

Adult Protective Services

Chapter 4.B APS Investigation

- A. **Self-Determination versus Protection:** The CFS Specialist's goal is to balance self-determination with providing protections.
1. **Self Determination**
 - i. Adults have a right and responsibility to direct their own lives to the furthest extent. This means that each adult will:
 - 1) Be given every opportunity to make plans for him / herself to the degree possible, and
 - 2) Be given as much information about the alternatives and options that are available to assist in making an informed decision.
 - ii. The CFS Specialist acknowledges that as long as adults can recognize the consequences of decisions they have made about their lives, the right to make those decisions must be respected, provided they are capable of making that choice, harm no one in doing so, and commit no crime.
 2. **Protection**
 - i. Vulnerable adult abuse, neglect, and exploitation are crimes. Coordination with law enforcement to hold abusers accountable is essential to protect the vulnerable adult and to prevent recurrences of abuse, neglect, and exploitation.
 - ii. Domestic violence is not a specific category in the adult protective services act, but some victims of domestic abuse are also vulnerable adults and are eligible to receive Adult Protective Services. The CFS Specialist will give domestic violence program information to victims of domestic abuse who do not meet the criteria of a vulnerable adult.
- B. **Information Gathered:**
1. The investigation includes making a determination of whether the alleged victim meets the definition of a vulnerable adult and making a determination of whether abuse, neglect, or exploitation occurred. During the investigation, the CFS Specialist will identify unmet needs and make referrals as needed.
 - i. Information gathered during the investigation/assessment will be sufficient as evidenced by the following characteristics:
 - 1) **Breadth:** Is the CFS Specialist's understanding and analysis of the adult and his/her situation based on information that covers the critical points (maltreatment, vulnerability, decision-making capacity, and self-determination) and if the information gathered about the adult and alleged perpetrator is comprehensive.
 - 2) **Depth:** Is the CFS Specialists understanding of the situation based on more than superficial information? Is the information pertinent and detailed?
 - 3) **Reliability:** Is the information trustworthy and dependable, reasonable, believable, and can be justified?
 - 4) **Pertinent:** Is the information relevant, significant and useful in determining the presence of risk factors?
 - 5) **Objective:** Is the information factual, actual, and unbiased? Information exists without interpretation or value judgment;
 - 6) **Clear:** Is the information easily understood and unambiguous?

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- 7) Associated: Does the CFS Specialist understand how the information is connected and inter-related? How the information is linked?
- 8) Reconciled: Has the CFS Specialist resolved differing perspectives so that discrepancies are reconciled?
- 9) Supported: Is the information confirmed or corroborated by reliable sources outside the immediate family?

C. Cultural Considerations and Accommodations:

1. CFS Specialists will provide culturally competent practice by recognizing, respecting and responding to the culturally defined needs of the vulnerable adult.
2. With limited English speaking (LEP) or non-verbal individuals, the CFS Specialist will exercise considerable flexibility in order to complete the initial interview.
 - i. CFS Specialist must make every effort to utilize the services of a contracted interpreter who is sensitive to cultural issues. The CFS Specialist will not use family members to provide interpreter services.
3. The CFS Specialist will make and document efforts to provide information and protective services to vulnerable adults with communication impairments such as the use of readers, audiotapes, Braille, large print, sign language interpreters, writing materials, pictures, and objects.

D. Conflicts of Interest:

1. Law Enforcement: If the intake alleges mistreatment by a member of the local law enforcement agency, the investigation will be completed with the assistance of the State Patrol.
 - i. Requests for assistance from the State Patrol need to go through the Attorney General's Office. The assigned CFS Specialist will contact the Criminal Bureau Chief or a member of his staff at 402-471-2682 to request Patrol assistance. The State Patrol has decision making authority about whether or not they will participate.
 - 1) If they agree to do so, the assigned officer will lead the investigation and determine how and when the alleged perpetrators will be contacted. The assigned Patrol officer will also determine the timing and sequencing of interviews.
 - 2) If the CFS Specialist believes any planned delay will be unsafe for the alleged victim involved, he or she will consult with his or her supervisor.
 - ii. If the allegation of maltreatment involves an officer in the State Patrol, the State Patrol will be the investigating agency, either assigning an officer from Internal Affairs or an officer from another service area to investigate in cooperation with the assigned CFS Specialist.
2. CFS Specialist: If the CFS Specialist has a conflict of interest in a specific case due to a personal relationship with parties in the case, the CFS Specialist will notify the Supervisor immediately. The Supervisor will make the decision about whether the assessment will be assigned to another CFS Specialist, or if necessary, to a CFS Specialist in another office within the Service Area or if a request will be made for assignment of a CFS Specialist from another Service Area.

E. Response Times:

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1. CFS Specialist: the assigned CFS Specialist shall make contact with the alleged victim within the following time frames:
 - i. Priority 1 The CFS Specialist will complete a face-to-face interview with the alleged victim(s) within 8 hours from the time the intake was accepted for assessment.
 - 1) If a CFS Specialist is unable to respond they must notify law enforcement of the emergency nature of the intake and request that law enforcement respond immediately. The State Patrol may be contacted if local law enforcement is not available. The CFS Specialist will follow up with the contact with the alleged victim within 24 hours of the law enforcement contact.
 - ii. Priority 2 The CFS Specialist will complete an initial face-to-face contact and interview the alleged victim(s) within 0-5 calendar days from the date the intake was accepted for assessment.
 - iii. Priority 3 The CFS Specialist will complete an initial face-to-face contact and interview the alleged victim(s) within 0-10 calendar days from the date and time the Intake was accepted for assessment.
2. Law Enforcement Involvement: Law enforcement may intervene with or without Department involvement.
 - i. If law enforcement contact occurred prior to the Intake accepted date and time, the CFS Specialist will respond within the time frames as defined above.
 - ii. If law Enforcement was the only contact the victim(s) had on the date the Intake was accepted:
 - 1) Priority 1 - the CFS Specialist must make contact with the victim(s) within 24 hours of the law enforcement contact.
 - 2) Priority 2 - the CFS Specialist must make contact with the victim(s) within 0-5 calendar days of the law enforcement contact.
 - 3) Priority 3 - the CFS Specialist must make contact with the victim(s) within 0-10 calendar days of the law enforcement contact.
 - iii. If the CFS Specialist receives an Adult Abuse/Neglect report and requests law enforcement to make immediate contact with the vulnerable adult, the investigation will be completed, regardless of information obtained by the law enforcement contact.
 - iv. The CFS Specialist is able use the law enforcement contact date as the first contact with the victim if the law enforcement contact occurs after the date of the Intake and it is clear in the report that the vulnerable adult was seen and immediate concerns were addressed.
3. Response Time Exceptions – Supervisors: There are circumstances when the CFS Specialist will not be able to meet the identified response time. Approved exceptions will be documented in N-FOCUS in the Exception Narrative of the Intake window based on the definitions below.
 - i. Unable to Locate: The CFS Specialist must make a “good faith” effort to locate the alleged victim before determining that the response time cannot be met.
 - ii. Unable to Identify: The CFS Specialist has made ‘good faith’ efforts to identify the alleged victim or the alleged perpetrator. These actions can include contacting the reporting party to obtain additional information that

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would provide sources of information to identify the adult i.e. employers, social service agencies etc. Efforts to identify the alleged victim and/or the alleged perpetrator must be documented on N-FOCUS.

