely to cause physical injury.

### **Unreasonable Confinement**

Unreasonable confinement shall mean confinement that intentionally causes physical injury to a vulnerable adult (Neb. Rev. Stat. § 28-370). Physical injury shall mean damage caused by nontherapeutic conduct to bodily tissue including, but not limited to, fractures, bruises, lacerations, internal injuries, or dislocations. Physical injury additionally includes, but is not limited to, physical pain, illness, or impairment of physical function (Neb. Rev. Stat. § 28-363). Unreasonable confinement includes, but is not limited to:

- The use of chemical or bodily restraints without a legal authority (e.g., under doctor's recommendation);
- Restraint for a reasonable period of time when the alleged victim is in immediate danger of harming self or others or outside of state/federal regulations;
- The improper use of medications resulting in a person becoming physically incapacitated or confined;
- False imprisonment, or knowingly restraining a person without legal authority;

- Restraining or abducting another person under terrorizing circumstances or under circumstances that expose the person to the risk of serious bodily injury;
- The intent to hold the vulnerable adult in a condition of involuntary servitude (including forcing a vulnerable adult to perform labor against his/her will) (Neb. Rev. Stat. § 28-314 to 28-315); and
- Any restraint or abduction of a vulnerable adult that presents a high risk of serious bodily injury.

### **Methamphetamine Exposure**

Any person has knowingly or intentionally caused or permitted a vulnerable adult to inhale, ingest, or have contact with:

- Methamphetamine;
- Any chemical intended for use in methamphetamine production; or
- Any object used or intended to be used in manufacturing, injecting, ingesting, inhaling, or otherwise introducing methamphetamine into the human body (Neb. Rev. Stat. § 28-457).

Exclude situations in which a vulnerable adult has been given medication that could be used in methamphetamine production under the advice of a medical professional.

### **Sexual Abuse**

Sexual abuse includes sexual assault, which means a vulnerable adult has been subjected to sexual penetration or sexual contact without his/her consent or when the alleged perpetrator knew or should have known the alleged victim was physically or mentally incapable of resisting or appraising the nature of his/her conduct (Neb. Rev. Stat. § 28-367, Neb. Rev. Stat. § 28-319 or 28320, and Neb. Rev. Stat. § 28-703). Examples of sexual abuse include, but are not limited to, fondling, sexual intercourse, and sexual stimulation (See Neb. Rev. Stat. Sections 28-317 to 28-321, 28-367, and 28-703).

Sexual abuse also includes incest, which mean intermarriage or sexual penetration between parents and children, grandparents and grandchildren of every degree, between brothers and sisters of the half as well as the whole blood, and between uncles and nieces, aunts and nephews (Neb. Rev. Stat. § 28-702).

When both parties involved have mental impairments, also consider if Neglect-Supervision (see Neglect) applies.

### **Sexual Exploitation**

Sexual exploitation includes any person causing, allowing, permitting, inflicting, or encouraging a vulnerable adult to engage in voyeurism, exhibitionism, or prostitution; or in the production or

distribution of lewd, obscene, or pornographic photographs, films, or other depictions (Neb. Rev. Stat. § 28-367.01).

Sexual exploitation also includes unlawful intrusion, which means any person knowingly intrudes upon any other person without his/her consent or knowledge in a place of solitude or seclusion by viewing or recording by video, audio, or other electronic means, a person in a state of undress in a place where a person would intend to be in a state of undress and have a reasonable expectation of privacy, including, but not limited to, the person's home; and any facility, public or private, used as a restroom, tanning booth, locker room, shower room, fitting room, or dressing room (Neb. Rev. Stat. § 28-311.08).

### **Neglect**

Neglect means any knowing or intentional act or omission on the part of a caregiver to provide essential services to such an extent that there is actual physical injury or imminent danger of physical injury or death (Neb. Rev. Stat. § 28-311.08).

