

Mandated Reporting of Abuse of Older Adults and Adults with Disabilities

INTRODUCTION

This brief focuses on mandated reporting of abuse of older adults and adults with disabilities to Adult Protective Services (APS). While most APS programs consider mandated reporting an essential tool for addressing harm to older adults and adults with disabilities, this brief will explore the strengths of mandated reporting as well as the criticisms and questions raised by other professionals.

This brief will:

- Define mandated reporting and provide up to date information about who is required to report.
- Delve into the policy questions that arise from mandated reporting, including the pros and cons of requiring professionals and others to report. Two experts will weigh in with their divergent opinions on the topic.
- Review the available research and present the most pressing research questions.

Reporting Requirements Vary

Every state, with the exception of New York, has mandated reporters but the list of who is included varies considerably. For example, fifteen states have universal reporting. This means that *everyone* in that state is required to report abuse, neglect and exploitation as defined by that state's statute.

Many states¹ provide broad definitions of who should report (e.g. all medical personnel) making it important that professionals review the statute for their own state. These broad categories often include language such as "as defined in code section..." to help clarify who is and is not included. However, it may also be necessary to contact your local Adult Protective Services (APS) program or law enforcement office as, in some cases, legal opinions have determined that a profession that appears to be included by statute is exempt. To illustrate, in one state that requires "medical personnel" to report, counsel has determined that paramedics are not included as mandated reporters.

Across states, the most often named mandated reporters are law enforcement and medical personnel. In the [Addendum](#) to this report, you will find an up to date (as of June 2020) state by state list of each state's mandated reporter statute.



MANDATED REPORTING DEFINED

*Mandated reporting of abuse of older adults and adults with disabilities is generally defined as **the legal requirement of a specific profession to report suspected abuse, neglect and/or exploitation (ANE) of a person meeting the state's definitions of an adult eligible for special protection under the law.** Reports are made to that entity in the state required to investigate such allegations. Such entities may include adult protective services, law enforcement, and licensing agencies, among others. State laws define a) who is a mandated reporter, b) what situations they are required to report on, c) when they are required to report, and d) to whom they are required to report. Mandated reporting laws across states vary greatly as there are no federal laws defining abuse of older adults and persons with disabilities.*

Considerations for a Reporting System

As states build their reporting systems, one of the first questions they must consider is whether to make reporting mandatory. This is an issue both when first developing a system and when adding new reporters to an existing reporting system.

In the journal article “Building the adult protective services system of tomorrow: The role of the APS national voluntary consensus guidelines”², the authors described mandated reporting as a “contentious issue garnering comments from every stakeholder group.” The comments included:

- Concern that there is not an evidence-base for the belief that reporting reduces incidence of adult maltreatment.
- Lack of consensus as to who should be a mandated reporter.
- Objections by domestic violence advocates for their inclusion as mandated reporters.
- Multiple calls for further research.

The authors remarked that comments were evenly split between support of and opposition to mandated reporting. In the end, the APS national voluntary consensus guidelines identified specific professionals to consider as mandated reporters and recommended that suspected crimes related to adult maltreatment be reported to law enforcement.

Potential Risks and Advantages of Mandating Reporting

RISKS

Lisa Nerenberg's book, “Critical Topics in an Aging Society: Elder Justice, Ageism, and Elder Abuse”, explores Nina Kohn's³ question of whether some reporting laws violate the civil rights of victims. Nerenberg points out that in Kohn's analyses, reporting laws may:

- Conflict with protected communications [e.g. between spouses, professionals and their clients, and clergy and their members]
- Discourage victims from seeking help
- Damage reputations and/or relationships
- Stigmatize parties
- Disclose confidential information if adequate safeguards are not in place or not clearly understood [e.g. questions about sharing information within MDTs]
- Not meet the required justification for state involvement if mandated reporting is not more effective than voluntary reporting and/or educational efforts.

Elsewhere, Nerenberg points out that little is known about why some reporters choose to report, and others are discouraged due to distrust of the system. She also notes that, internationally, many countries have explored mandated reporting but rejected it in favor of rights-based advocacy approaches.⁴

Leigh Ann Davis, Director of Criminal Justice Initiatives, The Arc of the U.S. points out that many in the disability community believe that mandated reporting takes away the client's right to self-determination and can re-traumatize them [see [Expert Opinion](#) in this brief for her full explanation].

Additionally, in the research around this question in the field of child abuse, commentators have argued that mandated reporting leads to increased unsubstantiated reports which waste time and cause damage⁵.

ADDITIONAL CONSIDERATIONS

Additional questions states should consider when designing or revising a reporting system include:

- What types of abuse, neglect and exploitation (ANE) must be reported? Should only criminal ANE be reported?
- Which occupations must report? Are there laws that limited that profession's ability to report [e.g. attorney privilege, sacramental confession, Long Term Care Ombudsman's advocacy role]? Are reports only required when ANE is discovered in the reporter's professional capacity?
- Does requiring "everyone" to report ANE dilute the effectiveness of mandated reporting statues? How is the requirement communicated to all reporters?
- How serious does the ANE need to be to be reported? Is the level of harm the same for all types of abuse? States often use conceptual terms like 'significant harm' or "failure to provide basic care" which, while allowing the reporter to exercise his/her professional judgement, have the disadvantage of being vague. Experts⁶ recommend that legislation mandating reports should incorporate as much clarity as possible.
- Are reports required for past, present and/or suspected risk of future ANE? How is this defined?

EXPERT OPINION

Nancy Alterio

"If you see something, say something." It's such a familiar and well-worn adage that most of us overlook the responsibility it seeks to engender. While for the most part we each go about our days alone and independently—despite often being in a sea of people—we are part of something larger than ourselves.

Call it what you want—a community, or a city, or a society, or a global citizenry. We are parts of a whole. And, we owe an obligation to the greater good when we observe something that calls into question the health and safety of those around us. We do not need to rescue or render aid. But, we should, at a minimum, say something to someone who might be able to help.

Reporting suspicions is a universal concept. Mandating reporting of abuse of vulnerable people creates a system wherein those at the front lines who suspect abuse—first responders, teachers, doctors, etc.—are required to make an effort to remedy the situation and protect the individual by alerting the proper authorities. However, mandated reporting of abuse is not limited to "vulnerable" populations such as children, elders, or persons with disabilities. Most licensed professionals are, by law or code, required to report on peers when they engage in inappropriate or unethical conduct.

Employees are encouraged and protected under whistleblower laws from reporting misconduct by their employers. Mandated reporting is not unique to abuse. It extends to a wide array of circumstances and individuals, all in the promotion of the greater good.

As such, mandated reporting should not be construed as a constraint on an individual's self-determination; it should be viewed as a tool to help empower persons, including persons with disabilities who are being subjected to abuse. Safety is a cornerstone of self-determination; without feeling and being safe, self-determination is unlikely to be realized. Also, mandated reporting of abuse impacts at both an individual and societal level – it sends a message to abusers that we as a larger whole will not tolerate abusive behavior. We unite in this effort by reporting reasonable suspicions, not by remaining silent.



*Executive Director,
Commonwealth
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Disabled Persons
Protection Commission*

Mandated reporting of abuse should not be viewed as limiting or restricting the rights of a person with a disability any more than requiring a doctor or lawyer or electrician or realtor to report the malfeasance of a peer, or recommending someone attending a concert or ballgame alert security of a suspicious package. Mandated reporting is simply an extension of the well-recognized concept that in order to have a safe and functional society, we each share a small, but powerful role in looking out for the well-being of those around us by seeking help for those in need or trying to root out bad actors.

Permitting abuse to continue by failing to report does not empower the victim, it empowers his or her abuser. Individuals are empowered when they are provided with knowledge, choice and resources, including the choice to live a life free from abuse. If we see something, whether it is in a boardroom, at the ballgame, a bus stop, or at a group home—we should say something.

EXPERT OPINION

Leigh Ann Davis

The primary goal of mandated reporting is to ensure safety of victims and potential future victims, while holding offenders accountable. The question we must ask when it comes to adults with disabilities is this: How are their lives safer when a report is made, and how are we as a society empowering or disempowering them in the goal of increasing access to safety and healing?

In this era of emphasis on supported decision making and self-determination (a process by which people control their own lives) within the disability community, how does mandatory reporting support or negate this, and the “nothing about us, without us” philosophy?

There is consensus to “assume competence” rather than assume people with disabilities do not have the ability or capacity to make decisions for themselves. How does this belief come into play when someone with a disability is being or has been abused and has no say about if, when and how the abuse is reported?

While mandated reporting can certainly increase a person's safety, has society, in its attempt to help people, neglected the impact mandatory reporting has on people with disabilities who may have little or no say about basic decisions affecting their lives? In this way, is the system re-victimizing or re-traumatizing the victim?

Other questions include:

- Does the victim fully comprehend the potential ramifications of making a report (while the ramifications can be serious and even dangerous for all people, for those with disabilities, the impact can be compounded)
- Thanks to the MeToo movement, we are becoming keenly aware of the power of people telling their stories when and how they choose. Shouldn't that decision be the victim's alone?
- The system is set up so that the victim will need to tell their story, possibly multiple times, before the criminal justice process is over. Will the person be supported through this process, and if so, how? Who works to ensure the support is available, and accessible, to people with disabilities?

Another consideration involves the aftermath of a report being filed. Victims with disabilities may have no idea of what the potential consequences might be when a report is filed. Will the mandated reporting be followed up with “mandated healing” for the victim, or will the victim be left to face the consequences alone? In this way, mandated reporting cannot be viewed as an isolated event, or seen in a vacuum. While trying to do good in a person's life, we must also strive to “do no harm.”



*Director of Criminal Justice Initiatives,
The Arc of the U.S.*

POSSIBLE SOLUTIONS

We must take steps toward ensuring safety of people with disabilities to be able to report abuse without repercussions.

- Mandated reporters must explain, using plain language, that they are mandated reporters and what that means. They should provide accessible materials to help the person understand the basics about reporting. Mandated reporters can also ask the individual if they have any questions or concerns about the reporting process and talk through what could happen once a report is filed.
- The victim should be given the opportunity to report with the mandatory reporter to ensure the experience is a positive, empowering one.
- The victims should be provided regular updates about the case and access to the investigator anytime there are questions about what is going on, what is happening next, etc.
- While there are some people who are obligated to report, there must be other resources and people available for those with disabilities who need help after a victimization occurs but want their information to remain confidential.
- State agencies should request input and advisement from people with disabilities about their mandated reporting policies.

Perhaps the question when it comes to mandated reporting is not about if one should report or not, but is more about creating a balanced, fair and empowering process that allows victims the dignity of risk to speak their truth when they are ready. Have we done all that we can to respect their process, trust their process, and empower them to make their own decisions after victimization? That, after all, is the foundation to realizing justice and experiencing deep healing.



