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Employees' Manual
Title 16
Chapter G(1)

DEPENDENT ADULT ABUSE INTAKE



Iowa Department
of Human Services

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Overview

Legal reference: 441 IAC 176.3(235B); Iowa Code sections 235B.1, 235B.3, 235B.5;
Iowa Code Chapter 235E

The primary purpose of intake is to obtain available and pertinent information regarding an allegation of dependent adult abuse. Your ability to gather this information is critical to the evaluation and assessment process and often the first step taken to initiate safeguards for dependent adults at risk. The intent of the law is to accept and process valid reports but not to infringe on an adult's constitutional right to privacy.

Be flexible and able to communicate effectively with callers by asking questions, recording necessary information, and discriminating between significant and extraneous information. A thorough intake will provide:

- ◆ Protection for a dependent adult.
- ◆ Necessary information for the assigned worker.
- ◆ Information and referral.
- ◆ Improved public awareness of the Department's roles, responsibilities, and limitations.

Protection for dependent adults in Iowa is provided by:

- ◆ Encouraging the reporting of suspected cases of abuse,
- ◆ The prompt and thorough evaluation or assessment of the reports,
- ◆ Intervening to provide protection to abused dependent adults, and
- ◆ Arranging for services for abused dependent adults.

Dependent adult abuse that occurs in the community is evaluated or assessed by the Department of Human Services (referred to in this manual as "the Department"). Dependent adult abuse that occurs in any of the following settings is evaluated by the Department of Inspections and Appeals:

- ◆ Health care facility as defined in Iowa Code section 135C.1
- ◆ Hospital as defined in Iowa Code section 135B.1
- ◆ Elder group home as defined in Iowa Code section 231B.1
- ◆ Assisted living program certified under Iowa Code section 231C.1
- ◆ Adult day program as defined in Iowa Code section 231D.1

Adults have constitutional rights guaranteeing certain freedoms. The Department strives to arrange services in the least restrictive manner possible. The goal is to balance a person's right to personal freedom while attempting to protect adults who are unable to protect themselves.

This manual is divided into the following sections:

- ◆ [Source of reports](#)
- ◆ [Intake process](#)
- ◆ [Facilities and programs where DIA evaluates allegations](#)
- ◆ [Case assignment](#)

Legal Basis

Authority for the reporting and evaluation or assessment of dependent adult abuse and operation of the Central Abuse Registry is derived from the following sources:

- ◆ Public Law 97-35, the Omnibus Budget Reconciliation Act of 1981, provides funding for various social services, including protective services, through Social Services Block Grant funding.
- ◆ Iowa Code Chapter 217, "Department of Human Services," establishes the purpose and general duties of the Department of Human Services.
- ◆ Iowa Code Chapter 234, "Child and Family Services," gives the Director of the Department the authority to use funds for protective services.
- ◆ Iowa Code Chapter 235B, "Adult Abuse," became effective January 1, 1983. It authorizes the Department to accept reports of suspected dependent adult abuse, evaluate and assess reports, complete an assessment of needed services, and make appropriate referrals for services.
- ◆ Iowa Code Chapter 235E, "Dependent Adult Abuse in Facilities and Programs," became effective July 1, 2008. It authorizes the Department of Inspections and Appeals to evaluate reports of suspected abuse of dependent adults residing or receiving services in:
 - Health care facilities defined in Iowa Code section 135C.1,
 - Hospitals defined in Iowa Code section 135B.1,
 - Elder group homes defined in Iowa Code section 231B.1,
 - Assisted living programs certified Iowa Code under 231C.3, and
 - Adult day service programs defined in Iowa Code section 231D.1.
- ◆ 441 Iowa Administrative Code Chapter 176, "Dependent Adult Abuse," explains the dependent adult abuse program in greater detail.

Definitions

Legal reference: 441 IAC 176.1(235B); Iowa Code Chapters 235B and 633; Iowa Code 702.4, 702.9, 702.17, 708.1, 708.7, 709.1A, 709.15, 709.21, and 714.1; and *Black's Law Dictionary*, Seventh and Eighth Editions, West Group, 1999 and 2004.

"Adult abuse" means the deprivation of the minimum food, shelter, clothing, supervision, physical or mental health care, and other care necessary to maintain a dependent adult's life or health **as a result of the acts or omissions of the dependent adult**.

"Adult abuse" includes any of the following **as a result of the willful or negligent acts or omissions of a caretaker**:

- ◆ 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.
- ◆ The commission of a sexual offense with or against a dependent adult.
- ◆ Exploitation of a dependent adult, which means the act or process of taking unfair advantage of a dependent adult or the misuse of the adult's physical or financial resources for one's own personal or pecuniary profit, without the informed consent of the dependent adult, including theft, by the use of undue influence, harassment, duress, deception, false representation, or false pretense.
- ◆ The deprivation of the minimum food, shelter, clothing, supervision, physical or mental health care, or other care necessary to maintain a dependent adult's life or health. [Iowa Code section 235B.2, paragraph 5(a)]

"Assault" means the same as defined in Iowa Code section 708.1.

"Assessment" means the process of collecting and examining information concerning a dependent adult who allegedly has been denied critical care **due to the acts or omissions of the dependent adult**, to determine the circumstances of the adult. There is no caretaker responsible for the abuse and these founded reports are not kept on the Central Abuse Registry. (Evaluations are completed on dependent adults when the abuse is the result of actions of a caretaker.) (Iowa Code 235B.3, paragraph 1)

"Assessment" also means the completed report when the abuse, committed by a caretaker is "confirmed, not registered," because the physical abuse or denial of critical care was minor, isolated, and unlikely to reoccur. These reports are also not kept in the Central Abuse Registry.

“Boarding home” means a premises used by its owner or lessee for the purpose of letting rooms for rental to three or more persons not related within the third degree of sanguinity to the owner or lessee where supervision or assistance with activities of daily living is provided to such persons. A boarding home does not include a facility, home, or program otherwise subject to licensure or regulation by the Department of Human Services, Department of Inspections and Appeals, or Department of Public Health. [2009 Iowa Acts, Senate File 484]

NOTE: “Premises” means a dwelling unit and the structure of which it is a part and facilities and appurtenances of it and grounds, areas and facilities held out for the use of tenants generally or whose use is promised to the tenant. [Iowa Code section 562A.6]

“Capacity to consent” is a non-legal judgment of a person’s functional ability to make decisions. If it is determined a person lacked the capacity to consent, that does not mean the person is legally incompetent.

“Caretaker” means a related or unrelated person who has the responsibility for the protection, care, or custody of a dependent adult because of assuming the responsibility voluntarily, by contract, through employment, or by order of the court. (Iowa Code section 235B.2)

“Collateral sources” means any person or agency that is presently providing service to the dependent adult, either in a professional or paraprofessional capacity, including, but not limited to, doctors, counselors, and visiting nurses. [441 IAC 176.1(235B)]

“Confidentiality” means the withholding of information from any manner of communication, public or private. [441 IAC 176.1(235B)]

“Confinement” means the act of imprisoning or restraining someone; the state of being imprisoned or restrained. (*Black’s Law Dictionary*, Eighth Edition, West Group, 2004)

“Counselor or therapist” means a physician, psychologist, nurse, professional, counselor, social worker, marriage or family therapist, alcohol or drug counselor, member of the clergy, or any other person, whether or not licensed or registered by the state, who provides or purports to provide mental health services. (Iowa Code section 709.15)

NOTE: This definition includes staff in residential facilities who have the title of counselor, social worker, marriage or family therapist, alcohol or drug counselor, member of the clergy, or any other person, whether or not licensed or registered by the state, who provides or purports to provide mental health services.