Imminent danger means exposure to serious injury, pain, death, significant harm, or loss is likely to occur and requires intervention to be avoided.

Essential services shall mean those services necessary to safeguard the person or property of a vulnerable adult. Such services shall include, but not be limited to, sufficient and appropriate food and clothing, temperate and sanitary shelter, treatment for physical needs, and proper supervision (Neb. Rev. Stat. § 28-357).

- Food. Lack of essential food or nutrition means the caregiver does not provide sufficient or appropriate food or withholds food from a vulnerable adult, **AND** this pattern is likely to result in physical injury to the vulnerable adult as evidenced by emaciation, malnutrition, dehydration, or weight loss. Include caregivers who do not provide food in adequate amounts, regular intervals, appropriate forms (e.g., pureed), and of sufficient nutritional value to sustain functioning, which results in injury or imminent danger of injury or death (e.g., malnutrition and dehydration).
- Clothing/hygiene. Failure to provide for physical hygiene means the caregiver does not provide care for the vulnerable adult's need for physical hygiene. This lack of hygiene is likely to result in serious risk to the physical health of the vulnerable adult as evidenced by severe rashes, ulcers, bedsores, tooth decay, avoidance by others, etc. Also include failure to provide clothing that is adequate to the weather conditions, resulting in severe sunburn, frostbite, etc.
- Shelter/environment. Lack of shelter means the caregiver does not provide shelter that is free from hazards, or the shelter provided jeopardizes the physical safety of the vulnerable adult. This may include but is not limited to:
  - » Situations where wiring is exposed;

- » Inadequate heat/cooling for the weather and vulnerable adult's needs;
- » Significant broken glass in the living area;
- » No access to water for drinking, cooking, or bathing;
- » Feces, urine, or rotting garbage in living areas;
- » No access to toilet facilities; and
- » Hoarding or infestations that result in illness or health or safety hazards, etc.

Include any situation in which the physical living conditions have resulted in physical injury or death.

- Medical/behavioral health care. Failure to provide treatment means the caregiver's pattern of refusing or failing to seek/obtain medical treatment or rehabilitative care for the vulnerable adult's conditions that have potentially injurious, life-threatening, or long-term health effects. Examples include failure to provide appropriate medication, medical or dental care, or speech or physical therapy; and failure to provide prescribed care for substance abuse and mental health issues when there is potential for lifelong negative impact. Include allegations that a facility has discharged a vulnerable adult due to unpaid bills when residence in the facility is essential to the care and/or safety of the vulnerable adult, and accidental injuries that result from the improper use of equipment or deviations from established care protocols.

If the reporter or caregiver suggests the caregiver is not providing treatment or rehabilitative care due to the caregiver's beliefs and disregards the vulnerable adult's direction, the report should be accepted if it meets the definition above.

If the reporter or caregiver suggests treatment or rehabilitative care is not being provided because the vulnerable adult is refusing due to his/her religious or cultural beliefs, the report should be accepted if it meets the definition above. The investigator will determine if the spiritual means for treatment are of a recognized church or religious denomination (Neb. Rev. Stat. § 28-383).

When the vulnerable adult retains capacity to make decisions regarding his/her care and refuses to comply with caregiver efforts to procure and provide care, consider Self-Neglect.

- Proper supervision/elopement. Proper supervision shall mean care and control of a vulnerable adult that a reasonable and prudent person would exercise under similar facts and circumstances (Neb. Rev. Stat. § 28-364). The caregiver fails to

provide supervision appropriate to the vulnerable adult's age, development, and the circumstances as evidenced by:

- » A vulnerable adult, unable to care for him/herself, is left alone;
- » A vulnerable adult has eloped from home or a facility and been injured or placed in imminent danger, or has eloped multiple times from the same living situation;
- » A facility has had multiple elopements;
- » Caregiver placed supervision responsibility with a person unwilling or incapable of providing for the vulnerable adult's basic or special needs;
- » Facilities have not appropriately supervised residents to the extent that residents of the facility are alleged perpetrators of serious harm to other residents;
- » Abandonment, meaning that a vulnerable adult is without an appropriate caregiver due to the act or decision of the responsible person not to care for the vulnerable adult; or
- » Caregiver cannot or will not provide supervision due to substance abuse, mental illness, or other behaviors.

