The Georgia At-Risk Adult Abuse, Neglect, & Exploitation Model Protocol
GA ANE MP

A Model Protocol

At-Risk Adult Abuse, Neglect & Exploitation

A product of the Georgia At-Risk Adult Abuse Working Group
Leading Agencies:
Georgia Bureau of Investigation
Georgia Department of Human Services Division of Aging Services

Georgia Department of Human Services

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GA ANE MODEL PROTOCOL (GA ANE MP): AT-RISK ADULT ABUSE
Responding to Victims of Abuse, Neglect & Exploitation

I. INTROUCTION

Needs Statement

For purposes of this protocol, an at-risk adult is defined as anyone over the age of 18 who, because of age and/or disability, is susceptible to abuse, neglect and exploitation because they are unable to obtain services necessary for their health, safety, or welfare, or lack sufficient understanding or capacity to make or communicate responsible decisions.

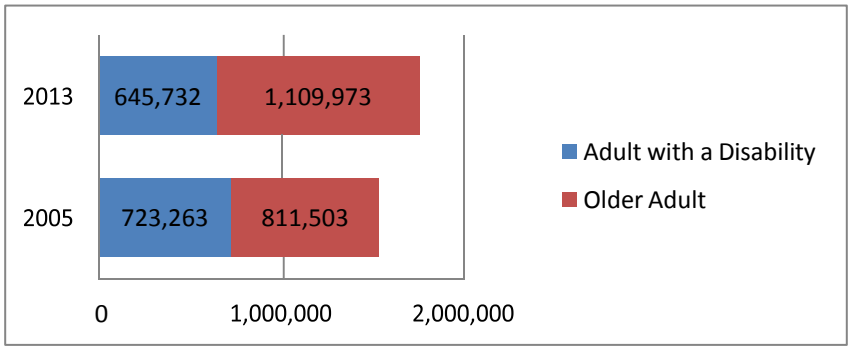

Table 1

The population of Georgia is changing. According to the 2005 United States Census Bureau, there were 811,503 adults age sixty-five years and older and 723,263 adults with disabilities living in Georgia. According to the 2010 United States Census Bureau, there were 1,109,973 adults sixty-five years and older and 645,732 adults with disabilities living in Georgia.[1] See Table 1.

According to Georgia Department of Human Services, Division of Aging Services, Georgia has the 11th fastest growing 60+ population and the 10th fastest growing 85+ population in the United States between 2010 - 2030.[2] Adults 85 and older comprise the fastest growing group, projected to increase 97.6% from 2010 - 2030.[3]

According to information compiled by the National Center on Elder Abuse, the New York State Elder Abuse Prevalence Study found for every case known to programs and agencies, 23 were unknown.[4] NCEA also noted 30% of adults with disabilities who use personal assistance service for support of activities of daily living reported one or more types of mistreatment. In 2010, the serious violent crime victimization rate for persons with disabilities was 16 per 1000. This is triple the rate of 5 per 1000 persons for those without disabilities.[5] At-risk adult abuse affects individuals of all races, religions, cultures, socio-economic status and gender.

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[1] http://www.census.gov/acs/www/

[2] http://dhs.georgia.gov/sites/dhs.georgia.gov/files/Just%20the%20Facts%202012.pdf

[3] http://dhs.georgia.gov/sites/dhs.georgia.gov/files/Just%20the%20Facts%202012.pdf

[4] U.S. Department of Health and Human Services, National Center on Elder Abuse. (2014). *What You Must Know.* http://www.ncea.aoa.gov/Resources/Publication/docs/NCEA_WhatYouMustKnow2013_508.pdf

[5] U.S. Department of Health and Human Services, National Center on Elder Abuse. (2014). *Abuse of Adults with a Disability.* http://www.ncea.aoa.gov/Resources/Publication/docs/NCEA_AwDisabilities_ResearchBrief_2013.pdf

The changing composition of our population has had and will continue to have important implications for Georgia's public safety, criminal justice, healthcare, human services and regulatory networks. The number of at-risk adult victims entering the criminal justice system can be expected to increase for decades to include victims of financial exploitation, physical abuse, sexual abuse, emotional abuse, neglect, rights violations and homicide. The expected increase in the number of at-risk adults to interact within the criminal justice system in Georgia dictates the need to develop a statewide model protocol in a practical framework for a consistent response to at-risk adult abuse. Communication, coordination, and collaboration between local, state and federal partners are essential to any effort to effectively address at-risk adult abuse across the state.

The Georgia ANE Model Protocol (GA ANE MP) is a blueprint for communities to implement for the purpose of reducing harm and victimization of at-risk adults through a coordinated team approach and applies to situations both in the community and in licensed/unlicensed facilities. This model protocol will aid in systemic changes to ensure reports are appropriately initiated, received, reviewed, investigated and prosecuted and will ensure victims are referred appropriately and in a timely manner to necessary victim, social and health services.

Georgia is comprised of 159 counties. Each county has its own unique set of resources and sociocultural, economic, ethnic and educational composition - as well as differing priorities and needs. GA ANE MP is intended to provide a framework of suggestions for investigating cases of suspected at-risk adult abuse. Each county can customize it to match their priorities, needs and resources and to strengthen relationships between local law enforcement, Adult Protective Services, Healthcare Facility Regulation, Long-Term Care Ombudsman, prosecutors, aging and human services organizations, emergency service providers, medical professionals and others involved in serving at-risk adults. [6]

GA ANE MP is designed to be adapted at the local level. Variations of this model are expected to meet the individual needs of each jurisdiction. Partner organizations should anticipate changes to local protocols as cases are identified, investigated and prosecuted.

The investigation of at-risk adult abuse is complex, involving criminal, civil, regulatory, health and human services, medical and service provider networks and programs. GA ANE MP follows formulas of other state model protocols in describing the roles and functions of the primary investigative entities that are critical to effective investigations and provision of victim services.

[6] Michigan Attorney General. (2013). A Model protocol for Joint Investigations of Vulnerable Adult Abuse, Neglect and Exploitation. http://www.michigan.gov/documents/dhs/DHS-Pub-269_423962_7.pdf

II. MISSION AND PURPOSE

Differences in legal authority, practices and policies by the various disciplines providing services to at-risk adult victims can lead to significant discrepancies and inconsistencies in the prevention of future victimizations, protection of persons and assets and the prosecution of offenders.

Mission

The mission of the GA ANE MP is to increase the recognition of and the response to at-risk adult abuse, neglect and exploitation in Georgia.

Purpose

The purpose of this model protocol is to coordinate the response of law enforcement with emergency, protective, regulatory, social, healthcare victim services and other pertinent agencies in order to promote a comprehensive method of responding to abuse, neglect and exploitation of at-risk adults in Georgia. A significant consideration of the GA ANE MP is what is best for at-risk adults to include respecting their capacity for self-determination.

The goals of this model protocol include the following:

- **To clarify** the roles and responsibilities of responding agencies.
- **To develop** a common goal and methodology of improving management of at-risk adult abuse cases, including **limiting the number of times a vulnerable adult is interviewed.**
- **To encourage** open communication between all parties to resolve difficulties arising in the investigation of at-risk adult abuse.
- **To ensure** at-risk adult abuse, neglect and exploitation cases are effectively investigated and prosecuted.
- **To identify** community resources for additional victim assistance.
- **To improve** cooperation and collaboration among professionals and agencies.
- **To increase** awareness and reporting of at-risk adult abuse cases.
- **To maximize** the safety of at-risk adult crime victims while pursuing successful criminal investigations and prosecutions in appropriate cases.
- **To promote** the respectful and dignified treatment of all at-risk adults; this includes recognizing adults' right to self-determination. Self-determination is an adult's right to make his/her decisions, including the right to privacy and to refuse interventions.
- **To recommend** training for all professionals covered by GA ANE MP.
- **To reduce** trauma and provide protection and continued support for abuse victims and their families.
- **To urge** consideration of the opinions and advice of all agencies involved in protecting and serving the at-risk adult before any final decisions are made.

Key points when using the GA ANE MP:

- This is a model for local communities to customize and adapt, as needed, based on local priorities, resources and needs.
- Georgia statute O.C.G.A. § 16-5-100 defines the following:
    - Elder person – a person 65 years of age or older
    - Disabled adult – a person 18 years of age or older who is mentally or physically incapacitated or has Alzheimer's disease or dementia
    - Resident – any person receiving treatment or care in any long-term care facility
- At-risk adults, even those with cognitive limitations, retain the right to make their own choices and decisions unless they have been determined mentally incapacitated by a court of law.

Mutual Response Goal

A thoroughly investigated at-risk adult abuse case has a greater chance of a successful prosecution thereby protecting at-risk adults and furthering public safety in Georgia.

III. REPORTING

"The Disabled Adults and Elder Persons Protection Act", O.C.G.A. § 30-5-1 et seq. and "The Long-term Care Facility Resident Abuse Reporting Act", O.C.G.A. § 31-8-80 et seq. provide for the reporting of abuse, neglect or exploitation to various agencies such as Adult Protective Services, Healthcare Facility Regulation and local law enforcement or prosecuting attorney. Refer to **Appendix A** for the statutes relating to reporting**.** Refer to **Appendix B** for an abuse, neglect and exploitation reporting and investigations by setting of crime for law enforcement and prosecutors chart.

What to Report:

Reporting Abuse, Neglect & Exploitation in the Community

[Mandated Reporters] having reasonable cause to believe that a disabled adult or elder person **who is not a resident of a long-term care facility**, has been the victim of abuse, other than by accidental means, or has been neglected or exploited **shall** report or cause reports to be made to **Adult Protective Services (APS) AND** an appropriate law enforcement agency or prosecuting attorney.

Reporting Abuse, Neglect & Exploitation in Long-Term Care Facilities

[Mandated Reporters] having reasonable cause to believe any resident or former resident has been abused or exploited while residing in a long-term care facility **shall** immediately report to **Healthcare Facility Regulation (HFR) AND** an appropriate law enforcement agency or prosecuting attorney.

Who Must Report [Mandated]:
O.C.G.A. § 30-5-4(a), O.C.G.A. § 31-8-82(a)

- Any person required to report child abuse as provided in O.C.G.A. § 19-7-5:
    - Physicians licensed to practice medicine, physician assistants, interns, or residents;
    - Hospital or medical personnel;
    - Dentists;
    - Licensed psychologists and persons participating in internships to obtain licensing;
    - Podiatrists;
    - Registered professional nurses or licensed practical nurses or nurse's aides;
    - Professional counselors, social workers, or marriage and family;
    - School teachers;
    - School administrators;
    - School guidance counselors, visiting teachers, school social workers, or school psychologists;
    - Child welfare agency personnel;
    - Child-counseling personnel;
    - Child service organization personnel;
    - Law enforcement personnel; or
    - Reproductive health care facility or pregnancy resource center personnel and volunteers.
- Physical therapists
- Occupational therapists
- Day-care personnel
- Coroners
- Medical examiners
- EMS personnel, EMT, cardiac technicians, paramedics, first responders
- Employees of public or private agency engaged in professional health related services to elder persons or disabled adults
- Clergy members (other than confession or similar communication).
- Any employee of a financial institution

What to Include in Report (when available):

- Name, address, date of birth of disabled adult or elder adult
- Name and address of disabled adult's or elder adult's caregiver
- Injury/condition of disabled adult or elder adult resulting from A/N/E
- Other pertinent information such as the name of the alleged perpetrator, suspected cause of ANE, safety concerns for the investigator, information that assists determining cause of ANE or the identity of the perpetrator, etc.
- Name and address of the mandated reporter making the report
- Name and address of the long-term care facility, if applicable.

All such reports prepared by law enforcement shall be forwarded to Adult Protective Services (community) or Healthcare Facility Regulation (Long-term facilities) within 24 hours

The previous section outlines who is mandated to report by law; however, ANYONE can make a report of abuse, neglect or exploitation.

To report abuse, neglect or exploitation of adults with disabilities or older adults who do not live in a long-term care facility, contact:

ADULT PROTECTIVE SERVICES

(Call 911 for Life-Threatening Emergencies)

1. **Call APS 1-866-552-4464 and follow prompts**
   Reports accepted by phone M-F 8:00 a.m. – 5:00 p.m.
2. **On-line: www.aging.ga.gov, Click link, "Report Elder Abuse"**
3. **Fax Form found on "Report Elder Abuse" link to 770-408-3001**

To report abuse, neglect & exploitation in a Long-term care facility such as a nursing home, assisted living community or personal care home, contact:

HEALTHCARE FACILITY REGULATION

(Call 911 for Life-Threatening Emergencies)

1. **Call HFR 1-800-878-6442**
2. **On-line: www.dch.georgia.gov,**
   Click link "Healthcare Facility Regulation"
   Scroll down and click link, "File a Complaint" follow prompts

CONFIDENTIALITY OF REPORTS

Confidentiality is imposed by law upon reports generated by the GA Department of Human Services, Adult Protective Services and the GA Department of Community Health, Healthcare Facility Regulations. **Maintaining the confidentiality of the reporter, any victim or witness named in the report and the report is requested of all investigative partners. Refer to O.C.G.A. § 30-5-7 and O.C.G.A. § 31-8-86.**

IV. GENERAL ABUSE, NEGLECT AND EXPLOITATION INVESTIGATIONS

LAW ENFORCEMENT

Pre-Response

Abuse, Neglect and Exploitation (ANE) reports can come in through various means. Calls may come in through the 911 Communications Personnel and be assigned to responding law enforcement personnel. Adult Protective Services and Healthcare Facility Regulation make referrals directly to law enforcement to the identified contact as directed by that agency.

Law enforcement should:

- Understand the role of law enforcement in responding to at-risk adult crime.
- Know the Official Code of Georgia Annotated Code sections relating to the abuse, neglect and exploitation of at-risk adults, e.g. O.C.G.A. § 16-5-101/102. Refer to **Appendix C** for relevant statutes.
- Understand the role of the state social and regulatory agencies mandated to respond to reports of abuse, neglect and exploitation of at-risk adults. Adult Protective Services and Healthcare Facility Regulation are discussed in more detail in this section.
- Understand the role of health care and services providers, and the confidentiality of health care information of adult victims and witnesses.