“Department” means the Iowa Department of Human Services and includes the local and central offices of the Department. [Iowa Code section 235B.2; 441 IAC 176.1(235B)]

“Denial of critical care” means either a dependent adult or a caretaker of a dependent adult has denied a dependent adult the minimum food, shelter, clothing, supervision, physical or mental health care, or other care necessary to maintain a dependent adult’s life or health. (Iowa Code section 235B.2)

Denial of critical care exists when:

- ◆ The dependent adult’s basic needs are denied or ignored to such an extent that there is immediate or potential danger of the dependent adult suffering injury or death.
- ◆ There is a denial of or a failure to provide the mental health care necessary to adequately treat the dependent adult’s serious social maladjustment.
- ◆ There is a gross failure of the caretaker to meet the emotional needs of the dependent adult necessary for normal functioning.
- ◆ There is a failure of the caretaker to provide for the proper supervision of the dependent adult. [441 IAC 176.1(235B)]

“Dependent adult” means a person 18 years of age or older who is unable to protect the person’s own interests or unable to perform adequately or obtain services necessary to meet essential human needs, as a result of a physical or mental condition which requires assistance from another. [Iowa Code section 235B.2; 441 IAC 176.1(235B)]

“Dependent adult abuse information” means any or all individually identified report data, evaluation data, assessment data, and disposition data maintained by the Registry or by any office of the Department. (Iowa Code section 235B.5)

“Evaluation” means the process of collecting and examining information concerning a dependent adult who allegedly has been abused or denied critical care **due to the acts or omissions of the caretaker**, for the purpose of determining the circumstances of the dependent adult. The information is used to write the dependent adult abuse report.

(“Assessment” occurs when the abuse is the result of actions of the dependent adult or a report of physical abuse or denial of critical care committed by a caretaker that is confirmed, not registered because the abuse was minor, isolated and not likely to reoccur.) (Iowa Code sections 235B.1 and 235B.3)

“Evaluation or assessment data” means information pertaining to the evaluation or assessment of report data, including:

- ◆ The reason the adult is dependent.
- ◆ The legal reason the alleged abuse perpetrator is considered the dependent adult’s caretaker or if there is no caretaker and the dependent adult is considered responsible for the alleged abuse.
- ◆ Information as to the nature, extent, and cause of the abuse.
- ◆ The dependent adult’s home environment and relationships with the caretaker, if there is a caretaker.
- ◆ Information related to the allegation of abuse and whether or not the evaluation or assessment of information confirmed or refuted the allegation.
- ◆ The findings of the evaluation or assessment and factors illustrating how the conclusions were reached. (Iowa Code 235B.1 and 235B.3)

“Exploitation” means the same as defined in Iowa Code section 235B.2.

“Family or household member” means a spouse, a person cohabiting with the dependent adult, a parent, or a person related to the dependent adult by consanguinity or affinity, but does not include children of the dependent adult who are less than 18 years of age. (Iowa Code section 235B.2) (Law enforcement officers may offer professional counseling to a family or household member when they are remaining with a victim of criminal dependent adult abuse.)

“Guardian” means the person appointed by the court to have custody of the person (ward) under provisions of the Probate Code. (Iowa Code Chapter 633)

“Health practitioner” means a licensed physician or surgeon, osteopath, osteopathic physician or surgeon, dentist, optometrist, podiatrist, or chiropractor; a resident or intern in any or those professions; a licensed dental hygienist; a registered nurse or licensed practical nurse; or a basic emergency medical care provider certified under Iowa Code section 147.161 or an advanced emergency medical care provider under Iowa Code section 147.A6. [Iowa Code sections 235B.3(2)(e)(5); and 232.68(5)]

“Immediate danger to health or safety” means a situation in which death or severe bodily injury could reasonably be expected to occur without intervention. (Iowa Code section 235B.2)

“Individual employed as an outreach person” means a person who, in the course of employment, makes regular contacts with dependent adults regarding available community resources. [441 IAC 176.1(235B)]

“Intent” means the state of mind accompanying an act, especially a forbidden act. While motive is the inducement to determinate to do it, when the intent to do the act that violates the law exists, motive becomes immaterial. (*Black’s Law Dictionary*, Eighth Edition, West Group, 2004)

“Mandatory reporter” means a person who is required to make a report of suspected dependent adult abuse. Social workers and persons who in the course of employment examine, attend, counsel, or treat a dependent adult and reasonably believe a dependent adult has suffered abuse are mandatory reporters. (See [Mandatory Reporters](#).) (Iowa Code section 235B.3)

“Mentally incapacitated” means that a person is temporarily incapable of apprising or controlling the person’s own conduct due to the influence of a narcotic, anesthetic, or intoxicating substance. A person who is impaired by an intoxicant, by mental illness or deficiency, or by physical illness or disability to the extent that personal decision-making is impossible is mentally incapacitated. (Iowa Code section 709.1A; *Black’s Law Dictionary*, Seventh Edition, 1999)

“Nudity” means the full or partial showing of any part of the human genitals or pubic area or buttocks or any part of the nipple of the breast of a female with less than opaque covering. (Iowa Code section 709.21, paragraph 2)

“Permissive reporter” means any person other than a mandatory reporter who believes that a dependent adult has been abused and makes a report of suspected dependent adult abuse. This includes mandatory reporters making reports outside of employment responsibilities. Employees of financial institutions may report suspected financial exploitation of a dependent adult, but are not considered mandatory reporters. (Iowa Code section 235B.3)

“Photograph or film” means any photograph, motion picture film, videotape or any other recording or transmission of the image of a person. (Iowa Code section 709.21, paragraph 2)

“Physical abuse” means 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. (Iowa Code 235B.2)

“Physical injury” means damage to any bodily tissue to the extent the tissue must undergo a healing process in order to be restored to a sound and healthy condition, or damage to any bodily tissue to the extent the tissue cannot be restored to a sound and healthy condition, or damage to any bodily tissue which results in the death of the person who has sustained the damage.

Physical injuries that require a healing process include:

- ◆ Abrasions
- ◆ Bruises
- ◆ Burns
- ◆ Welts
- ◆ Scalds
- ◆ Sprains
- ◆ Fractures
- ◆ Dislocations
- ◆ Lacerations
- ◆ Eye injuries
- ◆ Hyperemia (reddening of the skin which lasts over 24 hours)
- ◆ Internal injuries, including abdominal or chest injuries, brain injuries, brain damage, other central nervous system damage, subdural hemorrhage or hematoma. [441 IAC 176.1(235B)]

“Proper supervision” means supervision a reasonable and prudent person would exercise under similar facts and circumstances, but in no event shall mean placing a dependent adult in a situation that may endanger the dependent adult’s life or health, or cruelly punish or unreasonably confine the dependent adult. [441 IAC 176.1(235B)]

“Punishment” means a sanction such as a fine, penalty, confinement, or loss of property, right or privilege assessed against a person who has violated the law. (*Black’s Law Dictionary*, Eighth Edition, West Group 2004)

“Recklessly” means a person willfully or wantonly disregards the safety of persons or property. (Iowa Code 235B.2)

“Registry” means the central registry for dependent adult abuse information established in Iowa Code section 235B.5. [441 IAC 176.1(235B)]

“Report” means a verbal or written statement made to the Department which alleges that dependent adult abuse has occurred. “Report” also means the written document prepared by the Department service worker after completing the evaluation or assessment of an allegation of abuse of a dependent adult. [441 IAC 176.6(235B)]

“Report data” means information pertaining to any occasion involving or reasonably believed to have involved dependent adult abuse, including:

- ◆ The name and address of the dependent adult and of the caretaker, if any.
- ◆ The age of the dependent adult and the reason the reporter believes the adult is dependent.
- ◆ The nature and extent of the abuse, including evidence of any abuse.
- ◆ Any other information believed to be helpful in establishing the cause of the abuse or the identity of the person or persons responsible for the abuse.
- ◆ Any information contained in the completed evaluation or assessment report.