If a caregiver uses physical force while supervising a vulnerable adult that does not result in injury, but may reasonably be expected to result in injury, this is also considered lack of proper supervision. (If injury does occur, consider one of the allegations under physical abuse.)

### **Exploitation**

Exploitation means the taking of property of a vulnerable adult by any person through undue influence, breach of a fiduciary relationship, deception, extortion, or by any unlawful means (Neb. Rev. Stat. § 28-358). Fiduciary relationship means a legal relationship in which one person holds a position of trust with respect to another person, including a personal representative, payee, guardian, conservator, or trustee without regard to the length of the relationship or task.

### **Financial Exploitation**

Any person has taken the financial assets of a vulnerable adult through undue influence, breach of a fiduciary relationship, deception, extortion, or any unlawful means. The allegation of financial exploitation includes both financial assets and means. Both elements must be present to indicate this allegation:

<p>Financial assets include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Cash</li> <li>• Access to bank accounts</li> <li>• Credit cards</li> <li>• Stock and bond funds/accounts</li> <li>• Debt taken out in the vulnerable adult’s name (e.g., mortgage, car loan, etc.)</li> <li>• Social Security benefits</li> <li>• Retirement accounts</li> <li>• Insurance</li> </ul>	<p>Means include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Undue influence, in which a person uses his/her role, relationship, or power relative to the vulnerable adult to persuade a vulnerable adult to make decisions contrary to his/her own interest.</li> <li>• Breach of a fiduciary relationship, in which a person with a relationship of trust with respect to the vulnerable adult violates that relationship, such as a person with signatory authority on a vulnerable adult’s account who removes funds from the account without permission/knowledge of the vulnerable adult.</li> <li>• Deception, in which a person lies about circumstances to persuade a vulnerable adult to transfer financial resources, e.g., telling the vulnerable adult that he/she needs funds to cover medical expenses that do not exist.</li> <li>• Extortion, in which a person obtains payment from the vulnerable adult through coercion, which includes blackmail and threats of physical violence.</li> <li>• Any other means including theft, identity theft, and forgery.</li> </ul>
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### Property Exploitation

Any person has taken the property of a vulnerable adult through undue influence, breach of a fiduciary relationship, deception, extortion, or any unlawful means. The allegation of property exploitation includes both property and means. Both elements must be present to indicate this allegation:

<p>Property includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>• Real estate</li> <li>• Automobiles</li> <li>• Jewelry</li> <li>• Medication</li> <li>• Furniture</li> <li>• Art</li> <li>• Personal possessions</li> <li>• Any physical property</li> </ul>	<p>Means include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Undue influence, in which a person uses his/her role, relationship, or power relative to the vulnerable adult to persuade a vulnerable adult to make decisions contrary to his/her own interest.</li> <li>• Breach of a fiduciary relationship, in which a person with a legal relationship of trust with respect to the vulnerable adult violates that relationship, such as a person who transfers ownership of the vulnerable adult’s home to him/herself without the vulnerable adult’s knowledge or consent.</li> </ul>
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	<ul style="list-style-type: none"> <li>• Deception, in which a person lies about circumstances to persuade a vulnerable adult to transfer financial resources, e.g., telling the vulnerable adult that transferring assets will help the vulnerable adult's tax situation.</li> <li>• Extortion, in which a person obtains property from the vulnerable adult through coercion, which includes blackmail and threats of physical violence.</li> <li>• Any other means including theft, identity theft, and forgery.</li> </ul>
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### Self-Neglect

Self-neglect means that due to physical and/or mental impairments or diminished capacity, an adult is unable to perform essential self-care tasks or obtain essential services to such an extent that there is actual physical injury or imminent danger of physical injury or death (Neb. Rev. Stat. § 28-361.01).