Research on Mandated Reporting

Although there is little research into mandated reporting of adult abuse, there is a body of research in child abuse. This issue brief relied heavily on a comprehensive review of the literature in child abuse conducted by Davies, Matthews and Read [2014] entitled “Mandatory Reporting? Issues to consider when developing legislation and policy to improve discovery of child abuse”. That study conducted a well-documented examination of the pros and cons of mandated reporting across all English-speaking countries. They found that the “most commonly identified reasons for professionals not reporting abuse and neglect are a) inadequate training in the indicators of child abuse leading to a lack of awareness of probable abusive situations, b) lack of knowledge of reporting obligations and procedure, c) fear of negative consequences for reporters, and d) fear of negative results of reporting for the child.”⁷ There is no reason to think that the same factors are not in play in adult abuse cases.

An older report by the Government Accountability Office [GAO], “ELDER ABUSE: Effectiveness of Reporting Laws and Other Factors” did not find enough evidence to support the case for mandatory reporting. In its concluding observations, the report stated: “State officials we surveyed agree that other factors – such as public awareness campaigns, interagency coordination, and in-home services and respite care – are more important than reporting laws.”⁸

THE CHALLENGES TO RESEARCHING MANDATED REPORTING AND ELDER ABUSE IN GENERAL

The lack of uniformity in definitions of adult ANE and who is required to report has negatively impacted national efforts to trace and combat adult abuse according to the CDC⁹. This lack of uniformity causes methodological problems when researchers attempt to collect and analyze data. For this reason, the CDC has recommended the adoption of uniform definitions to improve research into the scope and nature of elder abuse.

LACK OF EVIDENCE THAT MANDATED REPORTING INCREASES CLIENT SAFETY

There is currently no research into whether or not mandated reporting increases the safety of APS clients. And, surprisingly, there is also no definitive research that children are safer in jurisdictions across the globe where mandated reporting is required. As a result of this, we are unable to draw any conclusions from that literature.

What is clear from the child abuse literature, according to Davies, Mathews and Read [2014]¹⁰, is that more abused and neglected children are seen by professionals in those jurisdictions requiring mandated reporting and the substantiation rates are higher. They also found that the resulting investigations frequently uncovered additional problems requiring interventions.

FACTORS THAT INHIBIT REPORTING

There are factors inherent in identifying ANE that may naturally inhibit reporting. There are health conditions that cause symptoms which mimic indicators of caregiver neglect. For example, a client’s weight loss can be caused by health issues [e.g. an undiagnosed cancer] but also by the caregiver failing to provide adequate calories or by the client’s failure to thrive due to emotional issues. These can be difficult for medical professionals to confidently diagnose as being caused by abuse versus natural disease processes.

There are also some types of injuries that can be caused by either accident or abuse. For example, disorders of coagulation can result in bruising that can look like abuse, and individuals with brittle bone disease can break bones with or without abuse. Without extensive training in recognizing ANE, medical professionals may not be able to differentiate between accidental and abusive causes. For those professionals already disinclined to report, this ambiguity can provide a justification for not reporting. And even for those who want to report, the fear of being wrong is an inhibiting factor in these cases.

Another factor that has been identified in the review of child abuse research is the impact of negative experiences with law enforcement/protective services upon reporting rates.¹¹ When reporters feel that their reports don't lead to increased protection for the alleged victim, they are less likely to report in the future.

Because of strict confidentiality requirements, APS usually cannot update the reporter on the case, leading some reporters to conclude "nothing was done." This can be especially true in cases where APS does not take outwardly visible actions because the client does not want them taken.

Perhaps most importantly, people generally prefer to avoid conflict. There is a risk in making a report and getting it wrong. For this reason, it has been postulated that reporters rationalize not getting involved. Excuses include "I might make things worse for the adult", "I am not certain it is abuse", or "Reporting won't change anything". It takes courage to intervene.

Being mandated to report provides some protection from these fears of getting involved, getting it wrong or being unsure. For these reasons, professions who are not mandated to report stated that they experience anxiety about potential complaints from families and fear of disciplinary action if the abuse is not substantiated.



INCREASE THE EFFECTIVENESS OF REPORTING

Training to identify abuse and overcome barriers to reporting has been suggested as one way to increase the effectiveness of reporting. Studies in child abuse have repeatedly found that mandated reporters often do not have the training required to equip them to fulfil their role. However, it is unclear what components and mechanisms of training are most effective for respective reporter groups.¹²

ADDITIONAL RESEARCH QUESTIONS THAT NEED ANSWERS

- **What do specific professional groups know about their duty to report?** Are they adept at identifying indicators of ANE? If a report is not indicated, do they know how else to help? Under what circumstances, when they suspected ANE, have they decided not to make a report? Why were they reluctant to report? What is their attitude about reporting? What is their perception of the effectiveness of the current systems [APS and law enforcement] in addressing ANE?
- **Across professional groups**, what factors influence or impede effective reporting? Are some professionals more effective in identifying ANE? Why?
- **What is the impact of training** on the effectiveness of reporting? What type of training is most effective?
- **How effectively do investigative systems interact with reporters?**
- **What are the professional, attitudinal, political, cultural, ethical, and systemic barriers** to reporting and how can they be minimized or removed?
- **Are we intervening at the right time with the right intervention?** A public health model would suggest that, rather than focusing on treating the effects of abuse [once reported], we should be attempting to prevent the abuse from occurring in the first place by applying primary prevention programs. This model would suggest that we collect better incidence and prevalence data and evaluate the effectiveness of interventions rather than focusing on mandating reporting after the fact.

Recommendations

This overview of mandated reporting of adult maltreatment opens the door to a number of recommendations. Based on the information provided, we hope that APS professionals, researchers, advocates, and policy makers will seriously consider prioritizing the following recommendations:

1. Advocating for national standardized definitions of adult ANE
2. Developing a national research agenda that includes a review of the effectiveness of mandated reporting
3. Developing and evaluating training for reporters from various professions to determine what training is needed and effective for which professions.
4. Seriously evaluating the potential of preventative public health models to address the issue before reporting is necessary.

Conclusion

This brief has provided an overview of the issue of mandated reporting of abuse of older adults and adults with disabilities to Adult Protective Services [APS]. It defined mandated reporting and provided up to date information about who is required to report. A review of the list in the addendum clearly shows that there is great variance in who is required to report ANE across the country.

The questions and critiques raised by the review of child abuse literature and scant research into mandated reporting and adult maltreatment provides ample food for thought as APS professionals, researchers, advocates, and policy makers, especially those reviewing legislative proposals to develop and/or improve their reporting systems. A list of research questions has been provided to help both researchers and APS professionals think about what is and is not known about the effectiveness of mandated reporting. Although APS professionals for the most part are strongly in support of mandated reporting, there is ample room for philosophical and practical discussions around this topic and it is hoped that this brief has provided background for those conversations.

¹See addendum: [List of State Statutes](#)

²<https://www.tandfonline.com/doi/full/10.1080/08946566.2017.1382414>

³Kohn, N.A. (2009). Outliving civil rights. *Washington University Law Review*, 86(5),1053-1115. Retrieved from https://openscholarship.wustl.edu/law_lawreview/vol86/iss5/1

⁴Critical Topics in an Aging Society: Elder Justice, Ageism, and Elder Abuse, Lisa Nerenberg, 2019, page 81

^{5,6,7,10,11,12}Mandatory Reporting? Issues to consider when developing legislation and policy to improve discovery of child abuse DOI: <https://doi.org/10.14296/islr.v2i1.2110>

⁸<https://www.gao.gov/assets/220/214127.pdf>

⁹Elder Abuse Surveillance: Uniform Definitions And Recommended Core Data Elements https://www.cdc.gov/violenceprevention/pdf/EA_Book_Revised_2016.pdf



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RESOURCES & REFERENCES

National Center on Law and Elder Rights
Elder Abuse: Mandatory and Permissive Reporting for Lawyers
Chapter Summary,
April 2019
<https://ncler.acl.gov/getattachment/Legal-Training/Mandatory-Reporting-Ch-Summary.pdf.aspx>

Critical Topics in an Aging Society: Elder Justice, Ageism, and Elder Abuse
Lisa Nerenberg, 2019
Springer Publishing Company, LLC
ISBN: 978-0-8261-4756-1

Keck School of
Medicine of USC

List of State Statutes

 Click on the state below to view its list of statutes. *Mandated Reporters are listed in purple italics.*

Alabama	Indiana	Nebraska	South Carolina
Alaska	Iowa	Nevada	South Dakota
Arizona	Kansas	New Hampshire	Tennessee
Arkansas	Kentucky	New Jersey	Texas
California	Louisiana	New Mexico	Utah
Colorado	Maine	New York	Vermont
Connecticut	Maryland	North Carolina	Virginia
Delaware	Massachusetts	North Dakota	Washington
Florida	Michigan	Ohio	West Virginia
Georgia	Minnesota	Oklahoma	Wisconsin
Hawaii	Mississippi	Oregon	Wyoming
Idaho	Missouri	Pennsylvania	
Illinois	Montana	Rhode Island	

Alabama

- Medical Professional*
- Medical Administration*
- Paid Caregivers*
- Unpaid Caregiver*

Alabama Code Title 38. Public Welfare § 38-9-8 [a] All physicians and other practitioners of the healing arts or any caregiver having reasonable cause to believe that any protected person has been subjected to physical abuse, neglect, exploitation, sexual abuse, or emotional abuse shall report or cause a report to be made as follows:

[1] An oral report, by telephone or otherwise, shall be made immediately, followed by a written report, to the county department of human resources or to the chief of police of the city or city and county, or to the sheriff of the county if the observation is made in an unincorporated territory, except that reports of a nursing home employee who abuses, neglects, or misappropriates the property of a nursing home resident shall be made to the Department of Public Health. The requirements to report suspicion of suspected abuse, neglect, or misappropriation of property of a nursing home resident by an employee of a nursing home shall be deemed satisfied if the report is made in accordance with the rules of the State Board of Health.

[2] Within seven days following an oral report, an investigation of any alleged abuse, neglect, exploitation, sexual abuse, or emotional abuse shall be made by the county department of human resources or the law enforcement official, whichever receives the report, and a written report prepared which includes the following:

- a. Name, age, and address of the person.
- b. Nature and extent of injury suffered by the person.
- c. Any other facts or circumstances known to the reporter which may aid in the determination of appropriate action.