“Serious injury” means the same as defined in Iowa Code section 702.18. Serious injury means any of the following:

- ◆ Disabling mental illness.
- ◆ Bodily injury which does any of the following:
 - Creates a substantial risk of death.
 - Causes serious permanent disfigurement.
 - Causes protracted loss or impairment of the function of any bodily member or organ.

“Sexual abuse” means the commission of a sexual offense under Iowa Code sections 709, 726.2 or 235B.2, with or against a dependent adult as a result of the willful or negligent acts or omissions of a caretaker, including the following:

- ◆ First-degree sexual abuse (Iowa Code section 709.2)
- ◆ Second-degree sexual abuse (Iowa Code section 709.3)
- ◆ Third-degree sexual abuse (Iowa Code section 709.4)
- ◆ Indecent exposure (Iowa Code section 709.9)
- ◆ Assault with intent to commit sexual abuse (Iowa Code section 709.11)
- ◆ Sexual exploitation by a counselor or therapist (Iowa Code section 709.15)
- ◆ Invasion of privacy, nudity (Iowa Code section 709.21)
- ◆ Incest (Iowa Code section 726.2)
- ◆ Sexual exploitation of a dependent adult by a caretaker (Iowa Code section 235B.2)

“Sex act” means any sexual contact between two or more persons by:

- ◆ Penetration of the penis into the vagina or anus;
- ◆ Contact between the mouth and genitalia or by contact between the genitalia of one person and the genitalia or anus of another person;
- ◆ Contact between the finger or hand of one person and the genitalia or anus of another person, except in the course of examination or treatment by a person licensed for the practice of medicine and surgery, chiropractic, or nursing; or
- ◆ Use of artificial sexual organs or substitutes for sexual organs in contact with the genitalia or anus. (Iowa Code section 702.17)

“Sexual exploitation of a dependent adult by a caretaker” means any consensual or nonconsensual sexual conduct with a dependent adult, which includes but is not limited to:

- ◆ Kissing;
- ◆ Touching of the clothed or unclothed inner thigh, breast, groin, buttock, anus, pubes, or genitals;
- ◆ A sex act, as defined in Iowa Code section 702.17; or
- ◆ Transmission, display, taking of electronic images of the unclothed breast, groin, buttock, anus, pubes or genitals for the purpose not related to treatment or diagnosis or as part of an ongoing assessment, evaluation, or investigation.

“Sexual exploitation” does not include touching which is part of a necessary examination, treatment, or care by a caretaker acting within the scope of the caretaker’s practice or employment; the exchange of a brief touch or hug between the dependent adult and a caretaker for the purpose of reassurance, comfort, or casual friendship; or touching between spouses. Iowa Code section 235B.2(5)a(3)

“Unreasonable” means not guided by reason; irrational or capricious. (*Black’s Law Dictionary*, Eighth Edition, West Group 2004)

“Unreasonable confinement or unreasonable punishment” means any legally unauthorized, medically unwarranted or improperly administered restriction of physical movement, locking up, binding, chaining, or sedative medicating of a dependent adult.

Source of Reports

Legal reference: Iowa Code Chapter 235B.3; 441 IAC 176.3(235B) through 176.6(235B); 176.8(235B)

The Department's Abuse Hotline accepts calls at any time 24 hours per day, seven days per week. The Abuse Hotline number is: 1-800-362-2178. The Department may receive initial inquiries from:

- ◆ Law enforcement,
- ◆ Service agencies,
- ◆ Directly from a person requesting assistance, or
- ◆ Any concerned party in the general public.

This section is divided into the following categories:

- ◆ [Mandatory reporters](#)
- ◆ [Permissive reporters](#)
- ◆ [Mandatory reporters who are reporting permissively](#)

Mandatory Reporters

Legal reference: Iowa Code Chapter 235B.3(2); 2008 Iowa Acts, HF 2591

Persons who in the course of employment examine, attend, counsel, or treat dependent adults are mandated to report suspected abuse. Mandated reporters do not need to obtain evidence of abuse to make a report, but only have to "reasonably believe a dependent adult has suffered abuse." Mandatory reporters include the following:

- ◆ A peace officer.
- ◆ A health practitioner, including a:
 - Licensed physician and surgeon, osteopath, osteopathic physician and surgeon, dentist, optometrist, podiatric physician, or chiropractor;
 - Resident or intern in any such professions;
 - Licensed dental hygienist;
 - Registered nurse or licensed practical nurse;
 - Physician assistant; and
 - Certified emergency medical care provider.

- ◆ An in-home homemaker home-health aide.
- ◆ An outreach person.
- ◆ A member of the staff of a community mental health center or a hospital.
- ◆ A member of the staff or employee of:
 - A supported community living service;
 - A sheltered workshop;
 - A work activity center;
 - An elder group home;
 - An assisted living program;
 - An adult day services program;
 - A public health care facility, including a residential care facility, a nursing facility, an intermediate care facility for persons with mental illness, or an intermediate care facility for persons with an intellectual disability.
- ◆ A social worker.
- ◆ A certified psychologist.

Mandatory reporters are required to report abuse when the abuse is suspected within the scope of their professional practice.

Responsibilities of Mandatory Reporters

Mandatory reporters who suspect a dependent adult has been abused are required to:

- ◆ Make an oral report to the Department;
- ◆ Make a report to law enforcement if it is believed the immediate protection of a dependent adult is needed; and
- ◆ Make a written report to the Department within 48 hours following the oral report.

Mandatory reporters working in facilities, agencies and programs that provide care to dependent adults are required to report suspected abuse immediately to the appropriate department and also immediately notify the person in charge or the person's designated agent. "Immediately" means within 24 hours from the time the abuse is suspected.

Privileges of Mandatory Reporters

A person participating in good faith in reporting or cooperating with or assisting the Department in evaluating a case of dependent adult abuse has immunity from civil or criminal liability which might otherwise be incurred or imposed based upon the act of making a report or giving the assistance.

The person has the same immunity with respect to participating in good faith in a judicial proceeding resulting from the report or cooperation or assistance or relating to the subject matter or the report, cooperation, or assistance.

Mandatory reporters are entitled to a written notification of the results of the evaluation or assessment and a copy of the report, upon request.

Penalties of Mandatory Reporters

A mandatory reporter who does any of the following concerning a suspicion of dependent adult abuse may be committing a simple misdemeanor and may be liable for civil damages:

- ◆ Knowingly and willfully fails to report.
- ◆ Interferes with the making of a report.
- ◆ Applies a requirement that results in the failure to report.

The employer or supervisor of a person who is required to report suspected dependent adult abuse may not apply a policy, work rule, or other requirement that interferes with a person making a report, or results in the failure of another to make a report.

Required Information

The oral and written reports made by a mandatory reporter to the Department are required to include as much of the following as possible:

- ◆ Name and addresses of the dependent adult and persons believed to be responsible for the care of the dependent adult.
- ◆ Whereabouts of dependent adult if not the same as the address given.
- ◆ Reason the adult is believed to be dependent and reason the perpetrator is believed to be a caretaker of the dependent adult.
- ◆ Age of dependent adult.
- ◆ Nature and extent of suspected abuse.
- ◆ Information concerning suspected abuse of other dependent adults in the same residence.
- ◆ Any other information the reporter believes might be helpful in establishing if the abuse occurred or the identity of the person or persons responsible for the abuse, or helpful assisting the dependent adult.
- ◆ The name, address, and name of the agency of the person making the report.

