



Iowa Department of Human Services

Terry E. Branstad
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June 17, 2016

GENERAL LETTER NO. 16-G-AP-37

ISSUED BY: Bureau of Child Welfare and Community Services
Division of Adult, Children and Family Services

SUBJECT: Employees' Manual, Title 16, Chapter G, **DEPENDENT ADULT PROTECTIVE SERVICES APPENDIX**, Contents (page 1), revised; pages 8e, 40, 41, and 42, revised; page 43, new; and the following forms:

470-3944 *Dependent Adult Abuse Notice of Intake Decision*, revised
470-4835 *Safety Plan for At-Risk Adult*, revised
RC-0135 *Dependent Adult Abuse Dissemination Desk Aid*, new

Summary

Chapter 16-G-Appendix is revised to:

- ◆ Update form 470-3944, *Dependent Adult Abuse Notice of Intake Decision*, to add that DHS protective service staff will not evaluate a report of suspected dependent adult abuse because the Department of Inspections and Appeals is responsible for cases within facilities.
- ◆ Update form 470-4835, *Safety Plan for At-Risk Adult*, to:
 - Add a place for a witness' signature and the date and time.
 - Make the form easier to complete by hand.
- ◆ Add RC-0135, *Dependent Adult Abuse Dissemination Desk Aid*. Use RC-0135 to identify:
 - The type of information that can be released to specific persons upon request.
 - The form on which the request must be submitted.

Effective Date

Immediately.

Material Superseded

This material replaces the following pages from Employees' Manual, Title 16, Chapter G, Appendix:

<u>Page</u>	<u>Date</u>
Contents (page 1)	February 1, 2016
470-3944	10/11
470-4835	10/09
8e	November 6, 2009
40-42	September 25, 2015

Additional Information

Refer questions about this general letter to your area service administrator.

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Dependent Adult Abuse Notice of Intake Decision

You made a report of suspected dependent adult abuse to the _____ county office on _____, regarding _____.

- The report of suspected dependent adult abuse you made has been accepted for evaluation or assessment. The report must be completed within 20 working days from the date of referral, unless an extension is granted for just cause.
- The report of suspected dependent adult abuse you made will **not** be evaluated by Department of Human Services protective service staff because:
 - The person who is the subject of the suspected abuse is not a dependent adult.
 - The person alleged responsible for the abuse is not a caretaker of the dependent adult.
 - The reported allegation does not constitute dependent adult abuse under Iowa law.
 - The information provided is insufficient to infer that dependent adult abuse has occurred.
 - The reported allegation was previously accepted for evaluation or assessment on _____.
- The Department of Inspections and Appeals is solely responsible for the evaluation of dependent adult abuse cases within facilities and programs pursuant to Iowa Code Chapter 235E.

As a result of your report, we have forwarded information to:

- The county attorney's office
- Law enforcement

Your concerns may best be addressed by you contacting:

- Community-based services
- Law enforcement
- Local Area Agency on Aging
- An attorney
- Local domestic violence center
- Local central point of coordination
- Other services:

Thank you for bringing your concerns to our attention.

Sincerely,

Protective Services Supervisor

Date

FREQUENTLY ASKED QUESTIONS

The purpose of the dependent adult abuse program is to provide the greatest possible protection to victims or potential victims of abuse through encouraging the increased reporting of suspected cases of dependent adult abuse and ensuring the thorough and prompt evaluation or assessment of these reports.

Making a report of dependent adult abuse may be a stressful event, since you may not fully know what action may come as a result of your report. The following are frequently asked questions:

What is dependent adult abuse?

Iowa law identifies dependent adult abuse as any of the following, if it is the result of acts or omissions of the dependent adult's caretaker:

- ◆ **Physical abuse:** Physical injury to, or injury which is at variance with the history given of the injury, or unreasonable confinement, unreasonable punishment, or assault of a dependent adult.
- ◆ **Sexual abuse:** Commission of a sexual offense under the sexual abuse criminal chapters of the Code.
- ◆ **Financial exploitation:** Taking unfair advantage of a dependent adult's physical or financial resources for one's own personal or pecuniary profit, without the dependent adult's informed consent, including theft, by the use of undue influence, harassment, duress, deception, false representation, or false pretenses.
- ◆ **Denial of critical care:** Failing to provide adequate food, shelter, clothing, supervision, physical or mental health care or other care necessary to maintain a dependent adult's life or health.
- ◆ **Self denial of critical care:** The dependent adult fails to provide him or herself adequate food, shelter, clothing, supervision, physical or mental health care or other care necessary to maintain a dependent adult's life or health.

Is the dependent adult told who made the report?

No. Iowa law does not permit the protective services worker or the Department to disclose who made the dependent adult abuse report. However, a court may order the Department to identify the reporter.