Essential services shall mean those services necessary to safeguard the person or property of a vulnerable adult. Such services shall include, but not be limited to, sufficient and appropriate food and clothing, temperate and sanitary shelter, treatment for physical needs, and proper supervision (28-357).

Essential self-care tasks include, but are not limited to, providing essential food, clothing, shelter and medical care; and obtaining goods and services necessary to maintain physical health, mental health, and general safety, and/or managing financial affairs. Inability to manage financial affairs is considered self-neglect only to the extent that it impairs the vulnerable adult's ability to provide him/herself with food, clothing, shelter, and medical care to the extent that the vulnerable adult's health and/or safety are at imminent threat (Neb. Rev. Stat. § 28-357).

- Food. Lack of essential food or nutrition means the vulnerable adult is unable to provide appropriate food or declines food and liquids **AND** this pattern is likely to result in physical injury to the vulnerable adult as evidenced by emaciation, malnutrition, dehydration, or weight loss. Include vulnerable adults who do not procure food in adequate amounts, regular intervals, appropriate forms (e.g., pureed), and of sufficient nutritional value to sustain functioning, which results in injury or imminent danger of injury or death (e.g., malnutrition and dehydration).
- Clothing/hygiene. Failure to provide for physical hygiene means the vulnerable adult is unable to provide care for his/her need for physical hygiene. This lack of hygiene will likely lead to serious physical health complications for the vulnerable adult as evidenced by severe rashes, ulcers, bedsores, tooth decay, avoidance by others, etc. Also include failure to procure clothing that is adequate to the weather conditions, resulting in severe sunburn, frostbite, etc.

- Shelter/environment. Lack of shelter means the vulnerable adult is unable to provide shelter that is free from hazards, or has shelter that jeopardizes his/her physical safety. This may include but is not limited to:
  - » Situations where wiring is exposed;
  - » Inadequate heat/cooling for the weather and the vulnerable adult's needs;
  - » Significant broken glass in living areas;
  - » No access to water for drinking, cooking, or bathing;
  - » Feces, urine, or rotting garbage in living areas;
  - » No access to toilet facilities; and
  - » Hoarding that results in health or safety hazards, etc.

Include any situation in which the physical living conditions have resulted in physical injury or death. Also include situations in which the vulnerable adult cannot manage resources to the extent that physical injury or death is imminent due to utility shut-offs or eviction.

- Medical/behavioral health care. Failure to provide treatment means the vulnerable adult's pattern of refusing or failing to seek/obtain medical treatment or rehabilitative care for his/her conditions that have potential injurious, life-threatening, or long-term health effects. Examples include failure to take appropriate medication, failure to seek or comply with medical or dental care or speech or physical therapy, and failure to follow prescribed care for substance abuse and mental health issues when there is potential for lifelong negative impact.

When the vulnerable adult's religious or cultural beliefs are given as a reason for not accepting medical or behavioral health care services or pursuing alternative treatment, the report should be accepted if it meets the definition above. The investigator will determine if the spiritual means for treatment are of a recognized church or religious denomination (Neb. Rev. Stat. § 28-383).

- Lack of necessary supervision/wandering. The vulnerable adult:
  - » Frequently wanders from home and is unable to identify self and/or home address; and/or
  - » Is insufficiently aware of his/her surroundings to the extent that dangers go unnoticed (e.g., vulnerable adult turns on gas and forgets to turn it off).