On Scene Responsibility and Preliminary Investigation

Law enforcement should:

- Respond to the scene in a safe and expeditious manner.
- Quickly ascertain if any of the involved parties require medical treatment. First aid should be administered and EMS requested if needed.
- Secure the scene to preserve the scene and evidence, working with residential or other providers to minimize disruption to care.
- Conduct a thorough preliminary investigation to identify victim(s), suspect(s), and witnesses or report to the designated section within their agency such as the Criminal Investigation Unit or Special Victims Unit if available.
- Interview all parties involved even if mental health or cognitive issues are suspected. Refer to **Appendix D** for suggested questions and guidance on interviews.
- Process the crime scene following individual agency policy for: requesting a crime scene technician, using proper techniques to ensure admissibility in court, photographing and/or videotaping the evidence (victim, suspect, and scene) as the facts and circumstances dictate. Photographing prescription medicine as well as any financial records located. This will aid with any follow up investigation. Do not remove medicine belonging to a victim if possible.
- Make an arrest if probable cause exists and the circumstances warrant such action. If no probable cause is discovered, write a report and make referrals for possible services

through the Aging and Disability Resource Connection (ADRC) by calling 1-866-552-4464.

- Complete a detailed report, notify the appropriate social and/or regulatory agency as required under O.C.G.A. § 30-5-4 (non-institutional, home or community setting) and O.C.G.A. § 31-8-82 (in a long-term care facility, personal care home, etc.), follow agency policies for department notifications and provide case facts and information to the follow-up investigator, if there is one.

Investigation Continuation

The Detective/Investigator should:

- Consult with the responding/reporting law enforcement personnel and crime scene technician.
- Develop a case strategy based on the known facts.
- Conduct follow up interviews with the victim(s), suspect(s), and witnesses. Refer to **Appendix E** for an At-Risk Adult Abuse Investigation Checklist.
- Review and verify all evidence collected.
- Determine what, if any, further evidence is needed. If further evidence needed, obtain using either consent, bank letter on department letterhead, subpoena, or search warrant. **Note: Do not use consent of the victim or witness to obtain records if his or her cognitive (mental capacity) is an issue or if he/she is receiving care and services through DBHDD.**
- Contact the social service agency, e.g. Adult Protective Services, Healthcare Facility Regulation, etc. involved with the case to determine if there is history and to coordinate the investigation. The records and reports of social and regulatory services may be confidential (not from law enforcement conducting an investigation). Law enforcement officials must be aware of this confidentiality and use good judgment when sharing information relating to the case with outside parties. The identity of at-risk adults (victims and witnesses) is confidential.
- Coordinate with the local prosecutor's office if necessary to obtain subpoenas and or search warrants for document evidence, video tape hearings to preserve testimony of elderly victims, address issues that may arise, e.g. civil vs. criminal.
- At a bond or first appearance hearing consider using special conditions of bond to protect the victim from further abuse or exploitation. If the victim is elderly, request the court's permission to videotape as a way to memorialize the testimony in case the victim is unavailable for trial because of illness or death.

FINANCIAL EXPLOITATION INVESTIGATIONS

Financial exploitation of at-risk adults can be difficult for law enforcement and social service agencies to investigate. Many times the person doing the exploiting is a family member, caregiver, or friend, of the at-risk adult. Undue influence, coercion, harassment, duress, deception, false representation, false pretense or other similar means can be used against an at-risk adult to gain access to their money and assets illegally. When investigating a financial crime involving an at-risk adult the following basic techniques are recommended:

1. Bank and other ATM machine photographs/videos can be an important piece of evidence in a financial crime. A captured image of a suspect accessing a victim's bank account can provide a prosecutor with a "smoking gun" that may be critical to the successful prosecution of a case. Most banks/financial institutions retain images/videos for only a finite period of time, usually three to six months. A preservation request should be given to the bank/financial institution as soon as possible.

2. A power of attorney (POA) is often used by a suspect to access the victim's assets. They may use a POA to quitclaim deed real property, write checks, open lines of credit, etc. Do not assume that the POA is legally valid or that the case is civil in nature based simply on the fact that a POA was used. The adult must have mental capacity to understand the POA when signing it; it is not valid if obtained under threat or duress. A POA gives one individual (Principal) authority to act on behalf of another (Agent). An Agent has a fiduciary duty to act in the best interest of the Principle. Remember that a POA is not a license to steal.

3. Locating the bank/financial institutions involved is the first step. Always ask the bank/financial institution for both open and closed accounts.

4. Order the bank statements for the dates of the crime. Ask for the signature cards of all accounts. The signature card will reveal who owns the account and give an example of handwriting that may be useful later in the investigation.

5. Examine the bank account statement entries to help narrow your request for any additional records needed. When ordering checks, or other documents, always ask for the front and back of each document. The majority of document locator encoding is on the back of each item.

6. Order bank statements for six months prior to the crime to establish a base line of how the victim maintained his/her finances.

7. If the suspect is an employee of a company request his/her personnel file. A personnel file can be a great source to gather intelligence about a suspect, additional addresses, bank accounts if direct deposit is used, as well as prior theft or abuse complaints.

ADULT PROTECTIVE SERVICES (APS)

Investigation Jurisdiction, O.C.G.A. § 30-5-1, et seq.

The Georgia Department of Human Services (DHS), Division of Aging Services (DAS), Adult Protective Services (APS) investigates all reports of abuse, neglect, and/or exploitation of older persons (65+) or adults (18+) with a disability who do not reside in long-term care facilities pursuant to the Disabled Adults and Elder Persons Protection Act.

Investigative Process, O.C.G.A. § 30-5-5

- Report made to APS Central Intake (phone, fax, online)
- Individual meets APS criteria:
    - Adult 18-64 with disability or
    - Elder person age 65 or older and
    - Disabled adult or elder person is alleged to be a victim of A/N/E or self-neglect
- CI will send report to APS Supervisor who assigns to APS Case Manger
- APS has 10 calendar days to respond to referral (every effort is made to begin the investigation earlier)
- APS forwards report to law enforcement as required by OCGA § 30-5-1 et seq.
- APS conducts interview with the subject of the APS report
- APS gathers collateral evidence, conducts interviews, begins assessment and evaluation and gathers documentation.
- APS determines if ANE has occurred and sends report (Disabled Adult Abuse Report – DAAR) to law enforcement (APS has 45 calendar days to complete investigations)
- APS has authority to initiate and complete an investigation.
- APS requires client consent from an adult with capacity to consent, for further intervention and case management beyond the investigation.

APS is guided by the concepts of achieving and ensuring a client's freedom, safety, and least disruption of lifestyle through the following principles: Freedom over safety, Self-determination, and participation in decision making. This does not mean a criminal act goes uninvestigated. Any possible criminal activity will be investigated thoroughly. The right to self-determination does not relieve any agency of the obligation to complete a cross-report of any report of suspected abuse.

Adult Protective Services is not a first responder.

To make an APS report:
1. Call APS 1-866-552-4464 and follow prompts
   Reports accepted by phone M-F 8:00 a.m. – 5:00 p.m.
2. On-line: www.aging.ga.gov, Click link, "Report Elder Abuse"
3. Fax Form found on "Report Elder Abuse" link to 770-408-3001

To obtain APS records, the requester must be defined in O.C.G.A. §30-5-7. Record requests should be sent on department letterhead to the Adult Protective Services Program Administrator, Barbara Pastirik at bapastirik@dhr.state.ga.us.

HEALTHCARE FACILITY REGULATION (HFR)

Investigation Jurisdiction, O.C.G.A. § 31-8-80, et seq.

The Georgia Department of Community Health (DCH), Healthcare Facility Regulation (HFR) investigates all reports of abuse, neglect, and/or exploitation of older persons (65+) or adults (18+) with a disability who reside in long-term care facilities pursuant to the Long-term Care Facility Resident Abuse Reporting Act.

Investigative Process, O.C.G.A. § 31-8-3

- Report made to HFR Complaint Intake (Phone, fax or online).
- HFR refers all reports of alleged ANE to appropriate law enforcement agency.
- HFR investigates specific allegations and determines if allegations are substantiated.
- HFR has 2 business days to respond to reports.
- HFR may take protective action within licensed facilities.

HFR is responsible for licensing, monitoring and inspecting a variety of facilities and services through Health Care Licensing (assisted living facilities, personal care homes and nursing homes). HFR investigates complaints and inspects these and other health care facilities.

Healthcare Facility Regulation is the lead agency for the non-law enforcement response to unlicensed Personal Care Homes (PCHs). Refer to Section IV: Unlicensed Personal Care Home (PCH) Investigations: Agency Roles and Responsibilities, Social Services/Regulatory Response for more information

PROSECUTION

Prosecuting attorneys are responsible for prosecuting crimes that occur within their jurisdictions as well as acting as advocates for victims of crimes. Many of the cases that come to the prosecuting office stem from an arrest of an alleged offender, abuser or suspect made by members of local law enforcement. However, since the recent changes in Georgia law effective July 1, 2013, members of the community often make direct reports of ANE. Thus, the prosecuting attorney is more likely to receive uninvestigated reports from social agencies, mandated reporters, family, friends and other community members.

Thus, if an ANE report is received from law enforcement, the prosecutor should:

Contact the victim

- Contact the victim as soon as possible to introduce him or herself. It is important to establish a comfort level with the at-risk adult early on.
- Find out what the victim wants out of the case, while explaining that it is ultimately the state's decision to prosecute or dismiss a case.
- Find out if the victim is safe. Determine whether a temporary protective order, good behavior warrant or other protective measures need to be taken to protect the at-risk adult from violence or further ANE.
- Assess the victim's health, mental state, physical condition to determine whether or not an emergency deposition or hearing (to preserve testimony) will be necessary. Consider videotaping these proceedings with court approval.
- Provide helpful information to guide at-risk adults through the criminal justice system. Explain the initial hearings, possible charges, charging decisions, court appearances, subpoena process, etc.
- Request that at-risk adults sign release forms for bank and medical records, IF THEY HAVE MENTAL CAPACITY to do so. Mental illness does not automatically mean the individual lacks capacity. The individual may have a Guardian who is legally responsible for signing forms and can be helpful (if the Guardian is not a suspect). Talk to health care providers for assistance in deciding about the person's mental capacity.
- Develop alternate means to contact the victim. Secure the names and identities of other family members or neighbors in the event the victim goes sick or missing, or suddenly gets placed in a nursing home or hospice.
- Remind the victim that it is important to remain in contact with the prosecutor or their victim/witness representative.
- Maintain consistent contact with the victim throughout the case, not just when you need them at trial 18 months later. Be alert to possible continuing ANE, intimidation to prevent testimony, etc.
- Consult with the victim before plea negotiations and inform them once a plea deal has been reached. Give the victim an opportunity to attend the plea hearing, or any other proceeding that may result in the final disposition of their case.
- Determine, at the outset, whether the case can be made without the victim's testimony in the event of death or recantation or deterioration of his/her condition.
- Inform the victim of their rights and provide them with the information they need to make a victim impact statement.
- Find out, early on, whether the case involves restitution. In theft cases, ask victims to start developing proof of value of stolen items. If it is an abuse or neglect case, advise them of their right to seek compensation from the state fund and request documentation and receipts for restitution purposes.

Contact Law Enforcement

- Contact the investigating law enforcement personnel to make sure that all evidence, i.e., documents, medical records, power of attorney forms, wills, photographs, statements, video, etc. has been requested and preserved, or that search warrants be prepared to obtain this information.

- Discuss and determine appropriate charges.
- Encourage law enforcement to look for threats and intimidation of a victim or witness so additional charges can be added as a deterrent.
- If the case involves a homicide or serious injury, consult with law enforcement as soon as possible to make sure that all information is preserved.

Contact other social and regulatory agencies

- Identify and contact other social agencies who may have been involved with the victims (APS, HFR, Long-Term Care Ombudsman, DBHDD, etc.). Find out if they have conducted an investigation and obtain their records, if possible.
- To the extent possible, notify banks and other financial institutions so that they can freeze funds in cases of exploitation or, at a minimum, make a notation on the accounts in question.

If an ANE report is received from someone OTHER THAN a law enforcement agency, the prosecutor should:

- Advise the caller to make a preliminary police report so that the case can be thoroughly investigated by the local law enforcement agency.
- Follow up with the appropriate law enforcement agency to ensure that the report was received.
- Secure an investigator/detective if it is apparent that the case is truly a criminal matter that requires further investigation.
- Encourage the caller to contact APS or HFR, explain the process for making the call and have the agency information readily available.
- Request a wellness check (or immediate police attention) if the at-risk adult is believed to be in immediate danger.
- Create an office file or develop a system (i.e., Tracker) to keep a record of complaints. Even if they never become cases, it helps to have as much information/history on victims as possible.
- Once law enforcement is on the case, start from the top.

V. UNLICENSED PERSONAL CARE HOME INVESTIGATIONS

*Refer to **Appendix E**: The Unlicensed Facility/Exploitation Checklist Tool for a standardized tool for investigating possible unlicensed facilities.*

SOCIAL SERVICES/REGULATORY RESPONSE

The Department of Community Health (DCH), Healthcare Facility Regulation (HFR) is the lead agency for the non-law enforcement response to unlicensed Personal Care Homes (PCHs).

- HFR refers all substantiated reports of unlicensed PCHs to law enforcement.
- HFR or law enforcement makes a determination to relocate residents of an unlicensed PCH.
- HFR identifies other needed agencies and notifies them as appropriate.
- HFR and law enforcement determine a time line for relocation.
- HFR and others will determine the physical and mental health status of residents.
- APS may assist with resident interviews, determining ANE, collection of personal effects, relocation of residents and notification to family.
- HFR, APS, DBHDD when appropriate and others will assist to locate alternative appropriate placement for residents.
- APS will open cases on residents requiring further support.
- If resident qualifies as an APS client, Temporary Emergency Relocation Funds (TERF) may be requested. Temporary Emergency Relocation Funds and procedures are available to Law Enforcement during evenings, weekends and holidays during non-business hours of Adult Protective Services for the temporary emergency placement of a disabled adult or elder person who needs safe placement.

LAW ENFORCEMENT

Pre-Response:

The complaint can come from many different sources:

- Family Members/Neighbors
- Healthcare Facility Regulation
- Adult Protective Services
- Victims
- US SSA OIG
- Medical and Social Service Professionals
- Bank Personnel

Law enforcement should:

- Report to the designated section within their agency such as the Criminal Investigation Unit or Special Victims Unit if available for further investigation. **Note: these are potentially criminal matters and should not be referred only to code**

enforcement.

