Consistency in Determining Findings Matrix

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| Physical Abuse 192.2400“The infliction or threat of physical injury or harm by any person.” |
| Indicators of Physical Abuse | Physical Abuse Evidentiary Issues to Consider | Defining Elements of Physical Abuse |
| **Examples include, but are not limited to:****Physical Indicators:*** Hitting, beating, shoving, shaking, kicking, pinching, or choking
* Broken bones or burns
* Scratches, cuts, or bruises
* Marks or bruising consistent with physical restraint
* Force-feeding of the eligible adult

**Threats of violence:*** The alleged perpetrator threatened the eligible adult with an act of physical violence

**Behavior Indicators:*** Wincing
* Sleep changes
* Avoidance of certain people
* Fear of being alone
* Fear of being placed in a facility
 | **Examples include, but are not limited to:*** What is the general physical condition of the eligible adult? Are there possible contributing medical conditions?
* What is the location of the injury?
* Is the injury consistent with an object, hand, etc.?
* Is the explanation of the injury reasonable?
* Is it likely that the injury was sustained intentionally?
* Was the eligible adult threatened with physical violence to force compliance with something?
* Did the eligible adult fear injury due to threats of physical violence?
* Is the eligible adult fearful of the alleged perpetrator?
* Is there a history of prior abuse (as noted by APS or law enforcement)?
* Is the eligible adult unable to express injury or pain?
* Is or has the alleged perpetrator punished the eligible adult?
* If this is reoccurring abuse, how often does it happen?
 | * Eligible adult presents with or reports bodily injury, physical pain, or impairment. The eligible adult was witnessed to be injured or harmed.

**OR*** The eligible adult reports threats of physical violence to force their compliance.

**AND ONE OF THE FOLLOWING:*** The injury, pain, or impairment was caused by non-accidental means.
* The injury, pain, or impairment is likely caused by the alleged perpetrator.
* The eligible adult felt compelled to act in an involuntary manner because of threats of physical harm.
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| **Minimum Standards for OSI Referrals** * The injury, pain, or impairment is likely caused by the alleged perpetrator; **OR**
* The alleged perpetrator threatened physical violence.
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| Caregiver Neglect 192.2400(154)“The failure to provide services to an eligible adult by any person, firm or corporation with a legal or contractual duty to do so, when such failure presents either an imminent danger to the health, safety, or welfare of the client or a substantial probability that death or serious physical harm would result.” Neglect includes allegations that there has been a failure to provide care, goods, or services to an eligible adult who is believed to be unable to adequately perform or obtain services that are necessary to meet essential human needs.Physical NeglectFailure by the caregiver to meet the eligible adult’s basic needs of personal hygiene, such as dirty hair and fingernails, soiled clothing, feces or urine on body or clothing, body odor and/or a lack of personal hygiene products, and/or lack of prescription medications. Failure by the caregiver or eligible adult to take care of the eligible adult’s medical needs, such as making doctor’s appointments, providing transportation to/from doctor’s appointments, securing pharmaceutical supplies (e.g., prescriptions, wound care supplies, tube feeding supplies, etc.), failing to turn a bedbound eligible adult resulting in decubitus ulcers, or failure to provide necessary medical equipment. Environmental NeglectFailure by the caregiver to meet the eligible adult’s need for a safe home/living environment, such as the home containing hazards such as excessive debris and clutter, animal feces/urine, unsafe electrical conditions, unsafe structure, excessive garbage, little or no food, inadequate plumbing, lack of utilities, toxic materials, excessive items (hoarding), infestations, and/or inadequate adaptive equipment.AbandonmentA form of abuse that occurs when a person who has assumed responsibility for providing care to an eligible adult deserts that individual. |
| Indicators of Neglect | Caregiver Neglect Evidentiary Issues to Consider | Defining Elements of Neglect |
| **Examples include, but are not limited to:****Physical Indicators:*** Poor hygiene, soiled clothing, dirty, matted, or infested hair, dirty nails, body, odors, saturated in urine, and/or fecal smells
* Assistive devices that are missing or in poor condition (e.g., glasses, teeth, hearing aids, and mobility aids)
* Lack of clothes, improperly clothed for weather
* Dehydration, malnutrition, loss of weight, hunger
* Worsening of a medical condition, wounds that do not

heal* Not making or attending

medical appointments(continued)* Medications are not being given, ordered, or picked up from the pharmacy