## **OVERRIDES TO ACCEPT**

**Law enforcement/fire marshall/CFS administrator/county attorney/court order has requested investigation/self-neglect assessment.**

## **OVERRIDES TO NOT ACCEPT**

### **Insufficient information to locate vulnerable adult**

The reporter does not provide sufficient information to locate the vulnerable adult. The vulnerable adult's current location is not known, nor is his/her residence or a reliable location where contact could be made (e.g., regular attendance at a day program, a homeless shelter, a location the vulnerable adult habitually visits).

### **Allegation already assessed or currently being assessed without new or additional information**

The report contains no new allegations in addition to a report that has already been accepted for assessment or investigation. The current report involves:

- The same alleged victim(s);
- The same alleged perpetrator(s);
- The same type of allegation as a previously assessed/investigated report; AND
- The information reported refers to the time prior to the assessment/investigation.

Do not apply this override if new perpetrators, victims, or allegations are involved, or if a new incident occurred subsequent to the assessment/investigation. **A cross-report to the current caseworker is required if there is a current open assessment/investigation or case.** This cross-report may be a telephone call to the current worker, an email, or any other form of communication.

### **Collateral contacts indicate report is not credible**

There is a pattern of reports from the same reporter, involving the same allegations, over a period of time. These reports have previously been assessed/investigated and unfounded. A collateral contact for the current report indicates the vulnerable adult is safe and the allegation is not credible.

## **RESPONSE PRIORITY 1**

### **Does the allegation involve a vulnerable adult who:**

#### **Is in imminent danger of death or life-threatening harm?**

The vulnerable adult has experienced physical harm and/or is in immediate danger of experiencing physical harm that is likely to result in death without immediate intervention, OR the vulnerable adult is a danger to him/herself and his/her actions are likely to result in death or life-threatening injury. Also include situations in which a vulnerable adult has died under conditions where abuse or neglect are suspected, AND other vulnerable adults remain in the setting (e.g., home, facility), AND the alleged perpetrator is unknown or is known and retains access. Life-threatening harm may also include living and environmental conditions that are immediately dangerous to the vulnerable adult and likely to result in death.

**Has experienced or is likely to experience serious impairment or disfigurement in the current incident?**

The vulnerable adult has experienced physical harm due to abuse or neglect that is likely to result in imminent loss of use of physical function (e.g., loss of hearing, loss of eyesight, loss of use of limbs) or severe disfigurement (e.g., significant scarring, loss of limbs or digits) in the currently reported incident. OR the reporter describes conditions in which such harm is likely in the imminent future. Include:

- Bone fractures that are alleged to have resulted from abuse;
- Brain damage;
- Skull fractures;
- Subdural hemorrhage or hematoma;
- Internal injury;
- Poisoning;
- Third-degree burns;
- Injuries due to suffocating or shooting;
- Bite marks and choke marks; and/or
- Severe malnutrition or dehydration.

**Is an alleged victim of sexual abuse and Law enforcement has not responded; OR The incident occurred within the previous 72 hours?**

The reporter alleges a vulnerable adult has been sexually abused, meaning that any person has subjected the vulnerable adult to sexual penetration or sexual contact without the consent of the alleged victim. Examples of sexual abuse include, but are not limited to, fondling, sexual intercourse, sexual stimulation, and incest.

In addition, one of the following two conditions must be met to assign the report to a priority 1 response:

- Law enforcement has not responded to the incident. Law enforcement may not have been informed of the incident or may have declined to begin an investigation.
- The incident occurred within the previous 72 hours. The most recent incident of sexual abuse occurred in the 72 hours prior to receipt of the reporter's call.

**Is an alleged victim of sexual abuse or sexual exploitation and the alleged perpetrator still has access?**

The reporter alleges a vulnerable adult has been sexually abused, meaning that any person has subjected the vulnerable adult to sexual penetration or sexual contact without the consent of the alleged victim. OR the reporter alleges a vulnerable adult has been sexually exploited.

