

MANDATED REPORTING OF SUSPECTED MALTREATMENT OF VULNERABLE ADULTS POLICY

Any Canvas Health staff person, or any other person, providing services as a part of a Canvas Health program is a mandated reporter, and is legally required to immediately report (within 24 hours) any reason to know or suspect that a vulnerable adult is being, or has been maltreated.

Authority

[2022 MN Stat. 245A.65](#)
[2022 MN Stat. 245G.12 \(9\) \(Substance Use\)](#)
[2022 MN Stat. 626.557](#) and [626.5572](#)

Applicability

This policy pertains to all Canvas Health Services.

Definitions

Definitions of maltreatment can be found at [2022 Mn. Stat. 626.5572 Subd. 15](#). Maltreatment is inclusive of definitions of abuse at *Id.* [Subd. 2](#), neglect at *Id.* [Subd. 17](#), or financial exploitation at *Id.* [Subd. 9](#).

Mandated Reporter: (2022 Mn. Stat. 626.5572 Subd. 16) "Mandated reporter" means a professional or professional's delegate while engaged in: (1) social services; (2) law enforcement; (3) education; (4) the care of vulnerable adults; (5) any of the occupations referred to in section [214.01, subdivision 2](#); (6) an employee of a rehabilitation facility certified by the commissioner of jobs and training for vocational rehabilitation; (7) an employee or person providing services in a facility as defined in subdivision 6; or (8) a person that performs the duties of the medical examiner or coroner.

Vulnerable Adult: ([2022 Mn. Stat. 626.5572 Subd. 21](#)) any person 18 years of age or older who:

- (1) is a resident or inpatient of a facility;
- (2) receives services required to be licensed under chapter 245A, except that a person receiving outpatient services for treatment of a substance use disorder or mental illness, or one who is served in the Minnesota sex offender program on a

court-hold order for commitment, or is committed as a sexual psychopathic personality or as a sexually dangerous person under chapter 253B, is not considered a vulnerable adult unless the person meets the requirements of clause (4);

- (3) receives services from a home care provider required to be licensed under sections [144A.43](#) to [144A.482](#); or from a person or organization that offers, provides, or arranges for personal care assistance services under the medical assistance program as authorized under section [256B.0625, subdivision 19a, 256B.0651, 256B.0653, 256B.0654, 256B.0659](#), or [256B.85](#); or
- (4) regardless of residence or whether any type of service is received, possesses a physical or mental infirmity or other physical, mental, or emotional dysfunction:
 - (i) that impairs the individual's ability to provide adequately for the individual's own care without assistance, including the provision of food, shelter, clothing, health care, or supervision; and
 - (ii) because of the dysfunction or infirmity and the need for care or services, the individual has an impaired ability to protect the individual's self from maltreatment.

Guidelines and Implementation

I. When to assess if someone is a vulnerable adult.

- A. Within 24 hours of admission for substance use programs, staff must determine if client meets criteria for vulnerable adult- and document within the Electronic Health Record (EHR) ([2022 MN Stat. 245A.65 Subd. 1a.](#))
 - 1. If determined to be a vulnerable adult an Individual Abuse Prevention Plan must be created. ([2021 MN Stat. 245A.65 Subd. 2.](#))
- B. When considering doing a vulnerable adult report because of some maltreatment an individual is experiencing.

II. Substance Use Clients

- A. Information about a substance use client may not be disclosed without the written consent and a signed release of information to the common entry point by the substance use client. 2022 Mn. Stat. 626.557 Subd. 3a(1).

III. What to Report:

- A. All staff are mandated reporters and must report incidents that happened to individuals who were:
 - 1. *Age*: Over the age of 18 at the time of the incident; and
 - 2. *Vulnerable adult*: Individual is determined to be vulnerable at the time of the maltreatment, and

- a. Was in a hospital, nursing home, transitional care unit, assisted living, housing with services, board and care, foster care or other licensed care facility; or
 - b. Received services such as home care, day services, personal care assistance or other licensed services; or
 - c. Due the individual's physical or mental infirmity or other physical, mental or emotional dysfunction, impair the individual's ability to provide adequately for their own care without assistance, including the provision of food, shelter, clothing, health care, or supervision.
3. *Maltreatment*: Did the individual's dysfunction or infirmity and the need for assistance, impair the individual's ability to protect themselves at the time of the maltreatment.