Alaska

Law Enforcement
Social Workers
Medical Professional
Medical Administration
Dentist
Paid Caregiver
Unpaid Caregiver
Mental Health Counselor/Therapist
EMTs
Home Health Aids
Psychologists
Care Facility Owner/Employees
Clergy
Pharmacists
Health and Human Services Employees
Government Funded Service Provider to Elderly

S 47.24.010. Reports of Harm. [a] Except as provided in [e] and [f] of this section, the following persons who, in the performance of their professional duties, have reasonable cause to believe that a vulnerable adult suffers from abandonment, exploitation, abuse, neglect, or self-neglect shall, not later than 24 hours after first having cause for the belief, report the belief to the department's central information and referral service for vulnerable adults:

- [1] a physician or other licensed health care provider;
 - [2] a mental health professional as defined in AS 47.30.915 [11] and including a marital and family therapist licensed under AS 08.63;
 - [3] a pharmacist;
 - [4] an administrator of a nursing home, residential care or health care facility;
 - [5] a guardian or conservator;
 - [6] a police officer;
 - [7] a village public safety officer;
 - [8] a village health aide;
 - [9] a social worker;
 - [10] a member of the clergy;
 - [11] a staff employee of a project funded by the Department of Administration for the provision of services to older Alaskans, the Department of Health and Social Services, or the Council on Domestic Violence and Sexual Assault;
 - [12] an employee of a personal care or home health aide program;
 - [13] an emergency medical technician or a mobile intensive care paramedic;
 - [14] a caregiver of the vulnerable adult;
 - [15] a certified nurse aide.
- [b] A report made under this section may include the name and address of the reporting person and must include:

- [1] the name and address of the vulnerable adult;
- [2] information relating to the nature and extent of the abandonment, exploitation, abuse, neglect, or self-neglect;
- [3] other information that the reporting person believes might be helpful in an investigation of the case or in providing protection for the vulnerable adult.

Arizona

Accountant
Law Enforcement
Social Workers
Medical Professional
Dentist
Paid Caregivers
Unpaid Caregivers
Mental Health Counselor/Therapist
EMTs
Coroners
Home Health Aids
Psychologists
Broker/Dealers, Investment Advisors
Fire Fighter
Case Manager
Care Facility Owner/Employees
Attorney
Pharmacists
Health and Human Services Employees
Guardian/Conservator
Government Funded Service Provider to Elderly
Trustee
School Personnel
Senior Transportation Services
Hospice

§ 46-454 Duty to report abuse, neglect and exploitation of vulnerable adults

A. A physician, registered nurse practitioner, hospital intern or resident, surgeon, dentist, psychologist, social worker, peace officer or other person who has responsibility for the care of a vulnerable adult and who has a reasonable basis to believe that abuse or neglect of the adult has occurred or that exploitation of the adult's property has occurred shall immediately report or cause reports to be made of such reasonable basis to a peace officer or to a protective services worker. The guardian or conservator of a vulnerable adult shall immediately report or cause reports to be made of such reasonable basis to the superior court. All of the above reports shall be made immediately in person or by telephone and shall be followed by a written report mailed or delivered within forty-eight hours or on the next working day if the forty-eight hours expire on a weekend or holiday.

B. An attorney, accountant, trustee, guardian, conservator or other person who has responsibility for preparing the tax records of a vulnerable adult or

a person who has responsibility for any other action concerning the use or preservation of the vulnerable adult's property and who, in the course of fulfilling that responsibility, discovers a reasonable basis to believe that exploitation of the adult's property has occurred or that abuse or neglect of the adult has occurred shall immediately report or cause reports to be made of such reasonable basis to a peace officer, to a protective services worker or to the public fiduciary of the county in which the vulnerable adult resides. If the public fiduciary is unable to investigate the contents of a report, the public fiduciary shall immediately forward the report to a protective services worker. If a public fiduciary investigates a report and determines that the matter is outside the scope of action of a public fiduciary, then the report shall be immediately forwarded to a protective services worker. All of the above reports shall be made immediately in person or by telephone and shall be followed by a written report mailed or delivered within forty-eight hours or on the next working day if the forty-eight hours expire on a weekend or holiday.

C. Reports pursuant to subsections A and B shall contain:

1. The names and addresses of the adult and any persons having control or custody of the adult, if known.
2. The adult's age and the nature and extent of the adult's vulnerability.
3. The nature and extent of the adult's injuries or physical neglect or of the exploitation of the adult's property.
4. Any other information that the person reporting believes might be helpful in establishing the cause of the adult's injuries or physical neglect or of the exploitation of the adult's property.

Arkansas

Law Enforcement

Social Workers

Medical Professional

Medical Administration

Dentist

Mental Health Counselor/Therapist

EMTs

Coroners

Home Health Aids

Animal Control

Bankers

Fire Fighter

Case Manager

Care Facility Owner/Employees

Clergy

Government Funded Service Provider to Elderly

Postal Employee

Code Enforcement

12-12-1708. Persons required to report adult or long-term care facility resident maltreatment.

(a) [1] Whenever any of the following persons has observed or has reasonable cause to suspect that an endangered person or an impaired person has been subjected to conditions or circumstances that constitute adult maltreatment or long-term care facility resident maltreatment, the person shall immediately report or cause a report to be made in accordance with the provisions of this section:

(A) A physician;

(B) A surgeon;

(C) A coroner;

(D) A dentist;

(E) A dental hygienist;

(F) An osteopath;

(G) A resident intern;

(H) A nurse;

(I) A member of a hospital's personnel who is engaged in the administration, examination, care, or treatment of persons;

(J) A social worker;

(K) A case manager;

(L) A home health worker;

(M) A mental health professional;

(N) A peace officer;

(O) A law enforcement officer;

(P) A facility administrator or owner;

(Q) An employee in a facility;

(R) An employee of the Department of Human Services;

(S) A firefighter;

(T) An emergency medical technician;

(U) An employee of a bank or other financial institution;

(V) An employee of the United States Postal Service;

(W) An employee or a volunteer of a program or an organization funded partially or wholly by the department who enters the home of or has contact with an elderly person;

(X) A person associated with the care and treatment of animals, such as animal control officers and humane society officials;

(Y) An employee who enforces code requirements for a city, township, or municipality; or

(Z) Any clergy member, including without limitation, a minister, a priest, a rabbi, an accredited Christian Science practitioner, or any other similar functionary of a religious organization, or an individual reasonably believed to be a minister, a priest, a rabbi, an accredited Christian Science practitioner, or any other similar

functionary of a religious organization by the person consulting him or her, except to the extent he or she:

(i) Has acquired knowledge of suspected maltreatment through communications required to be kept confidential pursuant to the religious discipline of the relevant denomination or faith; or

(ii) Received the knowledge of the suspected maltreatment from the offender in the context of a statement of admission.

California

Law Enforcement

Social Workers

Medical Professional

Dentist

Paid Caregivers

Unpaid Caregivers

Mental Health Counselor/Therapist

EMTs

Home Health Aids

Bankers

Broker/Dealers, Investment Advisors

Care Facility Owner/Employees

Clergy

Health and Human Services Employees

Government Funded Service Provider to Elderly

Notary

Section 15630.

Any person who has assumed full or intermittent responsibility for the care or custody of an elder or dependent adult, whether or not he or she receives compensation, including administrators, supervisors, and any licensed staff of a public or private facility that provides care or services for elder or dependent adults; Any elder or dependent adult care custodian; A health practitioner [including a physician and surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, registered nurse, dental hygienist, licensed clinical social worker or associate clinical social worker, marriage and family, therapist, or any other person who is currently licensed under Division 2 [commencing with Section 500] of the Business and Professions Code, any emergency medical technician I or II, paramedic, or person certified pursuant to Division 2.5 [commencing with Section 1797] of the Health and Safety Code, a psychological assistant registered pursuant to Section 2913 of the Business and Professions Code, a marriage and family therapist intern, as defined in subdivision (c) of Section 4980.03 of the Business and Professions Code, or an unlicensed marriage and family therapist intern registered under Section 4980.44 of the Business and Professions Code, a clinical counselor trainee [as defined in subdivision (g) of Section 4999.12 of the Business and Professions Code], a clinical counselor intern registered under Section 4999.42 of the

Business and Professions Code, a state or county public health or social service employee who treats an elder or a dependent adult for any condition, or a coroner]; A clergy member [including a priest, minister, rabbi, religious practitioner, or similar functionary of a church, synagogue, temple, mosque, or recognized religious denomination or organization, but excluding any unpaid volunteers whose principal occupation or vocation does not involve active or ordained ministry in a church, synagogue, temple, mosque, or recognized religious denomination or organization, and who periodically visit elder or dependent adults on behalf of that church, synagogue, temple, mosque, or recognized religious denomination or organization]; A clergy member who acquires knowledge or reasonable suspicion of elder or dependent adult abuse during a penitential communication is not a mandated reporter. "Penitential communication" means a communication that is intended to be in confidence, including, but not limited to, a sacramental confession made to a clergy member who, in the course of the discipline or practice of his or her church, denomination, or organization is authorized or accustomed to hear those communications and under the discipline tenets, customs, or practices of his or her church, denomination, or organization, has a duty to keep those communications secret. Nothing shall limit a clergy member's duty to report known or suspected elder and dependent adult abuse when he or she is acting in the capacity of a care custodian, health practitioner, or employee of an adult protective services agency. An employee of a county adult protective services agency or a local law enforcement agency; All officers and employees of financial institutions are mandated reporters of suspected financial abuse; and Any notary public who, in connection with providing notary services, has observed or has knowledge of suspected financial abuse of an elder or dependent adult is a mandatory reporter of suspected financial abuse.

15630.1.

(a) As used in this section, "mandated reporter of suspected financial abuse of an elder or dependent adult" means all officers and employees of financial institutions.

(b) As used in this section, the term "financial institution" means any of the following:

[1] A depository institution, as defined in Section 3(c) of the Federal Deposit Insurance Act [12 U.S.C. Sec. 1813(c)].

[2] An institution-affiliated party, as defined in Section 3(u) of the Federal Deposit Insurance Act [12 U.S.C. Sec. 1813(u)].

[3] A federal credit union or state credit union, as defined in Section 101 of the Federal Credit Union Act [12 U.S.C. Sec. 1752], including, but not limited to, an institution-affiliated party of a credit union, as defined in Section 206(r) of the Federal Credit Union Act [12 U.S.C. Sec. 1786(r)].

15630.2.

(a) For purposes of this section, the following terms have the following definitions:

[1] “Financial abuse” has the same meaning as in Section 15610.30.

[2] “Broker-dealer” has the same meaning as in Section 25004 of the Corporations Code.

[3] “Investment adviser” has the same meaning as in Section 25009 of the Corporations Code.

[4] “Mandated reporter of suspected financial abuse of an elder or dependent adult” means a broker-dealer or an investment adviser.”

WIC § 15634

(a) No care custodian, clergy member, health practitioner, mandated reporter of suspected financial abuse of an elder or dependent adult, or employee of an adult protective services agency or a local law enforcement agency who reports a known or suspected instance of abuse of an elder or dependent adult shall be civilly or criminally liable for any report required or authorized by this article. Any other person reporting a known or suspected instance of abuse of an elder or dependent adult shall not incur civil or criminal liability as a result of any report authorized by this article, unless it can be proven that a false report was made and the person knew that the report was false. No person required to make a report pursuant to this article, or any person taking photographs at his or her discretion, shall incur any civil or criminal liability for taking photographs of a suspected victim of abuse of an elder or dependent adult or causing photographs to be taken of such a suspected victim or for disseminating the photographs with the reports required by this article. However, this section shall not be construed to grant immunity from this liability with respect to any other use of the photographs.