- Understand the role of law enforcement in responding to an unlicensed PCH.
- **A Cease and Desist Letter will be served on the owner/operator by HFR prior to law enforcement action. Refer to O.C.G.A. § 31-7-12.1**
- Know the Official Code of Georgia Annotated (O.C.G.A.) Code sections relating to the abuse, neglect and exploitation of at-risk adults and unlicensed facilities (Refer to **Appendix D**):
    - O.C.G.A. § 31-7-12-Operating Personal Care Home without a license
    - O.C.G.A. § 16-5-101-Criminal Neglect
    - O.C.G.A. § 16-5-102-Physical and Sexual Abuse
    - O.C.G.A. § 16-5-41-False Imprisonment
    - O.C.G.A. § 16-5-23-Simple Battery
    - O.C.G.A. § 16-5-24-Aggravated Battery
    - O.C.G.A. § 16-9-6-Breach of Fiduciary Obligation against Person who is 65 or older.
    - O.C.G.A. § 16-8-120-Identity Theft
    - O.C.G.A. § 16-9-1-Forgery
- Understand the role of social service and regulatory agencies response to unlicensed facilities. Refer to previous section.
- Begin collecting any pertinent evidence on the Personal Care Home and owners/operators of the home.
- Contact other agencies which may be able to assist in the investigation. Refer to Section VI: Investigative Partners.
- Consider involving your prosecutor early in the process.

Investigation

Organization Is KEY! Planning is CRITICAL!

Law enforcement should:

- Get enough probable cause for a search warrant and coordinate with agencies identified during pre-response.
- Complete and send the GBI GISAC form with information on location. Refer to **Appendix F**.
- Work with each involved agency to prepare them for what is expected of them when executing the search warrant (“stay in your lane”).
- Organize a breakdown of “teams” for search warrant execution and processing of persons on the property.
- Meet with team leaders and crime scene technicians in advance to have a thorough understanding of goals, needs and approach.
- Determine who the Public Information Officer (PIO) will be for the operation.
- Collect as much information pertaining to persons currently at the home to allow HFR/APS time to prepare for relocation of residents.

- Work with HFR to determine and organize all needed agencies, assets and resources including, but not limited to:
    - Law Enforcement-Secure probable cause for warrants, secure location, arrests, search of location for evidence of criminal prosecution to include interviews.
    - Healthcare Facility Regulation-Inspection of facility for compliance with regulations
    - Adult Protective Services-Interviews and relocation of clients.
    - DBHDD Behavioral Health/Mobile Crisis Teams-Handle any crisis that may arise with clients to focus on keeping the client from hurting themselves or someone else.
    - Local Long-Term Care Ombudsman-Resident advocates.
    - Victim's Assistance-Provide logistical support and support victims.
    - Emergency Medical Services-Provide medical care for clients as well as any injuries that may arise during execution of warrant.
    - US SSA OIG-Obtain records for Social Security fraud.
    - DHS OIG- Investigative resource for food stamp fraud.
    - DCH OIG-Investigative resource for Medicaid fraud. Facilitate transportation for relocation of residents.
    - Medicaid Fraud Control Unit (MFCU)- Investigative resource for Medicaid fraud and patient/resident abuse.
    - Department of Revenue (DOR)-Investigative resource for tax fraud.
    - Prosecutors-Advise in legal questions regarding warrants and charges.
    - Victim Witness Assistance- Initiate victim services
- Determine what food/water may be needed for victims and responders.
- Determine how victims will be transported to new placements.
- Identify the staging location and interview location
- Identify prepared forms for those capable of interviews.
- Identify other needed resources such as team packets, trash bags, sharpies, pens, digital recorder, etc. and determine who will bring resources on scene.

Search Warrant Execution Phase

DO NOT treat as a normal search warrant.

- Execute as determined by agency policy. Keep calm and residents stay calm.
- Execution of warrants should be as low key as possible.
- Never underestimate the ability of adults with disabilities to provide information.
- Deal with all persons at the location prior to searching property for evidence.
- Pair HFR/APS personnel with law enforcement for more efficient processing of persons on scene and to reduce re-traumatizing victims through multiple interviews (make law enforcement processing forms close to identical with APS processing forms)
- Develop a Master List of persons on property from the start, instead of waiting to compile throughout processing
- Utilize identified agencies and resources determined during planning stage. Note: Other resources and agencies may need to be procured once on scene.

- It is important for all involved agencies to work together any "stay in their lane". The importance of understanding ach agency's role and planning ahead of time is extremely important.

Residents Unwilling to Leave:

- "Leave no one behind that cannot take care of themselves" – necessary to have a collaborative effort between law enforcement, HFR, APS, mental health professionals and others. *(Caution: Adults cannot be deprived into state custody. Adults may not want to leave and cannot be forced to do so.)*
- On scene, it may be important to have someone who can legally determine if a resident is capable of taking care of themselves.
- On scene, it may be important to have persons with authority to remove residents unable to care for themselves and not willing to leave- (mental health professionals with ability to sign a 1013 form for transportation to an Emergency Receiving Facility for evaluation for possible mental health admission.)
- Use of persuasion can be huge to get residents to leave.

Post Execution of Search Warrant:

- Law enforcement should finish interviews and collection of evidence to include financial records and prepare for prosecution.
- Law enforcement should continue to engage other parties on the results of their investigation (i.e., US SSA OIG, DHS OIG, DCH OIG, MFCU, DOR, etc.)
- HFR/APS and other involved social service agencies will continue to follow their protocol to determine if placements of residents are appropriate and to determine if additional services are needed.

VI. Investigative Partners

The following sections address specific investigative resources that may be utilized in some, but not all, cases of abuse, neglect and exploitation or unlicensed PCH investigations.

1. Medical

- Pre-hospital Response:

  Emergency Medical Service providers are in a unique position to view the home situation while evaluating the patient. It is important to note the living conditions of the patient. Is the home clean? Are there signs that the patient has been restrained? How does the family interact with the patient? Does the patient appear to be afraid of anyone? Pre-hospital providers need to listen for clues about the consistency of the mechanism of injury with what the patient is telling you and what your assessment shows you. Law Enforcement should be called to the scene if abuse is suspected. Be careful of questions that are asked in front of the caregivers, family members, or suspected abusers. Arousing suspicion with the patient or caregivers could prevent the patient from being transported.

- Emergency Department:
  Immediate care in the emergency department focuses on treating the physical manifestations of abuse and assuring the safety of the patient. Every At Risk Adult should be screened for abuse and/or neglect when entering the hospital whether inpatient or outpatient.

- Admitted Patients:
  A patient should not be discharged back to an unsafe situation. Often these patients will have a medical diagnosis that warrant admission if their point of entry is the Emergency Department. Case workers should immediately begin working on options for safe discharge. Anytime abuse is suspected, staff should make themselves available to observe interactions between visitors and the patient. All at risk adult patients, regardless of how they are admitted, need to be screened for abuse. Do not assume the staff before you has screened the patient. Ask the questions:
    - Is there anyone you fear?
    - Do you feel safe where you live?
    - Who takes care of your checkbook?
    - Does anyone at home hurt you?
    - Does anyone touch you without your consent?

  Remember the abuser may be the caregiver. Always ask the questions to the patient privately.

Types of Abuse	**Definitions and Indicators**
Physical Abuse	**Definition:** using physical force to coerce or to inflict bodily harm. It often, but not always, causes physical discomfort, pain or injury. It may include the willful deprivation of essential services, such as medical care, food or water. **Indicators:** Unexplained bruises and welts, may be in various stages of healing, or may reflect the shape of an object. Burns or scalding. Restraint marks on wrists, arms, ankles, or chest. Injury to breast or genitalia. Injuries not consistent with medical diagnosis or explanation.
Emotional Abuse	**Definition:** using tactics, such as harassment, insults, intimidation, isolation or threats that cause mental or emotional anguish. It diminishes the person's sense of identity, dignity, and self-worth. **Indicators**: Caregiver threatening patient with violence, nursing home placement, abandonment, or neglect. Verbal abuse including: threats, insults, harassment, name calling, intimidating. Isolating from friends, family, or activities. Excluding the older person from decision making when he or she is capable and wants to be included.

Sexual Abuse	**Definition:** Any nonconsensual sexual contact; inappropriate touching, forced viewing of sexually explicit materials, sexual assault, and/or sexual harassment. **Indicators:** Difficulty in walking or sitting. Torn, stained, or bloodied underclothing. Pain or itching in genital areas. Bruises or bleeding in external genitalia, vaginal or anal areas.
Financial Abuse or Exploitation	**Definition:** Misuse of financial resources for another's gain **Indicators:** Unpaid bills (rent, utilities, taxes) when someone is supposed to be paying them for the person.

- Mandated Reporting

  When abuse is suspected, the proper authorities must be notified. (See ABUSE, NEGLECT AND EXPLOITATION (ANE) REPORTING & INVESTIGATIONS BY SETTING)
  Georgia mandates healthcare workers having reasonable cause to believe that a disabled adult or elder person has been abused, other than by accidental means, or has been neglected or exploited shall report or cause reports to be made in accordance with the provisions.

- Intervention is best accomplished by using a team approach. This involves the medical profession, social services, mental health, and legal professionals.

- Physical findings that suggest at-risk adult abuse or neglect:
  - General appearance
    - Poor hygiene, dirty clothing
    - Inadequate or inappropriate clothing
  - Bruises, lacerations, ligature, marks or burns
  - Wounds in various stages of healing or wounds that appear to have never been treated
  - Laboratory results showing overdose or under use of prescribed medications
  - Malnutrition
  - Absence of eyeglasses, hearing aids or prostheses
  - Repetitive hospital admissions or emergency department visits
  - Unexplained injuries or explanation inconsistent with medical findings
  - Torn, stained or bloody underclothing
  - Difficulty in walking or sitting
  - Pain, itching, bruising or bleeding in anal or genital area
  - Unexplained venereal disease or genital infections
  - An elder's report of being hit, slapped, kicked, or mistreated
  - An elder's report of being sexually assaulted or raped
  - Untreated bed sores or decubiti

- Other indicators that suggest at-risk adult abuse or neglect:
    - The elder may not be allowed to speak for himself or be interviewed without the presence of the caregiver
    - Family member or caregiver "blames" the elder, e.g., accusation that incontinence is a deliberate act
    - Obvious absence of assistance, indifference or anger by the caregiver toward the elder person
    - Aggressive behavior (threats, insults, harassment) toward the elder
    - Threatening someone with violence, nursing home placement, abandonment, or neglect
    - Unwillingness or reluctance of family members or caregiver to comply with service providers in planning for care and implementation
    - Conflicting accounts of incidents by the family, caregiver, and patient
    - The caregiver's refusal to allow visitors to see an elder alone
    - Ignoring or excessively criticizing; giving the silent treatment
    - Making derogatory or slanderous statements
    - Repeatedly raising the issue of death
    - Excluding the older person from decision making when he or she is capable and wants to be included
    - Malnourishment, dehydration, or weight loss inconsistent with medical diagnosis
    - Fear, paranoia, depression, muteness, other behaviors not diagnosed or inconsistent with diagnosis. New behavior may be indicative of ANE.

- Documentation
    - Written documentation
        - Documentation must be clear and legible.
        - Documentation should include a narrative description of physical and behavioral findings to include a full description of all injuries and forensic evidence collected.
        - Unless making a diagnosis, describe rather than label behavior.
        - Use health terms, not legal terms.
        - As much as possible, quote what the patient is telling you. Use open ended questions.
        - It is best to interview the patient alone if at all possible.
        - Document chain of custody of any evidence collected and turned over to law enforcement.
    - Photo documentation
        - Used to supplement written documentation.
        - Shows a true and accurate image of what was seen upon examination
        - The first and last picture should be an identifier (name card, patient label)
        - A picture should be taken of the patient’s face as well as a full body photograph front facing and then from the back if the patient is able to stand. Photograph patient in clothing they arrived in if possible.
        - Rules of thirds, for each injury a minimum of three photographs should be taken to show:

- Overall
- Orientation
  - Close up with and without a measuring scale/ruler
    (A measurement scale should be included to indicate approximate size of injury)

▪ Photographs should be taken before and after treatment and before and after any cleaning of wound(s)
▪ Photograph any stains, rips or tears in clothing.

○ Body Maps
▪ A body map should be used as well as photo documentation to document a description of the wound(s) to show area of body, type of injury and size of injury.

- The *Elder Abuse Suspicion Index* (EASI), Table 2, is one example of a screening tool for Abuse, Neglect and Exploitation.

Table 2

ELDER ABUSE SUSPICION INDEX © (EASI)[7]			
EASI Questions **Q.1-Q.5 asked of patient; Q.6 answered by doctor Within the last 12 months:**			
1) Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals?	YES	NO	Did not answer
2) Has anyone prevented you from getting food, clothes, medication, glasses, hearing aides or medical care, or from being with people you wanted to be with?	YES	NO	Did not answer
3) Have you been upset because someone talked to you in a way that made you feel shamed or threatened?	YES	NO	Did not answer
4) Has anyone tried to force you to sign papers or to use your money against your will?	YES	NO	Did not answer
5) Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?	YES	NO	Did not answer
6) Doctor: Elder abuse may be associated with findings such as: poor eye contact, withdrawn nature, malnourishment, hygiene issues, cuts, bruises, inappropriate clothing, or medication compliance issues. Did you notice any of these today or in the last 12 months?	YES	NO	Not sure

EASI posted with permission of Dr. Mark Yaffe, August 16, 2014.
To ensure appropriate use of EASI go to link: www.mcgill.ca/familymed/research-grad/research/projects/elder

The EASI was developed to raise a doctor's suspicion about elder abuse to a level at which it might be reasonable to propose a referral for further evaluation by social services, adult protective services, or equivalents. While all six questions should be asked, a response of "yes" on one or more of questions 2-6 may establish concern.*

Additional Screening Tools

For additional screening tools for abuse, neglect and exploitation, go to the University of Iowa Carver College of Medicine website:

http://www.medicine.uiowa.edu/familymedicine/emscreeninginstruments

1. **Department of Behavioral Health and Developmental Disabilities, Office of Incident Management & Investigations (OIMI)**

DBHDD Office of Investigations and Incident Management. DBHDD has policies requiring reporting of listed categories of incidents or injuries, and investigates these cases. DBHDD cooperates with law enforcement and other agencies when joint or multiple investigations are warranted. DBHDD provides its investigation reports to law enforcement on cases that constitute ANE.

