The Georgia At-Risk Adult Abuse, Neglect, & Exploitation Model Protocol Response Guide

(GA ANE MP)

A product of the Georgia At-Risk Adult Abuse Working Group

A multidisciplinary, victim-centered, and trauma-informed approach that will holistically address the investigation, protection, prosecution, and prevention of all forms of abuse, neglect, and exploitation of Georgians who are 65 years of age or older and adults with disabilities.

Leading Agencies:

Georgia Department of Human Services
Division of Aging Services

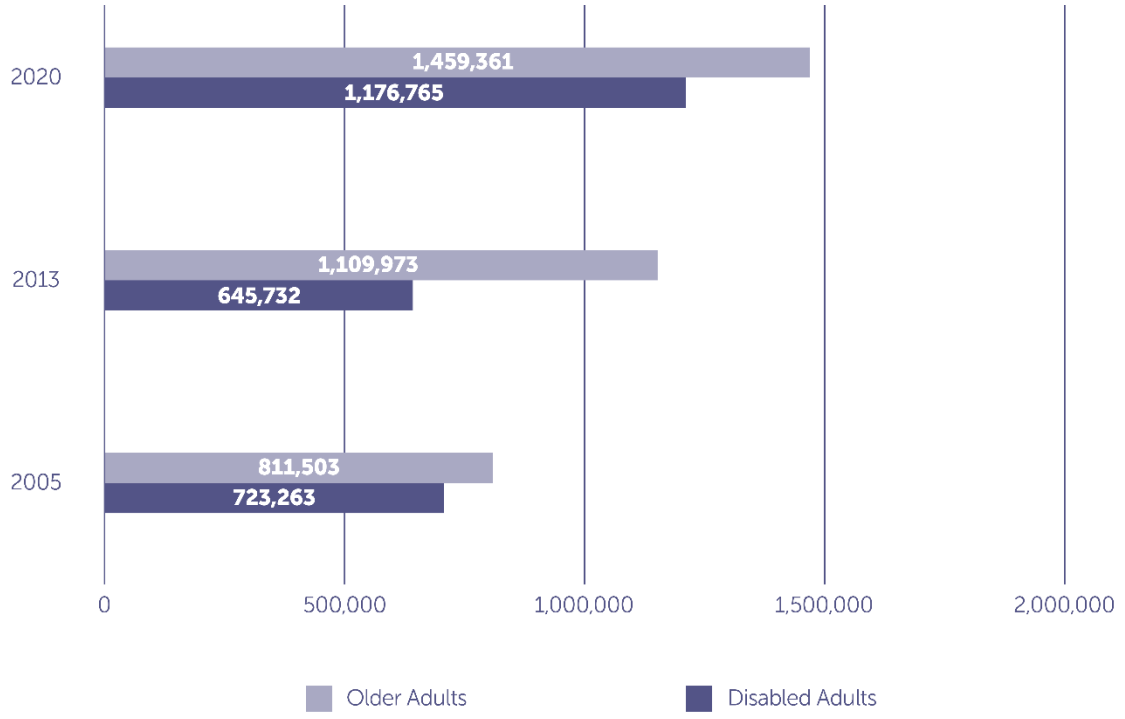
GBI STATE OF GEORGIA BUREAU OF INVESTIGATION

Table of Contents

INTRODUCTION

Needs Statement
For purposes of this protocol, an at-risk adult is defined as anyone over the age of 18 who, due to 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.

The population of Georgia is changing. According to the 2020 United States Census Bureau, there were 1,459,361 adults aged 65 and older and 1,176,765 adults with disabilities living in Georgia. See Table 1. Roughly 14.3% of Georgia's population is over the age of 65 and approximately 12.6% of our population identifies as having a disability. (U.S. Census, 2020)



Actual numbers of instances of elder abuse are often difficult to gather due to a lack of reporting. However, it is estimated that one in every 10 Americans aged 60+ have experienced some type of abuse. Around five million older adults are abused each year which results in an annual loss of approximately $36.5 billion in personal finances. According to the Bureau of Justice Statistics, roughly 26% of all nonfatal violent crime was perpetrated upon people with disabilities, which only accounts for about 12% of the population. Nationally, only 19% of rapes and sexual assaults against persons with disabilities were reported, compared to 36% of those against persons without disabilities. The highest rate of violent victimization was

found among persons with cognitive disabilities. At-risk adult abuse affects individuals of every race, religion, culture, socioeconomic status, and gender.

The changing composition of our population has had and will continue to have important implications for Georgia's public safety, criminal justice, health care, 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 with 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 is essential to any effort to effectively address at-risk adult abuse across the state.

The Georgia ANE Model Protocol and Response Guide 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 comprises 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. This protocol and response guide is intended to provide a framework of suggestions for investigating cases of suspected at-risk adult abuse. Each county can customize the protocol 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 victim service providers, human services organizations, emergency service providers, medical professionals, and others involved in serving at-risk adults. One key way to strengthen these relationships is through the establishment of multidisciplinary teams (MDTs). Please see page 29 for more information on MDTs.

The Georgia ANE Model Protocol and Response Guide 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. Due to the ever-changing needs of laws, policies, and procedures, please check statues listed in this protocol, as they may be amended during each legislative session.

The investigation of at-risk adult abuse is complex, involving criminal, civil, regulatory, health and human services, as well as medical and service provider networks and programs. This protocol and guide 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 the provision of victim services.

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 Georgia ANE Model Protocol and Response Guide 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, health care, 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 Georgia ANE Model Protocol and Response Guide 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 their own decisions, including the right to privacy and to refuse interventions
- To recommend training for all professionals mentioned in the Georgia ANE Model Protocol and Response Guide
- 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 Georgia ANE Model Protocol and Response Guide:

- 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.

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 Division, 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 prosecutor's chart.

What to Report:

Reporting Abuse, Neglect, and 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, and 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 Division (HFRD) 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 therapists
  - 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
  - Reproductive health care facility or pregnancy resource center personnel and volunteers
- Physical therapists
- Occupational therapists
- Daycare personnel
- Coroners

- Medical examiners
- EMS personnel, EMT, cardiac technicians, paramedics, or 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 or investment company*

    **Financial institutions and investment companies are only required to report financial abuse.*

What to Include in a Report (when available):

- Name, address, date of birth of disabled adult or elder adult.
- Name and address of disabled or elder adult's caregiver.
- Injury/condition of disabled adult or elder adult resulting from ANE.
- 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 to the Healthcare Facility Regulation Division (long-term care facilities) within 24 hours.

Where to Report

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 (APS)

(Call 911 for life-threatening emergencies)
Call APS at 1-866-55-AGING (option 3) and follow prompts
Reports are accepted by phone Monday-Friday, 8 a.m.-5 p.m. or online at aging.georgia.gov/report-elder-abuse.

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

HEALTHCARE FACILITY REGULATION DIVISION (HFRD)

(Call 911 for life-threatening emergencies)
Call HFRD at 1-800-878-6442 or online at dch.georgia.gov
Click "How Do I?"
Click "File a Complaint about a Licensed Facility"

CONFIDENTIALITY OF REPORTS

Confidentiality is imposed by law upon reports generated by the Georgia Department of Human Services' Adult Protective Services and the Georgia Department of Community

Health's Healthcare Facility Regulation Division. 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.

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 911 communications personnel and be assigned to responding law enforcement officers. 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. § 16-5-100, 16-5-101, 16-5-102, 16-5-102.1. 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 Division 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.
- If an arrest is made and the victim of abuse, neglect, or exploitation is in need of emergency placement, Temporary Emergency Respite Funds (TERF) can be used. TERF is not used to resolve chronic homelessness, issues of cognitive impairment due to use of alcohol or narcotics, or during a mental health crisis. Refer to Appendix G for more information.
- 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.
- A first responder checklist can be found online at eagle.usc.edu/first-responder-checklist.

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. An evidence collection check list can be found at eagle.usc.edu/wp-content/uploads/2018/02/Elder-Abuse-Evidence-Collection-Checklist.pdf.
- Determine what, if any, further evidence is needed. If further evidence is needed, obtain using either consent, bank letter on department letterhead (Appendix I), subpoena, or search warrant. Note: Do not use the 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 the Department of Behavioral Health and Developmental Disabilities (DBHDD).
- Contact the social service agency, Adult Protective Services, Healthcare Facility Regulation Division, etc., involved with the case to determine if there is a 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 related to the case with outside parties. The identity of at-risk adults (victims and witnesses) is confidential. Refer to Appendices J and K for examples of how to request records from APS and HFRD.
- Coordinate with the local prosecutor's office if necessary to obtain subpoenas and or search warrants for document evidence, videotape hearings to preserve the testimony of elderly victims, and address issues that may arise, e.g., civil vs. criminal.