The mandatory reporter may use form 470-2441, *Suspected Dependent Adult Abuse Report*, which outlines the necessary information. (See [16-G-Appendix](#).)

Advise mandatory reporters of their responsibility for making written reports and offer to furnish a copy of form 470-2441. Recommend the mandatory reporter maintain a copy of the written report to document the report of suspected dependent adult abuse was made.

When more than one mandatory reporter reasonably suspects abuse involving the same person, advise the reporters to make their report jointly to the Department.

If a subsequent report is made involving the same abuse incident, consider the subsequent report to be a collateral contact. Advise the subsequent reporter the allegation has been previously reported.

Information Provided to Mandatory Reporter

Legal reference: Iowa Code 235B.3; 441 IAC 176.4(235B) and 176.5(235B)

Mandatory reporters are entitled to notification of the outcome of the report. See 16-G, [DEPENDENT ADULT PROTECTIVE SERVICES](#).

Upon request, all mandatory reporters are also entitled to receive a copy of the report, regardless of whether:

- ◆ Abuse was founded or unfounded, or
- ◆ Another mandatory reporter had already made the same report.

Advise mandatory reporters to complete form 470-0612, *Request for Dependent Adult Abuse Registry Information*. See [16-G-Appendix](#).

Permissive Reporters

Legal reference: Iowa Code sections 235B.3

Any person who suspects dependent adult abuse may make an oral or written report to the Department, or both. Although a permissive reporter may remain anonymous, try to obtain the name or phone number of the reporter so details may be clarified during the course of the evaluation or assessment, if necessary.

A permissive reporter is exercising responsibility as a concerned citizen when making a report of suspected dependent adult abuse. The permissive reporter is not required by law to report abuse, and there are no sanctions imposed upon a permissive reporter for failing to report suspected dependent adult abuse.

An employee of a financial institution may report financial exploitation of a dependent adult, but is not considered a mandatory reporter and therefore may not receive a copy of the notice of outcome or obtain a copy of the report.

Mandatory Reporters Reporting Permissively

Legal reference: Iowa Code section 235B.3(2)

When people who are mandatory reporters suspect abuse outside of the scope of their professional duties, they are encouraged to report the allegation to the Department. They are not legally required to report, nor are they subject to the same duties or privileges that pertain to mandatory reporters.

Intake Process

All reporters are entitled to the following:

- ◆ A thorough, courteous interview so the Department can obtain all known, relevant information concerning the abuse allegation.
- ◆ Notification of whether or not the report will be evaluated or assessed. Complete form 470-3944, *Dependent Adult Abuse Notice of Intake Decision*, for every intake. (See [16-G-Appendix](#).)
- ◆ Referral to other services for the dependent adult when appropriate.
- ◆ Assurance that the reporter is immune from civil and criminal liability when making a report of dependent adult abuse, if the reporter expresses concern. This immunity is not dependent on the report being identified as “founded.”
- ◆ Assurance that the reporter’s identity will be safeguarded during the evaluation or assessment if the reporter expresses concern. However, you must inform the reporter that continued confidentiality can’t be guaranteed if the report results in civil or criminal court action.
- ◆ Assurance, if concern is expressed by the reporter, that it is unlawful for any person or employer to discharge, suspend, or otherwise discipline a person based solely upon the person’s reporting or participating in an evaluation of suspected dependent adult abuse.

Form 470-0657, *Dependent Adult Abuse Intake*

Complete form 470-0657, *Dependent Adult Abuse Intake*, for every intake call when an allegation of dependent adult abuse is made, regardless of whether the allegation contains all necessary criteria to be assigned for evaluation or assessment. Try to obtain as much information as possible from the reporter. See [16-G-Appendix](#) for instructions and a sample of the form.

Form 470-0657, *Dependent Adult Abuse Intake* can be completed in Outlook and sent to the supervisor for approval. The supervisor can then send it on to the assigned worker or back to the intake worker if rejected. The “Send” button can only be used twice.

Criteria for Accepting a Report

Legal reference: Iowa Code sections 235B.2 and 708.1, Chapter 709; and section 726.2; 441 IAC 176.1(235B)

For the Department to accept a report of dependent adult abuse, the allegation must include all of the following elements:

- ◆ The alleged **victim** must be a **dependent adult**, a person 18 years of age or older who is unable to protect the person's own interests or unable to perform adequately or obtain services necessary to meet essential human needs, as a result of a physical or mental condition that requires assistance from another.
- ◆ The **person** alleged **responsible** for the abuse must be a **caretaker**, or the abuse must be the result of acts or omissions of the dependent adult. A "caretaker" is a related or unrelated person who is responsible for the protection, care, or custody of a dependent adult because of assuming the responsibility voluntarily, by contract, through employment, or by court order.
- ◆ The alleged incident must be an **allegation** found in the definition of dependent adult abuse in Iowa Code Chapter 235B.

Allegations

Self-denial of critical care or self-neglect is dependent adult abuse that is the result of acts or omissions of the dependent adult. Self-denial of critical care includes deprivation or the minimum:

- ◆ Food
- ◆ Shelter
- ◆ Clothing
- ◆ Physical care
- ◆ Mental health care
- ◆ Medical care
- ◆ Other care necessary to maintain a dependent adult's life or health

Reports of self-neglect are considered differently from reports of abuse when a caretaker is responsible. Because the person responsible is the dependent adult, that person's name is not listed on the Central Abuse Registry. Instead of an evaluation, which is completed when a caretaker is responsible for the abuse, an assessment is completed and kept in the local case file.

All of the other allegations are as a result of the willful or negligent acts or omissions of a caretaker and include any of the following:

Denial of critical care, including the deprivation of the minimum:

- ◆ Food
- ◆ Shelter
- ◆ Clothing
- ◆ Supervision
- ◆ Physical care
- ◆ Mental health care
- ◆ Medical care
- ◆ Any other care necessary to maintain a dependent adult's life or health

Any of the following can demonstrate denial of critical care that meets the criteria for accepting a report of dependent adult abuse:

- ◆ A dependent adult's basic needs are denied or ignored to an extent there is imminent or potential danger of the dependent adult suffering injury or death.
- ◆ A denial of, or a failure to provide, the mental health care necessary to treat a dependent adult's serious social maladjustment adequately.
- ◆ A gross failure of the caretaker to meet the dependent adult's emotional needs necessary for normal functioning.
- ◆ A failure by the caretaker to provide adequate supervision of the dependent adult.

Physical abuse, including physical injury or an injury that is at variance with the history given of the injury, unreasonable confinement, unreasonable punishment, or **assault** of a dependent adult.

Physical injury means damage to any bodily tissue to the extent the tissue must undergo a healing process to be restored to a sound and healthy condition, or damage to any bodily tissue to the extent the tissue cannot be restored to a sound healthy condition, or damage to any bodily tissue that results in the death of the person who has sustained the damage.

A person commits an **assault** when, without justification, the person does any of the following:

- ◆ Commits any act intended to cause pain or injury to a dependent adult, or intended to result in physical contact that will be insulting or offensive to a dependent adult, coupled with the apparent ability to execute the act.
- ◆ Commits any act that is intended to place a dependent adult in fear of immediate physical contact that will be painful, injurious, insulting, or offensive, coupled with the apparent ability to execute the act.
- ◆ Intentionally points any firearm toward a dependent adult or displays in a threatening manner any dangerous weapon toward a dependent adult.

The act is **not** an assault when the caretaker and the dependent adult are voluntary participants in a sport, social activity, or other activity not in itself criminal, and the act is a reasonably foreseeable incident of such sport or activity, and does not create an unreasonable risk of serious injury or breach of the peace.