IV. Where to Report Suspected Maltreatment:

- A. In emergency situations with immediate danger to the vulnerable adult, call 911. For Substance Use programs, follow the emergency procedures.
- B. All maltreatment must be reported either directly to the state common entry point, or internally (see Internal Reporting below).
1. To the MN Adult Abuse Reporting Center (MAARC) (Common Entry Point):
1-844-880-1574 or
<https://tnt09.agileapps.dhs.state.mn.us/networking/sites/880862836/MAARC>
[C. www.mn.gov/dhs/reportadultabuse/](http://www.mn.gov/dhs/reportadultabuse/)
 2. Or, you can report internally to the primary position or, if you suspect the primary position is involved in the alleged or suspected maltreatment, you must make the report to the secondary position.

V. When a Report is made:

- A. Be prepared to provide the following information to the best of your ability:
1. The time and date of report
 2. The name, address, and telephone number of the person reporting
 3. The time, date, and location of the incident
 4. The names of persons involved, including perpetrators, alleged victims, and witnesses
 5. Whether there is a risk of imminent danger to the alleged victim
 6. A description of the suspected maltreatment
 7. The disability, if any, of the alleged victim
 8. The relationship of the alleged perpetrator to the alleged victim
 9. Whether a facility was involved and, if so, the agency that licenses the facility
 10. Any action taken by the common entry point
 11. Whether law enforcement has been notified
 12. Whether or not the reporter is requesting an initial or final report(s)

13. If the report is from a facility as a part of an internal reporting procedure, the name, mailing address, and telephone number of the person who initiated the report internally

A. Additionally, be prepared to gather:

1. The name of the individual taking your report, as well as their direct phone number or extension

C. Documentation and Follow up:

1. All reports of suspected maltreatment should be discussed with an immediate supervisor or Director, but must not impede timely reporting.
2. Severe or complex maltreatment issues that interfere with the provision of treatment should be staffed in the appropriate program providing treatment.
3. All reports of suspected maltreatment must be documented. A separate note is to be entered into the client file that a report has been made and the date the report was filed. The actual written report is not considered a part of the medical file and should not be filed in the clinical chart. It must be submitted to medical records and filed in non-medical record filing
4. The MN Adult Abuse Reporting Center (MAARC) may or may not request a written report. Make sure to verify, document and fax a copy of the report to the MN Adult Abuse Reporting Center (MAARC) of entry whether or not a written report has been requested.

III. Internal Reporting(2022 Mn. Stat. 626.557 Subd. 4a):

A. For non-substance use treatment programs, when an internal report is received, the primary position to receive the report is the Supervisor for the program area involved, or, if there is no Supervisor, the Manager for the area involved, or if there is no Supervisor or Manager, the Director for the program area involved. The primary position is responsible for forwarding the report to the MN Adult Abuse Reporting Center (MAARC). The secondary position will be the Director for the program area, unless the Director is the primary position, in which case it will be the Chief Operations Officer. The secondary position shall be involved when there is a reason to believe the primary position was involved in the alleged or suspected maltreatment. The assigned primary or secondary position, whichever is applicable, will assume responsibility for forwarding the report to the MN Adult Abuse Reporting Center (MAARC). The report must be forwarded within 24 hours of being received.

1. For all Substance Use Programs, the internal report will be received and forwarded by the Manager of Substance Use (primary position).

2. If the above individual is involved in the alleged or suspected maltreatment, the Director of Substance Use Treatment Services (secondary position), will be responsible for receiving and forwarding the internal report.