- At a bond or first appearance hearing consider using special conditions of bond, such as a no contact provision, to protect the victim from further abuse or exploitation. If the victim is elderly, request the court's permission to videotape the hearing 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 techniques are recommended:

- 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 limited period of time, usually three to six months or less. A preservation request should be given to the bank/financial institution as soon as possible.

- 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 (Agent) authority to act on behalf of another (Principal). An Agent has a fiduciary duty to act in the best interest of the Principal. Remember that a POA is not a license to steal.
- Locating the bank/financial institutions involved is the first step. Always ask the bank/financial institution for both open and closed accounts.
- Order the bank statements for the dates of the crime. Also consider requesting documents a few months before and after the dates of the crimes to determine any changes in banking and spending habits. 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.
- Examine the bank account statement entries to help narrow your request for any additional records needed. When requesting 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.

- Order bank statements for six months prior to the crime to establish a baseline of how the victim maintained his/her finances. See Appendix I for the bank letter example.
- 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, or 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.
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 disabilities 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 (by phone or online).
- Evaluation of whether the alleged victim meets APS criteria, namely:
  - Adults with disabilities aged 18 and over
  - Elderly adults aged 65 and older
  - Disabled adult or elder person alleged to be a victim of ANE or self-neglect
- Central Intake Specialist will send the report to the county in which the disabled adult or elderly person resides. An APS Supervisor will assign the report to an APS Investigator for investigation.
- APS has 10 calendar days to respond to a referral (every effort is made to begin the investigation earlier).
- APS forwards all reports to law enforcement (except reports of self-neglect) as required by OCGA § 30-5-1 et seq.
- APS conducts face-to-face interviews with the client/alleged victim 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 a Disabled Adult Abuse Report (DAAR) to law enforcement (APS has 45 calendar days to complete investigations).
- APS is mandated to conduct an investigation for reports meeting criteria.
- APS requires client consent for further intervention beyond the investigation, if warranted.

APS is guided by the principles of the client's right to self-determination and autonomy. APS respects the client's right to participate in the decision-making process. All investigations will be completed according to the law. If there is any suspected criminal activity, then law enforcement will be contacted.

APS is not a first responder.

APS records are confidential under the law. They can only be released to law enforcement agencies who are conducting investigations of ANE, as defined in O.C.G.A. §30-5-7. All requests by law enforcement personnel should be written on the agency letterhead (see

Appendix J). The request should go to the local APS office where the DAAR was received, or it can be sent to the APS Section Manager.

To make an APS report:
(Call 911 for life-threatening emergencies)
Call APS at 1-866-55-AGING (option 3)
Reports accepted by phone Monday-Friday 8 a.m.-5 p.m.
aging.georgia.gov/report-elder-abuse

HEALTHCARE FACILITY REGULATION DIVISION (HFRD)

Investigation Jurisdiction, O.C.G.A. § 31-8-80, et seq.
The Georgia Department of Community Health's (DCH) Healthcare Facility Regulation Division (HFRD) investigates all reports of abuse, neglect, and/or exploitation of older persons (age 65+) or adults (age 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 HFRD Complaint Intake (phone or online).
- HFRD refers all reports of alleged ANE to appropriate law enforcement agency.
- HFRD investigates specific allegations and determines if allegations are substantiated.
- HFRD has 48-72 hours to respond to reports, unless there are emergencies relating to health and safety of the individuals in the homes.
- HFRD may take protective action within licensed facilities.

HFRD 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). HFRD investigates complaints and inspects these and other health care facilities.

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

To access facility listings, inspection reports, license verification and more, please refer GAMap2Care which can be found at forms.dch.georgia.gov/HFRD.
To file a complaint with Healthcare Facility Regulation Division:
(Call 911 for life-threatening emergencies)
Call HFRD at 1-800-878-6442
dch.georgia.gov
Click "How Do I?"
Click "File a Complaint about a Licensed Facility."

PROSECUTION

Prosecuting attorneys are responsible for prosecuting crimes that occur within their jurisdiction by presenting the evidence from the state's point of view. In many instances, the prosecuting attorney also acts as an advocate for the victim while still maintaining the responsibility to represent the state. The vast majority 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 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 and refer those reports for a full investigation.

Effective July 2018, a multidisciplinary team (MDT) can be established by the district attorney or their designee of each judicial circuit in the State of Georgia under O.C.G.A. § 30-5-11 for the county/counties included in this judicial circuit. The purpose of the MDTs should be to encourage collaboration amongst the local/regional prosecution, law enforcement, governmental, regulatory, and social services organizations who may interact with, assist, serve, investigate, or enforce state and federal laws in cases where at-risk adults may have been abused, neglected, or exploited.

Upon receipt of an ANE investigation that is complete and ready to be prosecuted, the prosecutor with the assistance of a crime victim advocate should:

- Contact the victim:
  - Contact the victim as soon as possible to introduce themselves, advise of the current posture of the case, and the victim's rights and their responsibilities. It is important to establish a rapport with the at-risk adult early on.
  - Discuss options for case resolution with a victim. Advise of their right to give their opinion. Explain that their opinions will be considered prior to a case resolution, however the ultimate decision to prosecute or dismiss rests with the State.
  - Consider and review the safety and needs of the victim. Provide any further assistance in obtaining additional legal security measures and refer the victim to appropriate services regardless of the decision to prosecute or dismiss.

- Evaluate whether a motion to take a deposition is warranted in the case. If such a deposition is warranted, fast-track the discovery in order to obtain a recorded direct examination and cross examination to ensure evidence is preserved. See O.C.G.A. 24-13-130.

- Comply in full with all the rights and responsibilities to victims in the Georgia Crime Victims Bill of Rights, O.C.G.A. 17-17-1, et seq., and the passage of SB 127 and SR 146

(also known as Marsy's Law). These rights are constitutionally protected and enforced. Pay special attention to any issues of dependency, vulnerability, and impairment in a victim of ANE which requires more time and attention.

- Develop alternate means to contact the victim. Secure the names and identities of other family members or neighbors in the event the victim becomes sick or goes missing, or suddenly gets placed in a nursing home or hospice.

- Ensure the victim understands that in addition to receiving notifications on the criminal justice process, they are encouraged to call with concerns and questions.

- Determine, at the outset, whether the case can be made without the victim's testimony in the event of death, recantation, or deterioration of his/her condition.

The Crime Victims Restitution Act of 2005 mandates that any offender sentenced on or after July 1, 2005, with a court order specifying restitution to the victim(s), is required to make restitution payments while under supervision. Find out early whether the case involves restitution. In theft cases, ask victims to start developing proof of the value of stolen items. If it is an abuse or neglect case, advise them of their right to seek compensation from the Georgia Crime Victims Compensation Program and request documentation and receipts for restitution purposes. The Georgia Crime Victims Compensation Program was created to help victims of violent crimes cover expenses for medical, mental health counseling, funeral, and crime scene sanitization expenses, as well as loss of income or support.

- 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, HFRD, Long-Term Care Ombudsman, DBHDD, etc.). Find out if they have conducted an investigation and obtain their records, if possible. Refer to Appendices J and K for APS and HFRD records request templates.
    - 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 and will be investigated.

Encourage the caller to contact APS or HFRD, 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 such as Tracker to keep a record of complaints. Even if the complaints 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.

UNLICENSED PERSONAL CARE HOME INVESTIGATIONS

Refer to Appendix F: The Unlicensed Facility/Exploitation Checklist for standardized tools for investigating possible unlicensed facilities.

SOCIAL SERVICES AND REGULATORY RESPONSE

The Department of Community Health's (DCH) Healthcare Facility Regulation Division (HFRD) is the lead agency for the non-law enforcement response to unlicensed personal care homes (UPCH). They work in conjunction with the DCH Office of Inspector General (OIG).

- HFRD refers all substantiated reports of UPCH to law enforcement.
- HFRD, law enforcement, or sometimes APS initiates relocation procedures for residents in UPCH who are determined to be at-risk of ANE.
- HFRD identifies other needed agencies and notifies them as appropriate.
- HFRD and law enforcement determine a timeline for relocation.
- HFRD 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.
- HFRD, APS, DBHDD (when appropriate), and others will assist in locating alternative placement for residents.
- APS will open cases on residents requiring further support.
- If a 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 24/7. This includes evenings, weekends, and holidays outside of APS' business hours for the temporary emergency placement of a disabled adult or elder person who needs safe placement. See Appendix G for information on TERF and Appendix M for information on the GANE app.