Exploitation of a dependent adult, which means the act or process of taking unfair advantage of a dependent adult or the adult's physical or financial resources for one's own personal or pecuniary profit, without the informed consent of the dependent adult including theft, by the use of undue influence, harassment, duress, deception, false representation, or false pretenses.

- ◆ **Informed consent** means a dependent adult's agreement to allow something to happen that is based on a full disclosure of known facts and circumstances needed to make the decision intelligently, i.e., knowledge of risks involved or alternatives. [441 IAC 176.1(235B)]
- ◆ **Theft** means the taking of the property of another, with the intent to deprive the other of said property, or misappropriating property which has been placed in your trust, or exercising control over stolen property knowing that it is stolen, or obtaining property of another by deception. (Iowa Code section 714.1) The seriousness of the crime increases with the value of the property.
- ◆ **Undue influence** means the improper use of power or trust in a way that deprives a person of free will and substitutes another's objectives. Consent to a contract, transaction, relationship, or conduct is violable if consent is obtained through undue influence. (*Black's Law Dictionary*, Eighth Edition, West Group, 2004)

- ◆ **Harassment** means a person purposefully and without legitimate purpose has personal contact with another person with the intent to threaten, intimidate, or alarm that other person. (Iowa Code section 708.7.1)
- ◆ **Duress** means, broadly, a threat of harm made to compel a person to do something against the person's will or judgment; especially a wrongful threat made by one person to compel a manifestation of seeming assent by another person to a transaction without real volition. (*Black's Law Dictionary*, Eighth Edition, West Group, 2004)
- ◆ **Deception** means the following:
 - Creating or confirming another's belief or impression as to the existence or nonexistence of a fact or condition which is false and which the actor does not believe to be true;
 - Failing to correct a false belief or impression as to the existence or nonexistence of a fact or condition which the actor previously has created or confirmed;
 - Preventing another from acquiring information pertinent to the disposition of the property involved in any commercial or noncommercial transaction or transfer;
 - Selling or otherwise transferring or encumbering property and failing to disclose a lien, adverse claim, or other legal impediment to the enjoyment of the property, whether such impediment is or is not valid, or is or is not a matter of official record; and
 - Promising payment, delivery of goods, or other performance which the actor does not intend to perform or knows the actor will not be able to perform. (Iowa Code section 702.9)
- ◆ **False representation** means someone making a false statement, such as to identity or authority over someone or something, with the intent to defraud or to induce a person to act to the person's injury or damage. (*Black's Law Dictionary*, Seventh Edition, West Group, 1999)
- ◆ **False pretenses** means making a claim that is not supported by fact. (*Black's Law Dictionary*, Seventh Edition, West Group, 1999)

Sexual abuse means the commission of a sexual offense under Iowa Code Chapter 709 or Iowa Code section 726.2 with or against a dependent adult. Sexual abuse includes the following subcategories:

- ◆ First-degree sexual abuse (Iowa Code section 709.2)
- ◆ Second-degree sexual abuse (Iowa Code section 709.3)
- ◆ Third-degree sexual abuse (Iowa Code section 709.4)
- ◆ Indecent exposure (Iowa Code section 709.9)
- ◆ Assault with intent to commit sexual abuse (Iowa Code section 709.11)
- ◆ Sexual exploitation by a counselor or therapist (Iowa Code section 709.15)
- ◆ Invasion of privacy, nudity (Iowa Code section 709.15)
- ◆ Incest (Iowa Code section 726.2)

Sexual exploitation of a dependent adult by a caretaker means any consensual or nonconsensual sexual conduct with a dependent adult, which includes but is not limited to kissing; touching of the clothed or unclothed inner thigh, breast, groin, buttock, anus, pubes, or genitals; or a sex act, as defined in section 702.17.

Sexual exploitation also includes the transmission, display, taking of electronic images of the unclothed breast, groin, buttock, anus, or pubes or genitals for the purpose not related to treatment or diagnosis or as part of an ongoing assessment, evaluation, or investigation.

Sexual exploitation does not include touching which is part of a necessary examination, treatment, or care by a caretaker acting within the scope of the practice or employment of the caretaker; the exchange of a brief touch or hug between the dependent adult and a caretaker for the purpose of reassurance, comfort, or casual friendship; or touching between spouses.

For more information on the criteria for accepting a report of dependent adult abuse, see *Dependent Adult Protection Handbook*, 16-G-Appendix, [Comm. 96, Intake](#).

Intake on Dependent Adults Who Have Died

If it is reported there is a suspicion a dependent adult has died as a result of actions the dependent adult did or did not take, do **not** accept the referral.

If it is reported there is a suspicion a dependent adult has died as a result of actions a caretaker did or did not take, accept the referral. If a caretaker is suspected of having financially exploited a dependent adult who has died, accept the referral.

If the person who is suspected of being responsible for the abuse is deceased, do not accept the report for evaluation, unless the person suspected of being the victim appears to be a dependent adult who is unsafe or at risk of further abuse.

Remind mandatory reporters to notify law enforcement. If the reporter is not a mandatory reporter, suggest the reporter contact law enforcement.

Making Reasonable Inferences

Reasonable inferences can be made when assessing whether or not a report is dependent adult abuse.

1. A reporter states he was driving down a street and saw an older woman being dragged out of her wheelchair onto the sidewalk. The woman was screaming. The reporter does not have to indicate specific injuries for you to reasonably infer the activity described is an allegation of assault or physical abuse.
2. A reporter states that a woman who has a severe intellectual disability and is a resident of a skilled care facility has a sexually transmitted disease. You may reasonably infer that the woman is the victim of sexual abuse.
3. A reporter states that a man who is paralyzed from the neck down and bed-bound is left alone for up to six hours a day. You may reasonably infer this man is at risk of harm and, therefore, the situation as described is an allegation of denial of critical care due to lack of adequate supervision.

Caretakers Prohibited From Having Power of Attorney for Health Care

Legal reference: Iowa Code section 144B.4(1) and (2)

When the person alleged responsible for abuse also has a power of attorney for health care (POAHC) for the dependent adult and is not related to the dependent adult by blood, marriage, or adoption within the third degree of consanguinity, the person is violating the law.

Iowa Code, Chapter 144B, "Durable Power of Attorney for Health Care," prohibits designation of the following as the attorney in fact to make health care decisions for a person under a durable power of attorney for health care:

- ◆ A health care provider who is attending the person on the date of the designation.
- ◆ An employee of a health care provider that is attending the person on the date of designation unless the employee is related to the person by blood, marriage, or adoption within the third degree of consanguinity.

Any health care provider or caretaker who also has the POAHC is violating this law unless the person is related to the dependent adult as described above. Determine if the person has POAHC for any other dependent adults. Because this is a violation of the law, notify the county attorney.

This policy **does not apply** to a power of attorney for financial matters. There is no legal prohibition against caretakers being named as power of attorney for financial matters, whether related or not.