DBHDD OIMI investigates serious incidents and reports of ANE of individuals in facilities and community service programs funded by **DBHDD**

2. **Medicaid Fraud Control Unit (MFCU)**

The Georgia Medicaid Fraud Control Unit (MFCU) may investigate or refer for investigation complaints in board and care facilities concerning: patient abuse, neglect, exploitation, theft, conversion or misappropriation of private funds. These investigations may begin through an in house referral or through the request of an outside agency. The MFCU Director shall have the option as to whether the unit will open an investigation or send the referral to the appropriate agency. The Medicaid Fraud Control Unit may investigate cases that are in any board and care facility where two or more unrelated adults reside and receive one or both of the following:

(1) Nursing care services provided by, or under the supervision of, a registered nurse, licensed practical nurse, or licensed nursing assistant.

(2) A substantial amount of personal care services that assist residents with the activities of daily living, including personal hygiene, dressing, bathing, eating, personal sanitation, ambulation, transfer, positioning, self-medication, body care, travel to medical services, essential shopping, meal preparation, laundry and housework.

The following are examples of a board and care facility:

- Nursing Home
- Assisted Living Center
- Licensed Personal Care Home **AND** Unlicensed Personal Care Home
- Community Living Arrangement

3. **GA Department of Revenue (DOR)**

This section addresses possible enforcement or review actions that can be initiated by the Georgia Department of Revenue (DOR), Office of Special Investigations (OSI). The review and opening of a criminal or civil case would be based on the circumstances stated in a referral of financial exploitation reported to DOR OSI by a law enforcement agency, state agency, the attorney general's office, or a prosecuting attorney.

1. DOR OSI can be notified if there is evidence of a crime that has been committed against an at-risk adult involving theft or financial exploitation. This is for a person defined as an adult at-risk described in O.C.G.A. Title 30, or and other provisions of the O.C.G.A. Code, Title 16.

2. The financial exploitation incident reported to DOR OSI should involve the theft of funds relating to the potential commission of the crime of tax evasion. (Fraudulently obtained funds taken by the perpetrator and not reported as income on a Georgia tax return). Under the provisions of O.C.G.A. Sec. 48-7-5, evading the payment of $3,000.00 of Georgia tax will qualify for prosecution as a felony offense. Significant cases of financial exploitation involving large fund losses will be analyzed by DOR for purposes of criminal prosecution. Other cases of at-risk adult financial exploitation, which may not be as significant in nature and loss, could be referred to a DOR audit unit for review.

To refer a potential tax evasion case involving elder financial exploitation for review, please contact DOR OSI at 404-417-2180, and ask for referral to a special agent.

4. Financial Institutions

Financial institution personnel may be the first to note unusual activity in an at-risk adult's accounts or transaction habits.

It is recommended that financial institutions have a minimum of one designated At-Risk Adult Crime Tactics (ACT) Certified Specialist, certified by the Department of Human Services, on staff. This specialist will be trained in the identification and reporting of financial exploitation of at-risk adults.

The designated officer will be responsible for training the front line staff on the "Red Flags" of financial exploitation of at-risk adults.

Financial Exploitation of at-risk adults Red Flags:

- Frequent large withdrawals, including daily maximum currency ATM withdrawals.
- Sudden Non-Sufficient Fund activity.
- Sudden uncharacteristic changes in banking practices (ex. large wire request).
- Large credit card/check withdrawals.
- Checks made out to "cash" or "gift".
- Abrupt changes in will and other legal documents.
- At-risk adult is being escorted to the bank by a second party.
- Unauthorized withdrawals especially with large penalties.
- New names on signature card(s).
- Forged signatures.
- Client is unaware/does not understand financial arrangements.
- Recent acquaintances interested in victim's finances / ingratiating themselves to the victim.
- Frequent gifts from at-risk adult to caregiver.
- Redirected Social Security benefit payments.
- Mail redirected to different address.

The designated officer will be responsible for creating an internal reporting procedure for the front line that will alert the designated officer of all suspected ANE. The victim accounts should be restricted during the initial investigation to prevent further loss and the designated officer should attempt to interview the victim to determine the

circumstances surrounding the incident.

If ANE is suspected after the initial investigation, the designated officer will be responsible for reporting the suspected ANE to APS, HFR, Enforcement and the Bank Secrecy Act officer of the bank for potential Suspicious Activity Report reporting.

5. **Fire Services**
   Fire services conduct fire code inspections and respond to reports of fires or smoke detector alarms. Fire services may engage with and identify at-risk adults who appear to be victims of ANE.

6. **Code Enforcement**
   Similar to Fire Services, Code Enforcement conducts inspections in response to allegations of code violations. Code Enforcement can be an excellent partner when investigating unlicensed personal care homes.

7. **Medical Providers**
   Medical providers are key partners in the identification of and response to ANE. It is essential for an investigative team to include members of the medical community in the team for insight and expertise and to further educate medical providers about issues specific to ANE.

8. **Federal Agencies – Based on funding stream**
   SSA/OIG – Social Security fraud
   HHS/OIG – Medicare fraud
   USDA/OIG – Food stamp fraud
   IRS/OIG – Tax fraud
   VA/OIG – Veteran's benefit fraud
   Any of the above agencies can provide intelligence and assistance to local and state law enforcement conducting at-risk adult abuse investigations.

VII. ADDITIONAL RESOURCES

This section identifies other agencies that may provide assistance when working with at-risk adults.

1. **Aging Services**

   GA has a network of services for at-risk adults. This network includes 12 regional Area Agency on Aging/Aging and Disability Resource Connection. The support of providers in the aging network is useful for investigators who are encouraged to contact aging services when working at-risk adult abuse cases. Aging services include but are not limited to: Home and Community Based Services, Medicaid waiver services, meals, legal assistance, benefit assistance, health promotion and other services.

   Aging and victim service providers offer support and guidance to investigators by providing available services to at-risk adults such as information and prevention

services.

2. Long-Term Care Ombudsman

The federal government established the LTCO to assist residents living in facilities who have concerns and complaints about care or services. LTCO are advocates for residents residing in Personal Care Homes, Assisted Living Facilities, Community Living Arrangements, and Nursing Homes. LTCO work with residents to resolve problems such as allegations of abuse, neglect and exploitation. LTCO only act if the resident asks them to become involved or if they see A/N/E. **LTCO are not mandated reporters.**

LTCO pass on the complaints to Healthcare Facility Regulation, Law Enforcement, Social Security, and other appropriate agencies with permission of the victim or if they have firsthand knowledge.

(1) 42 USC 3058g(b) LTCO have the authority to:
- Enter any facility
- Communicate privately, and without restriction, with any resident who consents.

(2) 42 USC 3058g(b)(1)B)(C)(D) LTCO have access to the following resident records:
- Medical
- Social

Note: LTCO must be given permission from the resident or legal representative to access resident records. If the legal representative of a resident refuses to give permission, the LTCO may receive authority from the State LTCO.

(3) Other records accessible to LTCO include:
- LTC facility administrative records, policies and documents
- LTC licensing and certification records maintained by the State.

3. Probate Court

The probate judge handles guardianships and conservatorships and determines the competencies and abilities of at-risk adults to make important life decisions (e.g. medical care, living arrangements, financial matters, etc.). The Probate judge should be a member of any local team to provide expertise on the abilities of the court to intervene when at-risk adults competency to make informed decisions appears compromised.

4. Department of Behavioral Health and Developmental Disabilities

The Georgia Department of Behavioral Health and Developmental Disabilities provides treatment and support services to people with mental health challenges and substance use disorders, and assists individuals who live with intellectual and developmental disabilities.

- **Community Mental Health Service Programs**
  Community Services are provided through contracts with private, for–profit,

nonprofit, and quasi–public agencies under contract with DBHDD through field offices. Consumer choice is a value that is embraced throughout the system and is fostered through the development of different kinds of provider agencies including consumer operated agencies. These organizations vary in scope of services provided including those services that address more individualized needs.

- **Adult Mental Health Services**
  These services may be accessed statewide by calling the toll free Georgia Crisis & Access Line (GCAL) 24/7/365 at **1-800-715-4225.** Visit www.mygcal.com to identify adult community based mental health service providers in your area. Services include:
  - Assertive Community Treatment
  - Community Support Team
  - Crisis Respite
  - Crisis Stabilization Units
  - Peer Support Services
  - Psychosocial Rehabilitation
  - Supported Employment
  - Mobile Crisis Services
  - Core-outpatient community mental health clinic

  Link to Office of Adult Mental Health Resource Directory: https://dbhdd.georgia.gov/sites/dbhdd.georgia.gov/files/related_files/site_page/2014%20 AMH%20Directory.pdf
- **Community-Based Services for Adults living with Developmental Disabilities**
  Services for people with intellectual and developmental disabilities (ID/DD) are available through two Medicaid home and community service programs. In addition, Family Support Services provide flexible disability specific services based on families' unique needs and are available to people with I/DD living with family members.
- To find DD services or apply for services, go to http://dbhdd.georgia.gov/dd-community-based- services
- A short, non-exhaustive summary of services includes:
- **Community Residential Alternatives** are available to individuals who require intense levels of residential support in small group settings of four or fewer or in host home/life-sharing arrangements.
  - Residential services are provided in:
  - **Group Homes:** licensed homes that serve up to four individuals with developmental disabilities who require intense levels of residential support.
  - **Host Homes:** private homes of individuals or families, whether owned or leased, in which life-sharing, residential supports are provided to one or two adults with developmental disabilities, who are not to be related to the occupant owner or lessee by blood or marriage.
- **Crisis Respite Homes** exist in residential settings and provide short-term crisis services. Each home serves up to four individuals who are experiencing an emotional/behavioral change and/or distress that leads to a disruption of essential functions. Placement in Crisis Respite Homes occurs when individuals have not responded to less restrictive crisis interventions.

5. **Victim Advocacy Programs:** Contact the Prosecuting Attorneys Council of GA www.pacga.org for crime victim information and to identify the local prosecutor. Contact the Criminal Justice Coordinating Council http://cjcc.georgia.gov/ for information on victims' compensation.

6. Domestic Violence Programs and Services: Contact the Ga Coalition Against Domestic Violence www.gcadv.org and the GA Commission on Family Violence www.gcfv.org for information and assistance.

7. Sexual Assault Centers: Contact the GA Network to End Sexual Assault (GNESA) www.gnesa.org to locate centers and for victim assistance.

8. **Forensic Special Initiatives Unit (FSIU)**
   FSIU supports local, state, and federal agencies serving at-risk adult crime victims through technical assistance, case consultations, case reviews, and At-Risk Adult Crime Tactics (ACT) certification. To learn more about available training opportunities and assistance, visit: http://aging.dhs.georgia.gov/forensic-special-initiatives-unit-fsiu

VIII. COORDINATED INVESTIGATIVE TEAM APPROACH

1. To better protect at-risk adults, every county or region should implement a coordinated investigative team approach when responding to allegations of at-risk adult abuse, neglect or exploitation. While each team will be structured and operated differently, based on the needs of its county, the implementation of the GA ANE MP will drive each team's objectives.
2. The local and/or state law enforcement or designee should lead the local coordinated investigative team. The following activities should be completed by the leader(s) of the local team:
   - Develop written protocols with team members outlining each member's roles. This should include a signature page signed by all members indicating their agreement with the written protocols.
   - Conduct periodic reviews of the local protocol with all members, making changes as needed. New signatures should be obtained whenever changes to the protocol are made.
   - Provide training on the local protocol, as necessary (for example: new team members, changes to the local protocol, etc.).

3. The primary purpose of an investigative team is to ensure the coordination of procedures and practices of the partner agencies to better protect at-risk adults.

4. The duties and responsibilities of each team should include:
   - Regular meetings to increase team member communication.
   - Facilitation and support of each team member's role.
   - Coordination of information sharing.
   - Ensuring team members respect and comply with their respective agency and/or

statutory rules regarding confidentiality.
- Oversight to increase awareness of and compliance with the law and recommendations outlined in GA ANE MP.

5. This model works best when the following core organizations work together as a team:
- Law Enforcement
- Prosecutor's Office
- Adult Protective Services
- Healthcare Facility Regulation
- Long-Term Care Ombudsman
- Department of Behavioral Health and Developmental Disabilities
- Healthcare Providers

Teams should also include, but not be limited to, the following professionals:
- EMS
- Victim Services
- Financial Institutions
- Probate Court
- Aging Services Providers
- DFCS (Eligibility for food stamps and Medicaid)
- DHS/OIG (Food Stamps)
- DCH/OIG (Medicaid Fraud)
- Other agencies as dictated on a case by case basis – not all cases require the participation of all team members.

6. The roles of team members should be determined by the local investigative team. Not every case will require the participation of all team members.

7. All designated team members should be provided with a contact phone number list that includes after-hours emergency contacts. This list should be maintained and distributed by the team coordinator.

8. The local investigative team should strive to:
- Coordinate investigations
- Conduct thorough and objective investigations
- Minimize trauma to the victim
- Respect the rights of both the victim and the alleged perpetrator

9. Team investigation objectives:
- Interview the vulnerable adult, conducting joint interviews at the discretion of law enforcement
- Interview all witnesses, conducting joint interviews at the discretion of law enforcement
- Offer assistance in obtaining any necessary emergency and/protective services
- Collect and preserve evidence

- Interview the alleged perpetrator
- Obtain current and historical medical, social, and financial information
- Coordinate efforts with APS, HFR, law enforcement, the prosecutor, courts and service providers in offering available services to at-risk adults and/or families
- Assess the at-risk adult's capacity to make informed decisions whenever the adult refuses necessary services or chooses to remain in an unsafe or unstable situation

Grievance Procedures

Recognizing that interagency operations sometimes result in misunderstandings and disagreements, this model protocol also includes a method to mitigate and resolve disputes between participating agencies while maintaining the best interest of at-risk adult abuse victims.

Each agency handles personnel complaints internally. Grievances, problems or conflict related to ongoing investigations should be directed to the agency or person (or his/her supervisor) identified as the perceived problem.

APPENDIX A

Reporting Statutes

Below are the Reporting Statutes relating to Disabled Adults and Elder Persons. Refer to Official Code of GA Annotated for additional statutes and to ensure accuracy.