LAW ENFORCEMENT

Pre-Response:

- The complaint can come from many different sources:
    - Family members/neighbors
    - Healthcare Facility Regulation Division (HFRD)
    - Adult Protective Services (APS)
    - Victims
    - U.S. Social Security Administration's Office of Inspector General
    - 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 UPCH.
- A cease –and desist letter will be served on the owner/operator by HFRD prior to law enforcement action. Refer to O.C.G.A. § 31-7-12.1
- Know the O.C.G.A. sections relating to the abuse, neglect, and exploitation of at-risk adults and unlicensed facilities (refer to Appendix C and F):
    - O.C.G.A. § 31-7-12 Operating Personal Care Home Without a License
    - O.C.G.A. § 16-5-100 Definitions
    - O.C.G.A. § 16-5-101 Criminal Neglect
    - O.C.G.A. § 16-5-102 Physical and Sexual Abuse, Exploitation
    - O.C.G.A. § 16-5-102.1 Trafficking of an at-risk adult
    - 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 the social services and regulatory agency 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:

- Secure enough probable cause for a search warrant and coordinate with agencies identified during pre-response.
- Complete and send the GBI Georgia Information Sharing and Analysis Center (GISAC) form with information on location. Refer to Appendix L.
- Work with each involved agency to prepare them for what is expected of them when executing the search warrant. Know your role and the role of those you are working with.
- Organize a breakdown of "teams" for search warrant execution and processing of persons on the property. Team members should include personnel from HFRD, APS, DBHDD, code enforcement, and law enforcement.
- 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 HFRD/APS time to prepare for relocation of residents. See Appendix D-4 for Unlicensed Personal Care Home Resident Questionnaire and Appendix F for the Unlicensed Personal Care Home Checklist.
- Work with APS and HFRD 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 Division: 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: provides logistical support and supports victims
    - Emergency Medical Services: provide medical care for clients as well as any injuries that may arise during the execution of the warrant
    - U.S. SSA: obtain records for Social Security fraud from the Georgia Area Director's Office
    - DHS OIG: an investigative resource for Supplemental Nutrition Assistance Program (SNAP) fraud
    - DCH OIG: an investigative resource for Medicaid fraud. Facilitate transportation for relocation of residents through non-emergency transport, if available
    - Medicaid Fraud Control Unit (MFCU): an investigative resource for Medicaid fraud and patient/resident abuse
    - Department of Revenue (DOR): an investigative resource for tax fraud
    - Prosecutors: advise in legal questions regarding warrants and charges
    - Victim Witness Assistance: initiate victim services
    - Code enforcement handles violations
- 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, permanent markers, pens, digital recorders, etc., and determine who will bring resources on the scene.

Search Warrant Execution Phase

DO NOT treat it as a normal search warrant.

Organization is KEY, planning is CRITICAL.

- 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. See Appendix D to assist with a detailed interview of the residents.

- Assess and manage all persons at the location prior to searching property for evidence.
- Pair HFRD/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, and take a photo of each, 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. It is extremely important to understand each agency's role and plan ahead of time.

Residents Unwilling to Leave:

- Leave no one behind that cannot take care of themselves. It is necessary to have a collaborative effort between law enforcement, HFRD, APS, mental health professionals, and others. (Caution: Adults cannot be placed 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 can take care of themselves.
- On scene, it may be important to have people with authority to remove residents unable to care for themselves and not willing to leave.
- Use of persuasion can be helpful to get residents to leave.
- Code Enforcement may condemn homes, thus not allowing residents to remain.

Mental Health Parity Act:

"Effective July 1, 2022, HB 1013, the Mental Health Parity Act amends O.C.G.A. § 37-3-42, relating to emergency admission of persons arrested for penal offenses and report by officer. A peace officer may take any person to an emergency receiving facility if: (i) the peace officer has probable cause to believe that the person is a mentally ill person requiring involuntary treatment; and (ii) the peace officer has consulted either in-person or via telephone or telehealth with a physician, as provided in O.C.G.A. § 37-3-41, and the physician authorizes the peace officer to transport the individual for an evaluation. To authorize transport for evaluation, the physician shall determine, based on facts available regarding the person's condition, including the report of the peace officer and the physician's communications with the person or witnesses, that there is probable cause to believe that the person needs an examination to determine if the person requires involuntary treatment. The peace officer shall execute a written report detailing the circumstances under which the person was detained; and this report shall be made a part of the patient's clinical record." (PAC Summary of Legislation Enacted during 2022 session)

Post Execution of Search Warrant:

- Law enforcement should finish interviews and the 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, DHS OIG, DCH OIG, Medicaid Fraud Control Unit, DOR, etc.)
- HFRD/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.

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

a. **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 should listen for clues about inconsistencies 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.

b. **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.

c. **Admitted patients**: A patient should not be discharged back to an unsafe situation. Often, these patients will have a medical diagnosis that warrants admission if their point of entry is the emergency department. Case workers should immediately begin working on options for safe discharge and contact APS immediately. Any time 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 asked the following questions before you screen the patient.
    i. Ask the questions:
        1. Is there anyone you fear?
        2. Do you feel safe where you live?
        3. Who takes care of your checkbook or bank account?
        4. Does anyone at home hurt you?
        5. Does anyone touch you without your consent?

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. There may be burns, 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, or intimidating; isolating from friends, family, or activities; or 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, and the victim's own self report.
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 at-risk adult, loss of savings or retirement, quitclaim deeds to family property or businesses, unexplained withdrawals or expenditures, a change in banking habits, or a new person of trust isolating the at-risk adult.

- **Mandated reporting**: when abuse is suspected, the proper authorities must be notified. See Appendix B: ABUSE, NEGLECT AND EXPLOITATION (ANE) REPORTING & INVESTIGATIONS BY SETTING.
    - Georgia mandates health care workers and medical personnel 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 neglect of an at-risk adult**
    - General appearance
    - Poor hygiene, dirty clothing, decaying teeth

- Inadequate or inappropriate clothing for the current weather
- 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 walking or sitting
- Pain, itching, bruising, or bleeding in anal or genital area
- Unexplained venereal disease or genital infections
- An at-risk adult's report of being hit, slapped, kicked, or mistreated
- An at-risk adult's report of being sexually assaulted or raped
- Untreated bed sores or decubiti

- **Other key indicators**
  - The at-risk adult may not be allowed to speak for themselves or be interviewed without the presence of the caregiver.
  - Family member or caregiver "blames" the at-risk adult, e.g., accusation that incontinence is a deliberate act.
  - Obvious absence of assistance, indifference, or anger by the caregiver toward the at-risk adult.
  - Aggressive behavior (threats, insults, harassment) toward the at-risk adult.
  - 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 of a care plan.
  - Conflicting accounts of incidents by the family, caregiver, and patient.
  - The caregiver's refusal to allow visitors to see an at-risk adult alone.
  - Ignoring or excessively criticizing; giving the silent treatment.
  - Making derogatory or slanderous statements.
  - Repeatedly raising the issue of death.
  - Excluding the at-risk adult from decision making when they are capable and want 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 behaviors 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 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 the patient in the 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) 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.

The EASI is one example of a screening tool for Abuse, Neglect and Exploitation.
mcgill.ca/familymed/files/familymed/easi_english_january_2013.pdf

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

OTHER AGENCIES THAT CAN ASSIST

Department of Behavioral Health and Developmental Disabilities (DBHDD) Office of Incident Management and Compliance (OIMC) & Office of Investigations (OI): DBHDD Office of Investigations investigates serious incidents, reports of ANE, and deaths of individuals in facilities and community service programs funded by DBHDD. DBHDD has policies requiring reporting of these incidents. DBHDD cooperates/coordinates with law enforcement and other agencies as warranted when investigating incidents that constitute ANE. DBHDD provides its investigation reports to law enforcement on cases that constitute ANE. DBHDD expects its network of providers to report applicable incidents/allegations according to Georgia mandated reporting laws, in addition to their internal reporting requirements to DBHDD.

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, and 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:

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

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 Certified Adult Crime Tactics Specialist (CACTS) 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 specialist 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 escorted to the bank by a second party
- Unauthorized withdrawals especially with large penalties
- New names on signature card(s)
- Forged signatures
- Customer is unaware/does not understand financial arrangements
- Recent acquaintances interested in customer'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 specialist will be responsible for creating an internal reporting procedure for the front line that will alert the designated specialist of all suspected ANE. The victim accounts should be restricted during the initial investigation to prevent further loss, and the designated specialist should attempt to interview the victim to determine the circumstances surrounding the incident.

If ANE is suspected after the initial investigation, the designated specialist will be responsible for reporting the suspected ANE to APS, HFRD, law enforcement and follow internal policies and procedures for reporting ANE within the financial institution.

Fire Services: Fire services conduct fire code inspections and responds 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.

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.

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 for insight and expertise and to further educate medical providers about issues specific to ANE.

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.

ADDITIONAL RESOURCES

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

Aging Services: Georgia has a network of services for at-risk adults. This network includes the Aging and Disability Resource Connection (ADRC) and 12 regional Area Agencies on Aging. 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. Locate your local Area Agency on Aging at aging.georgia.gov/locations.