(b) No care custodian, clergy member, health practitioner, mandated reporter of suspected financial abuse of an elder or dependent adult, or employee of an adult protective services agency or a local law enforcement agency who, pursuant to a request from an adult protective services agency or a local law enforcement agency investigating a report of known or suspected abuse of an elder or dependent adult, provides the requesting agency with access to the victim of a known or suspected instance of abuse of an elder or dependent adult, shall incur civil or criminal liability as a result of providing that access.

(c) The Legislature finds that, even though it has provided immunity from liability to persons required to report abuse of an elder or dependent adult, immunity does not eliminate the possibility that actions may be brought against those persons based upon required reports of abuse. In order to further limit the financial hardship that those persons may incur as a result of fulfilling their legal responsibilities, it is necessary that

they not be unfairly burdened by legal fees incurred in defending those actions. Therefore, a care custodian, clergy member, health practitioner, or an employee of an adult protective services agency or a local law enforcement agency may present to the Department of General Services a claim for reasonable attorneys’ fees incurred in any action against that person on the basis of making a report required or authorized by this article if the court has dismissed the action upon a demurrer or motion for summary judgment made by that person, or if he or she prevails in the action. The Department of General Services shall allow that claim if the requirements of this subdivision are met, and the claim shall be paid from an appropriation to be made for that purpose. Attorneys’ fees awarded pursuant to this section shall not exceed an hourly rate greater than the rate charged by the Attorney General at the time the award is made and shall not exceed an aggregate amount of fifty thousand dollars [\$50,000]. This subdivision shall not apply if a public entity has provided for the defense of the action pursuant to Section 995 of the Government Code.

Colorado

Law Enforcement

Social Workers

Medical Professional

Medical Administration

Dentist

Mental Health Counselor/Therapist

EMTs

Coroners

Animal Control

Bankers

Fire Fighter

Case Manager

Care Facility Owner/Employees

Clergy

Pharmacists

Health and Human Services Employees

Guardian/Conservator

Government Funded Service Provider to Elderly

Code Enforcement

Home Care Planning Agency

School Personnel

Senior Transportation Services

CRS 18-6.5-108

1) [a] On and after July 1, 2016, a person specified in paragraph [b] of this subsection [1] who observes the mistreatment of an at-risk elder or an at-risk adult with IDD, or who has reasonable cause to believe that an at-risk elder or an at-risk adult with IDD has been mistreated or is at imminent risk of mistreatment, shall report such fact to a law enforcement agency not more than twenty-four hours after making the observation or discovery.

(b) The following persons, whether paid or unpaid, shall report as required by subsection (1)(a) of this section:

(I) Any person providing health care or health-care-related services, including general medical, surgical, or nursing services; medical, surgical, or nursing speciality services; dental services; vision services; pharmacy services; chiropractic services; naturopathic medicine services; or physical, occupational, musical, or other therapies;

(II) Hospital and long-term care facility personnel engaged in the admission, care, or treatment of patients;

(III) First responders including emergency medical service providers, fire protection personnel, law enforcement officers, and persons employed by, contracting with, or volunteering with any law enforcement agency, including victim advocates;

(IV) Medical examiners and coroners;

(V) Code enforcement officers;

(VI) Veterinarians;

(VII) Psychologists, addiction counselors, professional counselors, marriage and family therapists, and registered psychotherapists, as those persons are defined in article 245 of title 12;

(VIII) Social workers, as defined in part 4 of article 245 of title 12;

(IX) Staff of community-centered boards;

(X) Staff, consultants, or independent contractors of service agencies as defined in section 25.5-10-202 (34), C.R.S.;

(XI) Staff or consultants for a licensed or unlicensed, certified or uncertified, care facility, agency, home, or governing board, including but not limited to long-term care facilities, home care agencies, or home health providers;

(XII) Staff of, or consultants for, a home care placement agency, as defined in section 25-27.5-102 (5), C.R.S.;

(XIII) Persons performing case management or assistant services for at-risk elders or at-risk adults with IDD;

(XIV) Staff of county departments of human or social services;

(XV) Staff of the state departments of human services, public health and environment, or health care policy and financing;

(XVI) Staff of senior congregate centers or senior research or outreach organizations;

(XVII) Staff, and staff of contracted providers, of area agencies on aging, except attorneys at law providing legal assistance to individuals pursuant to a contract with an area agency on aging, the staff of such attorneys at law, and the long-term care ombudsmen;

(XVIII) Employees, contractors, and volunteers operating specialized transportation services for at-risk elders and at-risk adults with IDD;

(XIX) Court-appointed guardians and conservators;

(XX) Personnel at schools serving persons in preschool through twelfth grade;

(XXI) Clergy members; except that the reporting requirement described in paragraph (a) of this subsection (1) does not apply to a person who acquires reasonable cause to believe that an at-risk elder or an at-risk adult with IDD has been mistreated or has been exploited or is at imminent risk of mistreatment or exploitation during a communication about which the person may not be examined as a witness pursuant to section 13-90-107 (1)(c), C.R.S., unless the person also acquires such reasonable cause from a source other than such a communication; and

(XXII) (A) Personnel of banks, savings and loan associations, credit unions, and other lending or financial institutions who directly observe in person the mistreatment of an at-risk elder or who have reasonable cause to believe that an at-risk elder has been mistreated or is at imminent risk of mistreatment; and (B) Personnel of banks, savings and loan associations, credit unions, and other lending or financial institutions who directly observe in person the mistreatment of an at-risk adult with IDD or who have reasonable cause to believe that an at-risk adult with IDD has been mistreated or is at imminent risk of mistreatment by reason of actual knowledge of facts or circumstances indicating the mistreatment.

Connecticut

Law Enforcement

Social Workers

Medical Professional

Medical Administration

Dentist

Paid Caregivers

Mental Health Counselor/Therapist

EMTs

Coroners

Home Health Aids

Care Facility Owner/Employees

Clergy

Government Funded Service Provider to Elderly

Home Care Planning Agency

Sec. 17b-451. [Formerly Sec. 17a-431]. Report of suspected abuse, neglect, exploitation or abandonment or need for protective services. Penalty for failure to report. Immunity and protection from retaliation. Training program. (a) A mandatory reporter, as defined in this section, who has reasonable cause to suspect or believe that any elderly person has been abused, neglected, exploited or abandoned, or is in a condition that is the result of such abuse, neglect, exploitation or abandonment, or is in need of protective services, shall, not later than seventy-two hours after such

suspicion or belief arose, report such information or cause a report to be made in any reasonable manner to the Commissioner of Social Services or to the person or persons designated by the commissioner to receive such reports. The term “mandatory reporter” means (1) any physician or surgeon licensed under the provisions of chapter 370, (2) any resident physician or intern in any hospital in this state, whether or not so licensed, (3) any registered nurse, (4) any nursing home administrator, nurse’s aide or orderly in a nursing home facility or residential care home, (5) any person paid for caring for a resident in a nursing home facility or residential care home, (6) any staff person employed by a nursing home facility or residential care home, (7) any residents’ advocate, other than a representative of the Office of the Long-Term Care Ombudsman, as established under section 17a-405, including the State Ombudsman, (8) any licensed practical nurse, medical examiner, dentist, optometrist, chiropractor, podiatrist, social worker, clergyman, police officer, pharmacist, psychologist or physical therapist, (9) any person paid for caring for an elderly person by any institution, organization, agency or facility, including without limitation, any employee of a community-based services provider, senior center, home care agency, homemaker and companion agency, adult day care center, village-model community and congregate housing facility, and (10) any person licensed or certified as an emergency medical services provider pursuant to chapter 368d or chapter 384d, including any such emergency medical services provider who is a member of a municipal fire department. Any mandatory reporter who fails to make such report within the prescribed time period shall be fined not more than five hundred dollars, except that, if such person intentionally fails to make such report within the prescribed time period, such person shall be guilty of a class C misdemeanor for the first offense and a class A misdemeanor for any subsequent offense. Any institution, organization, agency or facility employing individuals to care for persons sixty years of age or older shall provide mandatory training on detecting potential abuse, neglect, exploitation and abandonment of such persons and inform such employees of their obligations under this section. For purposes of this subsection, “person paid for caring for an elderly person by any institution, organization, agency or facility” includes an employee of a community-based services provider, senior center, home health care agency, homemaker and companion agency, adult day care center, village-model community and congregate housing facility.

(b) Such report shall contain the name and address of the involved elderly person, information regarding the nature and extent of the abuse, neglect, exploitation or abandonment, and any other information which the reporter believes might be helpful in an investigation of the case and the protection of such elderly person.

(c) Any other person having reasonable cause to suspect or believe that an elderly person is being, or has been, abused, neglected, exploited or abandoned,

or who is in need of protective services, may report such information in any reasonable manner to the commissioner or the commissioner’s designee.

(d) (1) Subject to subdivision (2) of this subsection, any person who makes any report pursuant to sections 17b-450 to 17b-461, inclusive, or who testifies in any administrative or judicial proceeding arising from such report shall be immune from any civil or criminal liability on account of such report or testimony, except for liability for perjury.

(2) Any person who makes any report pursuant to sections 17b-450 to 17b-461, inclusive, is guilty of making a fraudulent or malicious report or providing false testimony when such person (A) wilfully makes a fraudulent or malicious report to the commissioner pursuant to the provisions of this section, (B) conspires with another person to make or cause to be made such report, or (C) wilfully testifies falsely in any administrative or judicial proceeding arising from such report as to the abuse, neglect, exploitation or abandonment of, or need of protective services for, an elderly person. Making a fraudulent or malicious report or providing false testimony is a class A misdemeanor.

(e) Any person who is discharged or in any manner discriminated or retaliated against for making, in good faith, a report pursuant to this section shall be entitled to all remedies available under law including, but not limited to, remedies available under sections 19a-532 and 31-51m, as applicable.

(f) For the purposes of sections 17b-450 to 17b-461, inclusive, the treatment of any elderly person by a Christian Science practitioner, in lieu of treatment by a licensed practitioner of the healing arts, or the refusal of treatment by an elderly person for religious reasons shall not of itself constitute grounds for the implementation of protective services.

(g) The Commissioner of Social Services shall develop an educational training program to promote and encourage the accurate and prompt identification and reporting of abuse, neglect, exploitation and abandonment of elderly persons. Such training program shall be made available on the Internet web site of the Department of Social Services to mandated reporters and other interested persons. The commissioner shall also make such training available in person or otherwise at various times and locations throughout the state as determined by the commissioner.