In addition, the alleged perpetrator has access to the alleged victim. The alleged perpetrator has not been removed from the home or facility, or cannot be prevented from having contact with the vulnerable adult. If the report involves vulnerable adult-to-vulnerable adult sexual abuse and both persons receive services in the same location (e.g., are residents of the same facility, participate in the same day program), exclude situations in which service providers have taken action to separate the alleged victim from the alleged perpetrator and/or increased supervision so that the persons may not be together unsupervised.

**Is an alleged victim of financial exploitation AND this exploitation caused the victim to be lacking food, shelter, or necessary supervision, or such loss is imminent within the next week?**

The reporter alleges financial exploitation, AND the vulnerable adult is facing eviction/loss of housing and/or the loss of assets significant enough that he/she is unable to pay for necessary and basic services required for the health and well-being of the vulnerable adult (e.g., food, heat, electricity, water, nursing care). If the vulnerable adult is being evicted, there is an active eviction or discharge in place and other shelter has not been arranged.

**Requires total care and/or 24-hour supervision and is currently without a caregiver?**

The reporter alleges the vulnerable adult currently has no caregiver or person willing and able to take on the caregiving role AND:

- The vulnerable adult requires total care, meaning that he/she requires assistance to complete most activities of daily living (bathing, dressing, eating, transferring, toileting, and ambulation); OR
- The vulnerable adult requires 24-hour supervision (e.g., has advanced Alzheimer's and routinely wanders).

**Is currently unreasonably confined, and has been for an extended period of time?**

The reporter alleges unreasonable confinement AND has information that the vulnerable adult is currently confined AND has been confined for a period of time that a reasonable person would consider to be excessive. The more restricting the confinement, the shorter the period of time required to be considered "extended." For example, a vulnerable adult bound to a chair would be considered to be confined for an "extended period" after a shorter time than a vulnerable adult locked into a room, assuming the same impairments. Unreasonable confinement includes, but is not limited to:

- The use of chemical or bodily restraints without a legal authority (e.g., under doctor's recommendation, restraint for a reasonable period of time when the alleged victim is in immediate danger of harming self or others) or outside of state/federal regulations;
- The improper use of medications resulting in a person becoming physically incapacitated or confined;
- False imprisonment, or knowingly restraining a person without legal authority;

- Restraining or abducting another person under terrorizing circumstances or under circumstances that expose the person to the risk of serious bodily injury;
- The intent to hold the vulnerable adult in a condition of involuntary servitude (including forcing a vulnerable adult to perform labor against his/her will) (Neb. Rev. Stat. § 28-314 or 28-315); and
- Any restraint or abduction of a vulnerable adult that presents a high risk of serious bodily injury.

## **RESPONSE PRIORITY 2**

### **Does the allegation involve a vulnerable adult who:**

#### **Has experienced serious, but not life-threatening, harm?**

The vulnerable adult has experienced serious physical injury in the current incident including, but not limited to, bone fracture, dislocations, sprains, first- and second-degree burns, scalds, severe cuts, or any other physical injury that seriously impairs the health or well-being of the vulnerable adult (e.g., bruises/welts) and requires medical treatment. Include serious injuries that result from domestic violence.

#### **Is an alleged victim of sexual abuse or sexual exploitation?**

Any form of sexual abuse or sexual exploitation that fits the definition of maltreatment has been alleged by the reporter. Sexual abuse involves any person who subjects a vulnerable adult to sexual penetration or sexual contact without the consent of the victim. Examples of sexual abuse include, but are not limited to, fondling, sexual intercourse, sexual stimulation, and incest. Sexual exploitation includes, but is not limited to, unlawful intrusion OR any person causing, allowing, permitting, inflicting, or encouraging a vulnerable adult to engage in voyeurism, exhibitionism, prostitution; or in the production or distribution of lewd, obscene, or pornographic photographs, films, or other depictions.

#### **Is currently being subjected to exploitation and/or the alleged perpetrator retains access to the vulnerable adult or his/her resources?**

The vulnerable adult is able to meet his/her needs on a short-term basis (i.e., for the next week or 10 days) and the alleged perpetrator continues to exploit the vulnerable adult or retains contact or access to resources (e.g., access to the home, accounts, credit cards, etc.).