Long-Term Care Ombudsman: The federal government established the LTCO program to assist residents living in facilities who have concerns and complaints about care or services. Ombudsman Representatives (ORs) are advocates for residents residing in personal care homes, assisted living facilities, community living arrangements, nursing homes, and intermediate care facilities for individuals with intellectual and developmental disabilities. ORs work with residents to resolve problems including allegations of abuse, neglect, and exploitation. ORs only act if the resident gives them permission. Even if the OR witnesses the abuse, the OR must have permission from the resident to report it. ORs are not mandated reporters. For more information visit the LTCO site georgiaombudsman.org.

- For ANE complaints, with permission of the resident, ORs pass complaints to Healthcare Facility Regulation Division, law enforcement, Social Security, and other appropriate agencies.
- Authority for the LTCO:
    - 42 USC 3058g(b) LTCO have the authority to:
        - Enter any long-term care facility
        - Communicate privately, and without restriction, with any resident who consents
    - 42 USC 3058g(b)(1)(B)(C)(D) LTCO have access to the following resident records:
        - Medical
        - Social

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

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 an adult's competency to make informed decisions appears compromised unless a conflict of interest occurs.

Department of Behavioral Health and Developmental Disabilities serves people living with mental illness, substance use disorders, intellectual and developmental disabilities (I/DD), or any combination of these through a network of contracted providers. As Georgia's public safety net, DBHDD's primary responsibility is to serve people who are uninsured, underinsured, or who receive Medicaid. The DBHDD system of services is administered through 6 field offices located throughout the state. For questions about I/DD or behavioral health services in your area, find your local field office at dbhdd.georgia.gov/regional-field-offices.

> DBHDD expects providers to report applicable incidents/allegations according to Georgia mandated reporting laws in addition to their internal reporting requirements to DBHDD.

The Division of Intellectual and Developmental Disabilities supports people with intellectual and developmental disabilities in the most integrated setting possible through contracted service provider agencies. To be eligible for services, a person must have an intellectual disability or a closely related developmental disability that substantially impairs intellectual or adaptive functioning. The disability must have originated from birth or during the developmental years (by age 18 for an intellectual disability or by age 22 for a developmental disability).

- Services are funded via state funds and two types of Medicaid waivers:
    - The New Options Waiver (NOW) offers services and supports to individuals to enable them to remain living in their own or family home and participate or live independently in the community.
    - The COMP waiver serves individuals with more intensive needs and offers options for residential care for individuals with I/DD. The Department of Community Health (DCH) administers Medicaid which delegates the day-to-day operation of the NOW/COMP Waiver Programs to the Department of Behavioral Health and Developmental Disabilities (DBHDD).

      NOW/COMP Waiver Program services include but are not limited to:
        - Adult occupational therapy services
        - Adult physical therapy services
        - Adult speech and language therapy services
        - Behavioral supports consultation services
        - Behavioral supports services
        - Community access services
        - Community guide services
        - Community living support services
        - Community residential alternative services (COMP only)
        - Environmental accessibility adaptation services
        - Financial support services
        - Individual directed goods and services

- Natural support training services
- Nursing services
- Pre-vocational services
- Respite services
- Specialized medical equipment services
- Specialized medical supplies services
- Support coordination services
- Supported employment services
- Transportation services
- Vehicle adaption services

Community Living Support (CLS) Services are individually tailored supports that assist with the acquisition, retention, or improvement in skills related to an individual's continued residence in his or her leased, shared, or owned single family home or apartment. Provider agencies that render CLS Services must hold a current Private Home Care Provider License from the Department of Community Health Healthcare Facilities Regulation Division (HFRD).

Community Residential Alternatives (CRA) Services are for individuals who require intense levels of residential support in small group settings of four or fewer. CRA services include the following:

- **Community Living Arrangement (CLA):** A licensed 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, supports, care, or treatment for two or more individuals with intellectual and/or developmental disabilities (I/DD), 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 DBHDD.
- **Personal Care Homes (PCH):** A licensed residence that provides or arranges for the provision of housing, food service, and one or more personal services for two or more individuals with I/DD who are not related to the owner or administrator by blood or marriage. Personal services include but are not limited to individual assistance with and supervision of self-administered medications and essential activities or daily living such as eating, bathing, grooming, dressing, and toileting.
- **Host Home:** The private home of an individual or a family that does not require licensure, whether owned or leased, in which residential supports are provided to one or two adults with I/DD diagnoses and in which the following requirements are met: (1) the homeowner or lessee is not a staff of the same DBHDD approved provider agency which provides the host or life sharing home services; (2) individual is not related to the occupant owner or lessee by blood or marriage; and (3) the occupant owner or lessee is not the guardian of any individual served on their property nor the agent in such individual's advance directive for health care.

- **Community Living Support (CLS):** Services which are individually tailored that assist with skills related to an individual's continued residence in his or her leased, shared, or owned single family home or apartment. Provider agencies that render CLS services must hold a current Private Home Care Provider License from the Department of Community Health, Healthcare Facilities Regulation Division (HFRD).
- **Crisis Respite Homes:** Homes in residential settings that provide short-term crisis services for 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.

The Division of Behavioral Health manages programs and services for people with a diagnosed mental illness and/or co-occurring substance use disorder, delivered through DBHDD's network of contracted community-based behavioral health providers. Services are offered which support a person's individual recovery goals, including psychiatric services, counseling, case management, nursing assessment, medication administration, residential support, and peer programming.

The Crisis System of Georgia may be accessed statewide by calling the toll-free Georgia Crisis & Access Line (GCAL) 24/7/365 at 1-800-715-4225. In addition, GCAL will help you to access a state-funded provider in your area in a non-emergency. GCAL is a partner to the National Suicide Prevention Lifeline (NSPL). Individuals who dial "988" in an emotional crisis will be routed directly to GCAL. The call center has the capacity to screen and assess callers for intensity of service response, including assessing the need. GCAL professionals will:

- Provide telephonic intervention services
- Dispatch mobile crisis teams
- Assist individuals in finding an open crisis or detox bed across the state
- Link individuals with urgent appointment services

Mental Health Parity Act, effective July 1, 2022, HB 1013 allows: The Act amends O.C.G.A. § 37-3-42, relating to emergency admission of persons arrested for penal offenses and report by officer. A peace officer may take any person to an emergency receiving facility if: (i) the peace officer has probable cause to believe that the person is a mentally ill person requiring involuntary treatment; and (ii) the peace officer has consulted either in-person or via telephone or telehealth with a physician, as provided in O.C.G.A. § 37-3-41, and the physician authorizes the peace officer to transport the individual for an evaluation. To authorize transport for evaluation, the physician shall determine, based on facts available regarding the person's condition, including the report of the peace officer and the physician's communications with the person or witnesses, that there is probable cause to believe that the person needs an examination to determine if the person requires involuntary treatment. The peace officer shall execute a written report detailing the circumstances under which the person was detained; and this report shall be made a part of the patient's clinical record. The Act revises O.C.G.A. § 37-3-101, relating to transportation of patients. Notwithstanding subsections (a) or (b) of this Code section, for initial transports to an emergency receiving facility initiated by a peace officer pursuant to O.C.G.A. § 37-3-42, the emergency receiving facility shall coordinate all subsequent transports with the law enforcement agency employing such peace officer or a qualified private nonemergency transport provider or

ambulance service. Further amends O.C.G.A. 37-7-42, relating to emergency admission of persons arrested for penal offenses, report by officer, and entry of report into clinical record. (2) A peace officer may take any person to an emergency receiving facility if: (i) the peace officer has probable cause to believe that the person is an alcoholic, a drug dependent individual, or a drug abuser requiring involuntary treatment; and (ii) the peace officer has consulted either in-person or via telephone or telehealth with a physician, as page 10 provided in O.C.G.A. § 37-7-41, and the physician authorizes the peace officer to transport the individual for an evaluation. To authorize transport for evaluation, the physician shall determine, based on facts available regarding the person's condition, including the report of the peace officer and the physician's communications with the person or witnesses, that there is probable cause to believe that the person needs an examination to determine if the person requires involuntary treatment. The peace officer shall execute a written report detailing the circumstances under which the person detained; and this report shall be made a part of the patient's clinical record. Notwithstanding subsections (a) or (b) of this Code section, for initial transports to an emergency receiving facility initiated by a peace officer pursuant to O.C.G.A. § 37-7-42, the emergency receiving facility shall coordinate all subsequent transports with the law enforcement agency employing such peace officer or a qualified private nonemergency transport provider or ambulance service. If a mental health court division has been established in the county under O.C.G.A. § 15-1-16 that also serves participants with co-occurring substance use disorders, they may receive moneys collected pursuant to O.C.G.A. § 15-21-101, relating to the collection of fines for the County Drug Abuse Treatment and Education Fund for the purposes of the mental health court division. Effective date: July 1, 2022.

Community-Based Services for Adults living with Developmental Disabilities are available for people with intellectual and developmental disabilities (I/DD) 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 developmental disability services or apply for services, visit dbhdd.georgia.gov/dd-community-based-services.