Delaware

Everyone

2 DE Code § 3910 [2014 through 146th Gen Ass]

(a) Any person having reasonable cause to believe that an adult person is impaired or incapacitated as defined in § 3902 of this title and is in need of protective

services as defined in § 3904 of this title shall report such information to the Department of Health and Social Services.

(b) Upon receipt of a report, the Department shall make a prompt and thorough evaluation to determine whether the person named is in need of protective services and what services are needed, unless the Department determines that the report is frivolous or is without a factual basis. The evaluation may include a visit to the person and consultation with others having knowledge of the facts of the particular case. If outside professional assistance is required in order for a caseworker to complete an evaluation, the Department may contract with professionals in order to provide such services.

(c) Anyone participating in good faith in the making of a report pursuant to this chapter shall have immunity from any liability, civil or criminal that might otherwise exist and such immunity shall extend to participation in any judicial proceedings resulting from such report.

63 Del. Laws, c. 384, § 1; 66 Del. Laws, c. 49, §§ 5-7; 78 Del. Laws, c. 179, § 371.

Florida

Everyone but specifically called out are:

Law Enforcement

Social Workers

Medical Professional

Medical Administration

Dentist

EMTs

Coroners

Home Health Aids

Probation Officers

Psychologists

Bankers

Broker/Dealers, Investment Advisors

Case Manager

Care Facility Owner/Employees

Trustee

Home Care Planning Agency

Hospices

Sheltered Workshop

415.1034 Mandatory reporting of abuse, neglect, or exploitation of vulnerable adults; mandatory reports of death.

[1] MANDATORY REPORTING.

(a) Any person, including, but not limited to, any:

1. Physician, osteopathic physician, medical examiner, chiropractic physician, nurse, paramedic, emergency medical technician, or hospital personnel engaged in the admission, examination, care, or treatment of vulnerable adults;

2. Health professional or mental health professional other than one listed in subparagraph 1.;

3. Practitioner who relies solely on spiritual means for healing;

4. Nursing home staff; assisted living facility staff; adult day care center staff; adult family-care home staff; social worker; or other professional adult care, residential, or institutional staff;

5. State, county, or municipal criminal justice employee or law enforcement officer;

6. An employee of the Department of Business and Professional Regulation conducting inspections of public lodging establishments under s. 509.032;

7. Florida advocacy council member or long-term care ombudsman council member; or

8. Bank, savings and loan, or credit union officer, trustee, or employee, who knows, or has reasonable cause to suspect, that a vulnerable adult has been or is being abused, neglected, or exploited shall immediately report such knowledge or suspicion to the central abuse hotline.

(b) To the extent possible, a report made pursuant to paragraph (a) must contain, but need not be limited to, the following information:

1. Name, age, race, sex, physical description, and location of each victim alleged to have been abused, neglected, or exploited.

2. Names, addresses, and telephone numbers of the victim's family members.

3. Name, address, and telephone number of each alleged perpetrator.

4. Name, address, and telephone number of the caregiver of the victim, if different from the alleged perpetrator.

5. Name, address, and telephone number of the person reporting the alleged abuse, neglect, or exploitation.

6. Description of the physical or psychological injuries sustained.

7. Actions taken by the reporter, if any, such as notification of the criminal justice agency.

8. Any other information available to the reporting person which may establish the cause of abuse, neglect, or exploitation that occurred or is occurring.

[2] MANDATORY REPORTS OF DEATH. Any person who is required to investigate reports of abuse, neglect, or exploitation and who has reasonable cause to suspect that a vulnerable adult died as a result of abuse, neglect, or exploitation shall immediately report the suspicion to the appropriate medical examiner, to the appropriate criminal justice agency, and to the department, notwithstanding the existence of a death certificate signed by a practicing physician. The medical examiner shall accept the report for investigation

pursuant to s. 406.11 and shall report the findings of the investigation, in writing, to the appropriate local criminal justice agency, the appropriate state attorney, and the department. Autopsy reports maintained by the medical examiner are not subject to the confidentiality requirements provided for in s. 415.107.

Georgia

Social Workers

Medical Professional

Medical Administration

Dentist

EMTs

Coroners

Home Health Aids

Bankers

Broker/Dealers, Investment Advisors

Fire Fighter

Care Facility Owner/Employees

Clergy

Hospices

§ 30-5-4 – Reporting of need for protective services; manner and contents of report; immunity from civil or criminal liability; privileged communications

(a) [1] (A) The following persons having reasonable cause to believe that a disabled adult or elder person 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 in accordance with the provisions of this Code section:

(i) Any person required to report child abuse as provided in subsection (c) of Code Section 19-7-5;

(ii) Physical therapists;

(iii) Occupational therapists;

(iv) Day-care personnel;

(v) Coroners;

(vi) Medical examiners;

(vii) Emergency medical services personnel, as such term is defined in Code Section 31-11-49;

(viii) Any person who has been certified as an emergency medical technician, cardiac technician, paramedic, or first responder pursuant to Chapter 11 of Title 31;

(ix) Employees of a public or private agency engaged in professional health related services to elder persons or disabled adults; and

(x) Clergy members.

(B) Any employee of a financial institution or investment company having reasonable cause to believe that a disabled adult or elder person has been exploited shall report or cause reports to be made in accordance with the provisions of this Code section; provided, however,

that this obligation shall not apply to any employee of a financial institution or investment company while that employee is acting as a fiduciary, but only for such assets that the employee is holding or managing in a fiduciary capacity.

(C) When the person having a reasonable cause to believe that a disabled adult or elder person is in need of protective services performs services as a member of the staff of a hospital, social agency, financial institution, or similar facility, such person shall notify the person in charge of the facility and such person or that person's designee shall report or cause reports to be made in accordance with the provisions of this Code section.

(2) Any other person having a reasonable cause to believe that a disabled adult or elder person is in need of protective services or has been the victim of abuse, neglect, or exploitation may report such information as provided in this Code section.

(b) [1] (A) A report that a disabled adult or elder person is in need of protective services or has been the victim of abuse, neglect, or exploitation shall be made to an adult protection agency providing protective services as designated by the department and to an appropriate law enforcement agency or prosecuting attorney. If a report of a disabled adult or elder person abuse, neglect, or exploitation is made to an adult protection agency or independently discovered by the agency, then the agency shall immediately make a reasonable determination based on available information as to whether the incident alleges actions by an individual, other than the disabled adult or elder person, that constitute a crime and include such information in their report. If a crime is suspected, the report shall immediately be forwarded to the appropriate law enforcement agency or prosecuting attorney. During an adult protective agency's investigation, it shall be under a continuing obligation to immediately report the discovery of any evidence that may constitute a crime.

(B) If the disabled adult or person is 65 years of age or older and is a resident, a report shall be made in accordance with Article 4 of Chapter 8 of Title 31. If a report made in accordance with the provisions of this Code section alleges that the abuse or exploitation occurred within a long-term care facility, such report shall be investigated in accordance with Articles 3 and 4 of Chapter 8 of Title 31.

(2) Reporting required by subparagraph (A)[1] of this subsection may be made by oral or written communication. Such report shall include the name and address of the disabled adult or elder person and should include the name and address of the disabled adult's or elder person's caretaker, the age of the disabled adult or elder person, the nature and extent of the disabled adult's or elder person's injury or condition resulting from abuse, exploitation, or neglect, and other pertinent information.

[3] When a report of a disabled adult's or elder person's abuse, neglect, or exploitation is originally reported to a law enforcement agency, it shall be forwarded by such agency to the director or his or her designee within 24 hours of receipt.

[c] Anyone who makes a report pursuant to this chapter, who testifies in any judicial proceeding arising from the report, who provides protective services, or who participates in a required investigation under the provisions of this chapter shall be immune from any civil liability or criminal prosecution on account of such report or testimony or participation, unless such person acted in bad faith, with a malicious purpose, or was a party to such crime or fraud. Any financial institution or investment company, including without limitation officers and directors thereof, that is an employer of anyone who makes a report pursuant to this chapter in his or her capacity as an employee, or who testifies in any judicial proceeding arising from a report made in his or her capacity as an employee, or who participates in a required investigation under the provisions of this chapter in his or her capacity as an employee, shall be immune from any civil liability or criminal prosecution on account of such report or testimony or participation of its employee, unless such financial institution or investment company knew or should have known that the employee acted in bad faith or with a malicious purpose and failed to take reasonable and available measures to prevent such employee from acting in bad faith or with a malicious purpose. The immunity described in this subsection shall apply not only with respect to the acts of making a report, testifying in a judicial proceeding arising from a report, providing protective services, or participating in a required investigation but also shall apply with respect to the content of the information communicated in such acts.

[d] Any suspected abuse, neglect, exploitation, or need for protective services which is required to be reported by any person pursuant to this Code section shall be reported notwithstanding that the reasonable cause to believe such abuse, neglect, exploitation, or need for protective services has occurred or is occurring is based in whole or in part upon any communication to that person which is otherwise made privileged or confidential by law; provided, however, that a member of the clergy shall not be required to report such matters confided to him or her solely within the context of confession or other similar communication required to be kept confidential under church doctrine or practice. When a clergy member receives information about abuse, neglect, exploitation, or the need for protective services from any other source, the clergy member shall comply with the reporting requirements of this Code section, even though the clergy member may have also received a report of such matters from the confession of the perpetrator.

Hawaii

Law Enforcement

Social Workers

Medical Professional

Dentist

Mental Health Counselor/Therapist

EMTs

Coroners

Home Health Aids

Probation Officers

Psychologists

Bankers

Broker/Dealers, Investment Advisors

Care Facility Owner/Employees

Health and Human Services Employees

Government Funded Service Provider to Elderly

Hospices

Sheltered Workshop

Hawaii Revised Statutes 346-224 – Reports

346-224 Reports. [a] The following persons who, in the performance of their professional or official duties, know or have reason to believe that a vulnerable adult has incurred abuse or is in danger of abuse if immediate action is not taken shall promptly report the matter orally to the department:

[1] Any licensed or registered professional of the healing arts and any health-related occupation who examines, treats, or provides other professional or specialized services to a vulnerable adult, including physicians, physicians in training, psychologists, dentists, nurses, osteopathic physicians and surgeons, optometrists, chiropractors, podiatrists, pharmacists, and other health-related professionals;

[2] Employees or officers of any public or private agency or institution providing social, medical, hospital, or mental health services, including financial assistance;

[3] Employees or officers of any law enforcement agency, including the courts, police departments, correctional institutions, and parole or probation offices;

[4] Employees or officers of any adult residential care home, adult day care center, or similar institution;

[5] Medical examiners or coroners; and

[6] Social workers licensed pursuant to chapter 467E and non-licensed persons employed in a social worker position pursuant to section 467E-6[2].