Will the dependent adult be removed from the current living arrangement?

Removal of a dependent adult from the current living situation is considered to be a last resort. Removal is considered only if the dependent adult is in immediate need of medical or other care necessary to meet daily needs that cannot be met in the current living arrangement. The Department of Human Services does not have the legal authority to remove a dependent adult. If a removal is necessary, the Department must seek the assistance of law enforcement and obtain a court order.

What if I disagree with a decision to reject the report of suspected dependent adult abuse?

A protective services supervisor makes the decision to reject a report of suspected dependent adult abuse. If you disagree with the decision to reject a report, you may request to speak with the human service area administrator.



Safety Plan for At-Risk Adult

At-risk adult name:	Worker:	County:
Registry #:	Date and time safety plan completed:	

Below is a safety plan, which is a written agreement between you and the Iowa Department of Human Services to keep you safe. The plan notes safety concerns about you and describes how to keep you safe.

Safety concerns:

Tasks to be done to provide health and safety by whom and when:

How plan is monitored:

Back-up plan:

At-Risk Adult and Participant Agreement:

A safety plan is written when it is determined an at-risk adult is at risk of health or safety. Actions taken to attempt to make the adult safe fully address all the signs of current or impending danger identified through the dependent adult assessment tools.

At-risk adult signature:	Date and time:
DHS signature:	Date and time:
Other signature:	Date and time:
Witness:	Date and time:
Name of supervisor consulted:	Date and time:

Safety Plan for At-Risk Adult, Form 470-4835

Purpose	The <i>Safety Plan for At-Risk Adult</i> , form 470-4835, is used to: <ul style="list-style-type: none">◆ Identify concerns about an at-risk adult’s health or safety,◆ Involve the at-risk adult in elevating those concerns, and◆ Documenting them for the at-risk adult.
Supply	Complete this form on line using the template in Outlook under Public Folders: All Public Folders: State Approved Forms; Service. The form may also be printed from the sample in the manual or Outlook and completed by hand.
Completion	The protective worker with responsibility for completing the dependent adult abuse report completes the form on the alleged victim during the evaluation or assessment.
Distribution	Keep in the case file.
Data	At-risk adult’s name. Enter the at-risk adult’s name. Worker. Enter the worker’s name. County. Enter the county name or number. Registry #. Enter the registry number assigned by the SODA database system. Date and time safety plan completed. Enter the date the safety plan was completed. Safety concerns. Enter the cause for concern currently or impending, using the results of the <i>Dependent Adult Assessment Tool</i> , form 470-4841. Include in the plan what the dependent adult is capable or willing to do in case of emergencies. Include in the plan ways to alleviate the issues causing the adult to be at risk of health or safety. How the plan is monitored. Enter how the plan will be monitored.

Dependent Adult Abuse Dissemination Desk Aid, RC-0135

Purpose	The <i>Dependent Adult Abuse Dissemination Desk Aid</i> , RC-0135, is used to identify: <ul style="list-style-type: none">◆ The type of information that can be released to specific persons upon request.◆ The form on which the request is to be submitted.
Source	Print or photocopy supplies of the <i>Dependent Adult Abuse Dissemination Desk Aid</i> from the sample in the manual.
Distribution	The <i>Dependent Adult Abuse Dissemination Desk Aid</i> is an internal desk aid.