O.C.G.A. § 30-5-1	Short Title	O.C.G.A. § 30-5-6	Cooperation for medical evaluations
O.C.G.A. § 30-5-2	Legislative Purpose	O.C.G.A. § 30-5-7	Confidentiality of public records
O.C.G.A. § 30-5-3	Definitions	O.C.G.A. § 30-5-8	Criminal offenses and penalties
O.C.G.A. § 30-5-4	Mandated Reporters (Community)	O.C.G.A. § 30-5-9	Applicability to employment relationship
O.C.G.A. §30-5-5	Investigation of reports of needed protective services	O.C.G.A. § 30-5-10	Cooperative efforts of programs

Below are the Reporting Statutes relating to Long Term Care Resident Abuse. Refer to Official Code of GA Annotated for additional statutes and to ensure accuracy.

O.C.G.A. §31-8-80	Short Title	O.C.G.A. §31-8-85	Immunity from liability
O.C.G.A. §31-8-81	Definitions	O.C.G.A. §31-8-86	Confidentiality
O.C.G.A. §31-8-82	Mandated Reporting (facility)	O.C.G.A. §31-8-87	Retaliation prohibited
O.C.G.A. §31-8-83	Investigations	O.C.G.A. §31-8-88	Notice of requirements of article
O.C.G.A. §31-8-84	Evaluation of investigation results		

Below are the Reporting Statutes relating Powers and Duties of the Department of Behavioral Health and Developmental Disabilities (DBHDD). Refer to Official Code of GA Annotated for additional statutes and to ensure accuracy.

O.C.G.A. §37-1-20	Obligations of the Department of Behavioral Health and Developmental Disabilities	O.C.G.A. §37-1-25	Purchase of real property authorized
O.C.G.A. §37-1-21	Institutional powers and duties	O.C.G.A. §37-1-26	Sale of surplus products
O.C.G.A. §37-1-22	Redesignated	O.C.G.A. §37-1-27	Legislative findings; Suicide prevention
O.C.G.A. §37-1-23	Rules of practice and procedure	O.C.G.A. §37-1-28	Conviction data
O.C.G.A. §37-1-24	Use of psychologist or physician in lieu of another	O.C.G.A. §37-1-29	Crisis stabilization unit

APPENDIX B

Abuse, Neglect and Exploitation (ANE) Resources by Setting for Law Enforcement and Prosecutors

SETTING OF CRIME	REPORT TO	INVESTIGATES/ACTIONS	TO OBTAIN RECORDS
Community	Division of Aging Services (DAS) ***Adult Protective Services (APS)** 1-866-552-4464 & follow prompts On-line: www.aging.ga.gov	**I:** Reports of abuse, neglect & exploitation of at-risk adults. **A: All reports to law enforcement.** Provide services to **consenting** clients.	Request on letterhead.
Personal Care Home, Assisted Living Facility, Community Living Arrangements	Department of Community Health (DCH) ***Healthcare Facility Regulation (HFR)** Ph: (404)657-5726, (404) 657-5728 1-800-878-6442 On-line: www.dch.georgia.gov Follow link to Healthcare Facility Regulation – File Complaint.	**I:** Reports of abuse, neglect & exploitation of at-risk adults. **A: All reports to law enforcement.** Provide services to **consenting** clients.	Request on letterhead.
Nursing Home Long Term Care Facility	Dept of Community Health (DCH) ***Healthcare Facility Regulation (HFR)** Ph: (404)657-5726, (404) 657-5728 1-800-878-6442 On-line: http://dch.georgia.gov Follow link to Healthcare Facility Regulation – File Complaint. State Long-Term Care Ombudsman http://www.georgiaombudsman.org/ Toll Free (866) 552-4464	**I:** Reports of abuse, neglect & exploitation of at-risk adults. **A: All reports to law enforcement.** Provide services to **consenting** clients. I: Provide advocacy and informal resolution of concerns of residents in long-term care facilities	Request on letterhead.
Hospitals Home Health Services	Department of Community Health (DCH) ***Healthcare Facility Regulation (HFR)** Ph: (404)657-5726, (404) 657-5728 Home Health Hotline 1-800-326- 0291 http://dch.georgia.gov	**I:** Reports of abuse, neglect & exploitation of at-risk adults. **A: All reports to law enforcement.** Provide services to **consenting** clients.	Request on letterhead.

SETTING OF CRIME	REPORT TO	INVESTIGATES/ACTIONS	TO OBTAIN RECORDS
Services Funded through Department of Behavioral Health and Developmental Disabilities (DBHDD)	Department of Behavior Health and Developmental Disabilities (DBHDD), Office of Incident Management and Investigations (OIMI) Ph: (404) 232-1186 DBHDDincidents@dbhdd.ga.gov	**I:** Reports of ANE relating to individuals in facilities and community service programs funded by DBHDD. **A: May involve DCH, HFR, APS, DFCS and Law Enforcement.** Corrective action plan with facility and/or reports to law enforcement on substantiated cases.	Signed authorization or subpoena from court of competent jurisdiction. If alcohol or substance abuse is contained in the record, a court order may be needed.

OFFENSE	REPORT TO	INVESTIGATES	ACTIONS
Consumer Fraud	Attorney General of Georgia Ph: (404) 656-3300 http://law.ga.gov	**I**: Reports of Consumer Fraud in the areas of telemarketing fraud, home repair scams, phony charities and other rip-offs.	**A:** Civil and criminal actions when possible.
Social Security Fraud **Veterans Benefits Fraud**	SSA. Office of the Inspector General Ph: 404-562-5540, 1-800-269-0271 http://www.ssa.gov/oig/hotline VA Office of the Inspector General Ph: **1 (800) 488-8244** vaoighotline@va.gov www.va.gov/oig/hotline/default.asp	**I:** Reports of Social Security fraud. **I:** Reports of Veterans Benefits Fraud	**A**: Civil or criminal actions when possible. **A:** Civil or criminal actions when possible
Medicaid Fraud	Office of the Inspector General, Department of Community Health Program Integrity Unit Ph: (404) 463-7590, 1-800-533-0686 ReportMedicaidFraud.dch.ga.gov Medicaid Fraud Control Unit Ph: (404) 656-5400 http://law.ga.gov/medicaid-fraud-control-unit	I: Reports of Medicaid Fraud.	Civil or criminal actions when possible. May refer to State Medicaid Fraud Control Unit.
Food Stamp Fraud	Office of the Inspector General Department of Human Services Benefits Recovery Unit Ph: (404) 463-5495, 1-877-423-4746 inspectorgeneralhotline@dhr.ga.gov	I: Reports of Electronic Benefits Transfer Card fraud (food stamps).	Administrative, civil or criminal actions when possible. If criminal – referred to local district attorney's office.

This form is intended only as a tool to navigate the various entities encountered when investigating cases of abuse, neglect & exploitation of older adults and adults with disabilities (at-risk adults). Attempts made to ensure the accuracy of the information provided. For additional information, contact departments/agencies directly and review applicable GA law.

APPENDIX C

Interviews

AT-RISK ADULT CRIME VICTIMS

Interviewing adult crime victims who are older and/or have disabilities can be difficult and must be approached with planning and an understanding of the victim's background and relationship to the suspect, mental status and medical condition. Ideally, the interview should be in a place that is familiar and comfortable for the victim outside the presence of the suspect. Coordinated, joint interviews should be done whenever possible and should always be forensic interviews. Conducting one interview (or as few as possible as dictated by needs of the victim), can greatly lessen the stress and trauma of having to repeatedly provide graphic details about his/her victimization. The following are some techniques to consider.

PREPARATION

When possible, prepare as much as possible, in addition to facts of the case:

- If disability present, learn as much as possible about specific disability (type, level, lifelong or acquired?)
- Hearing/visual impairment?
- How does the victim communicate?
- Prepare notes for prepared questions ahead of time
- Essential evidence (POA, forged checks, etc.) should be available for the victim to view.

SCHEDULING (AND MINIMIZING TRAUMA TO VICTIM)

- Before proceeding with the interview, coordinate with all entities and agencies needing to conduct interviews with the victim. (To reduce the number of interviews and thus, trauma to the victim.)
- Multiple sessions may be required as dictated by the victim's abilities and stamina. (To establish trust & rapport with the victim and to accommodate any health/comfort/stamina needs of the victim.) Always attempt to minimize the number of interviews.
- What is best location? Privacy and safety insured wherever interview(s) occur(s). Should not be at location of incident/assault.
- What time is best for the victim?

(Baladerian, 2009) (Office for Victims of Crime, 2007)

GENERAL

- Make sure the victim knows who you are, why you are there, and how the information will be used.
- Be honest with the victim about confidentiality and mandatory reporting requirements to agencies.
- Avoid interviewing with family or other present.

- If individual answers, do not interrupt. Make notes and ask follow up questions.

- Be polite but be thorough.
- Be patient.
- Tell the victim what to expect during the interview and the investigation.
- Ask the victim's name, address, phone number, and who lives in the home. Also inquire about the date, months of the year, and the sitting president. Whether the victim can answer these questions may provide some information to establish competency at the time of the interview.
- Be sure the victim has any needed items, such as glasses, hearing aids, communication board to conduct interview.
- Speak slowly and clearly, avoid shouting.
- Minimize distractions.
- Minimize barriers (anything between you and person being interviewed)
- Ask open-ended questions one at a time to encourage further discussion.
- Keep it simple.
- Be patient and reassuring; avoid unnecessary pressure.
- Assess the victim's language skills. This is especially important for discussions about body parts, sexual abuse and financial transactions. As appropriate to the case, find out how the victim refers to body parts, sexual acts, loans, and property transfers.
- Be aware of the victim's body language.
- Reassure the victim that cooperation is important and appreciated.

(SC Adult Protection Coordinating Council, 2002) (Attorney General of Washington, 2009)

- Allow the victim to describe the incident in his/her own words.
- Ask the victim about the history of/with the suspect (e.g. family, friend, caretaker, etc.)

What is the victim telling you? What is the suspect telling you? What is the evidence telling you? What is the scene telling you? What are witnesses telling you?

- Even if victim appears confused, do not discount his/her information.
- Convey the message the victim is not responsible for the prosecution of the suspect – that is the responsibility of law enforcement and prosecutors.
- Convey the message the victim is not responsible for the abuse that is solely the responsibility of the abuser.
- Acknowledge the victim's fears, anxiety, anger, or ambivalence.
- Pay attention to your own body language and reactions, taking care not to blame, accuse or disbelieve the victim.
- If the victim is nonverbal, use diagrams, dolls, or photographs. Avoid conveying disgust, discomfort, shock, disapproval, or embarrassment.
- When using or reviewing exhibits with the victim, show the exhibits one at a time and describe for the audiotape (if using) exactly which item you are describing.

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The following are examples of possible inquiries when reviewing questioned documents:

"Ms./Mr._____, please look at check number , dated mmddyy. Do you recognize the check? Is that your signature? Did you give anyone permission to have or possess this check? Did you sign this check or give anyone permission to sign your name? Did you give [suspect] permission to have this check? Did you give [suspect] permission to receive the proceeds from this check?" (New Hampshire Attorney General, 2011) (SC Adult Protection Coordinating Council, 2002)

POSSIBLE QUESTIONS

- Who? What? When? Where? Why? How? To cover social, financial and medical histories.
- What is your name?
- What is your age or date of birth?
- Where do you live? Who lives with you?
- Ask about substance abuse issues (victim/suspect).
- How do you typically spend your day?
- What do you do when you first get up in the morning?
- Are you involved in activities outside the home? If so, describe.
- Ask more day-in-the life type questions about the periods of time before and after the incident/events at issue. Determine how the events changed the lives of the victim and the suspect. Did the victim's life and/or health worsen while the suspect's lifestyle improved (at the expense of the victim)?
- Does anyone help you, such as paying your bills for you?
- If so, who?
- How long has [identified person/s] helped you?
- What specifically does [identified person/s] help you with?
- How do you know [identified person/s]?
- Is [identified person/s] paid for his/her services?
- If so, who pays [identified person/s]?
- How much is [identified person/s] paid?
- What exactly, are the [identified person/s] duties?
- Are you afraid of [identified person/s]?
- Has [identified person/s] ever hurt or threatened you? If so, when was the last time? When was the time before that? (Keep going until you get to the first time).
- Do you worry about who will assist you if [identified person/s] is not here? *That is one of the reasons I am here. I can make sure you get assistance with [fill in the blank – whatever is of greatest concern to the victim).*
- Tell me what happened.

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HEALTH/MEDICAL

- Do you have any physical/MEDICAL/mental conditions?
- Do you take medication for any physical/mental conditions? If yes, what meds?
- If yes, do you know which condition/s your medications are for? Explain.
- Do you know where your prescriptions are filled?
- Do you go to the doctor for annual checkups? When sick? For ongoing treatment of chronic illness?
- Do you see more than one doctor? If so, names and addresses of other treating doctors.
- Do you know which doctor prescribed which medications?
- Has anyone [such as identified person/s] told and/or instructed you regarding your medical/psychiatric conditions? Doctor or other healthcare/treatment appointments? Medications, etc? If so, what were you told and/or instructed?
- Do you use any type of assistive device such as a walker? Cane? Hearing Aid, etc?
- If so, what assistive device do you use? How often do you use the assistive device?
- How well do you function without the assistive device?
- Is the victim aware if [identified person/s] has any medical/psychiatric conditions. If so, what are the conditions? Does the victim know if the suspect takes any medications for the condition/s?

During interviews:
Avoid conveying disgust, discomfort, shock, disapproval or embarrassment.
The victim's wellbeing should always be the priority.

THINGS TO CONSIDER DURING THE INTERVIEW

- Determine the victim's attitude toward the suspect.
- Does the victim understand something has occurred?
- If so, how?
- Was it one incident or a series of events?
- "Show me." (If victim having difficulty describing incident.)
- Identify individuals who play key roles in victim's life and obtain their contact information.
- (Friends, neighbors, family members, personal physician, banker, etc.)
- When asking about the allegations or incident/s at issue. What does the victim think the suspect will say about any of the allegations? To determine if the victim has been coached by the suspect, consider these defenses:
    1. Physical abuse case – has the suspect told the victim it was an accident, a normal part of aging, denial, or that the victim imagined the incident/situation?
    2. Neglect case – has the suspect told the victim this is what the victim wanted, that it was an accident, that there was no intent, or that the suspect was overly stressed?
    3. Sexual abuse case – consent will be the central issue or that the event/s never occurred.

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4. Financial exploitation case – consent will be a central issue as will the arguments, it's "my inheritance", "a loan", or "a gift".