- iii. Refused: The alleged victim refused to meet with the CFS Specialist or the alleged perpetrator refuses access to the victim.
 - 1) The CFS Specialist will contact law enforcement to assist if any person refuses to allow the CFS Specialist to begin an investigation, interferes with the CFS Specialist's ability to conduct such an investigation, or refuses to allow access to the alleged victim;
- iv. Death of the Victim: The alleged victim died prior to the CFS Specialist making contact.
 - 1) The CFS Specialist will continue with the investigation and document their findings in the Investigation Summary. If there is a reason to suspect that mistreatment contributed to the death of the vulnerable adult, the CFS Specialist will inform the county attorney of the concerns.
4. Administrative Exceptions: The CFS Specialist and Supervisor may request a Response Time Exception from an Administrator in the following circumstances:
 - i. An Administrative exception
 - 1) When the situation does not meet the Unable to Locate, Unable to Identify, Refusal, or Victim Death exception criteria and the response time was beyond the CFS Specialist's control. Examples include learning of court action for abuse of a vulnerable adult via the newspaper and DHHS had no prior knowledge of the case.
 - 2) When Law Enforcement requests the CFS Specialist to delay contacting the alleged perpetrator pending a criminal investigation and the request from law enforcement extends outside the required APS response times.
5. Good Faith Efforts: Good faith efforts require using reasonable methods to locate the parties involved in a report including (but not limited to) checking with the following:
 - i. the reporting party;
 - ii. Department information systems (Medicaid, Food Stamps, other services);
 - iii. Criminal History Records (Justice/NDEN);
 - iv. Department of Motor Vehicles Records;
 - v. Child Support Enforcement;
 - vi. law enforcement agency;
 - vii. utility companies;
 - viii. Post Office;
 - ix. neighbors; and
 - x. known service providers such as hairdresser, barbers, bank staff, or restaurant staff

Note: The adult's failure to respond to notes left on the door, letters, or phone messages is not evidence of sufficient effort to contact the adult. If the alleged

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victim is located and declines contact, an investigation must be completed using the available information.

F. Worker Safety:

1. Worker safety must be considered during contacts in the investigative phase. When there is a threat of violence to a worker, law enforcement will be contacted to assist with or conduct the investigation. When concerns exist about risk to staff from communicable diseases or environmental hazards, appropriate health authorities may be called to assist in the contacts.

G. Investigation Time Frames:

1. Priority 1, 2, and 3 Investigations for all allegation types (except financial exploitation) will be completed within 60 calendar days from the date the report was accepted for investigation.
2. Priority 1, 2, and 3 Investigations for intakes which include allegations of Financial Exploitation will be completed within 90 days from the date the report was accepted for investigation.
3. A 15 calendar day extension may be granted by the supervisor as needed for all cases, regardless of allegation type.
4. The request for extension and supervisor decision is documented in the Investigation Narrative Section under Consultation Point.
 - i. Reasons an extension may be requested include, but are not limited to: delays in receiving financial or medical records, requests from law enforcement, or scheduling medical appointments for the vulnerable adult to determine the need for a guardian.
5. The CFS Specialist will complete the investigation documentation and change the status to Ready to Review 10 calendar days prior to the due date. This allows the CFS Supervisor 10 calendar days to review, send back for revisions if needed, and update the status to final by the due date.

H. Conducting the Initial Face-to-Face interview the alleged victim

1. Preparation for the initial face-to-face interview with the alleged victim.
 - i. Review available information: The assigned CFS Specialist will review information gathered at intake and any other existing case records, specifically any prior abuse/neglect reports or law violation reports involving the adult and alleged perpetrator.
 - ii. The CFS Specialist will contact the reporting party for additional information as necessary.
 - iii. Coordinate with law enforcement:
 - 1) Law enforcement duty under the APS Act is to:
 - a. Make an investigation if deemed warranted because of alleged violations of Neb. Rev. Stat. §28-386;
 - b. Take immediate steps, if necessary, to protect the vulnerable adult; and
 - c. Institute legal proceedings if appropriate. The law enforcement agency shall notify DHHS if an investigation is being conducted. Such notification shall be made no later than the next working day following receipt of the report. (See Neb. Rev. Stat. §28-373)

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- 2) If law enforcement does not make the initial contact, the CFS Specialist will contact law enforcement and determine if law enforcement will be investigating.
- 3) If law enforcement determines no investigation is warranted at this time, the CFS Specialist will begin the investigation as directed by the duties of DHHS. The CFS Specialists will document in N-FOCUS the reason Law Enforcement declined to conduct an investigation.
- 4) When information is obtained to strengthen the allegation that the crime of Abuse of a Vulnerable Adult has occurred, the CFS Specialist will forward information to law enforcement for review and a decision of whether law enforcement will initiate a criminal investigation.
- 5) If law enforcement decides to initiate a criminal investigation, then, the CFS Specialist will work jointly to outline the investigative steps.
- 6) The CFS Specialist will defer to law enforcement to schedule interviews if law enforcement plans to investigate the allegations.

2. Initial Face-to-Face Interview

- i. The CFS Specialist will have initial face to face contact with the alleged victim(s) preferably in their residence within the established time frames as determined by the priority, unless requested by law enforcement to do something different. The alleged perpetrator should not be present during the interview.
- ii. The CFS Specialist will inform the CFS Supervisor of any requests by law enforcement to delay interviews, if the CFS Specialist is concerned that a delay will be unsafe for the alleged victim(s). This includes law enforcement requests for the CFS Specialist to have no contact with the alleged victim(s) within the time frame based on the priority response. The CFS Specialist will document this consultation in the N-FOCUS consultation point narrative.

3. Interview of Alleged Victim(s) if emergency intervention is needed:

- i. The CFS Specialist will immediately contact emergency services and law enforcement to request assistance when the victim is unable to consent to entry or the victim fails to respond and information in the report or observed on the scene indicates the victim needs emergency services.
- ii. When there is an emergency identified, the CFS Specialist will immediately contact one or more of the following for assistance:
 - 1) Depending on information received, 911 may be the appropriate immediate response action;
 - 2) Law enforcement agency to request assistance; or
 - 3) CFS supervisor.

4. Interview of the alleged victim(s) when no emergency exists:

- i. The CFS Specialist will build rapport with the alleged victim and review the allegations in order to obtain the alleged victim's perspective of the situation. Although the alleged victim/vulnerable adult may be reluctant or unable to share information about the incident or allegations due to fear of

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losing their caregiver or fear from threats by alleged perpetrator, the CFS Specialist will continue the investigation regardless of an initial denial of the allegations by the alleged victim.