Iowa Department of Human Services Dependent Adult Abuse Dissemination Desk Aid

**clarifying instructions*

ACCESS TO DEPENDENT ADULT ABUSE INFORMATION	FOUNDED: Evaluation	FOUNDED SELF DCC AND CONFIRMED NOT PLACED ON REGISTRY: Assessment	UNFOUNDED: Assessment
Subjects			
Named victim, guardian/legal custodian, guardian's attorney, persons responsible for abuse; Attorneys for subjects, guardian ad litem	Provide report at conclusion and upon request with 470-2444 or 470-0643.	Provide report at conclusion and upon request with 470-2444 or 470-0643.	Provide report at conclusion and upon request with 470-2444 or 470-0643.
Persons Involved in an Assessment			
Health practitioner or mental health professional who is examining, attending or treating a dependent adult or whose consultation is requested by DHS	Provide report upon request with 470-0643.	Provide disposition upon request with subject *authorization on 470-3301.	Provide disposition upon request with subject *authorization on 470-3301.
DHS personnel responsible for abuse assessment, evaluation or record checks; DIA personnel responsible for abuse investigation	Provide report upon request.	Provide report upon request.	Provide report upon request.
DHS staff involved in certification or accreditation of agency or program providing services	Provide report upon request.	Provide disposition upon request with subject *authorization on 470-3301.	Provide disposition upon request with subject *authorization on 470-3301.
Law enforcement assisting in an assessment or evaluation, including DIA Fraud Investigation units	Provide report upon request.	Provide disposition upon request with subject *authorization on 470-3301.	Provide disposition upon request with subject *authorization on 470-3301.
Multidisciplinary teams approved by IDHS	Provide report upon convening of team with signature on 470-2328.	Provide report upon convening of team with signature on 470-2328.	Provide report upon convening of team with signature on 470-2328. No access after conclusion of assessment/evaluation.
Mandatory reporter who reported the individual case	Provide report upon request with 470-0643.	Provide report upon request with 470-0643.	Provide report upon request with 470-0643.
Each board specified under 147 to license, certify, and discipline health care professionals, Iowa Department of Public Health (IDPH)	Provide report upon request with 470-0643.	Provide disposition upon request with subject *authorization on 470-3301.	Provide disposition upon request with subject *authorization on 470-3301.
Providers of Care			
Person or agency responsible for care or supervision of an adult victim	Only as necessary, determined by DHS. Provide upon request with 470-0643.	Only as necessary, determined by DHS. Provide upon request with 470-0643.	Provide disposition upon request with subject *authorization on 470-3301.
Person or agency responsible for care or supervision of the alleged perpetrator	Only as necessary, determined by DHS. Provide upon request with 470-0643.	Provide disposition upon request with subject *authorization on 470-3301.	Provide disposition upon request with subject *authorization on 470-3301.
Licensing authority for facility providing care to dependent adult	Provide report upon request with 470-0643.	Provide disposition upon request with subject *authorization on 470-3301.	Provide disposition upon request with subject *authorization on 470-3301.
Employee or agent of IDHS responsible for registering or licensing or approving registration or licensing of a person or individual providing care to an adult and regulated by IDHS	Provide report upon request.	Provide disposition upon request with subject *authorization on 470-3301.	Provide disposition upon request with subject *authorization on 470-3301.
An employee of an agency requested by IDHS to provide case management or other services to the dependent adult	Only as necessary, as determined by DHS. Provide upon request with 470-0643.	Provide disposition upon request with subject *authorization on 470-3301.	Provide disposition upon request with subject *authorization on 470-3301.
Iowa Protection and Advocacy Agency if victim or perpetrator has a developmental disability or mental illness (Disability Rights Iowa) if adult is or has received services in a facility defined under 235E.1	Provide report upon request with 470-0643.	Provide disposition upon request with subject *authorization on 470-3301.	Provide disposition upon request with subject *authorization on 470-3301.
Judicial and Administrative Proceedings			
Court proceedings	Provide information per court order with a finding of necessity.	Provide information per court order with a finding of necessity.	Provide information per court order with a finding of necessity.
Court or administrative agency hearing for an appeal for correction or expungement of information	Provide report upon request.	Provide report upon request with 470-0643.	Provide report upon request with 470-0643.
Court or administrative agency making an unemployment compensation determination	Provide report upon request with 470-0643.	Provide disposition upon request with subject *authorization on 470-3301.	Provide disposition upon request with subject *authorization on 470-3301.
Department of Justice, Department of Justice for victim reparation	Provide report upon request with 470-0643 only for the purpose of filing a claim for reparation pursuant to sections 915.21 and 915.84.	Provide report upon request with 470-0643 only for the purpose of filing a claim for reparation pursuant to sections 915.21 and 915.84.	Provide disposition upon request with subject *authorization on 470-3301.
County attorney	Provide report at conclusion of assessment or evaluation.	Provide report at conclusion of assessment or evaluation.	Provide report at conclusion of assessment or evaluation.
<i>Attorney General's Office</i>	Provide report upon request.	Provide report upon request.	Provide report upon request.
Expert witness or witness who testifies in an appeal	Provide information per court order.	Provide disposition upon request with subject *authorization on 470-3301.	Provide disposition upon request with subject *authorization on 470-3301.