**Environmental Indicators:*** Lack of utilities
* Lack of a usable toilet or places to sit and sleep
* Pest infestations, fecal or urine matter not cleaned up, piled up garbage
* Rotten or spoiled food
* Unsafe housing, exposed wiring, extraordinary clutter

**Abandonment Indicator:*** Eligible adult at serious risk due to the absence of a caregiver
 | **Examples include, but are not limited to:*** Does the identified caregiver(s) have a legal or assumed duty to provide care?
* Are there documents that show the alleged perpetrator is a caregiver (e.g., contracts, guardianship papers, power of attorney for health care, the alleged perpetrator is the emergency contact and listed as an authorized person to receive medical information, or the alleged perpetrator has signed medical consent forms or identifies as a caregiver at the medical facility)?
* What is the general physical condition of the eligible adult?
* Are there possible contributing

medical conditions? (continued)* Does the eligible adult have preventable health/hygiene issues?
* Does the home lack necessities to keep the eligible adult safe?
* Does the eligible adult have frequent/excessive hospitalizations or emergency room visits?
* Is a medical provider concerned that the eligible adult has declined or is receiving subpar care?
* Is the primary caregiver overburdened with the eligible adult’s needs?
* Can the caregiver understand and carry out instructions or necessary care?
* Does the eligible adult present barriers to those who provide care?
* Has the eligible adult had a sudden decline in health status?
* Does the caregiver seek reasonable medical advice or attention for the eligible adult?
* Is there a history of prior abuse (as noted by APS or law enforcement)?
* Is the alleged perpetrator compensated to care for the eligible adult? Are there specific tasks that they must do?
* Are the eligible adult’s care needs unmet due to the absence of the identified caregiver(s)?
* If the caregiver is absent, can the eligible adult seek help (in an emergency)?
* How, what, where, and when did

The alleged perpetrator fail to provide basic care, safety, health, and welfare?* Was the caregiver's absence for a length of time which caused harm or risk of serious harm?
 | * Alleged perpetrator assumed responsibility for “basic care” and services through law, contract, court order, or verbal agreement.

**AND** * Basic care and services are necessary for the eligible adult’s health, safety, and well-being (e.g., essential food, shelter, or healthcare needs).

**AND*** There is a negative impact or a risk of severe negative impact to the eligible adult, including physical harm, suffering from lack of primary care, significant emotional harm, unreasonable discomfort, or loss of personal dignity.
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| **Minimum Standards for OSI Referrals** * The alleged perpetrator works for a Home and Community Based Services provider or Home Health agency; **OR**
* The alleged perpetrator has clearly or contractually taken responsibility for the eligible adult; **AND**
* The alleged perpetrator has likely neglected the eligible adult.
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| **Financial Exploitation (570.145)**The crime of Financial Exploitation involves allegations that a person (whether a family member, joint tenant, caregiver/attendant, or someone who has assumed fiduciary responsibility) has knowingly, by deception, intimidation, undue influence, or force obtained control over an eligible adult’s property with the intent to permanently deprive the eligible adult benefit or possession of his or her property as directed in 570.145, RSMo. |
| **Indicators of Financial Exploitation** | Financial Exploitation**Evidentiary Issues to Consider** | **Defining Elements of Financial Exploitation** |
| **Examples include, but are not limited to:*** Little or no money available until the next check arrives
* Frequent bank changes
* Unusual activity in bank accounts
* Unexplainable withdrawals for unusual amounts
* Activity in bank accounts that is inappropriate for the eligible adult (such as withdrawals from automated banking machines when the person cannot walk or get to the bank)
* Power of attorney given by an individual unable to comprehend the consequences of their decisions
* Repeated requests from the eligible adult for food, money, etc.