[b] The initial oral report required by subsection [a] shall be followed as soon as possible by a written report to the department; provided that if a police department is the initiating agency, a written report shall not be required unless the police department declines to take further action and the department informs the police department that the department intends to investigate the oral report of abuse. A written report shall contain:

[1] The name and address of the vulnerable adult, if known;

[2] The name and address of the party who is alleged to have committed or been responsible for the abuse, if known;

[3] The nature and extent of the vulnerable adult's injury or harm; and

[4] Any other information the reporter believes may be helpful in establishing the cause of the abuse.

[c] This section shall not prohibit any person from reporting an incident that the person has reason to believe involves abuse that came to the person's attention in a private or nonprofessional capacity.

[d] Any person not enumerated in subsection [a] who has reason to believe that a vulnerable adult has incurred abuse or is in danger of abuse if immediate action is not taken may report the matter orally to the department.

[e] Any person who knowingly fails to report as required by this section or who wilfully prevents another person from reporting pursuant to this section shall be guilty of a petty misdemeanor.

[f] The department shall maintain a central registry of reported cases.

[g] Nothing in this section shall require a member of the clergy to report communications that are protected under rule 506 of the Hawaii rules of evidence.

§412:3-114.5 Mandatory reporting of suspected financial abuse of an elder. [a] A financial institution shall report suspected financial abuse that is directed towards, targets, or is committed against an elder to the department of human services and the appropriate county police department if:

[1] In connection with providing financial services to the elder, the officer or employee of a financial institution:

[A] Has direct contact with the elder; or

[B] Reviews or approves the elder's financial documents, records, or transactions; and

[2] The officer or employee, within the scope of employment or professional practice:

[A] Observes or has knowledge of an incident the officer or employee believes in good faith appears to be financial abuse; or

[B] In the case of officers or employers who do not have direct contact with the elder, has a good faith suspicion that financial abuse has occurred or may be occurring, based solely on the information present at the time of reviewing or approving the document, record, or transaction.

[b] Suspected financial abuse shall be reported by telephone, facsimile, or electronic device, immediately or as soon as practicably possible, to the department and the appropriate county police department.

[c] Upon notification by a financial institution of suspected financial abuse, the department, in a timely

manner, shall determine whether the department has jurisdiction over the elder involved and proceed in accordance with chapter 346.

[d] Upon notification by a financial institution of suspected financial abuse, the county police department, in a timely manner, shall proceed with a criminal investigation.

[e] Notwithstanding any other state law to the contrary, including but not limited to laws concerning confidentiality, any person, including a financial institution, who:

[1] Participates in the making of a report pursuant to this section; and

[2] Believes, in good faith, that the action is warranted by facts known to that person, shall have immunity from any liability, civil or criminal, that might be otherwise incurred or imposed by or as a result of the making of the report. Any person making the report shall have the same immunity with respect to participation in any judicial proceeding resulting from the report.

[f] For the purposes of this section:

"Department" means the department of human services.

"Elder" means a person who is sixty-two years of age or older.

"Financial abuse" means to wrongfully take, appropriate, obtain, or retain, or assist in taking, appropriating, obtaining, or retaining, real or personal property of an elder by any means, including undue influence, or with intent to defraud the elder. [L 2007, c 94, §2; am L 2013, c 216, §1]

Idaho

Law Enforcement

Social Workers

Medical Professional

Medical Administration

Dentist

Paid Caregivers

Mental Health Counselor/Therapist

EMTs

Coroners

Home Health Aids

Probation Officers

Psychologists

Fire Fighter

Case Manager

Care Facility Owner/Employees

Pharmacists

Government Funded Service Provider to Elderly

School Personnel

Hospices

Sheltered Workshop

TITLE 39, HEALTH AND SAFETY, CHAPTER 53
ADULT ABUSE, NEGLECT AND EXPLOITATION ACT

39-5303. DUTY TO REPORT CASES OF ABUSE, NEGLECT OR EXPLOITATION OF VULNERABLE ADULTS. (1) Any physician, nurse, employee of a public or private health facility, or a state-licensed or certified residential facility serving vulnerable adults, medical examiner, dentist, osteopath, optometrist, chiropractor, podiatrist, social worker, police officer, pharmacist, physical therapist, or home care worker who has reasonable cause to believe that a vulnerable adult is being or has been abused, neglected or exploited shall immediately report such information to the commission. Provided however, that nursing facilities defined in section 39-1301(b), Idaho Code, and employees of such facilities shall make reports required under this chapter to the department. When there is reasonable cause to believe that abuse or sexual assault has resulted in death or serious physical injury jeopardizing the life, health or safety of a vulnerable adult, any person required to report under this section shall also report such information within four (4) hours to the appropriate law enforcement agency.

(2) Failure to report as provided under this section is a misdemeanor subject to punishment as provided in section 18-113, Idaho Code. If an employee at a state licensed or certified residential facility fails to report abuse or sexual assault that has resulted in death or serious physical injury jeopardizing the life, health or safety of a vulnerable adult as provided under this section, the department shall also have the authority to:

- (a) Revoke the facility's license and/or contract with the state to provide services;
- (b) Deny payment;
- (c) Assess and collect a civil monetary penalty with interest from the facility owner and/or facility administrator;
- (d) Appoint temporary management;
- (e) Close the facility and/or transfer residents to another certified facility;
- (f) Direct a plan of correction;
- (g) Ban admission of persons with certain diagnoses or requiring specialized care;
- (h) Ban all admissions to the facility;
- (i) Assign monitors to the facility; or
- (j) Reduce the licensed bed capacity.

Any action taken by the department pursuant to this subsection shall be appealable as provided in chapter 52, title 67, Idaho Code.

(3) Any person, including any officer or employee of a financial institution, who has reasonable cause to believe that a vulnerable adult is being abused, neglected or exploited may report such information to the commission or its providers.

(4) The commission and its providers shall make training available to officers and employees of financial institutions in identifying and reporting instances of abuse, neglect or exploitation involving vulnerable adults.

(5) Any person who makes any report pursuant to this chapter, or who testifies in any administrative or judicial proceeding arising from such report, or who is authorized to provide supportive or emergency services pursuant to the provisions of this chapter, shall be immune from any civil or criminal liability on account of such report, testimony or services provided in good faith, except that such immunity shall not extend to perjury, reports made in bad faith or with malicious purpose nor, in the case of provision of services, in the presence of gross negligence under the existing circumstances.

(6) Any person who makes a report or allegation in bad faith, with malice or knowing it to be false, shall be liable to the party against whom the report was made for the amount of actual damages sustained or statutory damages in the amount of five hundred dollars [\$500], whichever is greater, plus attorney's fees and costs of suit. If the court finds that the defendant acted with malice or oppression, the court may award treble actual damages or treble statutory damages, whichever is greater.

Illinois

Accountant
Law Enforcement
Social Workers
Medical Professional
Medical Administration
Dentist
Paid Caregivers
Mental Health Counselor/Therapist
EMTs
Coroners
Home Health Aids
Probation Officers
Psychologists
Fire Fighter
Case Manager
Care Facility Owner/Employees
Clergy
Health and Human Services Employees
Guardian/Conservator
Government Funded Service Provider to Elderly
Postal Employee
Code Enforcement
School Personnel
Sheltered Workshop

2012 Illinois Compiled Statutes
Chapter 320 - AGING

Act 320 ILCS 20/ - Elder Abuse and Neglect Act.

[320 ILCS 20/2] [from Ch. 23, par. 6602]

Sec. 2. Definitions.

[f-5] “Mandated reporter” means any of the following persons while engaged in carrying out their professional duties:

[1] a professional or professional’s delegate while engaged in: [i] social services, [ii] law enforcement, [iii] education, [iv] the care of an eligible adult or eligible adults, or [v] any of the occupations required to be licensed under the Clinical Psychologist Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois Dental Practice Act, the Dietitian Nutritionist Practice Act, the Marriage and Family Therapy Licensing Act, the Medical Practice Act of 1987, the Naprapathic Practice Act, the Nurse Practice Act, the Nursing Home Administrators Licensing and Disciplinary Act, the Illinois Occupational Therapy Practice Act, the Illinois Optometric Practice Act of 1987, the Pharmacy Practice Act, the Illinois Physical Therapy Act, the Physician Assistant Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Respiratory Care Practice Act, the Professional Counselor and Clinical Professional Counselor Licensing and Practice Act, the Illinois Speech-Language Pathology and Audiology Practice Act, the Veterinary Medicine and Surgery Practice Act of 2004, and the Illinois Public Accounting Act;

[2] an employee of a vocational rehabilitation facility prescribed or supervised by the Department of Human Services;

[3] an administrator, employee, or person providing services in or through an unlicensed community based facility;

[4] any religious practitioner who provides treatment by prayer or spiritual means alone in accordance with the tenets and practices of a recognized church or religious denomination, except as to information received in any confession or sacred communication enjoined by the discipline of the religious denomination to be held confidential;

[5] field personnel of the Department of Healthcare and Family Services, Department of Public Health, and Department of Human Services, and any county or municipal health department;

[6] personnel of the Department of Human Services, the Guardianship and Advocacy Commission, the State Fire Marshal, local fire departments, the Department on Aging and its subsidiary Area Agencies on Aging and provider agencies, and the Office of State Long Term Care Ombudsman;

[7] any employee of the State of Illinois not otherwise specified herein who is involved in providing services to eligible adults, including professionals providing medical or rehabilitation services and all other persons having direct contact with eligible adults;

[8] a person who performs the duties of a coroner or medical examiner; or

[9] a person who performs the duties of a paramedic or an emergency medical technician.

Indiana

Everyone

IC 12-10-3-9

Sec. 9. [a] An individual who believes or has reason to believe that another individual is an endangered adult shall make a report under this chapter.

[b] If an individual is required to make a report under this chapter in the individual’s capacity as a member of the staff of a medical or other public or private institution, school, hospital, facility, or agency, the individual shall immediately notify the individual in charge of the institution, school, hospital, facility, or agency, or the individual’s designated agent, who also becomes responsible to report or cause a report to be made.

Iowa

Law Enforcement

Social Worker

Medical Professional

Dentist

Paid Caregivers

Mental Health Counselor/Therapist

EMTs

Coroners

Home Health Aids

Probation Officers

Psychologists

Fire Fighter

Case Manager

Care Facility Owner/Employees

Health and Human Services Employees

Hospices

Sheltered Workshop

235B.3 Dependent adult abuse reports.

1. a. [1] The department shall receive dependent adult abuse reports and shall collect, maintain, and disseminate the reports by establishing a central registry for dependent adult abuse information. The department shall evaluate the reports expeditiously.

[2] However, the department of inspections and appeals is solely responsible for the evaluation and disposition of dependent adult abuse cases within facilities and programs pursuant to chapter 235E and shall inform the department of human services of such evaluations and dispositions pursuant to section 235E.2.