What Is Not Dependent Adult Abuse

The following examples are **not** dependent adult abuse:

- ◆ A report under Iowa Code Chapter 236, "Domestic Abuse, " when the victim is not "dependent" as defined in this chapter. A domestic abuse report does not constitute a report of dependent adult abuse. The victim must be a dependent adult and the person responsible for the abuse must meet the definition of "caretaker" found in this chapter, and the abuse must be one of the allegations defined as dependent adult abuse.
- ◆ When a dependent adult declines medical treatment, if the dependent adult holds a belief or is an adherent of a religion whose tenets and practices call for reliance on spiritual means in place of reliance on medical treatment.
- ◆ When the dependent adult's caretaker, acting in accordance with the dependent adult's stated or implied consent, declines medical treatment, if the dependent adult holds a belief or is an adherent of a religion whose tenets and practices call for reliance on spiritual means in place of reliance on medical treatment. (Iowa Code 235B.2, paragraph 5.b.)
- ◆ Withholding and withdrawing of health care from a dependent adult who is terminally ill in the opinion of a licensed physician, when the withholding and withdrawing of health care is done at the request of the dependent adult or at the request of the dependent adult's next of kin or guardian, pursuant to the applicable procedures in Iowa Code Chapters 125, 144A, 222, 229, or 633.
- ◆ Any report concerning a person legally incarcerated in a penal setting, either in a local jail or in the custody of the Department of Corrections.

Registry Search for Previous Reports

Legal reference: Iowa Code section 235B.5, paragraph 6

For every report of abuse received, complete a search for previous reports or relevant information concerning the dependent adult. Search available data systems, including the Central Abuse Registry and the Individualized Services Information System (ISIS).

- ◆ The Central Abuse Registry will identify previous founded reports on the dependent adult who is being reported for suspected abuse.
- ◆ ISIS will identify if the alleged dependent adult is receiving Medicaid facility or waiver services and may identify a case manager or service worker for the dependent adult. If so, you may consider an in-depth intake, because the service worker or case manager is a mandatory reporter. See [In-Depth Intakes](#).

Use of Rejected Intake Information

Legal reference: Iowa Code section 235B.5(6)

Rejected intakes are retained for the purpose of using the information contained in them to consider in future intake decisions and in future protective evaluations or assessments.

Information contained in a rejected intake is not considered dependent adult abuse information. Rejected intakes have more limited legal access than dependent adult abuse evaluation or assessment reports. This information is confidential and protected and it is governed by the same confidentiality provisions as service case records.

Consider rejected intake information during intake to ensure you have comprehensive information concerning the dependent adult's safety.

Retrieve, analyze, and assess the information contained in rejected intakes to determine whether or not previously rejected information, combined with the current allegation, meets the legal threshold for acceptance.

In-Depth Intakes

Legal reference: 441 IAC 176.3

An in-depth intake involves contacting mandatory reporters who may have knowledge of the dependent adult's circumstances and information regarding the abuse allegation, or contacting the reporter again (either mandatory or permissive) in a specific case to obtain additional information.

An in-depth intake may be appropriate when any of the following occur:

- ◆ The allegations of the referral are unclear or contradictory.
- ◆ The motive of the reporter appears to be one of harassment or vengeance.
- ◆ The allegations of the referral are not sufficient for a case to be assigned for evaluation or assessment, because one or more of the criteria necessary to initiate an evaluation or assessment are missing (dependent adult, caretaker, or abuse allegation).

When it is necessary to conduct an in-depth intake, contact the mandatory reporter or collateral sources as soon as possible, so the assigned worker can meet the 1-hour and 24-hour timeframes. The timeframe for the assigned worker to respond is still 1-hour or 24-hours from the time of hanging up with the initial reporter. For example, if a worker and supervisor take up to 12 hours to accept a report of dependent adult abuse, the assigned worker will only have 12 hours left to respond within the 24-hour timeframe. Time frames cannot be waived or delayed for dependent adult abuse reports.

Only persons who qualify as mandatory reporters or the person making the report may be contacted as collateral sources during the intake process to expand or to clarify information in the report. Do **not contact** subjects of the report or persons who are **not** mandatory reporters, because that would move the intake into the evaluation or assessment process.

Information and Referral on Rejected Intakes

Legal reference: Iowa Code section 235B.3

View every intake call as a means to educate reporters regarding the dependent adult abuse program. You must obtain enough information to be able to determine abuse has not occurred before a report can be rejected.

When the information being reported does not meet the criteria for an evaluation or assessment, advise the reporter of the missing criteria. Assure the reporter a supervisor will make the final determination whether a report will be accepted or rejected. Document what you have told the reporter on the intake sheet.

The conversation may serve as notification to the reporter that the report has been rejected. The reporter can identify any missing requirement and attempt to obtain the information or can better understand what is required for protective services to accept a report.

Explain to the reporter the report must meet all criteria and the report is being rejected for one of the following reasons:

- ◆ The person who is the alleged victim 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.

See Employees' Manual, [16-G-Appendix](#), Dependent Adult Abuse Notice of Intake Decision, Form 470-3944.

Encourage informants to make their own referral to resources that are more appropriate when the information does not fall within the definitions of dependent adult abuse. If appropriate, refer the reporter to the following agency or person:

- ◆ Licensing or regulatory body
- ◆ Law enforcement
- ◆ DHS caseworker
- ◆ Other community service agencies
- ◆ Central point of coordination administrator
- ◆ Domestic abuse agency
- ◆ County attorney of legal aid

If a referral of abuse in an out-of-home care setting appears to be a licensing or certification issue or a problem with policy of procedure, refer the reporter to the licensing person or the administrator of the facility, agency, or program. For charts identifying regulatory authorities, see [Comm. 195, Facility, Agency, and Program Evaluation Handbook](#), in 16-G-Appendix.

When the referral does not meet the criteria for an evaluation but alleges illegal activity, notify law enforcement and document that on the intake form.

When a report does not meet the criteria to be evaluated or assessed, but a dependent adult's safety appears to be in jeopardy, advise the reporter the dependent adult may be eligible for services provided by the Department or in the community.

If the dependent adult has a mental health diagnosis or an intellectual disability, refer the reporter to the central point of coordination administrator in the county the dependent adult resides.

If the referral of abuse does not meet the criteria for an evaluation, but it occurred between family members or persons residing in the same household, refer the reporter to the local domestic abuse agency.

If the referral of abuse does not meet the criteria for an evaluation or assessment but concerns legal issues, refer the reporter to the county attorney's office or Legal Aid.

Document any referrals to community resources or to the Department service unit on the intake form or attachment.

A supervisor must review the report and make the final determination about rejecting or assigning it for an evaluation or assessment. If the report is rejected, write the date, time, reason for rejection and name of supervisor approving the rejection on the intake form, or attach this information to the intake form.

After the rejection decision has been made, the supervisor or designee will make reasonable efforts to notify the reporter of the rejection decision and the reasons for the rejection, unless this was done during the initial intake contact with the intake worker.

Send copies of rejected reports to the county attorney. Maintain rejected reports in the Centralized Service Intake Unit for three years, and then destroy them.

If a subject of a report requests information about a rejected intake involving the subject, provide a copy of the rejected intake to the subject, if available. Delete the identity of the reporter on the rejected intake.

Additional Allegations

If there is currently an open evaluation or assessment, consider if the information in the referral is the same as in the open evaluation or assessment.

If the new referral identifies the same alleged dependent adult, the same person responsible for the abuse, and:	
The same allegation, then...	Reject the new referral by checking "additional duplicate information to prior report" on the SODA "Assignment" tab.
New information, and the evaluation or assessment has been open for less than two weeks, then...	Reject the new referral by checking "additional duplicate information to prior report" on the SODA "Assignment" tab. Forward the new information from the rejected intake to the assigned worker via email for incorporation into the open evaluation or assessment.
New information, and the evaluation or assessment has been open for two weeks or more, then...	Open a new evaluation or assessment.

NOTE: A supervisor may use discretion with the two-week timeframe. For example, if an assessment has been open for two weeks and two days, the supervisor may believe it is reasonable for the worker to address new information on the same allegation or on a new allegation.

Notice of Intake Decision

Legal reference: 441 IAC 176.5(5)

Tell the reporter of an allegation of abuse whether or not the report of abuse will be accepted or rejected for evaluation or assessment at the time of the initial report if you are reasonably certain the report will be rejected or accepted.