5. Alleged Victim's Refusal:
 - i. The legal authority to investigate allegations of abuse of a vulnerable adult overrides preliminary objections to the investigation expressed by the vulnerable adult. The CFS Specialist will make efforts to determine the alleged victim's ability to understand their current situation and the possible consequences should present conditions persist. Once the vulnerable adult demonstrates unimpaired decision making capacity, the CFS Specialist will respect the individual's right to privacy, autonomy and self-determination regarding any further APS interventions.
6. Alleged Victim with a Guardian:
 - i. The CFS Specialist will make initial contact with the alleged victim regardless of the consent or knowledge of the guardian. The CFS Specialist will notify the guardian of the initial contact and allegations as soon as possible after the initial interview, unless the guardian is the alleged perpetrator. If the guardian is the alleged perpetrator, the CFS Specialist will schedule notification and interviews as appropriate.
 - ii. The CFS Specialist may notify the guardian prior to the initial interview if the guardian is not alleged to be a perpetrator, although consent is not required.
 - iii. The CFS Specialist will enter the name of the guardian into N-FOCUS in the Professional Relationships area and designate the guardianship begin date.
7. Vulnerable Adult Determination:
 - i. The CFS Specialist will make an initial determination of whether the alleged victim meets the definition of a vulnerable adult (per Neb. Rev. Stat. §28-371) by gathering information to show that the alleged victim has one or more of the following:
 - 1) A guardian or conservator appointed under the Nebraska Probate Code. (guardianship information may be available on Nebraska Data Exchange Network, NDEN);
 - 2) A substantial mental impairment; and/or
 - 3) A substantial functional impairment.
 - ii. In order to make an initial determination vulnerability, the CFS Specialist will:
 - 1) Gather information about physical and mental conditions and ability to live independently and/or provide self-care from the alleged victim during the initial contact;
 - 2) Gather Medical Information (if relevant);
 - 3) Make observations of the environment and the alleged victim's behavior;
 - 4) Complete necessary screenings using reliable, tested, and validated screening tools, including but not limited to:
 - a. Short Portable Mental Status Questionnaire (SPMSQ; a.k.a. the Goldfarb)

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- b. Montreal Cognitive Assessment (MOCA)
 - c. The Saint Louis University Mental Status (SLUMS) Examination
 - d. Confusion Assessment Method (CAM)
 - e. Activity of Daily Living
 - f. Instrumental Activity of Daily Living
- iii. When making an initial determination whether a substantial mental or functional impairment is present, the CFS Specialist will identify the substantial condition or limitation and describe the alleged victim's ability to live independently or to provide self-care. The CFS Specialist makes determinations using all the information gathered and does not rely on one screening tool.
 - iv. The CFS Specialist will analyze the information to determine whether the impairment is a substantial mental condition and/or physical limitation that impacts daily living. The CFS specialist will not base the conclusion on the results of one screening tool.
 - v. The CFS Specialist will document how the identified impairment grossly impairs judgment or behavior and/or results in a substantial incapability to live independently or to provide self-care. The CFS Specialist will consider how and to what degree the physical limitations or mental conditions substantially affect his or her ability to:
 - 1) Provide personal protection;
 - 2) Provide necessities such as food, shelter, clothing, mental or health care;
 - 3) Obtain services necessary;
 - 4) Carry out activities of daily living;
 - 5) Manage own resources;
 - 6) Comprehend the nature and consequences of remaining in a situation of abuse, neglect, or exploitation; and
 - 7) Care for self.
 - vi. Initial Vulnerable Adult Conclusion:
 - 1) Alleged Victim does not meet the definition of a Vulnerable Adult:
 - a. If the CFS Specialist concludes that the alleged victim does not meet the definition of a vulnerable adult (victim does not have a substantial mental or functional impairment), the investigation will be closed. If the CFS Specialist identified any service needs during the initial contact, the CFS Specialist will make referrals to the appropriate community services.
 - b. **Note:** If the alleged victim is not a vulnerable adult, forgo the interview with the alleged perpetrator and do not send out a notification letter to the alleged perpetrator.
 - 2) Alleged Victim meets the definition of Vulnerable Adult:
 - a. Once the CFS Specialist has made the determination that the alleged victim meets the definition of a vulnerable adult, the CFS Specialist will document all of the information they used to make their conclusion. This information will include the score and explanation of the score, of each assessment tool used; and any other evidence gathered from observation, from medical

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professionals, and interviews with other collateral contacts. Although the CFS Specialist does not need permission to interview collaterals, the CFS Specialist will inform the vulnerable adult of his or her intent to contact collateral sources for information.

- b. **Note:** The CFS specialist will continue to gather additional information prior to discontinuing the investigation when the initial vulnerable adult determination cannot be made at the initial visit.

8. Determination of Alleged Victim's Decision-Making Capacity:

- i. The CFS Specialist will utilize all information obtained to determine the decision-making capacity of the victim.
 - 1) When the CFS Specialist determines the alleged victim demonstrates an understanding of their situation and the possible consequences, the CFS Specialist will respect the right of the alleged vulnerable adult/victim to refuse to participate in an investigation, make referrals, and/or terminate the investigation;
 - 2) When the CFS Specialist determines the alleged victim does not understand their situation and/or the possible consequences, the CFS Specialist will consult with a CFS Supervisor to determine the next course of action.
- ii. Decision Making Capacity Screening
 - 1) The CFS Specialist will complete an initial screen for the alleged victim's ability to consent to services or decision making capacity by using observations, the information obtained from collateral contacts, and, when appropriate, screening tools for decision making capacity.
 - 2) The CFS Specialist will assess the process the vulnerable adult uses to make a decision rather than assessing the decision itself. A decision-making capacity screening may require multiple face-to-face visits with the alleged victim. The level of the alleged victim's capacity to make decisions will influence the investigation process and outcome and the services offered. If needed a medical or mental health professional opinion may be used to assist in determining decision making capacity.
- iii. Vulnerable adults generally should be considered capable of making a decision to consent to or refuse services if they demonstrate the following:
 - 1) **Ability to Communicate a Choice:** Assess the adult's ability to make and communicate a choice from the realistic choices available. Assess the adult's ability to maintain the choice made until it can be implemented.
 - 2) **Ability to Understand Relevant Information:** Assess the adult's ability to understand information that is relevant to the choice that is to be made (i.e., gangrene will likely end in death without treatment).
 - 3) **Ability to Compare Risks and Benefits of Available Options:** Assess the adult's ability to compare risks and benefits of available options. This requires weighing risks and benefits of a

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single option and weighing more than one option at the same time. Can the adult give a logical explanation for the decision he/she reached in terms of its risks and benefits?