[3] If, in the course of an assessment or evaluation of a report of dependent adult abuse, the department of human services or the department of inspections and appeals determines the case involves wages, workplace safety, or other labor and employment matters under the jurisdiction of the division of labor services of the department of workforce development, the relevant portions of the case shall be referred to the division.

[4] If, in the course of an assessment or evaluation of a report of dependent adult abuse, the department of human services or the department of inspections and appeals determines that the case involves discrimination under the jurisdiction of the civil rights commission, the relevant portions of the case shall be referred to the commission.

b. Reports of dependent adult abuse which is the result of the acts or omissions of the dependent adult shall be collected and maintained in the files of the dependent adult as assessments only and shall not be included in the central registry.

c. A report of dependent adult abuse that meets the definition of dependent adult abuse under section 235B.2, subsection 5, paragraph "a", subparagraph [1], subparagraph division [a] or [d], or section 235B.2, subsection 5, paragraph "a", subparagraph [4], which the department determines is minor, isolated, and unlikely to reoccur shall be collected and maintained by the department as an assessment only for a five-year period and shall not be included in the central registry and shall not be considered to be founded dependent adult abuse. However, a subsequent report of dependent adult abuse that meets the definition of dependent adult abuse under section 235B.2, subsection 5, paragraph "a", subparagraph [1], subparagraph division [a] or [d], or section 235B.2, subsection 5, paragraph "a", subparagraph [4], that occurs within the five-year period and that is committed by the caretaker responsible for the act or omission which was the subject of the previous report of dependent adult abuse which the department determined was minor, isolated, and unlikely to reoccur shall not be considered minor, isolated, and unlikely to reoccur.

2. A person who, in the course of employment, examines, attends, counsels, or treats a dependent adult and reasonably believes the dependent adult has suffered abuse, shall report the suspected dependent adult abuse to the department.

Persons required to report include all of the following:

- a. A member of the staff of a community mental health center.
- b. A peace officer.
- c. An in-home homemaker-home health aide.
- d. An individual employed as an outreach person.
- e. A health practitioner, as defined in section C
- f. A member of the staff or an employee of a supported

community living service, sheltered workshop, or work activity center.

g. A social worker.

h. A certified psychologist.

3. a. If a staff member or employee is required to report pursuant to this section, the person shall immediately notify the department and shall also immediately notify the person in charge or the person's designated agent.

b. The employer or supervisor of a person who is required to or may make a report pursuant to this section shall not apply a policy, work rule, or other requirement that interferes with the person making a report of dependent adult abuse or that results in the failure of another person to make the report. 4. An employee of a financial institution may report suspected financial exploitation of a dependent adult to the department.

5. Any other person who believes that a dependent adult has suffered abuse may report the suspected abuse to the department of human services.

6. Following the reporting of suspected dependent adult abuse, the department of human services or an agency approved by the department shall complete an assessment of necessary services and shall make appropriate referrals for receipt of these services. The assessment shall include interviews with the dependent adult, and, if appropriate, with the alleged perpetrator of the dependent adult abuse and with any person believed to have knowledge of the circumstances of the case. The department may provide necessary protective services and may establish a sliding fee schedule for those persons able to pay a portion of the protective services.

7. Upon a showing of probable cause that a dependent adult has been abused, a court may authorize a person, also authorized by the department, to make an evaluation, to enter the residence of, and to examine the dependent adult. Upon a showing of probable cause that a dependent adult has been financially exploited, a court may authorize a person, also authorized by the department, to make an evaluation, and to gain access to the financial records of the dependent adult.

8. If the department determines that disclosure is necessary for the protection of a dependent adult, the department may disclose to a subject of a dependent adult abuse report referred to in section 235B.6, subsection 2, paragraph "a", that an individual is listed in the child or dependent adult abuse registry or is required to register with the sex offender registry in accordance with chapter 692A.

9. The department shall inform the appropriate county attorneys of any reports of dependent adult abuse. The department may request information from any person believed to have knowledge of a case of dependent adult abuse. The person, including but not limited to a county attorney, a law enforcement agency, a multidisciplinary

team, a social services agency in the state, or any person who is required pursuant to subsection 2 to report dependent adult abuse, whether or not the person made the specific dependent adult abuse report, shall cooperate and assist in the evaluation upon the request of the department. If the department's assessment reveals that dependent adult abuse exists which might constitute a criminal offense, a report shall be made to the appropriate law enforcement agency. County attorneys and appropriate law enforcement agencies shall also take any other lawful action necessary or advisable for the protection of the dependent adult. a. If, upon completion of the evaluation or upon referral from the department of inspections and appeals, the department determines that the best interests of the dependent adult require court action, the department shall initiate action for the appointment of a guardian or conservator or for admission or commitment to an appropriate institution or facility pursuant to the applicable procedures under chapter 125, 222, 229, or 633, or shall pursue other remedies provided by law. The appropriate county attorney shall assist the department in the preparation of the necessary papers to initiate the action and shall appear and represent the department at all district court proceedings. b. The department shall assist the court during all stages of court proceedings involving a suspected case of dependent adult abuse. c. In every case involving abuse which is substantiated by the department and which results in a judicial proceeding on behalf of the dependent adult, legal counsel shall be appointed by the court to represent the dependent adult in the proceedings. The court may also appoint a guardian ad litem to represent the dependent adult if necessary to protect the dependent adult's best interests. The same attorney may be appointed to serve both as legal counsel and as guardian ad litem. Before legal counsel or a guardian ad litem is appointed pursuant to this section, the court shall require the dependent adult and any person legally responsible for the support of the dependent adult to complete under oath a detailed financial statement. If, on the basis of that financial statement, the court deems that the dependent adult or the legally responsible person is able to bear all or a portion of the cost of the legal counsel or guardian ad litem, the court shall so order. In cases where the dependent adult or the legally responsible person is unable to bear the cost of the legal counsel or guardian ad litem, the expense shall be paid by the county.

10. A person participating in good faith in reporting or cooperating with or assisting the department in evaluating a case of dependent adult abuse has immunity from liability, civil or criminal, which might otherwise be incurred or imposed based upon the act of making the report or giving the assistance. The person has the same immunity with respect to participating in good faith in a judicial proceeding resulting from the report or cooperation or assistance or relating to the subject matter of the report, cooperation, or assistance.

11. It shall be unlawful for any person or employer to discharge, suspend, or otherwise discipline a person required to report or voluntarily reporting an instance of suspected dependent adult abuse pursuant to subsection 2 or 5, or cooperating with, or assisting the department of human services in evaluating a case of dependent adult abuse, or participating in judicial proceedings relating to the reporting or cooperation or assistance based solely upon the person's reporting or assistance relative to the instance of dependent adult abuse. A person or employer found in violation of this subsection is guilty of a simple misdemeanor.

12. A person required by this section to report a suspected case of dependent adult abuse who knowingly and willfully fails to do so commits a simple misdemeanor. A person required by this section to report a suspected case of dependent adult abuse who knowingly fails to do so or who knowingly, in violation of subsection 3, interferes with the making of such a report or applies a requirement that results in such a failure is civilly liable for the damages proximately caused by the failure.

13. The department of inspections and appeals shall adopt rules which require facilities or programs to separate an alleged dependent adult abuser from a victim following an allegation of perpetration of abuse and prior to the completion of an investigation of the allegation

Kansas

Law Enforcement

Social Workers

Medical Professional

Medical Administration

Dentist

Mental Health Counselor/Therapist

EMTs

Psychologists

Bankers

Broker/Dealers, Investment Advisors

Fire Fighter

Case Manager

Care Facility Owner/Employees

Health and Human Services Employees

School Personnel

39-1431. Abuse, neglect or exploitation of certain adults; reporting abuse, neglect or exploitation or need of protective services; persons required to report; penalty for failure to report; posting notice of requirements of act. [See Revisor's Note] [a] Any person who is licensed to practice any branch of the healing arts, a licensed psychologist, a licensed master level psychologist, a licensed clinical psychotherapist, the chief administrative officer of a medical care facility, a teacher, a licensed social worker, a licensed professional nurse, a licensed practical nurse, a licensed dentist, a

licensed marriage and family therapist, a licensed clinical marriage and family therapist, licensed professional counselor, licensed clinical professional counselor, registered alcohol and drug abuse counselor, a law enforcement officer, an emergency medical service provider, a case manager, a rehabilitation counselor, a bank trust officer or any other officers of financial institutions, a legal representative, a governmental assistance provider, an owner or operator of a residential care facility, an independent living counselor and the chief administrative officer of a licensed home health agency, the chief administrative officer of an adult family home and the chief administrative officer of a provider of community services and affiliates thereof operated or funded by the Kansas department for aging and disability services or licensed under K.S.A. 2019 Supp. 39-2001 et seq., and amendments thereto, who has reasonable cause to believe that an adult is being or has been abused, neglected or exploited or is in need of protective services shall report, immediately from receipt of the information, such information or cause a report of such information to be made in any reasonable manner. An employee of a domestic violence center shall not be required to report information or cause a report of information to be made under this subsection. Other state agencies receiving reports that are to be referred to the Kansas department for children and families and the appropriate law enforcement agency, shall submit the report to the department and agency within six hours, during normal work days, of receiving the information. Reports shall be made to the Kansas department for children and families during the normal working week days and hours of operation. Reports shall be made to law enforcement agencies during the time the Kansas department for children and families is not in operation. Law enforcement shall submit the report and appropriate information to the Kansas department for children and families on the first working day that the Kansas department for children and families is in operation after receipt of such information.

(b) The report made pursuant to subsection (a) shall contain the name and address of the person making the report and of the caretaker caring for the involved adult, the name and address of the involved adult, information regarding the nature and extent of the abuse, neglect or exploitation, the name of the next of kin of the involved adult, if known, and any other information that the person making the report believes might be helpful in the investigation of the case and the protection of the involved adult.

(c) Any other person, not listed in subsection (a), having reasonable cause to suspect or believe that an adult is being or has been abused, neglected or exploited or is in need of protective services may report such information to the Kansas department for children and families. Reports shall be made to law enforcement agencies during the time the Kansas department for children and families is not in operation.

(d) A person making a report under subsection (a) shall not be required to make a report under K.S.A. 39-1401 through 39-1410, and amendments thereto.

(e) Any person required to report information or cause a report of information to be made under subsection (a) who knowingly fails to make such report or cause such report not to be made shall be guilty of a class B misdemeanor.

(f) Notice of the requirements of this act and the department to which a report is to be made under this act shall be posted in a conspicuous public place in every adult family home as defined in K.S.A. 39-1501, and amendments thereto, and every provider of community services and affiliates thereof operated or funded by the Kansas department for aging and disability services or other facility licensed under K.S.A. 2019 Supp. 39-2001 et seq., and amendments thereto, and other institutions included in subsection (a).

Kentucky

Everyone

209.030 Administrative regulations -- Reports of adult abuse, neglect, or exploitation -- Cabinet actions -- Status and disposition reports.