**Examples include, but are not limited to:****Indicators:*** Unusual bank card/ATM activity
* Bank checks cashed out of order
* Transactions on bank accounts in even numbers
* Overdrafts
* Financial activity while the eligible adult is incapacitated
* Missing jewelry and/or belongings
* Casino memberships when no prior use or attendance
* Use of ATM when no prior use

(continued)* Evictions, foreclosure, utility shut-offs, or notices
* Not buying medications
* Not enough food
* Money not being utilized for eligible adult’s benefit
* Damaged property resulting in loss to the eligible adult
* New power of attorney
* Changes in wills, deeds, titles, Quit Claim deeds
* Health care workers or facility staff borrowing, accepting loans, gifts, medications, driving eligible adult’s vehicle
* Missing medications, medications switched
 | **Examples include, but are not limited to:*** Does the eligible adult have control over and decide how finances are used?
* What is the general physical condition of the eligible adult? Are there possible contributing medical conditions? Medications?
* Does the eligible adult have cognitive impairment?
* Have controlled narcotics/medications gone missing?
* Does the eligible adult report missing assets or personal belongings?
* Is there a history of prior financial abuse? (as noted by APS or law enforcement)?
* Is the alleged perpetrator dependent on the eligible adult financially?
* Is the alleged perpetrator an employee of a facility with access to the eligible adult’s finances/assets?
* Is the alleged perpetrator legally responsible for meeting the eligible adult’s needs?
* Did the alleged perpetrator gain access to the eligible adult’s assets/accounts through coercion or undue influence?
 | **ONE OF THE FOLLOWING:*** The alleged perpetrator is wrongfully taking or has wrongfully taken the eligible adult’s money, belongings, or property by deception, coercion, undue influence, or force with the intent to permanently deprive the eligible adult of said item.
* The alleged perpetrator used undue influence, coercion, threats, fraud, or secretive means to access and use the eligible adult’s resources with the intent to permanently deprive the eligible adult of said resources.
* The alleged perpetrator used the eligible adult’s credit, debit, or benefits card without permission.
* The alleged perpetrator took money or property from an eligible adult when the eligible adult did not have the capacity to consent.
* If the alleged perpetrator is a fiduciary (POA, conservator, etc.) representative, we must prove they are a fiduciary and failed in their fiduciary duty.
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| **Minimum Standards for OSI Referrals** * Suspicion that the alleged perpetrator obtained the eligible adult's property, money, or belongings without permission, by deception, coercion, or undue influence.
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| **Sexual Abuse (192.2400.1)**“The infliction of sexual injury or harm by any person, firm, or corporation.” Sexual injury or harm is considered the result of any actions of a sexual nature inflicted upon an eligible adult by another person when the eligible adult has not given or is incapable of giving consent. This may involve the use of forcible compulsion. Includes rape or molestation and may include but is not limited to punching, striking, or wounding a person in the genitals or the breast, touching of another person with the genitals, or any touching of the genitals or anus of another person or the breast directly or through clothing for the purpose of arousing or gratifying sexual desire of any person, promoting/observing activities of the eligible adult for sexual purposes, failure to prevent inappropriate activity observed by a third person when it is known or believed that the eligible adult is at risk of harm or injury. |
| Indicators of Sexual Abuse | Sexual Abuse Evidentiary Issues to Consider | Defining Elements of Sexual Abuse |
| **Examples include, but are not limited to:****Physical Indicators**:* Pain or itching in genital area
* Bruises or bleeding in genital or rectal area
* Bruising of inner thighs, bites on neck and chest
* STIs, frequent UTIs, pregnancy, or fear of pregnancy
* Onset of unexplained incontinence
* Behavior changes
* New sexual behaviors or interests
* Sexual comments
* New touching of genitals
* Uncomfortable when changing clothes or undressing