- 4) Ability to Comprehend and Appreciate the Situation: Assess the adult's ability to comprehend and appreciate the situation. An adult may be able to understand relevant information (i.e., gangrene will likely end in death without treatment) and yet be unable to appreciate his/her own situation (i.e., believes his/her own gangrenous foot will not cause his/her death or disregards medical opinion and denies that the foot is gangrenous). An adult who comprehends and appreciates the situation will acknowledge illness when it is shown to be present and acknowledge the risks and benefits of available treatment options for him/her.
- iv. Procedure
 - 1) To begin screening the vulnerable adult's decision making capacity to consent to services, the CFS Specialist will request permission to administer one or more of the screening instruments.
 - 2) The CFS Specialist will review records about background and history to determine:
 - a. The vulnerable adult's short and long term memory;
 - b. The vulnerable adult's ability to plan and execute a plan;
 - c. The vulnerable adult's ability to recognize risk factors;
 - d. The vulnerable adult's ability to understand and follow directions;
 - e. The existence of indicators of affective disorders such as depression
 - f. The existence of indicators of substance use disorders, dementia, psychosis, traumatic brain injury, and impaired decision making.
 - 3) Determination of Vulnerability: After the initial contact with the alleged victim, the CFS Specialist will determine about the alleged victim's capacity to consent or refuse services.
 - v. When the CFS Specialist observes diminished capacity, the CFS Specialist will review the past screenings for capacity, any updated medical reports, and complete updated screenings.
 - vi. On subsequent visits, the CFS Specialist will observe and document the continued status of the vulnerable adult's decision-making capacity. Screening for decision-making capacity is an ongoing process and not a one-time event.
 - vii. If the vulnerable adult is unable to make an informed choice due to a lack of decision making capacity, appropriate intervention may include a medical assessment to determine whether decision making capacity may be improved or restored.
 - viii. Referral for evaluation:
 - 1) If there is evidence that the alleged victim's decision-making capacities may be impaired and there are concerns about the alleged victim's immediate needs, the CFS Specialist may make a referral for professional diagnostic or clinical evaluation.

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- 2) Referral Letter to medical or mental health professional should contain the following information:
 - a. Client background;
 - b. Reason alleged victim was contacted and the date;
 - c. Purpose of referral;
 - i. Capacity to do what?
 - d. Medical and functional information known;
 - e. Living situation; family make-up and contacts; social network;
 - f. Environmental/social factors that the worker believes may affect capacity;
 - g. Client's values and preference to the extent known; client's perception of problem; and
 - h. Whether a phone consultation is wanted prior to the written report.
9. APS Interventions:
 - i. At the end of the initial interview and throughout the investigation the CFS Specialist will identify the risk factors and concerns of the vulnerable adult. The CFS Specialist may make referrals to community programs or may arrange for services to meet the client's needs and these services may include, but not be limited to: medical care, initiation of legal services, emergency transportation, and the emergency provision of food, clothing, shelter or supervision.
 - ii. Information Referrals:
 - 1) Arranging services may include, but is not limited to:
 - a. Connecting the vulnerable adult to supportive community resources such as personal assistance services, home delivered meals, friendly visitors and telephone reassurance;
 - b. Assisting the non-offending caregiver or guardian to provide the needed services;
 - c. Assisting the vulnerable adult to voluntarily move into out-of-home care such as a hospital, nursing home, or other facility pending the completion of the investigation;
 - d. Referral of the caregiver to supports groups, respite services, and legal and financial planning;
 - e. Request the assistance of the State Fire Marshal and County Department of Health inspections of the adult's living arrangement, as appropriate, when the adult's living arrangement presents a hazard;
 - f. If the alleged victim is not receiving any services, the CFS Specialist will make referrals (as needed) to:
 - i. Access Nebraska;
 - ii. Behavioral Health;
 - iii. Division of Developmental Disabilities;
 - iv. NE Medicaid and Long-term Care;
 - v. Local area agency on aging;
 - vi. The medical community; or
 - vii. Other community services.
 - 2) Access current services:

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- a. The CFS Specialist will determine what programs or services the client is currently receiving.
 - i. If the alleged victim is a recipient of Division of Developmental Disability services, the CFS Specialist will work with the DD Service Coordinator to review the service plan and make any adjustments to the Individualized Program Plan.
 - ii. If the alleged victim is a recipient of Social Services for the Aged and Disabled program, the CFS Specialist will determine what services are authorized and work with the universal case manager to determine what other services may be required.
 - iii. If the alleged victim is a recipient of Aged and Disabled Waiver or Home and Community Based services, the CFS Specialist will collaborate with the service coordinator to update the service plan to provide for safety.
 - iv. The CFS Specialist will gather information about the alleged victim's health insurance or coverage by NE Medicaid. If the alleged victim has accessed behavioral health services or medical services, the CFS Specialist will consult with the current providers to determine if changes are needed in the treatment plan.
 - v. The CFS specialist will determine what resources the alleged victim holds that may assist in purchasing identified services.

10. Documentation:

- i. The CFS Specialist will document the following information and conclusions:
 - 1) the vulnerable adult determination and the supporting description of the mental condition and/or physical limitation, the level of the impairment, and the impact on ability to live independently and/or provide self-care;
 - 2) the conclusion about the alleged victim's decision making capacity and a description of the tools used to made the conclusion and the alleged victim's response to the conclusion;
 - 3) The initial needs of the vulnerable adult and the services arranged. Immediate interventions are services or resources arranged by the CFS Specialist to resolve the alleged victim's immediate problems prior to making a finding of the report; and
 - 4) A description of the CFS Specialist's next steps.

I. **Continuing the investigation/assessment:**

1. Although the investigative steps may vary depending on the initial allegations and other factors, all APS investigations involve gathering information to support or refute the allegations.

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2. Every step taken and all information collected during an investigation have the potential to be examined in court. While most cases of abuse, neglect, or exploitation do not result in court action, evidence will be gathered and collected as though every case will be contested in court. The CFS Specialist will collect relevant and reliable information to answer the questions of who, what, when, how, and, if possible why.
 3. The CFS Specialist will gather testimonial, documentary, demonstrative evidence and document the presence of any physical evidence gathered by law enforcement.
 4. The CFS Specialist determines how much information to gather in order to develop a full understanding of the case facts. The CFS Specialist will gather all available evidence to analyze and conclude if there is a preponderance of the evidence to substantiate the allegations.
 5. Credible evidence for all allegations may include one or more of the following:
 - i. Victim statements;
 - ii. Admission by the alleged perpetrator;
 - iii. Witness statements;
 - iv. Verification from a medical practitioner;
 - v. Verification from facility documentation; and
 - vi. Visual observation by the CFS Specialist or Law Enforcement.
- J. Observe/visit the allegation site:**
1. The CFS Specialist may visit the site where the alleged incident of maltreatment occurred as soon as possible after the incident in order to document observations of the incident site. This may be especially helpful in cases of neglect, physical abuse, unreasonable confinement, or sexual abuse. A view of the location is often important to reconcile various descriptions of the incident. Viewing the location of the incident with one or more witnesses to the incident can assist the witnesses to provide a more detailed explanation of the physical positions of various persons involved and a demonstration of how the incident occurred.
 2. The CFS Specialist will also consider whether the physical site of the incident changed since the incident took place. By looking for obstacles, witnesses may have had in viewing the incident or any difficulty in hearing because of the setting or proximity to the incident, the CFS Specialist is able to determine credibility of the witness account. By viewing any equipment that is relevant to the allegation such as wheelchairs, hospital beds, or other medical equipment, the CFS Specialist also gathers a perspective of the validity of the allegations. The CFS Specialist will consider whether a picture or diagram of the physical location may be helpful for making a case status determination.
- K. Collect Testimonial Evidence:**
1. The CFS Specialist will gather testimonial evidence during the interviews with the alleged victim, the alleged perpetrator, and other witnesses. After the initial contact with the alleged victim, the CFS Specialist will schedule other interviews with the vulnerable adult/victim as often as necessary in order to complete the investigation.
 - i. Interview collaterals:

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- 1) The CFS Specialist will schedule interviews with available sources that have information about the vulnerable adult, the alleged perpetrator, and the allegations.
- ii. Interview Guardian/Conservator:
 - 1) If the alleged victim has a guardian or conservator, the CFS Specialist will interview the guardian or conservator. The purpose of the interview is to explain the CFS Specialist's role and obtain pertinent information from the guardian/conservator.
- iii. Interview the Alleged Perpetrator:
 - 1) Prior to contacting the perpetrator, the CFS Specialist will consult with law enforcement as part of the joint investigation process. When Law Enforcement requests a delay, the CFS Specialist may request a case extension if contact with the alleged perpetrator is outside of the APS defined timelines. The CFS Specialist will document any holds requested by law enforcement in N-FOCUS.
 - 2) The CFS Specialist will have face-to-face contact with the alleged perpetrator. When all attempts to contact the alleged perpetrator for an in-person contact have been exhausted, the CFS Specialist will write a letter or leave a note informing the alleged perpetrator to contact the CFS Specialist in order to schedule a meeting. The letter should not contain information about the allegations or that the person has been identified as an alleged perpetrator. The purpose of the interview with the alleged perpetrator is to provide him/her an opportunity to admit or deny the allegation and to provide an explanation of the allegations. The CFS Specialist will inform the alleged vulnerable adult victim that the alleged perpetrator will be interviewed.
 - 3) When the alleged perpetrator is a minor, the CFS Specialist will obtain written permission from a parent or a legal guardian before completing a private interview as the minor may not be interviewed without permission. The CFS Specialist documents the reason for not interviewing the minor and continues to complete the investigation without the interview.
 - 4) During the interview with the alleged perpetrator, the CFS Specialist will request the complete home mailing address, birth date, and social security number of the alleged perpetrator and explain that this information is necessary for notification if the findings of the investigation. The CFS Specialist will mail the notification of findings to the last known address.
 - 5) Efforts to Locate the Alleged Perpetrator
 - a. When the CFS Specialist has made a good faith effort to locate the alleged perpetrator and has not been successful, the CFS Specialist will consult with the CFS Supervisor to determine the next steps
 - 6) Perpetrator in Custody
 - a. If the alleged perpetrator is in custody of law enforcement or corrections, the CFS Specialist will contact Law Enforcement and request:
 - i. To interview the alleged perpetrator in custody; or

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- ii. To interview the alleged perpetrator jointly; or
 - iii. To receive a transcript or recording of the law enforcement interview.
- 7) Forgoing a Perpetrator Interview:
- a. The CFS specialist (with supervisory approval) can forgo an interview with the alleged perpetrator.
 - i. This may occur only in the following circumstances:
 - 1. Alleged perpetrator refuses to be interviewed and diligent efforts have been made to engage;
 - 2. The alleged perpetrator's whereabouts are unknown and the CFS Specialist has made good faith efforts to locate him/her; or
 - 3. Law Enforcement has interviewed the alleged perpetrator and provided the CFS Specialist with the written report; or
 - 4. The alleged perpetrator is deceased.
 - ii. The case may not be closed without the perpetrator interview unless the determination has been made that diligent efforts have been made to engage the perpetrator in the interview process; **or**
 - iii. Law Enforcement, the County Attorney, or the Attorney General requests the CFS Specialist forego perpetrator interview.
 - b. Law Enforcement, the County Attorney, or the Attorney General ("requesting party") may request that the CFS Specialist forgo the interview with the perpetrator.
 - i. When this request is made, the CFS Specialist will investigate the case per policy guidelines except the case will not be closed until one of the following occurs:
 - 1. The requesting party has indicated that an interview can now be conducted; or
 - 2. The CFS Specialist has obtained sufficient information regarding the perpetrator from the requesting party (police reports, statements, etc.) on which the CFS Specialist may base a finding.
 - ii. Once the APS investigation has been completed and prior to closing the case, the CFS Specialist will contact the requesting party to notify them that the APS investigation has been completed (minus the perpetrator interview). The CFS Specialist will notify the requesting party of the findings and status of the APS case (e.g. case will be closed or case will remain open for services).
 - iii. The CFS Specialist will inform the requesting party that the Finding Letter will be sent to the alleged perpetrator in 7 business days, unless the

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requesting party contacts the CFS Specialist to request a delay.

1. After an additional 15 calendar days, the CFS Specialist will follow-up with the requesting party and notify them that the Findings Letter will be sent to the alleged perpetrator in 5 business days.
- 8) Alleged Perpetrator Holding Power of Attorney:
- a. If a CFS Specialist discovers through investigation that an alleged victim has appointed a power of attorney who is the alleged perpetrator and the allegations of abuse, neglect, or exploitation have been substantiated, the CFS Specialist will review the allegations and the findings with the alleged victim to determine the options and to assist the vulnerable adult to develop an intervention.
 - i. If the vulnerable adult still has capacity as determined through investigation, and the vulnerable adult is at risk for continued abuse, neglect, or exploitation due to the existence of the Power of Attorney, the vulnerable adult may choose to revoke the power of attorney and create a new one.
 - ii. If the vulnerable adult lacks capacity as determined through investigation, and the vulnerable adult is at risk for continued abuse, neglect, or exploitation due to the existence of the Power of Attorney, the CFS Specialist will pursue alternative decision makers for the vulnerable adult using the least restrictive options available.

L. Collect Documentary Evidence:

1. Documentary evidence is any type of record such as medical records, cancelled checks, bank statement, ATM records, "overdue notices", business records, phone records, legal documents, letters, computer files, law enforcement reports, cell phone and text messages, and hospital records.
2. The CFS Specialist will determine the type of documents needed to provide information to support or refute the occurrence of the allegation; support the determination of vulnerable adult status; support the determination of the perpetrator; and support the decision-making capacity conclusion.
 - i. **Written Statements:** At the conclusion of each interview by the CFS Specialist, it is preferable to obtain a written summary of the individual's account of the incident and the events surrounding it. The CFS Specialists will obtain written statements when the person is willing. The CFS Specialist may write the statement and have the individual review and sign and date the document. When the statement is completed, the CFS Specialist should ask the individual to sign and date the statement after they have read it thoroughly, making and initialing any corrections they believe are needed to more accurately reflect their account of the incident. An alternative is to have the individual write the statement themselves. Once the statement is prepared, signed and dated by the

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person providing the statement, it shall be witnessed by the CFS Specialist. The CFS Specialist will advise the person making the voluntary statement that the statements may be shared with law enforcement or with the court and the person may be required to testify during the court proceeding.