Discussing the allegations and the victim's perceptions of what the suspect may have relayed to the victim can reveal some interesting information. (New Hampshire Attorney General, 2011)

When victim has difficulty recalling perpetrator's name:

- What does he/she do for you?
- What does he/she look like? Describe.
- How do you know him/her?
- How did you meet him/her?
- For dates/times: Routine Activity? Missed visit? TV show? Meds? Visit?

Markers in the victim's routine can help establish time and date, either by occurring or being missed. (Baladerian, 2009)

QUESTIONS SPECIFIC TO FINANCIAL EXPLOITATION CASES

- Focus on the consent issues. Did the victim actually give consent – actually say the words?
- A suspect's claim that the victim said a car was the suspect's does not prove the victim actually said the words.
- If the victim did complete a transaction, did the victim understand what he or she was giving or transacting?
- Did the victim understand the legal implications of his/her actions?
- Was the act voluntary or the result of "undue influence, coercion, harassment, duress, deception, false representation, false pretense, or other similar means for another's profit or advantage"?
- Ask the victim about his/her assets (bank accounts, CDs and other bank products,
- stocks, bonds, investment accounts, home furnishings, collections, antiques, art, furs, jewelry, vehicles, boats, real estate, credit cards, wills and trusts, safe deposit boxes and insurance policies.
- Determine the whereabouts of these assets as well as who controls them and any legal mechanisms that may be in place such as Power of Attorney, Guardianship, Conservatorship, trusts, and contracts.
- Does the victim understand the effects of the above documents? For example, if there is a questionable deed, ask the victim if he/she signed the document, is it their signature? What is a deed? What does it mean that the [suspect's] name is on the deed? Can the suspect evict the victim now that the victim has signed the deed? Where would the victim live if that happened?
- What was the victim's spending habits before he/she became involved with the suspect?
- Was the victim previously frugal and after the suspect's involvement in the victim's life, there is an appearance of uncharacteristic heavy spending?

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CONCLUDING THE INTERVIEW

- If the interview took place in the victim's home, be observant of any evidence within eyesight such as bills addressed to the suspect or medications.
- With the victim's consent, check the refrigerator, pantry and cabinets to determine if there is adequate food.
- Ask the victim where any additional documentation or other evidence is located and ask to be directed to that evidence.
- Always thank the victim and tell him/her that he/she was helpful.
- Inform the victim there may be a need to interview other individuals as part of the investigation and ask for names of any individuals the victim thinks should be interviewed.
- Always provide the victim with your contact information in the event he/she does think of more information.
- Always provide the victim with contact information for victim services through public safety or the prosecutor's office as well as the number for the Aging and Disability Resource Connection through the Division of Aging Services 1-866-552-4464.
- Let the victim know what will happen next and what to do if he/she thinks of any other information.
- Finally, ask the victim if there is any additional information or anything else he/she thinks you should know.

(New Hampshire Attorney General, 2011)(Attorney General of Washington, 2009)

WITNESSES

Any individual who is believed to have information about the reported allegations and/or any other pertinent information should be interviewed.

- Inform the witness a report of abuse, neglect or exploitation has been received.
- Explain the role of the investigator and the purpose of the investigation (purpose of "investigation" will be different for all entities).**The reporter's identify shall not be provided.**
- Determine the witness's relationship to the victim and the suspect.
- Ask where and how he/she received his/her information.
- Try to determine his/her motivation for providing the information.
- Specify the allegations contained in the report and ask for the witnesses' response.
- Inform the witness there may be a need for additional interviews with him/her to obtain additional information.
- Inform the witness that information about the alleged victim and the investigation is confidential.
- Conclude the interview by asking if there is any additional information or anything else the witness wants the investigator to know.
- Provide the witness with contact information in the event he/she thinks of any additional information for the investigator.

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(Attorney General of Washington, 2009) (SC Adult Protection Coordinating Council, 2002)

SUSPECTS

(It is highly recommended for non-law enforcement personnel to check with local law enforcement before speaking with possible/alleged suspects.)

- Inform suspect a report of abuse, neglect or exploitation has been received; explain the role of the investigator and the purpose of the investigation (purpose of "investigation" will be different for all entities). **The reporter's identify should not be provided.**
- Specify the allegations contained in the report and ask for the suspect's response. Note the suspect's attitude and demeanor.
- Determine the suspect's relationship to the victim and any witnesses.
- If the suspect provides care to the victim:
    - Get complete information regarding duties, pay and hours.
    - How involved is the suspect in the victim's care and what are the expectations of the victim?
    - Are there any other individuals providing care to the victim?
    - How is the suspect coping with caregiving duties?
- Document if inconsistencies between the suspect's statements and the evidence.
- Document if inconsistencies between the suspect's statements and statements of the victim and other witnesses.
- Avoid being judgmental or hostile.
- Inquire about potential defenses.
- Inform the suspect of the need to interview other individuals for the investigation and request contact information of individuals the suspect believes should be interviewed.
- Inform the suspect there may be a need for additional interviews to get additional information and/or to discuss the results of the investigation.
- Inform the suspect the information regarding the investigation is confidential.

(Attorney General of Washington, 2009) (SC Adult Protection Coordinating Council, 2002)

For law enforcement: Investigator may want to conduct the initial interview when the suspect is not in a custodial situation (if suspect comes in for an interview, let him/her know he/she is free to leave at any time).

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INTERVIEWS - ADULTS WITH DISABILITIES

Facts:
- Many people with cognitive disabilities have excellent recall of traumatic or certain events.
- How the victim communicates may be new to the interviewer but it is an everyday method for the victim.

- Treating all crime victims the same no matter the case may strengthen the case as it progresses through the system.
- Failing to conduct an interview or not following the usual steps in an interview may make it difficult to defend the process or content at a later date.
- When anyone believes an individual cannot be interviewed because of the severity of his/her disability, seek guidance from resources in the community such as the local Center for Independent Living, to go forward with and support a successful interview.
- Speech production problems do not signal an intellectual impairment.
- Cognitive impairment or disability is unrelated the reliability of memory.
- Cognitive impairment is unrelated to the ability to distinguish the truth from a lie.
- People with disabilities are people, not disabilities.

HELPFUL HINTS

- Remain objective.
- Allow for wheelchairs, interpreters and other considerations.
- Know any medications victim is taking.
- Be aware of victim's schedule and routines.
- Be aware of your own feelings and reactions.
- Remain neutral, non-judgmental, and objective.

(Office for Victims of Crime, 2007)

PRIOR TO INTERVIEW

- Prepare as much as possible.
- In addition to facts of case, learn as much as possible about specific disability (type, level, lifelong or acquired?).
- Hearing/visual impairment?
- How does victim communicate?
- Cooperative?

AVOID

- Blame, accusation or disbelief of the victim.
- Interviewing with family or others present.

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CONCLUDING INTERVIEW

- Reassure victim of your interest in helping them.
- Normalize situation as much as possible (many people experience victimization).
- Provide contact information.
- Provide information such as victim assistance.
- Never underestimate the ability of an individual with a disability.
- Be patient.

"The interview of an adult with an intellectual disability or with a cognitive impairment can be a gold mine of information both for the benefit of the victim and the benefit of the criminal investigation. As such, investigators should take full advantage of the opportunity to interview the victim and to conduct it in a thoughtful, collaborative and caring fashion to aid both the victim and the prosecution.

It is important to remember the interview of an adult with an intellectual disability or with a cognitive impairment is to be used to investigate and gather possible evidence of crimes as well as to provide evidence of cognitive impairment to clearly show the victim's lack of ability to consent to any transaction thus overcoming possible defenses." (New Hampshire Attorney General, 2011)

APPENDIX D

At-Risk Adult Abuse Investigations Checklist

Case Number:_____ Today's Date:_____ Date of Incident:_____

Victim's Name:_____ Victim's Address:_____

Known Medical Conditions?_____

Known Medications?_____

Forms of Abuse, Neglect and Exploitation Described

Physical Abuse	**No**	**Yes**	**Unknown**	**Describe (Location? Size? Odor?etc.)**
Victim's Self report	•	•	•	
Bruises	•	•	•	
Black Eyes	•	•	•	
Lacerations	•	•	•	
Ligature/Restraint Marks	•	•	•	
Open Wounds	•	•	•	
Untreated Injuries	•	•	•	
Injuries (in various stages of healing)	•	•	•	
Broken Bones	•	•	•	
Burns	•	•	•	
Neck Injuries	•	•	•	
Bite Marks	•	•	•	
Over/Under Medicated	•	•	•	
Broken Eye Glasses	•	•	•	
Hair Pulled Out	•	•	•	
Uncooperative Caretaker	•	•	•	
Weapons	•	•	•	
Sexual Abuse				
Victim's Self Report	•	•	•	
Bruises-Breasts/Genital Area	•	•	•	
Torn/Bloody Underclothes	•	•	•	
Difficulty Walking/Sitting	•	•	•	
Sexually Transmitted Disease	•	•	•	
Neglect/Cruelty				
Victim's Self Report	•	•	•	
Dehydration/Malnutrition	•	•	•	
Untreated Health Conditions	•	•	•	
Failure to Get Medical Care	•	•	•	
Failure to Provide Medications	•	•	•	
Failure to Provide Essential Services	•	•	•	
Lack of Assistive Devices	•	•	•	
Abandonment	•	•	•	
Inappropriate Clothing	•	•	•	
Inadequate Heating/Cooling	•	•	•	
Bed Sores	•	•	•	
Unsafe Environment	•	•	•	
Fleas/Lice/Roaches/Rodents	•	•	•	
Fecal/Urine Odor	•	•	•	
Fecal/Urine Stained Bedding	•	•	•	
Scalded Skin (from urine)	•	•	•	
Lock/Chains on interior doors	•	•	•	
Emotional Abuse				
Victim's Self Report	•	•	•	
Upset/Agitated	•	•	•	
Withdrawn/Non-responsive	•	•	•	
Unusual Behavior	•	•	•	
Financial Exploitation				
Unemployed adults reside in home	•	•	•	
Victim's Self Report	•	•	•	
Sudden Changes in Banking Habits	•	•	•	
New Names on Signature Card(s)	•	•	•	

	No	Yes	Unknown	Describe (Location? Size? Odor? etc.)
Unauthorized Withdrawal(s)	•	•	•	
Abrupt Changes in Will	•	•	•	
Disappearance of Funds/Possessions	•	•	•	
Unpaid Bills/Adequate Funds	•	•	•	
Forged Signature for Transactions	•	•	•	
Appearance of Uninvolved Relative	•	•	•	
Sudden Transfer of Assets	•	•	•	
Unlicensed Personal Care Home	•	•	•	
Self Neglect				
Dehydration/Malnutrition	•	•	•	
Lack of Medical Attention	•	•	•	
Unsafe Living Conditions	•	•	•	
Unsanitary Living Conditions	•	•	•	
Inappropriate Clothing	•	•	•	
Lack of Assistive Devices	•	•	•	
Inadequate Housing	•	•	•	

All the items listed above are RED FLAGs and could indicate abuse. If any are encountered, investigate.

GET PHOTOGRAPHS GET PHOTOGRAPHS GET PHOTOGRAPHS GET PHOTOGRAPHS

Below are examples of applicable statutes for crimes against at-risk adults- there are many others. Refer to Official Code of GA Annotated for additional statutes and to ensure accuracy.

O.C.G.A.§16-5-1	Murder	O.C.G.A.§31-5-8	Misdemeanor to violate title 31
O.C.G.A.§16-5-2	Voluntary Manslaughter	O.C.G.A.§16-7-21	Criminal Trespass
O.C.G.A.§16-5-3	Involuntary Manslaughter	O.C.G.A.§16-7-23	Criminal Damage to Property
O.C.G.A.§16-5-20(e)	Simple Assault (H&A)	O.C.G.A.§16-8-1 to 16-8-12	Theft Offenses
O.C.G.A.§16-5-21	Aggravated Assault	O.C.G.A.§16-8-12(a)(3)	Theft by Fiduciary (Felony – Any dollar amount)
O.C.G.A.§16-5-23(c) (g)	Simple Battery (H&A)	O.C.G.A.§16-8-100 et	GA Residential Mortgage Fraud ACT
O.C.G.A.§16-5-23.1 (j)	Battery (H&A)	O.C.G.A.§16-9-1	Forgery
O.C.G.A.§16-5-23.1 (k)	Battery (Felony) If committed by employee of licensed facility	O.C.G.A.§16-9-6	Breach of Fiduciary Obligation against person who is 65 or older
O.C.G.A.§16-5-24	Aggravated Battery	O.C.G.A.§16-9-20	Deposit Account Fraud
O.C.G.A.§16-5-40	Kidnapping	O.C.G.A.§16-9-30	Illegal Use of Financial Transaction Card
O.C.G.A.§16-5-41	False Imprisonment	O.C.G.A.§16-9-32	Forgery of Financial Transaction Card
O.C.G.A.§16-5-91	Aggravated Stalking	O.C.G.A.§16-9-33	Financial Transaction Card Fraud
O.C.G.A.§16-5-100	Protection of Elder Persons	O.C.G.A.§16-9-37	Unauthorized Use of Financial Transaction Card
O.C.G.A.§16-5-101	Neglect [at-risk adults]	O.C.G.A.§16-9-52	Improper Solicitation of Money
O.C.G.A.§16-5-102	Exploit, Intimidate, Obstruct	O.C.G.A.§16-9-54	Fraudulent Telephone Solicitation
O.C.G.A.§16-6-1	Rape	O.C.G.A.§16-9-120	Identity Fraud
O.C.G.A.§16-6-2	Sodomy; Aggravated Sodomy	O.C.G.A.§10-1-393	Unfair/Deceptive Practices
O.C.G.A.§16-6-5.1	Sexual Assault (In Licensed Facility)	O.C.G.A.§10-1-393.6	Unlawful Telemarketing
O.C.G.A.§16-6-22.2	Aggravated Sexual Battery	O.C.G.A.§10-1-850	Unfair or Deceptive Practices Towards the Elderly
O.C.G.A.§19-13-1	Family Violence Act	O.C.G.A.§10-5B-6	Abusive Telemarketing (If targeting seniors – can double penalties)
O.C.G.A.§30-5-1 et seq	Disabled Adults & Elder Persons Protection Act	O.C.G.A.§17-3-2.2	Statute of limitations is 15 years when victim > 65 generally
O.C.G.A.§30-5-4	Mandated Reporting (Community)	O.C.G.A.§24-13-130	Depositions to preserve testimony
O.C.G.A.§31-8-80 et seq	Mandated Reporting (Facility)	O.C.G.A.§31-7-12.1	Unlicensed Personal Care Home; criminal sanctions

Reporting Abuse, Neglect, & Exploitation in the HOME:
Adult Protective Services
Central Intake: 404-657-5250 or 1-888-774-0152

Reporting Abuse, Neglect & Exploitation in a LONG-TERM CARE FACILITY:
Healthcare Facility Regulation
Central Intake: 404-657-5728 or 1-800-878-6442

APPENDIX E

Unlicensed Facility/Exploitation Checklist Tool

Location History:

- How many "911" calls to location (EMS/law enforcement)?
- If so, caller? (Residents? Owner/Operator? Neighbors?) Reasons?
- If "911" for EMS – related to conditions, injuries, behavior, assaults, meds, etc. (not taking/getting)?