For more information on DBHDD services, visit dbhdd.georgia.gov/how-do-i-find-dbhdd-services.

Victim Advocacy Programs: Contact the Prosecuting Attorneys Council of GA, pacga.org, for crime victim information and to identify the local prosecutor. Contact the Criminal Justice Coordinating Council, cjcc.georgia.gov, for information on Georgia Crime Victims Compensation Program.

Domestic Violence Programs and Services: Contact the Georgia Coalition Against Domestic Violence gcadv.org and the GA Commission on Family Violence gcfv.georgia.gov for information and assistance.

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

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 Certified Adult Crime Tactics Specialist (CACTS) courses. To learn more about available training opportunities and assistance, visit aging.georgia.gov/programs-and-services/forensic-special-initiatives-unit.

Alzheimer's Association: Due to the aging population, there may be more adults with cognitive impairments. The Alzheimer's Association is available when looking for resources. They have a 24-hour helpline, 800-272-3900, and their website alz.org can also assist with finding local resources for citizens who may be diagnosed or show signs of cognitive decline. The Georgia chapter has offices in Atlanta, Columbus, Dalton, Evans, Macon, Savannah, and Tifton. There are many types of dementias, including Alzheimer's disease. See Appendix N for more information on the types of dementias and their symptoms.

Centers for Independent Living: As defined in Section 702 of the Rehabilitation Act of 1973, as amended, 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. To find the center that serves you, visit silcga.org/cils/find-cil-locations-in-georgia.

Many counties in Georgia are not yet served by a Center for Independent Living. If you live in an unserved area, please contact the Aging and Disability Resource Connection office near you for assistance at georgiaadrc.com.

Statewide Independent Living Council of Georgia (SILC): SILC is a private nonprofit corporation governed by people will all types of disabilities from across the state. The role of the SILC is to identify societal barriers to independent living and to collaborate with Centers for Independent Living, rehabilitation services, and other related entities to remove those barriers and to increase the supports and services needed to create independent living opportunities. Learn more at silcga.org.

Georgia Aging and Disability Resource Connection (ADRC): 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 georgiaadrc.com/about_us/index.php – click "Contact Us," then "Find Local Assistance" for the ADRC near you.

AT-RISK ADULT MULTIDISCIPLINARY TEAMS

To better protect at-risk adults, every judicial circuit should implement a coordinated At-Risk Adult multidisciplinary team (MDT) approach when responding to allegations of at-risk adult abuse, neglect, or exploitation. Each MDT will be structured and operate differently, based on the needs of its circuit. The implementation of the GA Abuse, Neglect, and Exploitation Model Protocol (GA ANE MP) and the MDT Model Protocol will drive each team's objectives. The primary purpose of an MDT is to ensure the coordination of procedures and practices of the partner agencies to better protect at-risk adults and to provide an opportunity for various agencies to collaborate.

The district attorney's office or designee should lead the local coordinated MDT. The following activities should be completed by the leader(s) of the local team:

- Follow written protocols as set forth in the MDT Model Protocol
- Conduct periodic reviews of the local protocol with all members, making changes as needed. New signatures to the memorandum of understanding (MOU) 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.)

The duties and responsibilities of each MDT should include:

- Regular meetings to increase team member communication
- Review of at-risk adult abuse cases
- 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 and the MDT Model Protocol

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
- Victim service providers

MDT should also include, but not be limited to, the following professionals:

- EMS
- Financial institutions
- Probate court
- Aging services providers
- DFCS (eligibility for SNAP and Medicaid)
- DHS/OIG (SNAP)
- DCH/OIG (Medicaid fraud)
- Area Agency on Aging
- Local senior centers
- Other agencies as dictated on a case-by-case basis – not all cases require the participation of all team members

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

The MDT team should strive to:

- Streamline access to necessary services
- Strengthen collaborative relationships
- Enhance knowledge and understanding of systems and services
- Bridge system gaps
- Serve the at-risk adults in their community to the best of their ability
- Respect the rights of both the victim and the alleged perpetrator

Grievance procedures:

- Recognizing that interagency operations sometimes result in misunderstandings and disagreements, this model protocol and response guide 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.

Appendices

Reporting Statutes (Appendix A)

Below are the Reporting Statutes relating to Disabled Adults and Elder Persons.
Refer to Official Code of Georgia 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
O.C.G.A. § 30-5-11	Establishment of MDTs		

Below are the Reporting Statutes relating to Long Term Care Resident Abuse.
Refer to Official Code of Georgia 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 Georgia 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. §37-1-29	Crisis stabilization unit
O.C.G.A. §37-1-21	Institutional powers and duties	O.C.G.A. §37-1-24	Use of psychologist or physician in lieu of another
O.C.G.A. §37-1-23	Rules of practice and procedure	O.C.G.A. §37-1-27	Legislative findings; Suicide prevention
O.C.G.A. §37-12-1	Georgia Behavioral Health and Peace Officer Co-Responder Programs	O.C.G.A. §37-1-28	Conviction data

Abuse, Neglect, and Exploitation (ANE) Resources by Setting for Law Enforcement and Prosecutor (Appendix B)

SETTING OF CRIME	REPORT TO	INVESTIGATES/ACTIONS	TO OBTAIN RECORDS
Community	Division of Aging Services (DAS) ***Adult Protective Services (APS)** Ph: 1-866-552-4464 extension 3 Online: aging.georgia.gov/report-elder-abuse	**I:** Reports of abuse, neglect & exploitation of at-risk adults. **A: All reports to law enforcement.** Provide services to **consenting** clients.	Record Request resulting from an APS Disabled Adult and Elder Person Abuse Report (DAAR) should be submitted to the local APS staff identified on the report. If the request is not because of a DAAR, please contact the APS supervisor in your area or call APS central intake at 1-866-552-4464, to make a Records Request.
Personal Care Home, Assisted Living Facility, Community Living Arrangements	Department of Community Health (DCH) ***Healthcare Facility Regulation (HFR)** Ph: 1-800-878-6442 Online: 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 via email to: hfrdopenrecords@dch.ga.gov
Nursing Home Long Term Care Facility	Department of Community Health (DCH) ***Healthcare Facility Regulation Division (HFRD)** Ph: 404-656-4507 1-800-878-6442 Online: dch.georgia.gov Follow link to Healthcare Facility Regulation – File Complaint. State Long-Term Care Ombudsman 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 via email to: hfrdopenrecords@dch.ga.gov

Hospitals Home Health Services	Department of Community Health (DCH) ***Healthcare Facility Regulation Division (HFRD)** Ph: 1-800-878-6442 Home Health Hotline: 1-800-326- 0291 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 via email to: hfrdopenrecords@dch.ga.gov

SETTING OF CRIME	REPORT TO	INVESTIGATES/ACTIONS	TO OBTAIN RECORDS
Services funded through Department of Behavioral Health and Developmental Disabilities (DBHDD)	dbhddincidents@dbhdd.ga.gov complaint@jcaho.org DBHDD Constituent Services: 404-657-5964 The State's Office of Regulatory Services Ph: 404-657-5726 or 404-657-5728 DBHDD provider agencies must follow DBHDD policy 04-106 regarding reporting requirements. Incidents that must be reported to DBHDD are listed in Attachment A in 04-106, including the additional reporting requirements for deaths. An incident is defined as "Any event that involves an immediate threat to the care, health or safety of any individual in community residential services, in community crisis home services while on site or in the care of a provider, in the company of a provider staff or contractor, or enrolled in participant-directed services." For incidents that must be reported to other agencies or offices as required by law or regulation, the provider is always responsible for notifying such agencies and offices in a timely manner.	**I:** Reports of ANE relating to individuals in facilities and community service programs funded by DBHDD. **A: May involve DCH, HFRD, 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 law.ga.gov For consumer complaints - Ph: 404-651-8600	**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	SSA. Office of the Inspector General Ph: 404-562-5540, 1-800-269-0271 ssa.gov/oig/hotline	**I:** Reports of Social Security fraud	**A**: Civil or criminal actions when possible
Veterans Benefits Fraud	VA Office of the Inspector General Ph: 1-800-488-8244 va.gov/oig/hotline for webform complaints	**I:** Reports of Veterans Benefits Fraud	**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 Medicaid Fraud Control Unit Ph: 404-458-2878 ext. 664 law.georgia.gov/resources/medicaid-fraud-division	I: Reports of Medicaid Fraud	Civil or criminal actions when possible. May refer to State Medicaid Fraud Control Unit
Food Stamp Fraud	DHS Office of the Inspector General Benefits Recovery Unit Ph: 1-844-694-2347 dhs.georgia.gov/dhs-oig-fraud-and-abuse-reporting-form	I: Reports of Electronic Benefits Transfer Card fraud (Supplemental Nutrition Assistance Program)	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, and 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 Georgia law.