- ii. **Law Enforcement Reports** – The CFS Specialist will request, review, and use law enforcement reports to determine what evidence may exist or what may need to be obtained based on the information already collected by LE.
- iii. **Letters, texts, voicemail, or emails** - The CFS Specialist will request to see any communications from the alleged perpetrator as they may contain evidence of threats or apologies for violent behavior.
- iv. **Medical records:** The CFS Specialist may use medical records to demonstrate the medical history of the vulnerable adult, document injuries or evidence of a sexual assault, have a record of the plan for care, and/or follow-up.
 - 1) The CFS Specialist will obtain medication lists from the vulnerable adult's physician. People are more vulnerable to manipulation when they have certain psychological or medical conditions such as dementia. It is important to document all medical conditions and medications.
 - 2) The CFS Specialist will obtain copies of discharge plans to document what the alleged perpetrator knew about taking care of the alleged victim.
 - 3) Health Insurance Portability Accountability Act (HIPAA): When working to gather information from health care professionals, the CFS Specialist may need to provide education regarding the exceptions to the federal regulation. Under the federal regulations related to implementation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), disclosure of protected health information is permitted, with or without the alleged victim's consent, if the sharing of this information is related to reporting of abuse/neglect, or is necessary to comply with state requirements related to conducting Adult Protective Service investigations. (45 CFR 164.52(k)).
- v. **Medication(s):** Medications can play a key role in abuse and neglect cases and will be documented. CFS Specialist should record the prescription data, i.e., doctor, pharmacist, date, name, and strength of medication, directions for dosage, number prescribed, and number of dosages remaining. The CFS Specialist will document the doses and times taken. Medical experts who have specialized training in assessment of mental capacity may be contacted to provide detailed assessment as needed.
- vi. **Court Orders** - The CFS Specialist will obtain a copy of the guardianship/conservatorship legal documents to verify the type of guardianship and level of authority. The CFS Specialist will review the documents to determine the type of guardianship.
- vii. **Legal documents** – The CFS Specialist will obtain and review copies of power of attorney documents, living wills, or power of attorney for healthcare. When the CFS Specialists discovers that the vulnerable adult

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has executed a power of attorney, the CFS Specialist should obtain the document for the vulnerable adult's case file to verify the type of power of attorney, level of authority and the effective dates of the power of attorney.

- viii. **Financial Records** -- The CFS Specialist may also need to educate financial institutions of the Interagency Guidance on Privacy Laws and Reporting Financial Abuse of Older Adults.
 - 1) The Gramm-Leach-Bailey-Act establishes a general rule that a financial institution may not disclose any nonpublic personal information about a consumer to any nonaffiliated third party unless the financial institution first provides the consumer with a notice that describes the disclosure (as well as other aspects of its privacy policies and practices) and a reasonable opportunity to opt out of the disclosure, and the consumer does not opt out. However, section 502(e) of the GLBA provides a variety of exceptions to this general rule that permit a financial institution to disclose information to nonaffiliated third parties without first complying with notice and opt-out requirements. Generally, disclosure of nonpublic personal information about consumers to local, state, or federal agencies for the purpose of reporting suspected financial abuse of older adults will fall within one or more of the exceptions. These disclosures of information may be made either at the agency's request or on the financial institution's initiative.
 - a. The following are specific exceptions to the GLBA's notice and opt-out requirement that, to the extent applicable, would permit sharing of nonpublic personal information about consumers with local, state, or federal agencies for the purpose of reporting suspected financial abuse of older adults without the consumer's authorization and without violating the GLBA:
 - i. A financial institution may disclose nonpublic personal information to comply with federal, state, or local laws, rules and other applicable legal requirements, such as state laws that require reporting by financial institutions of suspected abuse. (15 U.S.C. 6802(e)(8) and implementing regulations at ____15(a)(7)(i)).¹⁰
 - ii. A financial institution may disclose nonpublic personal information to respond to a properly authorized civil, criminal, or regulatory investigation, or subpoena or summons by federal, state, or local authorities or to respond to judicial process or government regulatory authorities having jurisdiction for examination, compliance, or other purposes as authorized by law. (15 U.S.C. 6802(e)(8) and implementing regulations at ____15(a)(7)(ii)-(iii)).
 - iii. A financial institution may disclose nonpublic personal information to protect against or prevent

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actual or potential fraud, unauthorized transactions, claims, or other liability. (15 U.S.C. 6802(e)(3)(B) and implementing regulations at ____15(a)(2)(ii)). For example, this exception generally would allow a financial institution to disclose to appropriate authorities nonpublic personal information in order to:

1. Report incidents that result in taking an older adult's funds without actual consent; or
2. Report incidents of obtaining an older adult's consent to sign over assets through misrepresentation of the intent of the transaction.
3. To the extent specifically permitted or required under other provisions of law and in accordance with the Right to Financial Privacy Act of 1978 (12 U.S.C. 3401 *et seq.*), a financial institution may disclose nonpublic personal information to law enforcement agencies (including the CFPB, the federal functional regulators, and the FTC), self-regulatory organizations, or for an investigation on a matter related to public safety. (15 U.S.C. 6802(e)(5) and implementing regulations at ____15(a)(4)).
4. In addition, a financial institution may disclose nonpublic personal information with the consumer's consent or consent of the consumer's legal representative. (15 U.S.C. 6802(e)(2) and implementing regulations at ____15(a)(1)).

M. Authorization to Release Information:

1. The CFS Specialist will ask the vulnerable adult to sign a release of information in order to obtain documents needed from a third party.
2. Authorization to Release Information:
 - i. The CFS Specialist will inform the vulnerable adult of the need for documents and how the documents will be used. The CFS Specialist will ask the alleged victim to sign an Authorization to Release Information to allow the release of the information. When the CFS Specialist has determined the vulnerable adult exhibits an impaired decision making capacity, no Authorization to Release information will be obtained from the vulnerable adult. (See Section for Administrative Subpoena)
 - ii. If the vulnerable adult has appointed an agent under a durable power of attorney, or when a guardian has been appointed, that person should be consulted along with the vulnerable adult regarding the investigation and the need to obtain records.
3. Refusal to Authorize:
 - i. If the alleged victim or the guardian refuses to sign an authorization to release information, the CFS Specialist will attempt to determine the

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reasons the vulnerable adult does not want the information released and address the concerns (See Section for Administrative Subpoena).