Owner/Operator:

- Who is owner?___Any other properties being operated/rented/leased by owner?
- **Does owner/operator have joint banking accounts with residents?**
- Is owner/operator recruiting and/or conducting direct marketing to local hospitals, psychiatric facilities, adult day centers, etc.?
- If so, to whom and as what is he/she marketing the home and services?
- Does owner/operator have website or listing on website advertising "assisted living", "personal care homes", etc?

Location:

- How many residents?
- **Whose name is on accounts for electricity, water, gas, etc? If resident's (current or former), is resident aware?**
- Is there food in the refrigerator? Cabinets? Water running?
- What is the overall condition of the residence (interior/exterior)?
- What type of food is in the residence (appropriate for dietary needs and eating abilities)?
- Source of food (food bank, outdated from local grocery, etc.)?
- Is entity registered with Secretary of State?
- Is entity licensed through the Department of Community Health, Healthcare Facility Regulation Division (HFR)?
- Should entity be licensed through Healthcare Facility Regulation?
- Does entity have business license? Certificate of occupancy?
- Code Violations?

Residents/General:

Related to the owner/operator by blood or marriage: Yes__ No__

Specific Services Received:

_____ Self-Administered Medication (Assistance or supervision)

_____Eating_____Bathing_____Grooming_____Dressing_____Toileting_____Other (_____)

- Is anyone providing oversight for residents? If so, who and what are qualifications? (Other residents? – may be requiring residents to work)
- Meds? If so, where stored and how distributed - by residents or with assistance?
- If residents are receiving meds - prescribed by whom?
    - Filled where?
    - Kept where?
    - Dispensed to residents by whom?
- Where were residents prior to living at this location?
- How did residents learn of this "boarding home", "foundation", "mission", "charity", etc
- How long at this location?
- Are there any forms/documents suggesting residents are receiving any services at the location (home health, day services, etc.?)
- How do residents get food and get to appointments - transportation?
- Do residents work outside the home?

This is intended as a tool when investigating possible trafficking/exploitation of at-risk adults.

- Are there other providers (home health, physical therapy, mental health providers, etc.) at the location during the day?

Residents/Assets:

- **Are there rental agreements stating what residents receive in exchange for monthly rent?**
- If rental agreement is available, does the resident recognize the agreement?
- **What is the source of income for residents' rent payments?**
- Do residents receive food stamps?
  - If so, who has possession o EBT?
- Do residents receive Social Security?
  - If receiving social security benefits, what is the monthly amount?
  - Is owner/operator the representative payee?
  - How much $ do the residents get to keep?
- Do residents receive Medicaid?
  - If so, how much?
- **How is money from monthly benefits spent to benefit residents?**
- Who has control of resident's important documents (EBT, social security card, documentation, etc)?
- If suspect location determined to be an unlicensed personal care home, has Healthcare Facility Regulation (HFR) been contacted for a determination?

If location is suspected to be an unlicensed personal care home, it is strongly suggested that law enforcement, Healthcare Facility Regulation & any other pertinent agencies respond as a multidisciplinary team or residents may be relocated before HFR can make a determination regarding the location.

Notes: _____

_____

_____

_____

_____

For information about any property/address/location that may be an unlicensed Personal Care Home (PCH), Contact Healthcare Facility Regulation: 404-657-5856

O.C.G.A. § 31-7-12 - All Personal Care Homes shall be licensed. There are exceptions.
O.C.G.A. § 31-7-12.1(f) - Owning or operating an unlicensed PCH constitutes a nuisance dangerous to the public health, safety and welfare.
O.C.G.A. § 31-7-12.1(g) – Any person who owns or operates a PCH in violation of O.C.G.A. § 31-7-12(b) shall be guilty of a misdemeanor for the first offense unless the violation is in conjunction with abuse, neglect or exploitation as defined in
O.C.G.A. § 30-5-3 (see below), then it is a felony with a sentence of 1 to 5 years. A second offense will be a felony with a sentence of 1 – 10 years.
O.C.G.A. § 30-5-3
(1) **"Abuse**" means the willful infliction of physical pain, physical injury, sexual abuse, mental anguish, unreasonable confinement, or the willful deprivation of essential services to a disabled adult or elder person.
(8) **"Exploitation"** means the illegal or improper use of a disabled adult or elder person or that person's resources through undue influence, coercion, harassment, duress, deception, false representation, false pretense, or other similar means for one's own or another's profit or advantage.
(9) **"Neglect"** means the absence or omission of essential services to the degree that it harms or threatens with harm the physical or emotional health of a disabled adult or elder person.
In addition to other criminal statutes, see **O.C.G.A. § 16-5-100,** et seq. for statutes specific to abuse, neglect & exploitation of older adults and adults with disabilities.

If abuse, neglect and / or exploitation is suspected,
the priority is the safety of residents regardless of the status of a facility's license.

This is intended as a tool when investigating possible unlicensed homes/trafficking/exploitation of at-risk adults.

APPENDIX F

Georgia Bureau of Investigation
Georgia Information Sharing and Analysis Center
REQUEST FOR INFORMATION

Email this form to requests@gisac.gbi.ga.gov. Or Fax this form to 404-486-6446.
Call GBI/GISAC at 404-486-6420 to speak with an analyst about your request if you have any questions.

PURPOSE OF INQUIRY ***THESE FIELDS ARE REQUIRED***	
Criminal Activity (*Please Be Specific):*	
Information Requested (i.e. offline vehicles for an address):	

REQUESTOR INFORMATION ***THESE FIELDS ARE REQUIRED***			
Name of Requestor:		Agency:	
Telephone Number:		Address:	
Official Email Address:		City/State/Zip:	
Agency Case Number:		Date of Request:	

SUBJECT IDENTIFICATION DATA		VEHICLE IDENTIFICATION DATA			
This person is the	Subject of this investigation.	Source should be entered as CI? - No			
Subject Name:		Vehicle Tag:		Vehicle Year:	
Date of Birth:		Vehicle Make:		VIN:	
Social Security #:		Vehicle Model:		Vehicle Color:	
Race/Sex:		County:		Inquiry Dates (from – to):	
Address:		Additional Counties:			
City/State/Zip:		Additional Info:			
Driver's License #:					

SUBJECT IDENTIFICATION DATA		VEHICLE IDENTIFICATION DATA			
This person is the	Subject of this investigation.	Source should be entered as CI? - No			
Subject Name:		Vehicle Tag:		Vehicle Year:	
Date of Birth:		Vehicle Make:		VIN:	
Social Security #:		Vehicle Model:		Vehicle Color:	
Race/Sex:		County:		Inquiry Dates (from – to):	
Address:		Additional Counties:			
City/State/Zip:		Additional Info:			
Driver's License #:					

DO NOT WRITE IN AREA BELOW –GBI/GISAC USE ONLY					
Approved By:		Date:		JIMNET #:	
Entered By:		Date:			

APPENDIX G

Etiquette for Communicating with People with Disabilities

Etiquette considered appropriate when interacting with people with disabilities is based primarily on respect and courtesy. Outlined below are tips to help you in communicating with persons with disabilities.

General Tips for Communicating with People with Disabilities

- When introduced to a person with a disability, it is appropriate to offer to shake hands. People with limited hand use or who wear an artificial limb can usually shake hands. (Shaking hands with the left hand is an acceptable greeting.)
- If you offer assistance, wait until the offer is accepted. Then listen to or ask for instructions.
- Treat adults as adults. Address people who have disabilities by their first names only when extending the same familiarity to all others.
- Relax. Don't be embarrassed if you happen to use common expressions such as "See you later," or "Did you hear about that?" that seem to relate to a person's disability.
- Don't be afraid to ask questions when you're unsure of what to do.

Tips for Communicating with Individuals Who are Blind or Visually Impaired

- Speak to the individual when you approach him or her.
- State clearly who you are; speak in a normal tone of voice.
- When conversing in a group, remember to identify yourself and the person to whom you are speaking.
- Never touch or distract a service dog without first asking the owner.
- Tell the individual when you are leaving.
- Do not attempt to lead the individual without first asking; allow the person to hold your arm and control her or his own movements.
- Be descriptive when giving directions; verbally give the person information that is visually obvious to individuals who can see. For example, if you are approaching steps, mention how many steps.
- If you are offering a seat, gently place the individual's hand on the back or arm of the chair so that the person can locate the seat.

Tips for Communicating with Individuals Who are Deaf or Hard of Hearing

- Gain the person's attention before starting a conversation (i.e., tap the person gently on the shoulder or arm).
- Look directly at the individual, face the light, speak clearly, in a normal tone of voice, and keep your hands away from your face. Use short, simple sentences. Avoid smoking or chewing gum.
- If the individual uses a sign language interpreter, speak directly to the person, not the interpreter.
- If you telephone an individual who is hard of hearing, let the phone ring longer than usual. Speak clearly and be prepared to repeat the reason for the call and who you are.
- If you do not have a Text Telephone (TTY), dial 711 to reach the national telecommunications relay service, which facilitates the call between you and an individual who uses a TTY.

Tips for Communicating with Individuals with Mobility Impairments

- If possible, put yourself at the wheelchair user's eye level.
- Do not lean on a wheelchair or any other assistive device.
- Never patronize people who use wheelchairs by patting them on the head or shoulder.
- Do not assume the individual wants to be pushed —ask first.
- Offer assistance if the individual appears to be having difficulty opening a door.
- If you telephone the individual, allow the phone to ring longer than usual to allow extra time for the person to reach the telephone.

Tips for Communicating with Individuals with Speech Impairments

- If you do not understand something the individual says, do not pretend that you do. Ask the individual to repeat what he or she said and then repeat it back.
- Be patient. Take as much time as necessary.
- Try to ask questions which require only short answers or a nod of the head.
- Concentrate on what the individual is saying.
- Do not speak for the individual or attempt to finish her or his sentences.
- If you are having difficulty understanding the individual, consider writing as an alternative means of communicating, but first ask the individual if this is acceptable.

Tips for Communicating with Individuals with Cognitive Disabilities

- If you are in a public area with many distractions, consider moving to a quiet or private location.
- Be prepared to repeat what you say, orally or in writing.
- Offer assistance completing forms or understanding written instructions and provide extra time for decision-making. Wait for the individual to accept the offer of assistance; do not "over-assist" or be patronizing.
- Be patient, flexible and supportive. Take time to understand the individual and make sure the individual understands you.

Remember-

- Relax.
- Treat the individual with dignity, respect and courtesy.
- Listen to the individual.
- Offer assistance but do not insist or be offended if your offer is not accepted.

People-First Language

As the term implies, People First Language refers to the individual first and the disability second. It's the difference in saying the autistic and a child with autism. Be sensitive when choosing the words you use. Here are a few guidelines on appropriate language:

- Never equate a person with a disability - such as referring to someone as retarded, an epileptic or quadriplegic. These labels are simply medical diagnosis.
- Emphasize abilities not limitations. For example, say a man walks with crutches, not he is crippled.
- Use handicap to refer to a barrier created by people or the environment. Use disability to

indicate a functional limitation that interferes with a person's mental, physical or sensory abilities, such as walking, talking, hearing and learning. For example, people with disabilities who use wheelchairs are handicapped by stairs.

People First Language to Use	Instead of Labels that Stereotype and Devalue
Disability	handicap; handicapped person
people/individuals **with disabilities**, an adult who has a disability a person	the handicapped the disabled; crippled
people/individuals **without disabilities**	normal people/healthy individuals; able-bodied
people with **intellectual and developmental disabilities** he/she has a cognitive impairment a	the mentally retarded; retarded people he/she is retarded; the retarded, a Mongoloid; Mongol; mentally defective;
a person who has **autism**	Autistic
people with a **mental illness**, a person who has an emotional disability with a psychiatric illness/disability	the mentally ill; the emotionally disturbed is insane; crazy; demented; psycho, a maniac; lunatic
person who is deaf and **cannot speak**, who has a speech disorder uses a communication device uses synthetic a person who is **blind (or deaf)**, a person who has a visual impairment (or hearing impairment)	is deaf and dumb mute the blind the deaf
a person who **uses a wheelchair** people who have a mobility impairment a person who walks with	a person who is wheelchair bound a person who is confined to a wheelchair a cripple
accessible **buses, bathrooms, etc.** reserved **parking** for people with	handicapped buses, bathrooms, hotel rooms, etc. handicapped parking; handicapped accessible
successful, productive	has overcome his/her disability; courageous

This information came from the Office of Disability Employment Policy; the Media Project, Research and Training Center on Independent Living, University of Kansas; and the National Center for Access Unlimited.

Definition of a Center for Independent Living from Section 702 of the Rehabilitation Act of 1973, as amended:

CENTER FOR INDEPENDENT LIVING- The term `center for independent living' means a consumer-controlled, community-based, cross-disability, nonresidential private nonprofit agency that is designed and operated within a local community by individuals with disabilities and provides an array of independent living services.

A Center for Independent Living:
51% of staff are persons with disabilities; 51% of Board of Directors are persons with disabilities; and provides four core services: Information & referral, Independent living skills training, Individual and systems advocacy, and Peer counseling.