Common Statutes for Crimes Against At-Risk Adults (Appendix C)

Below are examples of applicable statutes for crimes against at-risk adults - there are many others.

Refer to Official Code of Georgia Annotated for additional statutes and to ensure accuracy.

O.C.G.A.§16-5-1	Murder	O.C.G.A.§16-7-21	Criminal Trespass
O.C.G.A.§16-5-2	Voluntary Manslaughter	O.C.G.A.§16-7-23	Criminal Damage to Property
O.C.G.A.§16-5-3	Involuntary Manslaughter	O.C.G.A.§16-8-1 to 16-8-12	Theft Offenses
O.C.G.A.§16-5-20(e)	Simple Assault (H&A)	O.C.G.A.§16-8-12(a)(3)	Theft by Fiduciary (Felony – Any dollar amount)
O.C.G.A.§16-5-21	Aggravated Assault	O.C.G.A.§16-8-100 to 16-8-106	GA Residential Mortgage Fraud
O.C.G.A.§16-5-23(c) (g)	Simple Battery (H&A)	O.C.G.A.§16-9-6	Breach of Fiduciary Obligation against person who is 65 or older (Felony) – punishment
O.C.G.A.§16-5-23.1 (j)	Battery (Felony) If committed by employee of licensed facility	O.C.G.A.§16-9-20	Deposit Account Fraud
O.C.G.A.§16-5-24	Aggravated Battery	O.C.G.A.§16-9-30	Illegal Use of Financial Transaction Card
O.C.G.A.§16-5-40	Kidnapping	O.C.G.A.§16-9-32	Forgery of Financial Transaction Card
O.C.G.A.§16-5-41	False Imprisonment	O.C.G.A.§16-9-33	Financial Transaction Card Fraud
O.C.G.A.§16-5-91	Aggravated Stalking	O.C.G.A.§16-9-37	Unauthorized Use of Financial Transaction Card
O.C.G.A.§16-5-100	Protection of Elder Persons – definitions	O.C.G.A.§16-9-52	Improper Solicitation of Money
O.C.G.A.§16-5-101	Neglect [at-risk adult] by Caregiver	O.C.G.A.§16-9-54	Fraudulent Telephone Solicitation
O.C.G.A.§16-5-102	Exploit, Intimidate, Obstruct	O.C.G.A.§16-9-120	Identity Fraud
O.C.G.A.§16-5-102.1	Trafficking of an at-risk adult	O.C.G.A.§16-9-121.1	Aggravated Identify Fraud
O.C.G.A.§16-6-1	Rape	O.C.G.A.§10-1-393	Unfair/Deceptive Practices
O.C.G.A.§16-6-2	Sodomy; Aggravated Sodomy	O.C.G.A.§10-1-393.6	Unlawful Telemarketing
O.C.G.A.§16-6-5.1	Sexual Assault (In Licensed Facility)	O.C.G.A.§10-1-851	Unfair or Deceptive Practices (at-risk adults) Additional Civil Penalty
O.C.G.A.§16-6-22.2	Aggravated Sexual Battery	O.C.G.A.§10-5B-6	Abusive Telemarketing (If targeting at-risk adults - can double penalties)
O.C.G.A.§19-13-1	Family Violence Act	O.C.G.A.§17-3-2.2	Statute of limitations is 15 years when victim > 65 generally
O.C.G.A.§30-5-1 et seq	Mandated Reporting (Community and Facility)	O.C.G.A.§31-7-12.1	MISD - own/operate UnPCH first offense. FEL= In conjunction with ANE
O.C.G.A.§31-5-8	Misdemeanor to violate title 31	O.C.G.A.§24-13-130 (b)	Depositions to preserve testimony – 72+ years old.

Statutes continuously change with each legislative session. Please refer to the current O.C.G.A. for updated laws.

Information Relating to Interviews (Appendix D-1)

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 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 the at-risk adult has a disability, learn as much as possible about the specific disability (type, level, lifelong or acquired?)
- Hearing/visual impairment?
- How does the victim communicate?
- Prepare notes and 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, reduce 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 the best location? Privacy and safety ensured wherever interview(s) occur(s). Should not be at location of incident/assault.
- What time is best for the victim?

Reference: Elder Abuse Guide for Law Enforcement. (n.d.). eagle.usc.edu

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 others present.
- If the 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 the 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.
- 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.).
- Even if the victim appears confused, do not discount their information.
- Convey the message that the victim is not responsible for the prosecution of the suspect – that is the responsibility of law enforcement and prosecutors.
- Convey the message that 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.

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 their 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.

The Georgia Abuse, Neglect, and Exploitation App (GANE) has additional screenings such as ANE screenings, cognitive capacity, and financial capacity for at-risk adults. Refer to Appendix M.

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?

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

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?

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:
    - 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?
    - 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?
    - Sexual abuse case- consent will be a central issue or that the event/s never occurred.
    - Financial exploitation case- consent will be a central issue as will the arguments, it's "my inheritance", "a loan", or "a gift."

WHEN THE VICTIM HAS DIFFICULTY RECALLING THE PERPETRATOR'S NAME

- What do they do for you?
- What do they look like? Describe.

How do you know them?

- How did you meet them?
- 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.

  Elder Abuse Guide for Law Enforcement. (n.d.). eagle.usc.edu

QUESTIONS SPECIFIC TO FINANCIAL EXPLOITATION CASES

- Focus on the consent issues. Did the victim actually give consent – actually say the words?
- If the victim did complete a transaction, did the victim understand what they were giving or transacting?
- Did the victim understand the legal implications of their 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/their 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 they 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?

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 them that they were 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 they 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 they think of any other information.
- Finally, ask the victim if there is any additional information or anything else they think you should know.

  Elder Abuse Guide for Law Enforcement. (n.d.). Interviewing older adults [Video]. You Tube: youtube.com/watch?v=qM6htsLe604

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 that 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 identity shall not be provided.
- Determine the witness' relationship to the victim and the suspect.
- Ask where and how they received their information.
- Try to determine their 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 them 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 they think of any additional information for the investigator.

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 identity 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 there are inconsistencies between the suspect's statements and the evidence.
- Document if there are 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.

For law enforcement: Investigators may want to conduct the initial interview when the suspect is not in a custodial situation (if suspect comes in for an interview, let them know they are free to leave at any time).

Interviewing Adults with Disabilities Appendix D-2

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/their 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 to 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 the victim is taking.
- Be aware of the victim's schedule and routines.
- Be aware of your own feelings and reactions.
- Remain neutral, non-judgmental, and objective.
- Do not conduct the interview near the alleged suspect.

Elder Abuse Guide for Law Enforcement. (n.d.). eagle.usc.edu

PRIOR TO THE 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 the victim communicate?
- Cooperative?

AVOID

- Blame, accusation, or disbelief of the victim.

- Interviewing with family or others present.
- Compound or complex questions and answers.

CONCLUDING THE INTERVIEW

- Reassure the victim of your interest in helping them.
- Normalize the 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.

Etiquette for Communicating with People with Disabilities
Appendix D-3

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 teletypewriter (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.
- Attempt a free narrative form at first; however, if the person is unable to do so, you may resort to options or yes/no questions. Always allow for "something else" or "I don't know."
- 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
Persons with Disability or PWD	Handicap; handicapped person
People/individuals **with disabilities**, an adult who has a disability	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	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, or a person who walks with a cane, for example	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 mobility needs	handicapped buses, bathrooms, hotel rooms, etc. handicapped parking; handicapped accessible
Successful, productive	has overcome his/her disability; courageous

Adapted from The University of Nebraska Medical Center
unmc.edu/newsroom/2009/10/28/person-first-language-put-the-person-before-the-disability

For more information:
ncdj.org/resources/interviewing-tips/
theiacp.org/sites/default/files/2018-08/IntellectualDevelopmentalDisabilityBinder.pdf

Questionnaire for Residents of Unlicensed Personal Care Homes (Appendix D-4)

Beginning Date / Time: _____

Name: _____ Nickname: _____

DOB: _____ Sex/Race: _____

Address: _____

SSN: _____

Phone Number: _____

Can you read and write? _____

Do you live/work here?

_____

How long have you lived with the owner/operator? _____

How long at this address? _____

How did you get here?_____

Who watches over everyone most of the time? _____

What other locations have you lived? _____

Do you share a room? With whom do you share a room? _____

_____

Are you ever punished for misbehaving? How are you punished? _____

_____

Have you ever witnessed anyone hurt in the home (tied up or hit)? _____

_____

Has anyone made you uncomfortable, mad, or sad? Why? _____

_____

Do you eat well? Typical breakfast, lunch, dinner, and snacks?_____

_____

Do you ever go out to eat? If yes, where? _____

HEALTH

What is your mental/physical health status (diagnosis) or disability? _____

_____

What medicine are you taking? _____

_____

Where is it kept? _____

Who gives it to you? _____

How do you know when it's time for your medication? _____

How do you get refills? _____

Do you have a doctor you see when you get sick? _____

If so, what is the doctor's name? _____

Do you need help going to the bathroom; if yes, who helps you? _____

_____

How often do you take a bath or shower, and does anyone help you? _____

_____

Do you attend any programs during the day? If yes, where and how you get there? _____

_____

BENEFITS AND FRAUD

Do you receive a check from the government (SSA, VA, SNAP or other financial assistance)?