- B. If you report internally, you will receive, within (2) working days, a written notice that tells you whether or not your report has been forwarded to the Common Entry Point. The notice will be given to you in a manner that protects your identity. It will inform you that if you are not satisfied with the facility's decision on whether or not to report externally, you may still make the external report to the MN Adult Abuse Reporting Center (MAARC) yourself. It will also inform you that you are protected against any retaliation if you decide to make a good faith report to the MN Adult Abuse Reporting Center (MAARC).
- IV. Internal Review Process (2022 Mn. Stat. 245A.65 Subd. 1 (b)(1))**
- A. Canvas Health will conduct an internal review upon knowledge that an internal or external report of alleged or suspected maltreatment has been made, and will take corrective action, if necessary, to protect the health and safety of vulnerable adults served. The internal review will be completed within 30 calendar days.
- B. The primary position to complete the review will be the Supervisor for the program area involved, or, if there is no Supervisor, the Manager for the program area involved, or if there is no Supervisor or Manager, the Director for the program area involved. The secondary position will be the Director for the program area, unless the Director is the primary position, in which case it will be the Chief Operations Officer. The secondary person shall be involved when there is reason to believe that the primary person was involved in the alleged or suspected maltreatment.
1. For all Substance Use Programs, the internal review will be completed by the Manager of Substance Use (primary position).
 2. If the above individual is involved in the alleged or suspected maltreatment, the Director of Substance Use Treatment Services (secondary position), will be responsible for completing the internal review.
- C. The internal review shall include an evaluation of whether or not:
1. Related policies and procedures were followed;
 2. The policies and procedures were adequate;
 3. There is a need for additional staff training;
 4. The reported event is similar to past events with the vulnerable adults or the services involved; and
 5. There is a need for corrective action by Canvas Health to protect the health and safety of vulnerable adults.
- D. Canvas Health will document the review findings and provide documentation of the review to the commissioner upon the commissioner's request.
- E. Based on the results of the internal review, Canvas Health will develop, document and implement a corrective plan of action designed to correct current lapses and prevent future individual or facility lapses.

IV. Retaliation Prohibited:

- A. Canvas Health, as an employer of mandated reporters, or its employees shall not retaliate against the mandated reporter for reports made in good faith.
- B. The Minnesota Vulnerable Adult Statute provides that any person participating in good faith and exercising due care in the making of a report pursuant to these policies has statutory immunity from any liability, civil or criminal, that otherwise may result by reason of his or her action. Minnesota Statutes, Section 626.557 subd. 5

V. Staff Training: Canvas Health will monitor for each new staff member to receive training within the first 72 hours of providing direct contact services to a vulnerable adult and annually thereafter. The training will meet requirements under Minnesota Statutes, Section 626.557, 626.5572, 245A.65, and this policy. Training can be accessed at registrations.dhs.state.mn.us/WebManRpt/

- A. Canvas Health documents the provision of this training in individual personnel records, monitors implementation by staff, and ensures that the policy is readily accessible to staff.

VI. Disciplinary Action

- A. Employees found in violation of this policy or in violation of Mn. Statutes [245A.65](#), [626.557](#), and 626.5572, and chapter 260E, will receive disciplinary action up to and including termination of employment.

VII. Posting and Notice to Clients:

- A. Each licensed office will post a Vulnerable Adult Abuse Prevention Plan.
- B. Clients will be made aware of Canvas Health's vulnerable adult reporting through the Notice of Privacy Practices.
- C. All Substance Use Program clients, and their legal representative, if applicable, will receive orientation to the internal and external procedures, along with the phone number for the common entry point, MAARC (1-844-880-1574), within 24 hours of admission into the program. All Substance Use Program clients must also sign upon intake an acknowledgment of Canvas Health's vulnerable adult reporting obligations within 24 hours of admission into the program.

References

[QA-4010 Customer Complaint, Grievance, Appeals, and Non-retaliation Policy](#)
[HR-3000 Anti-Retaliation Policy](#)
[HR-3017 Anti-Harassment and Respectful Workplace Policy](#)
[HR-3081 Performance Improvement Policy](#)
[HR-3003 Employee Conduct](#)

Effective Date: 11/07/2023
Approval Date: 11/07/2023
Next Review: 11/07/2025

Reviewed By: Quality Management Committee
Approved By: Policy Review Committee

Policy No.: QA-4017

Attachments

None

Supersession

QA-4017 Mandated Reporting of Vulnerable Adults 10/2019; 3/2022; 02/08/2023