**Behavior Indicator:*** Changes in grooming habits (i.e., increased/decreased bathing)
 | **Examples include, but are not limited to:*** Does the eligible adult have decisional capacity to consent?
* Was the sexual act/contact consensual?
* Was the eligible adult coerced, forced, or tricked into the sexual act?
* Is there a history of sexual abuse?
* Has the eligible adult exhibited sudden behavioral changes (e.g., comments, touching of genitals, self-isolation, change in appetite, reduced social interactions)?
* Is the eligible adult newly uncomfortable with changing clothes or undressing?
 | **ONE OF THE FOLLOWING:*** Coercing, threatening, or forcing the eligible adult to view pornography or other sexually explicit photos/videos.
* Performing sexual acts in the presence of an eligible adult.
* The eligible adult has suffered acts of sexual contact, harassment, or exploitation.

**AND*** The contact, harassment, and/or exploitation were non-consensual, forced, or achieved through undue influence or trickery, or the eligible adult cannot provide consent.
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| **Minimum Standards for OSI Referrals** * It’s suspected that the eligible adult was raped, forced to watch pornography, subjected to unwilling sexual contact or touch, or exposed to sexual activities unwillingly.
* The eligible adult is incapacitated or vulnerable to coercion or forced compulsion. Forcible compulsion includes the use of a substance administered without a victim’s knowledge or consent, which renders the victim physically or mentally impaired to be incapable of making informed consent to sexual intercourse.
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| Emotional Abuse or Emotional Injury or Harm (192.2400.1)Emotional Abuse“The infliction of emotional injury or harm by any person.”Emotional Injury or HarmIncludes a pattern of incidents that would cause emotional distress to a reasonable adult regardless of age or physical/mental impairment. Emotional injury or harm may result from acts of verbal abuse or the act of purposefully withholding or withdrawing affection from the eligible adult with the intent to provoke distress. |
| Indicators of Verbal or Emotional Abuse | Emotional Abuse Evidentiary Issues to Consider | Defining Elements of Emotional Abuse |
| **Examples include, but are not limited to:*** Threats to put the eligible adult in a nursing facility
* Taking away the ability to make/receive phone calls or ability to communicate with others
* Name calling or threats
* Making the eligible adult feel incapable, incompetent, or unable to function without the alleged perpetrator

**Eligible adult Behavioral Indicators:*** Distressed/withdrawn
* Minimizes the alleged perpetrator’s behaviors
* Fear of the alleged perpetrator
* Feels the need not to upset the alleged perpetrator
* Defers to the alleged perpetrator for answers to questions

**Alleged perpetrator Indicators:*** Anger
* Frustration
* Isolates the eligible adult
* Unreasonably critical
* Shaming
* Ignoring
* Aggressive and demeaning comments
 | **Examples include, but are not limited to:*** What has the eligible adult expressed because of the reported abuse? What words were said/heard? Was what was said directed at the eligible adult?
* Is the alleged perpetrator engaging in disrespectful conduct/behavior.?
* Has the alleged perpetrator threatened to deprive the eligible adult of something the eligible adult enjoys?
* If the eligible adult is unable to express, do they express non-verbal indicators?
* Is the eligible adult afraid to make decisions that are contrary to the views of the alleged perpetrator?
* Does the eligible adult mimic the words of the alleged perpetrator exactly?
 | **ONE OF THE FOLLOWING:*** Verbal, emotional, or psychological behavior towards an eligible adult that interferes with their normal daily functioning and can be linked to physical, psychological, or behavioral problems.
* Intimidation or harassment that causes a reasonable person to fear for their safety or property and any threat of retaliation for reporting such acts.
* A pattern of control, manipulation, and isolation that interferes with normal daily functioning, including psychological or physical ailment.