Statewide Independent Living Council of Georgia

Shelly Simmons, SILC Chair
5543 Cathers Creek Drive
Hiram, GA 30141
(678) 361-1300
TTY: none
FAX: none
EMAIL: shellys5@hotmail.com

Patricia Puckett, SILC Executive Director
315 West Ponce de Leon Avenue, Suite 600
Decatur, GA 30030
(770) 270-6860
TTY: 711
FAX: (770) 270-5957
EMAIL: ppuckett@silcga.org

Centers for Independent Living:

Multiple Choices Center for Independent Living
William Holley
850 Gaines School Road
Athens, GA 30605
(706) 549-1020 or (877) 549-1020
TTY: none
FAX: (706) 549-1060
EMAIL: information@multiplechoices.us

Disability Resource Center
Bob McGarry
470-A Woods Mill Road
Gainesville, GA 30501
(770) 534-6656 or (888) 534-7144
TTY: (770) 534-6626
FAX: (770) 534-6626
EMAIL: bob.mcgarry@disabilityresourcecenter.org

Walton Options for Independent Living, Inc.
Tiffany Clifford 948 Walton Way
Augusta, GA 30901
(706) 724-6262
TTY: 711
FAX: (706) 724-4044
EMAIL: tjohnston@waltonoptions.org

Bainbridge Advocacy Individual Network (BAIN), Inc.
Virginia Harris
316 West Shotwell Street Bainbridge, GA 39818
(229) 246-0150 or (888) 830-1530
TTY: (800) 255-0135 (GA Relay)
FAX: (229) 246-1715
EMAIL: bain@surfsouth.com

disABILITY Link
Kim Gibson
755 Commerce Drive, Suite 105
Decatur, GA 30030
(404) 687-8890
TTY: (404) 687-9175
FAX: (404) 687-8298
EMAIL: kgibson@disabilitylink.org

Disability Connections / The Middle Georgia CIL
Michael Leverett 170 College Street
Macon, GA 31201
(478) 741-1425 or (800) 743-2117
TTY: (478) 741-1425
FAX: (478) 755-1571
EMAIL: michael@disabilityconnections.com

Northwest Georgia Center for Independent Living
Maia Santamaria
242 North Fifth Avenue Rome, GA 30165
(706) 314-0008
TTY: (706) 314-0017
FAX: (706) 314-0011
EMAIL: dbaxley@disabilitylink.org

Living Independence for Everyone (LIFE), Inc.
Frances Todd
5105 Paulsen Street, Suite 143-B Savannah, GA 31405
(912) 920-2414
TTY: (912) 920-2419
FAX: (912) 920-0007
EMAIL: ftodd@lifecil.co

APPENDIX G

Georgia Aging and Disability Resource Connection

Georgia 's **Aging and Disability Resource Connection (ADRC)** is not a place or a program! It is a coordinated system of partnering organizations that are dedicated to:

- Providing accurate information about publicly and privately financed long-term supports and services.
- Offering a consumer-oriented approach to learning about the availability of services in the home and community.
- Alleviating the need for multiple calls and/or visits to receive services.
- Supporting individuals and family members who are aging or living with a disability.

For a complete listing of Aging and Disability Resource Connections, visit https://www.georgiaadrc.com – look for link "contact an ADRC near you.

Appendix H

Community Living Options
Comparison of:
Personal Care Homes, Community Living Arrangements, Private Home Care, & Boarding Homes

Personal Care Home: "any dwelling, whether operated for profit or not, which undertakes through its ownership or management to provide or arrange for the provision of housing, food service, and one or more personal services for two or more adults who are not related to the owner or administrator by blood or marriage. 'Personal services' includes, but is not limited to, assistance with or supervision of self-administered medication, assistance with ambulation and transfer, and essential activities of daily living such as eating, bathing, grooming, dressing, and toileting. Personal services shall not include medical, nursing, or health." Authority O.C.G.A. Secs. 37-7-12. (Some homes call themselves "Assisted Living" facilities.) Oversight by **Department of Community Services, Healthcare Facility Regulation**. *(For more information, contact DCH Healthcare Facility Regulation, Personal Care Home Program at (800) 878-6442.)*

Assisted Living Community: "a personal care home with a minimum of 25 beds that is licensed as an assisted living community pursuant to Code Section 31-7-3." Oversight by **Department of Community Services, Healthcare Facility Regulation** *(For more information, contact DCH Healthcare Facility Regulation, Personal Care Home Program at (800) 878-6442.)*

Community Living Arrangement: "any residence, whether operated for profit or not, that undertakes through its ownership or management to provide or arrange for the provision of daily personal services, support, care, or treatment exclusively for two or more adults who are not related to the owner or administrator by blood or marriage and whose residential services are financially supported, in whole or in part, by funds designated through the Department of Human Resources, Division of Mental Health, Developmental Disabilities, and Addictive Diseases. 'Personal services' includes, but is not limited to, assistance with or supervision of self-administered medication and essential activities of daily living such as eating, bathing, grooming, dressing, and toileting. Personal services shall not include medical, nursing, or health services. Authority O.C.G.A. Sec. 31-7-1. Oversight by **Department of Community Services, Healthcare Facility Regulation.** (For more information, contact DCH Healthcare Facility Regulation, Personal Care Home Program at (800) 878-6442.)

Private Home Care: "'Private home care provider' or 'provider' means any person, business entity, corporation, or association, whether operated for profit or not for profit, that directly provides or makes provision for private home care services through: 1) its own employees or agents who provide nursing services, personal care tasks, or companion or sitter tasks; 2) contractual arrangements with independent contractors who are health care professionals licensed pursuant to Title 43; or 3) referral of other persons to render home care services, when the individual making the referral has ownership or financial interest in the delivery of those services by those other persons who would deliver those services. 'Private home care services' means those items and services provided at a patient's residence that involve direct care to that patient and includes, without limitation, any or all of the following: 1) nursing services, provided that such services can only be provided by a person licensed under Chapter 26 of Title 43; 2) personal care tasks; and 3) companion or sitter tasks. Private home care services shall not include physical, speech, or occupational therapy; medical nutrition therapy; medical social services; or home health aide services provided by a home health agency. 'Residence' means the place where an individual makes that person's permanent or temporary home, whether that person's own apartment or house, a friend or relative's home, or a personal care home, but shall not include a hospital, nursing home, hospice, or other health care facility licensed under Chapter 31-7-1 *et seq.* 'Personal care tasks' means assistance with bathing, toileting, grooming, shaving,

dental care, dressing, and eating; and may include but is not limited to proper nutrition, home management, housekeeping tasks, ambulation and transfer, and medically related activities, including the taking of vital signs only in conjunction with the above tasks. 'Companion or sitter tasks' means the following tasks which are provided to elderly, handicapped, or convalescing individuals: transport and escort services; meal preparation and serving; and household tasks essential to cleanliness and safety. These tasks do not include assistance with bathing, toileting, grooming, shaving, dental care, dressing, and eating." Authority O.C.G.A. Sec. 31-7-300 et seq. Oversight by **Department of Community Services, Healthcare Facility Regulation** (For more information, contact DCH Healthcare Facility Regulation, Personal Care Home Program at (800) 878-6442.)

Boarding Home: A boarding home is a congregate living arrangement between landlord and tenant in which the tenant may share not only the common areas of the home but may also share a bedroom and bath with other tenants. The provision of laundry services, transportation, money management, and activities are established by the landlord and tenant. The landlord shall not provide supervision of person, supervision of medications, assistance with activities of daily living, or nursing services.

(For more information, contact the local Business License and Inspections Department or Planning Commission.)

Host Home: The private home of an individual or a family, whether owned or leased, in which residential supports are provided to one or two adult individuals, defined 19 years of age and above with developmental disability. Individuals should not be related to the occupant owner or lessee by blood or marriage. Host homes are not required to be licensed. Oversight is provided by the **Department of Behavioral Health and Developmental Disabilities (DBHDD)**. Authority O.C.G.A. Sec. 37-1-20

(For more information, contact the DBHDD Office of Developmental Disabilities at (404) 463-8037.)

GEORGIA REQUIREMENTS	Personal Care Home	Assisted Living Community	Community Living Arrangement	Private Home Care Provider	Boarding Home	Host Home
I. Minimum Standards						
State Licensure	✓	✓	✓	✓		
Business License	1	1	1	✓	1	1
Zoning Clearance	1	1	1		1	1
Physical Plant Standards	✓	✓	✓		1	1
Fire Safety Standards	1	1	1		1	1
Electrical Safety Standards	1	1	1			
Minimum Training (CPR, First Aid, etc.)	✓	✓	✓			✓
Criminal Records Check	✓	✓	✓			✓
Fingerprints Check	✓	✓	✓			✓
Supervision of Staff	✓	✓	✓	✓		✓
Administrator	✓	✓	✓	✓		✓
Bonded				2		
Food Service Permit	3	3				
Maximum Bed Capacity		*10	4			8
II. Services						
Resident/Client Rights	✓	✓	✓	✓		✓
24 hr. Supervision of clients	✓		5	6	X	✓
Medication Supervision	✓	✓	✓	6	X	✓
Assistance with Activities of Daily Living	✓	✓	5	6	X	✓
Meals	✓	✓	✓	6	7	✓
Transportation	5	5	5	6	7	✓
Laundry	5	5	5	6	7	✓
Management of Personal Funds	5	5	5	6	7	✓
Activities	✓	✓	✓	6	7	
Nurse on Staff			5	6		
Nursing Services	X	X	5	6	X	
III. Monitoring						
Annual Inspection/Auditing	✓	✓	✓	✓		9
Ombudsman Advocacy	✓	✓	✓			
Complaint Investigations as Needed	✓	✓	✓	✓		9

Every effort has been made to ensure information is accurate. For further information, contact Healthcare Facility Regulation

✓ indicates services that must be provided in order to fulfill licensing requirements
X indicates services that are not allowed to be provided under that licensure category

1 – requirements vary by county codes and number of residents/clients. Contact the local Business License and Inspections Department, Planning and Zoning Commission, and/or local Fire Department.
2 – only if employees have unlimited access to the client's personal funds
3 – for homes serving twenty-five (25) or more residents/clients
4 – maximum capacity of 6 residents/clients
5 – services which are dependent upon the resident's/client's admission agreement, care plan, or "individual services plan"
6 – services which are dependent upon the client's service agreement (e.g. companion sitter, personal care, nursing services)
7 – services which are dependent upon the tenant's rental agreement
8 – 2 residents or less
9 – Periodic evaluations by external quality review organization (Delmarva Foundation). Critical incidents reported to DBHDD

APPENDIX I

Acronyms

AAA	Area Agency on Aging
ACT	At-Risk Adult Crime Tactics
ADRC	Aging and Disability Resource Connection
ANE	Abuse, Neglect and Exploitation
APS	Adult Protective Services
DAAR	Disabled Adult Abuse Report
DAS	Department of Aging Services
DBHDD	Department of Behavioral Health and Developmental Disabilities
DCH	Department of Community Health
DHS	Department of Human Services
DOR	Department of Revenue
EMS	Emergency Medical Services
FSIU	Forensics Special Investigations Unit
GA ANE MP	Georgia Abuse, Neglect and Exploitation Model Protocol
GBI	Georgia Bureau of Investigation
HFR	Healthcare Facility Regulation
HHS	Health and Human Services
IRS	Internal Revenue Services
LTCO	Long-Term Care Ombudsman
MFCU	Medicaid Fraud Control Unit
O.C.G.A	Official Code of Georgia Annotated
OIG	Office of Inspector General
PCH	Personal Care Home
PIO	Public Information Officer
SSA	Social Security Administration
USDA	United States Department of Agriculture
VA	Veterans Administration

APPENDIX J

Temporary Emergency Respite Funds (TERF)

Temporary Emergency Respite Funds (TERF) is a resource only for **law enforcement, Healthcare Facility Regulation and Adult Protective Services** to assist in the emergency placement, for up to four (7) consecutive days, of abused, neglected and exploited at-risk adults (see below criteria) whose caregivers have been removed because of illness, arrest, or other reasons.
Temporary Emergency Respite Fund (TERF) is not intended to resolve issues of chronic homelessness and/or issues of cognitive impairment due to use of alcohol or narcotics. Mental health crises should be addressed through the Department of Behavioral Health and Developmental Disabilities.

Requirements:

1. Adults 18 years of age or older with a disability
2. Adults 65 years of age and older
    - Lacking the ability to independently provide for their own basic necessities of life due to disease, disability or cognitive impairment
    - Without family or friends to become involved in the care and decision making of the adult; and
    - At imminent risk of harm/threat to health and safety if placement is not provided.

*Any adult who needs emergency medical/psychiatric treatment should not be processed for TERF placement; calling emergency responders or transporting to the Emergency Rooms is appropriate in that circumstance.

Process:
Numbers for TERF Administrator:
706-496-3421 (local)
1-844-275-6749 (Toll Free)
These numbers are available 24/7.

To proceed with TERF provide the following information, if known, to the TERF Administrator:

Name
DOB
SS#
Current Location
Medications
Family contacts
Any relevant information about the person's condition/situation

If the receiving facility cannot pick up the adult, you will have to make arrangements for transportation to the receiving facility.

APPENDIX K

Georgia Abuse Neglect Exploitation (GANE) App

The **GANE App** was developed for law enforcement and other professionals who need quick access to tools and resources in the field when responding to crimes involving vulnerable adults. The GANE App (when activated with a special code available only to law enforcement, Adult Protective Services, and Healthcare Facility Regulation) allows access to:

Georgia Law – A list of crimes specifically related to vulnerable adults, with an identification of crimes with enhanced penalties

Reporting Agencies – A list of social service and regulatory agencies to report suspected abuse, neglect, and exploitation of a vulnerable adult (O.C.G.A. §30-5-4 requires mandated reporting to both social services/regulatory agencies and law enforcement)

Financial Capacity Screening Tool – A quick evaluation of the financial capacity of a vulnerable adult

Mattie's Call - Allows for the initiation of a Mattie's Call emergency missing alert for disabled or elderly persons (The alert is an investigative tool that can only be activated by local law enforcement)

TERF - Temporary Emergency Respite Funds (TERF) is a resource only for law enforcement, social services and regulatory agencies to assist in the emergency placement, for up to seven (7) consecutive days, of abused, neglected and exploited at-risk adults whose caregivers have been removed because of illness, arrest, or other reasons. TERF is available 24 hours a day 7 days a week.

A brochure and app overview Power Point for the GANE App can be downloaded from:
http://aging.dhs.georgia.gov/forensic-special-initiatives-unit-fsiu

A law enforcement training Power Point on the GANE App is available from the GA Department of Human Services DAS FSIU. Contact David.Blake@dhs.ga.gov or Anna.Ayers@dhs.ga.gov for further information.