_____

Do you provide your SNAP or SNAP money to anyone? _____

Did you give anyone permission to use your SNAP card? _____

Do you have a rep payee? Who is the payee? _____

Was it your choice to have them as a payee? _____

How do you know your payee? Do you know where your payee banks? _____

Whose name is the rent/utilities in? _____

Did you give anyone permission to use your name on the rent or utilities?_____

Do you get spending money? How much? _____

What services are included in your rent payment (food, clothing, shelter, medicine, utilities, transportation, etc.)? _____

_____

ENVIRONMENTAL

Who is in charge of the residents? _____

Does anyone come by to check on you? If so, who and how often? _____

Have you seen locks on the doors inside this residence or anywhere else you've lived? _____

What are the locks on the doors used for? _____

Who locks and unlocks the doors? _____

Are you allowed to leave at any time? _____

Are you allowed to go outside when you want? _____

_____

Who does your laundry and how often is it done? _____

Who does the house cleaning and how often is it done? _____

Do you ever travel or go on vacation? _____

FOLLOW UP STATEMENTS MADE BY THE RESIDENT

Interviewer(s):

End time:

At-Risk Adult Abuse Investigation Check List (Appendix E)

Case Number: Today's date: Date of incident:

Victim's name:

Victim's address:

Known medical conditions:

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 Eyeglasses	☐	☐	☐	
Hair Pulled Out	☐	☐	☐	
Uncooperative Caretaker	☐	☐	☐	
Weapons	☐	☐	☐	
Sexual Abuse	***No***	***Yes***	***Unknown***	***Describe (Location? Size?)***
Victim's Self Report	☐	☐	☐	
Bruises-Breasts/Genital Area	☐	☐	☐	
Torn/Bloody Underclothes	☐	☐	☐	
Difficulty Walking/Sitting	☐	☐	☐	
Sexually Transmitted Disease	☐	☐	☐	
Neglect	***No***	***Yes***	***Unknown***	***Describe (Location? Size?)***
Victim's Self Report	☐	☐	☐	
Dehydration/Malnutrition	☐	☐	☐	

Neglect (cont'd)	***No***	***Yes***	***Unknown***	***Describe (Location? Size?)***
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	***No***	***Yes***	***Unknown***	***Describe (Location? Size?)***
Victim's Self Report	☐	☐	☐	
Upset/Agitated	☐	☐	☐	
Withdrawn/Non-responsive	☐	☐	☐	
Unusual Behavior	☐	☐	☐	
Financial Exploitation	***No***	***Yes***	***Unknown***	***Describe (Location? Size?)***
Unemployed adults reside in home	☐	☐	☐	
Victim's Self Report	☐	☐	☐	
Sudden Changes in Banking Habits	☐	☐	☐	
New Names on Signature Card(s)	☐	☐	☐	
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	***No***	***Yes***	***Unknown***	***Describe (Location? Size?)***
Dehydration/Malnutrition	☐	☐	☐	

Self-Neglect (cont'd)	***No***	***Yes***	***Unknown***	***Describe (Location? Size?)***
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****

Unlicensed Personal Care Home/Facility Checklist (Appendix F)

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

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 (HFRD)?

Should entity be licensed through Healthcare Facility Regulation Division?

Does entity have business license? Certificate of occupancy? Code Violations?

Location History

The questions in bold below must be asked to determine if the services provided fit the legal requirements for an UNPCH.

Related to the owner/operator by blood or marriage: Yes ☐ No ☐

Specific Services Received

Self-Administered Medication (assistance or supervision) Yes ☐ No ☐

Residents are aided with the following services:

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?

Distributed 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?

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?

Residents/Assets (cont'd)

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 SNAP?

If so, who has possession or EBT?

Do residents receive Social Security?

If receiving social security benefits, what is the monthly amount?

Is owner/operator the representative payee?

How much money 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 Division (HFRD) 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 Division and any other pertinent agencies respond as a multidisciplinary team or residents may be relocated before HFRD can make a determination regarding the location.

For information about any property/address/location that may be an Unlicensed Personal Care Home (UPCH), contact the Healthcare Facility Regulation Division at pchprogram.hfrd@dch.ga.gov.

Related Statutes

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(h) - 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 16-5-100.

O.C.G.A. § 30-5-3 – definitions

(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.

- O.C.G.A. § 16-5-101- Neglect by guardian or person supervising the welfare
- O.C.G.A. § 16-5-102 -Exploitation and intimidation of disabled adult, elder person and resident
- O.C.G.A. § 16-5-102.1 – Trafficking of a disabled adult, elder person or resident

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

Temporary Emergency Respite Funds (Appendix G)

Temporary Emergency Respite Funds (TERF) is a resource only for law enforcement, Healthcare Facility Regulation Division and Adult Protective Services to assist in the emergency placement, for up to seven 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 Funds (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.

The Georgia Department of Human Services' Division of Aging Services has allocated funds to assist with the creation of services that support vulnerable adult victims of abuse as they work to transition from an environment of abuse, neglect or exploitation at the hands of their caregivers into a safe, stable, and supportive setting through the extension of transitional housing and development of case management services.

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
    - 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:

For TERF assistance, call this toll-free number: 844-404-8373. The TERF line is available 24/7.

To proceed with TERF provide the following information:

- Name
- Date of birth
- Social Security number
- 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.

The TERF Case Management Team will: extend temporary emergency respite placements as needed; work to improve client outcome; strengthen collaborations between the Division of Aging Services and community partners to find creative solutions to meet the needs of displaced vulnerable adults.

Community Living Options: Comparison of Personal Care Homes, Community Living Arrangements, Private Home Care, and Boarding Homes (Appendix H)

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 Health, Healthcare Facility Regulation Division. (For more information, contact DCH's Healthcare Facility Regulation Division, Personal Care Home Program at 800-878-6442 or pchprogram.hfrd@dch.ga.gov.

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 Health, Healthcare Facility Regulation Division (For more information, contact DCH Healthcare Facility Regulation Division, Personal Care Home Program at 800-878-6442 or mpchprogram.hfrd@dch.ga.gov.)

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 Health, Healthcare Facility Regulation Division. (For more information, contact DCH Healthcare Facility Regulation Division, Personal Care Home Program at 800-878-6442 or pchprogram.hfrd@dch.ga.gov.)

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 Health, Healthcare Facility Regulation Division (For more information, contact DCH Healthcare Facility Regulation Division, Personal Care Home Program at 800-878-6442 pchprogram.hfrd@dch.ga.gov.)

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.

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

✓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.

KEY

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

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

360 Bank Letter (Appendix I)

[LAW ENFORCEMENT AGENCY LETTERHEAD]

<DATE>

TO: <BANK NAME AND ADDRESS>

REFERENCE: <AGENCY NAME> CASE NUMBER#:

CRIMINAL OFFENSE SYNOPSIS [JUST A BRIEF SUMMARY]: Bank Fraud, Identity Fraud, and AML

The Official Code of Georgia Annotated Banking and Finance Code Section 7-1-360 requires that you release to law enforcement, upon its request, the following categories of documents pertain to the accountholder and/or account number, to include, but not be limited to:

FOR THE TIME PERIOD: 01/01/19 to Present

ACCOUNT INFORMATION: Account Records for and associated with the following [BANK NAME] [ACCOUNT NUMBER/ACCOUNT HOLDER] for the time period identified above, please provide all records [BE SPECIFIC] pertaining to the aforementioned individuals and business entities whether held jointly or severally or as trustee or fiduciary, as well as custodian, executor or guardian, to include all accounts in which these individuals had signatory authority and/or the right of withdrawal, as well as any other entity in which these individuals or entities may have a financial interest. These records should include but are not limited to:

CUSTOMER/ACCOUNTHOLDER INFORMATION: Including signature cards, customer or accountholder's name, address, phone number, date of birth, and Social Security number, places of purchase, activation information, and information on any other registered or authorized user.

ACTIVITY LOGS: Including any logs of online activity, associated Internet Protocol (IP) addresses, associated port numbers, captured accessing accounts and associated date(s), time(s) to include time zones, internet cookies including SUPER COOKIES captured during online banking, correspondence or contact with customer or accountholder or with third parties regarding the above accounts and associated accounts, **any online mobile applications assigned to the account; including any longitude and latitude associated to the mobile banking, device/phone name and device identification number assigned, including any linked accounts to the device identification number (make sure to delete above info if not needed for your case or you have requested it separately with a subpoena),** all landline and mobile telephone number(s) captured accessing the accounts, and all retained audio recorded telephone calls, to include but not limited to, handwritten

notes or electronic correspondence and any investigative reports or case files associated with the accounts.