4. HIPAA:
 - i. Under the federal regulations related to implementation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), disclosure of protected health information is permitted, with or without the alleged victim's consent, if the sharing of this information is related to reporting of abuse/neglect, or is necessary to comply with state requirements related to conducting Adult Protective Service investigations. (45 CFR 164.52(k)).
5. Administrative Subpoenas:
 - i. The CFS Specialist may need to obtain necessary subpoenas to acquire additional information, as necessary.
 - ii. The CFS Specialist will consult with the CFS Supervisor to request a subpoena to obtain information about the vulnerable adult when the information is needed for the investigation and/or for protective services and the CFS Specialist is unable to obtain authorization for a release of information or it is not in the best interest of the investigation to have the vulnerable adult sign an authorization. If the CFS Specialist has identified indicators that the vulnerable adult has impaired decision making, the CFS Specialist will not ask the vulnerable adult to sign an authorization to release information because this may hinder any criminal prosecution.
 - iii. These subpoenas are issued by DHHS in order to obtain information regarding the vulnerable adult who is the subject of an allegation of abuse, neglect, or exploitation. Prior to issuing this type of administrative subpoena, every attempt should have been made to obtain the needed information through other means.
 - iv. In order to request a subpoena, the APS CFS Specialist must gather the following information:
 - 1) Person (victim):
 - a. Name
 - b. Social Security Number
 - c. Date of Birth
 - 2) Agency/Facility you are requesting information from:
 - a. Complete name
 - b. Complete address: Street/PO Box, City/Town, State, Zip Code
 - c. Attention to: If desired
 - d. Verify address prior to supervisor's approval
 - 3) Required documentation:
 - a. Specifically list out what information is being requested.
 - i. Example: Financial records - copies of cancelled checks, ATM transactions, signature card.
 - ii. Example: Medical records - Inpatient records, emergency records.
 - b. State the time period of the requested records.
 - i. Example: From October 2007 through December of 2009.
 - 4) DO NOT include:
 - a. Victim address
 - b. Description of case

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- v. Once the CFS Specialist has collected the required information, the request is forwarded to the supervisor for approval.
 - vi. If the CFS Supervisor approves the request for subpoena, he/she will follow the service area procedure for processing.
 - vii. A copy of the subpoena will be sent to the CFS Specialist once it has been processed.
 - viii. The subpoena will allow the recipient 10 business days to collect and return the requested information. All subpoenas are sent by Certified Mail.
6. Out of State Subpoena Requests:
- i. Subpoenas issued by Nebraska that request information are not enforceable in other states.
 - ii. The CFS Specialist and the CFS Supervisor will review the case and determine the best method to gather the information which is dependent on the client need and the investigation need.
 - 1) If possible, have the alleged victim sign a release of information. However, if there is concern about the capacity of the alleged victim, this option may have a negative impact on any prosecution of the APS case.
 - 2) The worker will determine if the entity has a branch in NE. If the entity describes another process to access the information, include all information in the request for the subpoena – all addresses, contact numbers, and expressed instructions.
 - 3) If the financial institution does not have a local branch, the worker may call the entity and ask if they will honor a Nebraska subpoena, and if so, proceed with requesting a subpoena. Include the name and contact information to send the subpoena. If the subpoena will not be honored, go on other alternatives.
 - 4) Other alternatives include:
 - a. Request a temporary guardianship and have the temporary guardian request the records.
 - b. Request that the Adult Protective Service program of law enforcement of the state where the records are located obtain the information.
 - iii. *Citation: Neb. Rev. Stat. § 81-119 Departments; investigations; power to compel testimony and produce documents Nebraska Chapter 81. State Administrative Departments Article 1. The Governor and Administrative Departments (a). General Provisions Current with Acts Received as of April 29, 2013 § 81-119. Departments; investigations; power to compel testimony and produce documents Each department created by section 81-101 shall have power through its head, or any deputy, assistant, or employee, when authorized by him or her, to make a thorough investigation into all the books, papers, and affairs of any person, firm, or corporation when in the judgment of such department such examination is necessary to the proper performance of its duties and the efficient enforcement of the laws. Such department may subpoena witnesses to attend investigative hearings and have such witnesses bring with them books, accounts, and documents necessary for a thorough investigation. Such witnesses may be examined under oath. These powers shall not be used for criminal investigations. Cite as Neb. Rev. Stat. § 81-119 Source:*

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Laws 1919, c. 190, § 24, p. 442; C.S.1922, § 7265; C.S.1929, § 81-123; R.S.1943, § 81-119; Laws 2008, LB952, § 1.

N. Collect Demonstrative Evidence

1. The CFS Specialist will collect and/or document demonstrative evidence, which includes but is not limited to, images or documents that capture physical evidence such as photographs, diagrams, or maps. The CFS Specialist will create investigatory aids such as maps or drawings that can aid in proving or disproving the allegation.
 - i. **Diagrams** represent incident scenes and living environments as well as help persons reviewing the diagrams to visualize the setting when a photograph cannot accurately depict the scene. Diagrams and drawings need not be expert or drawn to scale, but will show where people and objects were located when the events occurred, and dimensions of rooms, halls, doorways, and so on, if the information is significant.
 - ii. **Body maps and Anatomical Drawings** are also types of demonstrative evidence. The CFS Specialist will indicate and describe all injuries and compare the body map to the victim statements, law enforcement reports, and witness statements. The CFS Specialist may use the body map to show injuries caused by restraints such as chains, belts, cords, tape, or rope.
 - iii. **Photographs/Video:** Photographs and videos add an additional source of evidence to the case record. Visual documentation of an injury or lack of alleged injury, the physical condition of the alleged victim, scenes of the incident, and overall appearance of the living environment often strengthens the CFS Specialist's conclusions.
 - 1) With the consent of the vulnerable adult or legal guardian, the CFS Specialist may take photographs.
 - a. Examples of situations when photographs are recommended include evidence of:
 - i. abuse such as bruises, lacerations or burns;
 - ii. improper and dangerous use of restraints or other devices such as belts, rags, electrical cords;
 - iii. improper positioning such as leaning or hypo/hyper-extension of neck and/or trunk;
 - iv. physical condition of person related to care issues, e.g., pressure ulcers, unkempt clothing, and poor personal care; client's bed that is torn and soiled;
 - v. extensive pest infestation;
 - vi. exposed wiring;
 - vii. alleged victim's room verses the rest of the rooms in the house; and
 - viii. destruction of property that may indicate a struggle or use of intimidation
 - 2) How to take Photographs
 - a. The CFS Specialist will take photographs so each relevant object appears in at least three photographs: an overview, a mid-range, and a close-up.
 - i. **Overview:** The overview or "long-range" shot captures the entire person or area of concern.

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Because a close-up does not indicate where the object was located, the overview shot should cover the entire scene/environment to bring out the relationships between the objects. Leave measuring labels, rulers, and scales out of an overview photo.

- ii. **Mid-range:** a “mid-range” shot captures a narrower region of the injury or area of concern. This shot shows a relevant object in its immediate surroundings.
 - iii. **Close-up:** a “close-up” shot captures a detailed image of the injury or area of concern. The close-up photograph shows a key detail clearly. Have a “standard” in the close-up shot to indicate the actual size of what is being photographed. Measuring scales, labels, and rulers may be added to the close-up scene to accomplish this purpose, e.g., placing a ruler with readable graduations next to the wound will show its actual size in the photo. Other standards include coins, dollar bills, or pencils. If the ruler or scale covers the area of injury or concern, also take a close up picture without the ruler.
- b. Labeling Photos
- i. The CFS Specialist will label each photograph using a standard label attached to the back of the photo and will never write on the photograph.
 - ii. Include the following information:
 1. Date and time of photo
 2. Name of photographer
 3. Physical location and, if applicable, body part location
 4. Identity of the person in the photograph, if applicable
 5. Date of birth of the person in the photograph, if applicable.
- 3) The CFS Specialist may share photographs with law enforcement when requesting law enforcement to participate in the investigation. Upon request, the CFS Specialist will share photographs with law enforcement.
 - 4) When Law Enforcement takes the lead in any investigation, the CFS Specialist will not take any photographs that may interfere with law enforcement. The CFS Specialist will consult with Law Enforcement prior to taking any photos. These photos can be included in the case record.
 - 5) The CFS Specialist will only use equipment issued by DHHS in taking photographs. The use of personal equipment is not allowed.