ACCESS TO DEPENDENT ADULT ABUSE INFORMATION	FOUNDED: Evaluation	FOUNDED SELF DCC AND CONFIRMED NOT PLACED ON REGISTRY: Assessment	UNFOUNDED: Assessment
Others			
Bona fide researchers (MOU and proposal on file, approved with Hoover)	Yes	No	No
Iowa KidsNet	Yes	Yes	Yes
The Office of the Substitute Decision Maker (if pertaining to legal services to be provided or being provided for a client).	Yes	No	No
ABUSE CHECKS	FOUNDED: Evaluation	FOUNDED SELF DCC AND CONFIRMED NOT REGISTERED: Assessment	Unfounded: Assessment
<ul style="list-style-type: none"> Hospital administrator under 135B or student nursing program under 152.5 Health care facility administrator or designee under 135C.33 Community mental health center State, city or county facility or program providing services or care to adults An employee of an agency requested by IDHS to provide case management or other services to a dependent adult Medicaid HCBS waiver provider agency administrator MH/ID/DD provider agency administrator under a county management plan Public employer personnel department Administrator of agency providing care to a dependent adult in another state Superintendent of a school district or superintendent's designee Department of Inspections and Appeals (for employment checks role) Nursing student programs Board of Educational Examiners Department of Aging Iowa Veterans Home (for volunteers) Nursing program approved by the Board of Nursing under 152.5 Administrator of a certified nurse's aide program Juvenile detention or shelter programs Governmental agency responsible for dependent adult protection Employer or prospective employer of a school bus driver 	Yes	No	No
Licensed child-placing agency responsible for an adoptive placement; Certified adoption investigator; Licensed child care centers	Provide disposition upon request with subject *authorization on 470-3301.	Provide disposition upon request with subject *authorization on 470-3301.	Provide disposition upon request with subject *authorization on 470-3301.
Power of Attorney (medical, financial)	Provide disposition upon request with subject *authorization on 470-3301.	Provide disposition upon request with subject *authorization on 470-3301.	Provide disposition upon request with subject *authorization on 470-3301.
Registry, DHS staff, agent, contractor for official duties, attorney representing DHS, Citizen Aide/Ombudsman, Long-term care resident's advocate	Yes	Yes	Yes

* Dissemination of any information that requires subject authorization is limited to **disposition ONLY**.

** Forms: 470-0643, *Request for Child and Dependent Adult Abuse Information*; 470-2444, *Adult Protective Notification: Founded; Confirmed Not Registered; Unfounded*; 470-3301, *Authorization for Release of Child and Dependent Adult Abuse Information*, must be signed by the alleged victim, legal guardian or alleged person responsible for abuse. **Any requestor needing authorization is limited to disposition data, which is only information as to whether or not the individual who consented is named in a founded report as having abused a dependent adult. All requests require verification of identity.**

*** "Necessary information" consists, at a minimum, of disposition data.

**** Reports can ONLY be Redisseminated to those who would already have independent access under 235B.6 and 235B.8.

Key: Who disseminates what?

Processed by Field	Processed by Central Registry
Unfounded	Out-of-state adult protective service agencies
Confirm, Not Placed on Registry	Law enforcement requests
Founded Self DCC which are Assessments and not on the Registry	Licensing Board requests
Requests made by subjects or subject's attorney	Service provider requests including HCBS or programs under 235E
Service requests such as worker seeking full report to consider family member as a caretaker	Any information sought for employment purposes

Any information disseminated by field requires notice to Central Registry on 470-0643 within 72 hours of dissemination.

[Dependent Adult Protection Handbook, Comm. 96](#)

Purpose	<p>The <i>Dependent Adult Protection Handbook</i> supplements material contained in 16-G. It is designed as a decision tree to help the worker answer the questions:</p> <ul style="list-style-type: none">◆ Is this an appropriate referral?◆ Is this a founded report?
Source	<p>This <i>Handbook</i> is not stocked at Anamosa. View or print supplies of the <i>Handbook</i> from the on-line manual, or photocopy the printed sample.</p>
Data	<p>Refer to material in the <i>Handbook</i> for clarification of:</p> <ul style="list-style-type: none">◆ The factors required to determine that a report requires evaluation.◆ The factors required to found a report of each specific type of dependent adult abuse.

[Dependent Adult Abuse: A Guide for Mandatory Reporters, Comm. 118](#)

Purpose	<i>Dependent Adult Abuse: A Guide for Mandatory Reporters</i> is used to provide information regarding definition and statutory obligations for mandatory reporters in identification and reporting of suspected dependent adult abuse.
Source	This <i>Handbook</i> is not stocked at Anamosa. Click on the booklet title on this page for a sample of the booklet that can be printed if desired.
Distribution	The booklet has been designed for internal and external use. People requesting this booklet should be directed to the DHS Policy Analysis web site.

Facility, Agency, and Program Evaluation Handbook, Comm. 195

Purpose	The <i>Facility, Agency, and Program Evaluation Handbook</i> supplements material contained in 16-G. It provides a guide for procedures to use in evaluating dependent adult abuse perpetrated by a caregiver in out-of-home care settings.
Source	This <i>Handbook</i> is not stocked at Anamosa. View or print supplies of the <i>Handbook</i> from the on-line manual, or photocopy the printed sample.
Data	Refer to material in Comm. 96, Dependent Adult Protection Handbook , for clarification of: <ul style="list-style-type: none">◆ The factors required to determine that a report requires evaluation.◆ The factors required to found a report of each specific type of dependent adult abuse.