Note: The alleged perpetrator’s conduct may be oral/written, gestured, electronic, or through third parties and be directed or within hearing distance of the eligible adult.**AND ONE OF THE FOLLOWING:*** The eligible adult must have suffered or is suffering significant emotional harm.
* There is a pattern of behavior displayed by the alleged perpetrator that inflicts emotional harm on the eligible adult.
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| **Minimum Standards for OSI Referrals** * Evidence of a pattern of continued behaviors on the part of the alleged perpetrator that causes clear emotional injury/harm to the eligible adult.
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| **Self-Neglect (192.2400.14a)**“A substantial risk that physical harm to an eligible adult will occur because of his or her failure or inability to provide for his or her essential human needs as evidenced by acts or behavior which has caused such harm or which gives another person probable cause to believe that the eligible adult will sustain such harm.”A behavioral condition in which an individual neglects to appropriately attend to their basic needs, such as personal hygiene, appropriate clothing, feeding, or tending to any medical conditions they have. Self-neglect includes but is not limited to the above issues. |
| Indicators of Self-Neglect | Self-Neglect Evidentiary Issues to Consider | Defining Elements of Self-Neglect |
| **Indicators:*** Poor hygiene: soiled clothing; dirty, matted, or infested hair; dirty nails, body odors, urine, and fecal smells; lack of proper clothing
* Inability to manage Activities of Daily Living
* Wandering and cannot get back on own
* Missed medical appointments.
* Infestations of insects or rodents impacting the eligible adult’s health
* Urine, feces
* Living situation is a serious and imminent threat to health and safety
* Hoarding to a degree that most of the living space is unusable
 | * What is the general physical condition of the eligible adult?
* Does the eligible adult have possible contributing medical conditions?
* Can the eligible adult appreciate their needs or understand how to manage their conditions and care?
* Is the behavior or action unusual for the eligible adult?
* Does the eligible adult have cognitive impairment?
* Does the eligible adult have preventable health/hygiene issues?
* Does the eligible adult have frequent/excessive hospitalizations or emergency room visits?
* Does a medical provider have concerns that the eligible adult has declined?
* Does the home lack necessities?
* Does the eligible adult mishandle their finances, resulting in preventable consequences?
* Is there a chronic history of self-neglect (as noted by APS or first responder contacts)?
* Can the eligible adult explain an understanding of the consequences of their actions or inactions?
 | * The eligible adult is unable to meet their basic needs of care, health, safety, wellness, and financial security.

**OR*** The eligible adult lacks the decisional capacity to make informed choices about their basic needs as evidenced by one or more of the following:
* Inability to sequence or process information or take the steps needed to ensure basic care, safety, health, and well-being.
* Lacks and is unable to obtain the necessary information to make choices and meet needs.