TRANSACTION RECORDS: Including any transactions on the accounts, including all deposited and withdrawn items; Zelle data including associated account number or identifiers such as email addresses and phone numbers **(only include for specific investigations involving Zelle transactions).**

CHECKING ACCOUNT RECORDS: Including signature cards, bank statements, deposit slips, checks deposited, checks drawn on the account, records pertaining to all debit and credit memos, Forms 1099, 1089 issued or back-up withholding statements.

PURCHASES OF BANK CHECKS: Including purchases of bank checks, cashier, teller, travelers' check records, or money order records including the check register, file copies of the checks or money orders, records revealing the date, source of payment for said checks or money orders, and any applications pertaining to check/money order.

PHOTOGRAPHS AND VIDEO: Including all retained video(s) and photograph(s) of individuals making cash deposits and/or withdrawals for the listed items:

OTHER RECORDS: Records of certified checks, wire transfers to include Fed. Wire, Swift, Zelle data including associated account number, identifiers such as email addresses and phone numbers **(only include for specific investigation involving Zelle transactions)** or other documents reflecting wire transfer of funds to, from or on behalf of the aforementioned individual's/business entities, or collections, letters of credit, bonds and securities purchased through your bank, savings bond transactions and investment accounts, receipts for receipt or delivery of securities, safe keeping records or logs, copies of certificates of deposit, records pertaining to interest earned, withdrawn or reinvested, associated 1099, 1089 or back-up withholding statements. Such records that disclose the date and amount of the transaction, method (cash or check) and source of payment, instruments, and statements of transactions.

All correspondence with the above persons/entities and/or with third parties regarding the above persons/entities. All memoranda, notes, files, or records relating to meetings or conversations concerning the above persons/entities, corporate board authorization minutes or partnership resolutions.

RECORD FORMAT: Records are requested to be sent as Data Transaction File in pdf format, readable by the most updated Adobe Acrobat program in digital format accessible via secure download, compact disc (CD), or flash drive. Records are requested for surveillance video and images should be sent in a video format or jpg.

Please send a copy of the response to:

Attn: <INSERT DETECTIVE NAME>

<AGENCY NAME>

<ADDRESS>

Telephone number: <insert>

Email address: <insert>

If you have any questions or need additional information, please contact <INSERT DETECTIVE NAME>.

Note: Although the law does not prohibit disclosure, it is requested that you do not disclose the existence of this subpoena. Any such disclosure could impede the investigation being conducted.

The <AGENCY NAME> also, in accordance with Banking and Finance Code Section 7-1-360, requires that you, as a financial institution or representative thereof, cooperate in the investigation being conducted by this office. By cooperating and providing the documents required by this letter, you come under the protection of the Banking and Finance Code Section 7-1-360(b):

By disclosing, producing, or examination of such records you, "shall be relieved of any liability which might be asserted in connection with such disclosures."

You are not to disclose the existence of this request as any such disclosure could obstruct and impede the investigation being conducted and thereby interfere with the enforcement of the law.

If there is a charge for providing this information, please contact the investigator prior to compiling the information. Please forward the requested information to: <INSERT EMAIL ADDRESS>.

Sincerely,

<INSERT NAME AND SIGNATURE>

<AGENCY NAME>

APS Records Request (Appendix J)

[LAW ENFORCEMENT AGENCY LETTERHEAD]

<DATE>

To: DHS' Division of Aging Services - Adult Protective Services

Attn: APS Records Request

Greetings,

The [NAME OF AGENCY] has an open investigation in reference to the below address. Please provide any and all intakes and reports with supporting documents to include but not limited to unredacted case manager notes, the full APS file(s), medical and financial records, and related history records for the referenced individual as a client/victim, witness or perpetrator, and any other referrals related to the below address:

Address: 123 Main Street, Town, GA 30214

JOHN DOE

DOB: 8/7/1900

Access to APS records on Mr. Doe and any additional referrals to the above address is crucial to the timely resolution of this case. Please submit the needed records to <EMAIL ADDRESS>.

Respectfully submitted,

<NAME>

<TITLE>

<EMAIL ADDRESS>

Healthcare Facility Regulation Division Request for Records (Appendix K)

[LETTERHEAD FROM POLICE DEPT or SHERIFF'S OFFICE]

<Date>

Dear hfrdopenrecords@dch.ga.gov,

Please forward any and all documents the Healthcare Facility Regulation Division (HFRD) has, unredacted, relating to the below addresses. If HFRD does not have any documents, please let me know that as well.

<STREET ADDRESS>

<CITY, GA ZIP CODE>

Please provide any records HFRD has by <insert deadline here>.

Thank you in advance,

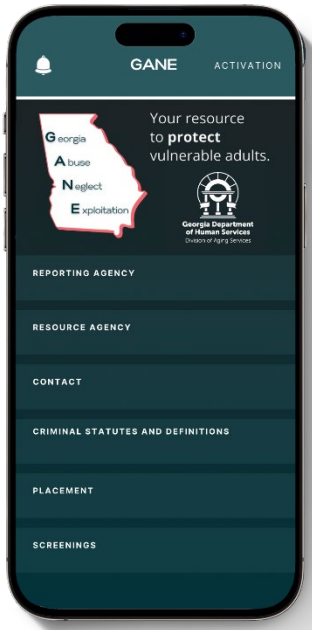
<YOUR NAME>

<YOUR AGENCY>

<YOUR CONTACT INFORMATION>

Georgia Abuse, Neglect, and Exploitation (GANE) App (Appendix M)

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 Division) 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)

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 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. Law enforcement and regulatory agencies will need an activation code to access the TERF program through the GANE app. Please contact fsiu@dhs.ga.gov to obtain the code.

A brochure and app overview PowerPoint for the GANE app can be downloaded from aging.georgia.gov/programs-and-services/forensic-special-initiatives-unit/georgia-abuse-neglect-exploitation-gane-app.

Acronyms (Appendix O)

AAA: Area Agency on Aging

ADRC: Aging and Disability Resource Connection

ANE: Abuse, Neglect, and Exploitation

APS: Adult Protective Services

CACTS: Certified Adult Crime Tactics Specialist Course

DAAR: Disabled Adult Abuse Report

DAS: Division of Aging Services

DBHDD: Department of Behavioral Health and Developmental Disabilities

DCH: Department of Community Health

DHS: Department of Human Services

EMS: Emergency Medical Services

FSIU: Forensics Special Investigations Unit

GA ANE MP/RG: Georgia Abuse, Neglect, and Exploitation Model Protocol and Response Guide

GBI: Georgia Bureau of Investigation

HFRD: Healthcare Facility Regulation Division

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

CONTRIBUTORS TO GEORGIA ANE MODEL PROTOCOL AND RESPONSE GUIDE UPDATE

Heather Strickland
Assistant Special Agent in Charge, Crimes Against Disabled Adults and Elderly (CADE) Task Force, Georgia Bureau of Investigation

Anna Thomas
Manager, Forensic Special Initiatives Unit,
Crimes Against Disabled Adults and Elderly (CADE) Task Force, DHS's Division of Aging Services

Cathy Bahadur
Manager, Adult Protective Services, DHS's Division of Aging Services

David Blake
Forensic Financial Specialist, Forensic Special Initiatives Unit,
Crimes Against Disabled Adults and Elderly (CADE) CADE Task Force, DHS's Division of Aging Services

MaryLea Boatwright Quinn
Assistant Deputy Commissioner, DHS's Division of Aging Services

Dr. Rita Davis-Cannon
Director of Victim Services, Prosecuting Attorneys' Council of Georgia

Willie Dean
Program Manager, State of Georgia Department of Community Health, Healthcare Facility Regulation Division

Julia Fisher-Strauss
Associate General Counsel, DHS's Division of Aging Services

Lindsay Greenwald
Abuse, Neglect, and Exploitation Investigations Manager, Georgia Department of Behavioral Health and Developmental Disabilities, Office of Investigations

William D. Johnson
Adult Abuse, Neglect, and Exploitation Prosecutor, Prosecuting Attorneys' Council of Georgia

Melanie McNeil
State Long-Term Care Ombudsman, Georgia Department of Human Services

Brenda King Woodard
General Counsel/Ethics Officer, Georgia Department of Behavioral Health and Developmental Disabilities

The State of Georgia owes a great deal of appreciation to the late Pat King for the advances in investigations and prosecutions of at-risk adult abuse and protections of at-risk adults themselves. None of this work would have been possible without Pat's determination to leave this world a better place than how she found it. For her dedication, we are extremely grateful.

For the most recent information or to download a digital copy, scan here or visit **aging.ga.gov/publications**.

Georgia Department of Human Services
Division of Aging Services