Within five working days from the date the report was made, send form 470-3944, *Dependent Adult Abuse Notice of Intake Decision*, to every person who has reported an allegation of dependent adult abuse. This includes all mandatory reporters, even if the report has already been reported or assessed. (See [16-G-Appendix](#) or Outlook, state approved forms folder, dependent adult abuse.)

Notifying DHS Service and Regulatory Workers of Abuse Report

Legal reference: Iowa Code sections 235B.6(2)(c)(3) and 235B.6(3)

When you accept a report of abuse for an evaluation or assessment, and you know from looking the dependent adult up in ISIS that there is an open Department service case on the person, send the Department service worker or case manager form 470-4800, *Notice Concerning Suspected Abuse*. This form:

- ◆ Notifies the worker that a report of abuse has been accepted for evaluation or assessment by the protective services unit, and
- ◆ Asks the worker to contact the protective worker assigned to complete the evaluation or assessment.

Department service workers include: targeted case managers, social work case managers, adult service workers, and any other Department service worker currently monitoring services for an alleged dependent adult.

If ISIS indicates there is an open home- and community-based services (HCBS) waiver case, also send form 470-4800, *Notice Concerning Suspected Abuse*, to the IME Bureau of Long-Term Care, using the-mail address: hcbsir@dhs.state.ia.us.

The Bureau will forward the notice to the HCBS specialist assigned to that area of the state, who can monitor the waiver service provider for an incident report on the abuse and for the provider's corrective action plan.

When you notify a service worker or case manager that protective services has accepted a report of abuse for evaluation or assessment, add that information to the intake form. The assigned worker may want to coordinate interviewing the dependent adult with the service worker or case manager.

For additional information, see [Comm. 195, Facility, Agency and Program Evaluation Handbook](#).

Boarding Home Referrals

Legal reference: Senate File 484, 2009

The Department of Inspections and Appeals (DIA) registers boarding homes. However if there are allegations regarding the care or safety a person living in a boarding home, a coordinated, interagency approach shall be used to respond to the allegation.

The response may involve a multidisciplinary team composed of representatives from DIA, DHS, the Division of Criminal Investigations, the state fire marshal, or other federal, state, or local agencies. The team may consult with other entities.

DHS may receive a referral on a boarding home, or the referral could go to DIA or any other agency. Because DHS completes reports of abuse in boarding homes, accept the report if it is an allegation of abuse of a dependent adult.

If you receive a referral concerning a "boarding home" that is not directly related to a suspicion of abuse of a dependent adult, call the Help Desk at: **515-281-6786**. The Help Desk will coordinate the referral with DIA.

The Help Desk may call and request a Social Worker III be assigned to complete an assessment on form 470-4841, *Dependent Adult Assessment Tool*, on individuals residing in a boarding home that DIA is investigating for violations of boarding home registrations.

Enter an intake on the SODA database for these assignments. Complete an intake in SODA/DAAS with an acceptance if DHS is evaluating. Enter the intake into SODA/DAAS and reject with a referral to DIA, if DIA is evaluating, as advised by the help desk or your supervisor. Store a copy of the intake on form 470-0657 in a file in the local office.

If the initial referral includes information concerning issues on employment, civil rights, building safety, equal labor opportunities, public health concerns, or some type of criminal activity, call the appropriate agency and make a referral.

- ◆ Iowa Workforce Development, Division of Labor Services: 515-281-6374
- ◆ Iowa Civil Rights Commission: 1-800-457-4416
- ◆ State Fire Marshal's Office: 515-725-6145
- ◆ Equal Opportunity Commission, Federal Dept. of Labor: 1-800-669-4000
- ◆ Iowa Department of Public Health: 1-866-227-9878
- ◆ Iowa Department of Public Safety, Division of Criminal Investigations: 515-725-6010

Complete form 470-0657, *Dependent Adult Abuse Intake*, and e-mail it to your supervisor as usual. Your supervisor will:

- ◆ Contact DIA at 1-877-686-0027,
- ◆ Contact the Service Help Desk at 1-866-347-7782, and
- ◆ Assign the report to an evaluator.

The Service Help Desk will call DIA to determine if any other agencies need to be included in a multidisciplinary team response to the allegation regarding the care or safety of a person living in a boarding home. DIA will also evaluate any violations of registration of the boarding home.

Facilities and Programs Where DIA Evaluates Allegations

Legal reference: Iowa Code chapter 235E

The Iowa Department of Inspections and Appeals (DIA) is responsible for the evaluation and disposition of dependent adult abuse reports within the following facilities when facility or program staff or employees are alleged persons responsible for the abuse:

- ◆ Health care facilities licensed under Iowa Code Chapter 135C, which include:
 - Residential care facilities (RCFs)
 - Nursing facilities
 - Intermediate care facilities for persons with an intellectual disability (ICFs/ID)
 - Intermediate care facilities for persons with mental illness (ICFs/MI)
- ◆ Hospitals (as defined in Iowa Code 135B)
- ◆ Elder group homes (as defined in Iowa Code Chapter 231B)
- ◆ Assisted living programs (certified under Iowa Code Chapter 231C)
- ◆ Adult day services programs (as defined in Iowa Code Chapter 231D)

Forward a referral of alleged dependent adult abuse by a staff member of one of these facilities immediately (as soon as is practicable) to the DIA staff person who evaluates allegations of dependent adult abuse for the area. (DIA can be contacted at 1-877-686-0027.) **Complete an intake on the allegation citing the reject reason as "Referral to DIA."** DIA will complete the intake.

Possible situations and the appropriate responses are summarized in the following chart and are explained in more detail in the following sections.

Situation	Action
When a DIA-evaluated referral is received during working hours (8:00 AM – 4:30 PM, Monday – Friday)...	Refer the caller immediately to the DIA at 1-877-686-0027. Do not complete an intake on the referral.
When a DIA-evaluated referral is received after hours or on a weekend or holiday...	Complete an intake on the referral. Follow instructions under Allegations Received After Hours or on Weekends or Holidays .
When a referral is not determined to involve a DIA facility or program until after intake is completed...	Fax the completed intake to DIA at 515-281-7106 as soon as possible.
When the referral is on an alleged perpetrator who is not a facility or program staff member...	Complete an intake and handle like any other case.

Allegations in DHS-Operated Facilities

DIA is responsible for evaluation of dependent adult abuse reports on patients in the following DHS-operated facilities when employees are the persons alleged responsible for the abuse:

- ◆ Cherokee Mental Health Institute
- ◆ Independence Mental Health Institute
- ◆ Glenwood Resource Center
- ◆ Woodward Resource Center

Immediately forward allegations of dependent adult abuse by a staff member of one of these facilities to the DIA as described above.

Determining if a Facility Is Licensed by DIA

To find out if a program, agency, or facility is licensed by DIA under Iowa Code Chapter 135C, go https://dia-hfd.iowa.gov/DIA_HFD/Home.do, the DIA facility website. Scroll down and click on "Health Facilities." Then scroll down and under "Facilities Web Site," click on "clicking here."

When you have this site, click on "entity search" on the left side of the page. Type in the name of the facility you are inquiring about in "Entity Name." Enter the name of the city in "Entity City." Click "Search." If the facility or agency is listed, DIA has responsibility for evaluating dependent adult abuse for that agency.

The DIA is solely responsible for the evaluation and disposition of dependent adult abuse reports in health care facilities and the programs listed above except as noted under [DHS Responsibilities for Allegations in Facilities Where DIA Evaluates](#) and [Allegations Received After Hours or on Weekends or Holidays](#).