O. Coordinate with Law Enforcement about any Physical Evidence

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1. Physical evidence is any substance or item related to an allegation that can be seen or touched. Examples of physical evidence include fingerprints, bruises, weapons, stained clothing, or medication bottles. CFS Specialist will rely on Law Enforcement for collection of physical evidence.

P. New Allegations during the Investigation:

1. During the process of information gathering, new allegations of abuse, neglect, or exploitation are identified, the CFS Specialist will request t the hotline unit add the new allegation.

Q. Allegations about a new victim:

1. If any new victims are identified during the investigation, the CFS Specialist will report those allegations to the Adult/Child Abuse and Neglect Hotline.

R. Documentation:

1. Documentation is required to provide a record of the investigation and actions taken by the Department.
2. The narrative should contain facts and observations and avoid expressing opinions. Narrative documentation will be clearly written; well organized; easy to read; and free of errors in spelling and grammar.
3. Investigation Narratives Documentation:
 - i. The CFS Specialist will document the activities of the investigation in N-FOCUS in the Investigation Narratives section. These narratives provide the reader with the detailed step-by-step progression of the investigation and contains the information gathered from the alleged victim, alleged perpetrator and other collaterals (interviews and efforts to contact participants) and a summary of information gathered from documents such as medical records, legal documents, and financial records.
 - ii. Timeframe for Entry of Contacts
 - 1) The CFS Specialist will document all investigation contacts and attempted contacts within 3 business days of the attempt. Most contacts should be documented as soon after they occur as possible, to maximize both the accuracy of documentation and the efficiency of casework.
4. Investigation Summary Narratives:

The CFS Specialist will review the investigation narratives and determine the information to be documented in the investigation summary. A more detailed description of the subcategories is found in Chapter 4.C Investigation Summary.

S. Courtesy Interview:

1. Upon request, all offices shall provide assistance to another office or state evaluating or assessing an allegation of vulnerable adult abuse. Use the following procedure for courtesy interviews:
 - i. The requesting state or office makes a call to the Intake Unit and requests a courtesy interview. The requesting state/office explains the situation and forwards materials as necessary. If the CFS Specialist receives a call requesting a courtesy interview, the CFS Specialist will direct the person to the call the hotline.
 - ii. The CFS Specialist receiving the request conducts the courtesy interview within one week of receiving the request and receiving the written

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materials necessary to conduct the interview. Any variation from this time limit must be discussed and agreed upon between offices/states.

- iii. The CFS Specialist forwards the results of the interview to the requesting state/office immediately following completion of the interview, and follows this call or email with a written summary of the interview within 20 working days.

T. Reports Involving Members of Indian Tribes:

1. There are 4 recognized tribes in Nebraska.
 - i. Omaha Tribe of Nebraska is a federally recognized tribe, which occupies the Omaha Reservation in northeastern Nebraska and western Iowa.
 - ii. Santee Sioux Nation is in Knox County located in the north central part of Nebraska.
 - iii. Winnebago Tribe of Nebraska and the Winnebago Reservation lies in the northern half of Thurston County in northeastern Nebraska.
 - iv. Ponca Tribe of Nebraska does not have a reservation. They are headquartered in Niobrara, Nebraska. Their service delivery area consists of fifteen counties in Nebraska, Iowa and South Dakota.
2. Intake
 - i. All reports of adult abuse and neglect are made to the DHHS Adult Abuse Hotline and assigned to the appropriate Tribe or DHHS Office.
3. Investigations:
 - i. The Omaha Tribe and Santee Sioux provide APS Services on their reservations.
 - ii. The Ponca Tribe allows DHHS to provide APS services to their tribal members.
 - iii. DHHS has entered into a Memorandum of Understanding with the Winnebago Tribe. DHHS APS in conjunction with Tribal CFS staff and tribal law enforcement, will conduct all investigations on the Winnebago reservation.

U. Death of an Alleged Vulnerable Adult:

1. Despite the best efforts of communities, law enforcement and the Department some vulnerable adults will die of abuse or neglect each year. When a vulnerable adult dies under circumstances in which abuse or neglect may be the cause or contributing factor, there may be a need to protect others from the same perpetrator. The perpetrator should be listed on the Adult and Child Abuse and Neglect registry if the allegations are substantiated.
2. When an alleged victim dies during an APS investigation, the CFS Specialist, in consultation with the supervisor, shall determine if the alleged victim's death was the result of natural causes, self-neglect, or an alleged perpetrator's actions could have contributed to the death of the client.
 - i. When a vulnerable adult dies during an APS investigation and it was determined that abuse or neglect was not a contributing factor, Department staff shall:
 - 1) Follow the Critical Incident Protocol
 - ii. When a vulnerable adult dies under circumstances in which abuse or neglect may be the cause, or a contributing factor, Department staff will take the following actions:
 - 1) Follow the Critical Incident Protocol;

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- 2) Coordinate Department response with the appropriate law enforcement agency;
- 3) Unless prohibited by law enforcement, the assigned CFS Specialist will complete an investigation with the purpose of the investigation to determine what each person's role in the incident was, what they knew or should have known, and to determine if their actions or inaction contributed to, or allowed the vulnerable adult's death to occur;
- 4) At the conclusion of the law enforcement investigation and DHHS investigation, the CFS Specialist will enter the finding on the Central Registry; and
- 5) At that time, if it has been determined by credible evidence that the death was caused by abuse or neglect, or abuse or neglect was a contributing factor to the vulnerable adult, the CFS Specialist will document this on N-FOCUS by the use of the Death Indicator.

V. **Abbreviated Investigation**

1. All reports of abuse/neglect/exploitation will be thoroughly investigated, however, there are limited instances where a CFS Specialist interviews the vulnerable adult and concludes immediately that there is no abuse, neglect, or exploitation occurring.
2. In these limited instances, the CFS Specialist may recommend no further investigation and clearly document the basis for this conclusion.
3. When the allegations of abuse, neglect, or exploitation are CLEARLY ENTIRELY WITHOUT SUBSTANCE, the CFS Specialist may enter finding of unfounded without completing the full investigation.
 - i. For example, there are allegations of injury due to abuse and the CFS Specialist finds that there are no injuries whatsoever.
 - ii. Another example includes situations where there are allegations that living conditions are unsanitary or unsafe and the CFS Specialist finds the home in good condition and without any hazards. In these instances, the CFS Specialist determines that an investigation is not needed.
4. For an abbreviated investigation, the CFS Specialist will complete the following activities:
 - i. Interview and observe the alleged victim;
 - ii. Complete a home visit if the allegations pertain to hazardous home conditions;
 - iii. Contact at least one other person or professional having knowledge of the situation to corroborate the decision; and
 - iv. Provide referrals to community services if needed.