#### **Has been unreasonably confined and the alleged perpetrator retains access?**

The reporter alleges the vulnerable adult has been unreasonably confined in the current incident, AND the alleged perpetrator still has care of or supervision over the vulnerable adult.

Unreasonable confinement includes, but is not limited to:

- The use of chemical or bodily restraints without a legal authority (e.g., under doctor's recommendation, restraint for a reasonable period of time when the

alleged victim is in immediate danger of harming self or others) or outside of state/federal regulations;

- The improper use of medications resulting in a person becoming physically incapacitated or confined;
- False imprisonment, or knowingly restraining a person without legal authority;
- Restraining or abducting another person under terrorizing circumstances or under circumstances that expose the person to the risk of serious bodily injury;
- The intent to hold the vulnerable adult in a condition of involuntary servitude (including forcing a vulnerable adult to perform labor against his/her will) (Neb. Rev. Stat. § 28-314 or 28-315); and
- Any restraint or abduction of a vulnerable adult that presents a high risk of serious bodily injury.

### **RESPONSE PRIORITY 3**

**Any accepted reports not meeting criteria for response priority 1 or 2.**

**NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**SDM<sup>®</sup> FOR APS INTAKE SCREENING**  
**POLICY AND PROCEDURES**

- Which Cases:** Sections 1–5 of the screening tool are completed on all reports excluding information-only reports. This includes new reports of maltreatment on open cases.
- The response priority portion is completed only for reports with a final screening decision of “accepted.”
- Who:** The intake worker completes the screening tool and the supervisor reviews and approves.
- When:** The intake screening is documented by the end of the worker’s shift.
- The intake worker completes the screening tool as soon as possible, ideally during the reporting telephone call.
- If the completion of the intake assessment requires an additional collateral contact AND the worker is waiting for a response from the contact, an intake assessment may be completed after the end of the worker’s shift, but no later than 24 hours from the receipt of the report.
- If additional information is received after the end of the shift and prior to first contact with the vulnerable adult, the intake form may be revised.
- If the worker determines the report requires a P1 response, there is a mandatory consultation with the supervisor immediately upon completion of the intake decision. The supervisor reviews and approves the intake within 72 hours.
- Decision:** The screening criteria component determines whether a report should be accepted for investigation.
- The response priority component determines how quickly after acceptance the assigned worker must make face-to-face contact with the alleged victim. Possible response times are as follows:
- Priority 1: Within eight hours
  - Priority 2: Within five working days
  - Priority 3: Within 10 working days

## **Appropriate Completion:**

Determine if screening is required. If the report is APS information/referral, no screening is required.

Section 1: Eligibility. Complete the decision tree to determine if the report involves a person who qualifies under law as a vulnerable adult.

Section 2: Maltreatment Types. Indicate if the report fits the definition for any of the types of maltreatment listed. Mark all that apply.

Sections 3–5: Initial Screening Decision/Overrides/Final Screening Decision. Indicate whether the initial decision is to accept or not to accept the report. Then, consider if any of the overriding conditions listed apply. The final screening decision is based on the initial decision influenced by any overrides. If the final screening decision is to accept the report, indicate if the alleged perpetrator is a caregiver (meaning any person or entity who has assumed the responsibility for the care of a vulnerable adult voluntarily, by express or implied contract, or by order of a court of competent jurisdiction—Neb. Rev. Stat. § 28-353), the vulnerable adult him/herself, or another person.

Section 6–7: Response Priority and Final Response Priority. For each accepted report, complete the decision tree to determine the initial response priority. Consider if any overrides apply to increase or decrease the prioritization, and indicate the final response priority. Overrides may be applied if a policy condition is met, or at the discretion of the worker with supervisory approval.