When you determine the report is on a dependent adult in a health care facility or program listed and is not one of the exceptions listed, refer the caller immediately (as soon as practicable) to the DIA. (DIA can be contacted at 1-877-686-0027.)

Allegations Received After Hours or on Weekends or Holidays

Legal reference: 441 IAC 176.7(2)

When a referral is made after 4:30 PM Monday through Friday or on weekends or holidays alleging abuse of a dependent adult by staff of a health care facility, an elder group home, an assisted living program, or an adult day services program, DHS will assess the immediate threat to the physical safety of the resident. DIA will complete the evaluation of abuse.

Complete an intake on form 470-0657, *Dependent Adult Abuse Intake*. Your supervisor will reject it after you forward the information to DIA. If it appears the victim is at risk of immediate danger to health or safety, contact local law enforcement for assistance. Get the intake information to the worker on duty as soon as possible. Instructions for the worker on duty are in [16-G, Evaluation and Assessment Process](#).

For instructions on how to proceed with assessing the immediate threat to the safety of a resident after DIA regular working hours, see 16-G-Appendix, [Comm. 195, Facility, Agency, and Program Evaluation Handbook](#).

DHS Responsibilities for Allegations in Facilities Where DIA Evaluates

Legal reference: Iowa Code sections 235B.3(1), 135C.1(5); 231B.1; 231C.1; 231D.1; 441 IAC 176.6(1)

Department staff are responsible for evaluating alleged abuse of a dependent adult who resides in a health care facility or an elder group home or participates in an assisted living program or adult day services program when:

- ◆ The person alleged responsible for the abuse is not a staff member of the facility or program. This includes an allegation of financial exploitation when someone outside the facility or program has control of the dependent adult's finances.
- ◆ The alleged abuse occurred when the dependent adult was out of the facility with a caretaker other than facility staff.

In such cases, complete an intake of the allegation of dependent adult abuse of a resident of a health care facility or program as you would any other report of dependent adult abuse in the community.

Case Assignment

Legal reference: Iowa Code section 235B.3

Once it is determined that a report constitutes an allegation of dependent adult abuse, the case will be assigned for evaluation or assessment. The protective services unit that serves the county where the dependent adult's home is located has primary responsibility for completing the dependent adult abuse evaluation or assessment.

If a dependent adult is in a placement and is alleged to have been abused in that placement, the protective services unit that serves the county where the dependent adult lives or is placed has responsibility for completing the evaluation or assessment. The following chart will clarify jurisdictional issues:

If the dependent adult resides:	And the alleged abuse occurred:	The county with jurisdiction is:
At home	In the home	The home county
At home	In former placement	The home county
With relatives	At the relative's home	The relative's county
In placement	At home	The placement county
In placement	In that placement	The placement county
In placement	In a former placement	The placement county
In placement	At camp or vacation	The placement county

Transfer of a Case to Another Department Office

When it is necessary to refer an intake to another county or service area, take the following steps:

1. If you receive an intake call where the dependent adult resides in another county or service area, gather the necessary intake information, complete the background checks, and your supervisor will make the determination to accept or reject the intake referral.
2. When the intake is accepted or rejected, contact the Centralized Intake Unit with jurisdiction for assignment on accepted referrals. Then send an e-mail to the entire Centralized Intake Unit of the service area of jurisdiction with the subject line identifying the specific worker who received the initial call from your Unit.

For after hours intakes, report an accepted intake to the service area with jurisdiction using the Abuse Hotline.

Courtesy Interviews

Request for courtesy interviews are made through the Centralized Intake Unit. If you make a request for a courtesy interview, send an e-mail to the Unit from which the request was made. Include as much information and documents that can be sent via e-mail, as you have concerning the case or incident.

Abuse Occurred in Another State and Dependent Adult Lives in Iowa

When the dependent adult who is the subject of an allegation of abuse physically resides in Iowa but allegedly was abused in another state, complete form 470-0657, *Dependent Adult Abuse Services Intake*.

If your supervisor determines the allegation meets the dependent adult abuse criteria, make a report to the other state's Adult Protective Services Agency for the area where the abuse allegedly occurred.

Request assistance from the state where the abuse occurred in completing the evaluation. The National Adult Protective Services Association website for other state contact information: <http://www.napsa-now.org/get-help/help-in-your-area/>.

If the other state agrees to assist, send them a copy of the intake form, 470-0657, *Dependent Adult Abuse Services Intake*.

Dependent Adult Resides Out of State but Is Currently in Iowa

When a referral is on a dependent adult who is a legal resident of another state, but lives in Iowa, complete form 470-0657, *Dependent Adult Abuse Services Intake*.

If your supervisor determines the referral meets the criteria for dependent adult abuse, contact the adult protective services agency for the state where the dependent adult is a resident and offer assistance in an evaluation or assessment. Consult the National Adult Protective Services Association website for contact information in the other state: <http://www.napsa-now.org/get-help/help-in-your-area/>.

If the state of residency refuses or declines to conduct an evaluation or assessment, follow procedures for assigning the referral, unless the state of residency has already completed an evaluation or assessment.

Dependent Adult Out of State, Person Alleged Responsible in Iowa

When the report of abuse concerns a dependent adult living in another state, but the person alleged responsible for the abuse resides in Iowa, complete form 470-0657, *Dependent Adult Abuse Services Intake*.

Contact the adult protective services agency in the state where the dependent adult lives and offer assistance with interviewing the person allegedly responsible for the abuse and any other collateral contacts. Consult the National Adult Protective Services Association website for contact information in the other state: <http://www.napsa-now.org/get-help/help-in-your-area/>.

If the state of residency refuses or declines to conduct an evaluation or assessment, follow procedures for assigning the referral, unless the state of residency has already completed an evaluation or assessment.

Allegations Involving Department Employees

Legal reference: 441 IAC 176.6(1)

When the person alleged to be responsible for abuse of a dependent adult is a Department employee and the alleged abuse did not occur within a licensed health care facility or Department-operated facility, complete form 470-0657, *Dependent Adult Abuse Services Intake*. Give the referral to your supervisor, who will refer it to the service area manager or designee for assignment.

When the alleged victim is a resident of a Department-operated facility, the Iowa Department of Inspections and Appeals will complete the evaluation.

When the alleged victim is a son, daughter, stepson, stepdaughter, parent, stepparent, aunt, uncle, grandparent, or legal ward of a Department employee, determine where the alleged victim lives. Your supervisor will contact the service area manager or designee, who will assign the referral to a different service area and inform the Division of Field Operations Support of the allegations.

Your supervisor will provide the report information to the service area manager or designee in the service area that will be conducting the evaluation. The manager will assign a worker. Every effort will be made to ensure complete confidentiality and objectivity in completing the abuse evaluation.

Use of any special local protocol in the evaluation of dependent adult abuse reports involving dependent adults related to Department employees will be approved by the service area managers for the area where the dependent adult lives and for the worker assigned to the report.

Assignments and Time Lines

Legal reference: 441 IAC 176.7(2)

If you believe there is an immediate threat to the physical safety of the dependent adult complete form 470-0657, *Dependent Adult Abuse Intake*, and get it to your Supervisor as soon as possible.

The protective service worker has **one hour** from the time you receive the report to make every reasonable effort to examine the dependent adult and take any lawful action necessary or advisable for the protection of the dependent adult. If your supervisor accepts the report, the intake form will then be sent to the protective services supervisor for assignment to the protective service worker.

When the physical safety of the dependent adult is not endangered, the protective services worker has **24-hours** from the time you receive the report to examine the dependent adult. This allows time for in-depth consideration (see [In-depth Intakes](#)) if necessary, as long as the assigned worker has adequate time to examine the dependent adult within the 24-hour period.