**AND*** The eligible adult is at risk of serious harm in the foreseeable future or has been harmed as evidenced by one or more of the following:
* Lacks a level of physical ability to reduce risk.
* Lacks cognitive ability to meet needs, protect interests, and be safe.
* Does not take action to protect personal safety
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| **Mental Health Crisis (192.2400.14b)**A substantial risk that an eligible adult will inflict physical harm upon themselves or is at risk of harming others, as evidenced by recent credible threats, acts, or behavior that has caused such harm or which places another person in reasonable fear that the eligible adult will sustain such harm. |
| **Indicators of Mental Health Crisis** | Mental Health Crisis**Evidentiary Issues to Consider** | **Defining Elements of Mental Health Crisis** |
| **Examples include, but are not limited to:*** The eligible adult has threatened or attempted to harm others or self in the last 72 hours, and they have not received any mental health treatment.
* The eligible adult is in immediate harm due to delusions, hallucinations, compromised ability to function, or extreme emotional distress that requires immediate medical/mental health treatment.
 | **Examples include, but are not limited to:*** Does the eligible adult exhibit suicidal ideation and have a plan to harm themselves?
* Is there a history of mental illness, suicide attempts, or treatment for mental health conditions?
* Does the eligible adult require immediate, emergency intervention to prevent harm to self or others?
 | **ONE OF THE FOLLOWING:*** Threatening or attempting to harm self or others
* Delusions or hallucinations that present an imminent danger to self or others
* Compromised ability to function, resulting in the eligible adult being in imminent danger (including wandering)
* Extreme emotional distress that requires immediate medical/mental health treatment
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| **Protective Services (192.2400.16)**Protective services are provided by the state or other governmental or private organizations or individuals which are necessary for the eligible adult to meet his or her essential human needs.Protective Services are any actions taken to explore, develop, or arrange for services for eligible adults to alleviate ANE and meet their essential human needs.This allegation shall be utilized only when there is an EDL report with an allegation of physical abuse, sexual abuse, or caregiver neglect. |
| **Indicators of Protective Services** | Protective Services**Evidentiary Issues to Consider** | **Defining Elements of Protective Services** |
| **Examples include, but are not limited to:*** Any issues the eligible adult has related to the EDL that require protective services.

Resources indicators include but are not limited to:* Legal services (orders of protection, guardian/conservator, court testimony, wills, etc.)
* Housing and Relocation needs (emergency housing, DV shelters, residential care, relocating, etc.)
* Mental health access (DMH services, crisis interventions, behavioral health, etc.)
* Medical services (doctor’s appointments, pharmacy needs, EMT services, etc.)
* Financial resources (money management or budgeting, coordinating with Social Security, payee access, etc.)
 | Does the eligible adult require resources or services in relation to the allegations on the EDL report? | The eligible adult needs resources or services to meet his/her essential human needs. **AND**There is an EDL report with allegations of physical abuse, sexual abuse, or caregiver neglect.Note: Protective Service allegations may only have an allegation status of substantiated or unsubstantiated. |
| **Minimum Standards for OSI Referrals** * An OSI referral is not required as an EDL report has already been assigned to OSI.
* Information gained from the PSU report related to the EDL allegations shall be shared with OSI as appropriate.
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| **Allegation Status Determinations**All reported and/or added allegations shall receive a status and be addressed thoroughly in the report. The information collected must be analyzed to determine whether the allegations occurred and whether further intervention and/or protective services are needed. |
| **Allegation status** | **Allegation status definition** | **Exceptions** |
| **Substantiated** | Based on the information collected, facts support that injury, harm, loss, or damage occurred and protective services were/are necessary. |  |
| **Suspected** | Based on the information collected, there is suspicion but inadequate evidence to support that the allegation occurred. Protective services may or may not have been necessary. |  |
| **Suspected and Referred to OSI** | Based on the information collected, evidence and facts suggest that injury, harm, loss, or damage occurred, and the allegation(s) potentially have a criminal element. Such allegations, including Physical Abuse, Sexual Abuse, Caregiver Neglect, and Financial Exploitation, are to be referred to the OSI for a criminal investigation to be completed. | Physical Abuse, Sexual Abuse, Caregiver Neglect, and Financial Exploitation allegations not referred to OSI due to charges filed by local prosecuting attorneys shall use the allegation status “Substantiated.”Allegations of Physical Abuse, Sexual Abuse, Caregiver Neglect, and Financial Exploitation that are not referred to OSI shall be “unsubstantiated” or “suspected” as appropriate.Note: When Emotional Abuse is considered criminal, the APS Specialist shall consult OSI for guidance on the allegation status. Caregiver Neglect may or may not be referred to OSI, depending on intent and severity. If it is not referred, the allegation statuses used are “suspected” or “unsubstantiated” as appropriate. |
| **Unsubstantiated** | Based on the information collected, facts do not suggest that injury, harm, loss, or damage occurred, and protective services were/are not indicated. |  |