(1) The secretary may promulgate administrative regulations in accordance with KRS Chapter 13A to effect the purposes of this chapter. While the cabinet shall continue to have primary responsibility for investigation and the provision of protective services under this chapter, nothing in this chapter shall restrict the powers of another authorized agency to act under its statutory authority.

(2) Any person, including but not limited to physician, law enforcement officer, nurse, social worker, cabinet personnel, coroner, medical examiner, alternate care facility employee, or caretaker, having reasonable cause to suspect that an adult has suffered abuse, neglect, or exploitation, shall report or cause reports to be made in accordance with the provisions of this chapter. Death of the adult does not relieve one of the responsibility for reporting the circumstances surrounding the death.

(3) An oral or written report shall be made immediately to the cabinet upon knowledge of suspected abuse, neglect, or exploitation of an adult.

(4) Any person making such a report shall provide the following information, if known:

(a) The name and address of the adult, or of any other person responsible for his care;

(b) The age of the adult;

(c) The nature and extent of the abuse, neglect, or exploitation, including any evidence of previous abuse, neglect, or exploitation;

- (d) The identity of the perpetrator, if known;
- (e) The identity of the complainant, if possible; and
- (f) Any other information that the person believes might be helpful in establishing the cause of abuse, neglect, or exploitation

Louisiana

Everyone

§1504. Mandatory reports and immunity

A. Any person, including but not limited to a health, mental health, and social service practitioner, having cause to believe that an adult’s physical or mental health or welfare has been or may be further adversely affected by abuse, neglect, or exploitation shall report in accordance with R.S. 15:1505.

B. No cause of action shall exist against any person who in good faith makes a report, cooperates in an investigation by an adult protective agency, or participates in judicial proceedings authorized under the provisions of this Chapter, or any adult protective services caseworker who in good faith conducts an investigation or makes an investigative judgment or disposition, and such person shall have immunity from civil or criminal liability that otherwise might be incurred or imposed. This immunity shall not be extended to:

- [1] Any alleged principal, conspirator, or accessory to an offense involving the abuse or neglect of the adult.
- [2] Any person who makes a report known to be false or with reckless disregard for the truth of the report.
- [3] Any person charged with direct or constructive contempt of court, any act of perjury as defined in Subpart C of Part VII of Chapter 1 of Title 14, or any offense affecting judicial functions and public records as defined in Subpart D of Part VII of Chapter 1 of Title 14.

Acts 2008, No. 181, §2, eff. June 13, 2008.

Maine

Law Enforcement

Social Workers

Medical Professional

Dentist

Paid Caregivers

Unpaid Caregivers

Mental Health Counselor/Therapist

Broker/Dealers, Investment Advisors

EMTs

Coroners

Home Health Aids

Probation Officers

Psychologists

Case Manager

Care Facility Owner/Employees

Clergy

Pharmacists

Guardian/Conservator

Government Funded Service Provider to Elderly

Senior Transportation Services

Animal Control

22 M.R.S. section 3477

§3477. Persons mandated to report suspected abuse, neglect or exploitation

1. Report required. The following persons immediately shall report to the department when the person knows or has reasonable cause to suspect that an incapacitated or dependent adult has been or is likely to be abused, neglected or exploited:

A. While acting in a professional capacity:

- [1] An allopathic or osteopathic physician;
- [2] A medical resident or intern;
- [3] A medical examiner;
- [4] A physician’s assistant;
- [5] A dentist, dental hygienist or dental assistant;
- [6] A chiropractor;
- [7] A podiatrist;
- [8] A registered or licensed practical nurse;
- [9] A certified nursing assistant;
- [10] A social worker;
- [11] A psychologist;
- [12] A pharmacist;
- [13] A physical therapist;
- [14] A speech therapist;
- [15] An occupational therapist;
- [16] A mental health professional;
- [17] A law enforcement official, corrections officer or other person holding a certification from the Maine Criminal Justice Academy;
- [18] Emergency room personnel;
- [19] An ambulance attendant;
- [20] An emergency medical technician or other licensed medical service provider;
- [21] Unlicensed assistive personnel;
- [22] A humane agent employed by the Department of Agriculture, Conservation and Forestry;
- [23] A clergy member acquiring the information as a result of clerical professional work except for information received during confidential communications;
- [24] A sexual assault counselor;

- [25] A family or domestic violence victim advocate;
- [26] A naturopathic doctor;
- [27] A respiratory therapist;
- [28] A court-appointed guardian or conservator; or
- [29] A chair of a professional licensing board that has jurisdiction over mandated reporters

B. Any person who has assumed full, intermittent or occasional responsibility for the care or custody of the incapacitated or dependent adult, regardless of whether the person receives compensation;

C. Any person affiliated with a church or religious institution who serves in an administrative capacity or has otherwise assumed a position of trust or responsibility to the members of that church or religious institution, while acting in that capacity, regardless of whether the person receives compensation; or

D. Any person providing transportation services as a volunteer or employee of an agency, business or other entity, whether or not the services are provided for compensation.

The duty to report under this subsection applies to individuals who must report directly to the department. A supervisor or administrator of a person making a report under this section may not impede or inhibit the reporting, and a person making a report may not be subject to any sanction for making a report. Internal procedures to facilitate reporting consistent with this chapter and to ensure confidentiality of and apprise supervisors and administrators of reports may be established as long as those procedures are consistent with this chapter.

1-A. Permitted reporters. An animal control officer, as defined in Title 7, section 3907, subsection 4, may report to the department when that person has reasonable cause to suspect that an incapacitated or dependent adult has been or is at substantial risk of abuse, neglect or exploitation.

32 M.R.S. ch. 135[8]

<http://legislature.maine.gov/bills/getPDF.asp?paper=HP0410&item=3&num=129>

PROTECTION OF VULNERABLE ADULTS FROM FINANCIAL EXPLOITATION

§16801.

Definitions

As used in this subchapter, unless the context otherwise indicates, the following terms have the following meanings.

- 1. Eligible adult. “Eligible adult” means:
 - A. An individual 65 years of age or older; or
 - B. An individual protected under the Adult Protective Services Act.
- 2. Financial exploitation. “Financial exploitation” means:

A. The wrongful or unauthorized taking, withholding, appropriation or use of money, assets or property of an eligible adult; or

B. Any act or omission made by a person, including through the use of a power of attorney, guardianship or conservatorship of an eligible adult, to:

[1] Obtain control, through deception, intimidation or undue influence, over the eligible adult’s money, assets or property to deprive the eligible adult of the ownership, use, benefit or possession of the eligible adult’s money, assets or property; or

[2] Convert money, assets or property of the eligible adult to deprive the eligible adult of the ownership, use, benefit or possession of the eligible adult’s money, assets or property.

3. Qualified individual.

“Qualified individual” means an agent, investment adviser representative or individual who serves in a supervisory, compliance or legal capacity for a broker-dealer or investment adviser.

§16802. Governmental disclosures

If a qualified individual reasonably believes that financial exploitation of an eligible adult may have occurred, may have been attempted or is being attempted, the qualified individual shall promptly notify the Department of Health and Human Services and the administrator.

§16803. Immunity for governmental disclosures

A qualified individual who in good faith and exercising reasonable care makes a disclosure of information pursuant to section 16802 is immune from any administrative or civil liability that might otherwise arise from the disclosure or for a failure to notify the eligible adult of the disclosure.

§16804. Third-party disclosures

If a qualified individual reasonably believes that financial exploitation of an eligible adult may have occurred, may have been attempted or is being attempted, the qualified individual may notify any 3rd party previously designated by the eligible adult. Disclosure may not be made to any designated 3rd party that is suspected of financial exploitation or other abuse of the eligible adult.

§16805. Immunity for 3rd-party disclosures

A qualified individual who in good faith and exercising reasonable care complies with section 16804 is immune from any administrative or civil liability that might otherwise arise from a disclosure under section 16804.

§16806. Delaying disbursements

A broker-dealer or investment adviser may delay disbursements in accordance with this section.

- 1. Disbursement delay authorized. A broker-dealer or investment adviser may delay a disbursement from an account of an eligible adult or an account on which

an eligible adult is a beneficiary if the broker-dealer or investment adviser or a qualified individual reasonably believes, after initiating an internal review of the requested disbursement and the suspected financial exploitation, that the requested disbursement may result in financial exploitation of the eligible adult. If a broker-dealer or investment adviser delays a disbursement under this subsection, the broker-dealer or investment adviser shall:

A. Within 2 business days after the requested disbursement, provide written notification of the delay and the reason for the delay to all parties authorized to transact business on the account, except that notification may not be provided to a 3rd party reasonably believed to have engaged in suspected or attempted financial exploitation of the eligible adult;

B. Within 2 business days after the requested disbursement, notify the Department of Health and Human Services and the administrator; and C. Continue the broker-dealer's or investment adviser's internal review of the suspected or attempted financial exploitation of the eligible adult, as necessary, and report the results of the internal review to the Department of Health and Human Services and the administrator within 7 business days after the requested disbursement.

2. Expiration.

A delay of a disbursement as authorized by this section expires upon the sooner of:

A. A determination by the broker-dealer or investment adviser that the disbursement will not result in financial exploitation of the eligible adult; or

B. Fifteen business days after the date on which the broker-dealer or investment adviser first delayed disbursement of the funds unless the Department of Health and Human Services or the administrator requests that the broker-dealer or investment adviser extend the delay, in which case the delay expires no more than 25 business days after the date on which the broker-dealer or investment adviser first delayed disbursement of the funds unless terminated earlier by the Department of Health and Human Services or the administrator or by an order of a court of competent jurisdiction.

3. Judicial order.

A court of competent jurisdiction may enter an order extending the delay of the disbursement of funds or may order other protective relief based on a petition from the Department of Health and Human Services or the administrator or from the broker-dealer or the investment adviser that initiated the delay under this section or from another interested party.

§16807. Immunity for delaying disbursements A broker-dealer or investment adviser that in good faith and exercising reasonable care complies with section 16806

is immune from any administrative or civil liability that might otherwise arise from a delay in a disbursement in accordance with section 16806.

§16808. Records A broker-dealer or investment adviser shall provide access to or copies of records that are relevant to the suspected or attempted financial exploitation of an eligible adult to the Department of Health and Human Services and to a law enforcement agency as part of a referral to the department or to a law enforcement agency or upon request of the department or a law enforcement agency pursuant to an investigation. The records may include historical records and records relating to recent transactions that may constitute financial exploitation of an eligible adult. All records made available to agencies under this section are not public records for purposes of Title 1, chapter 13, subchapter 1. Nothing in this section limits or otherwise impedes the authority of the administrator to access or examine the books and records of broker-dealers and investment advisers as otherwise provided by law.

Maryland

Law Enforcement

Social Worker

Medical Professional

Dentist

Psychologists

Bankers

Broker/Dealers, Investment Advisors

Case Manager

Pharmacists

Health and Human Services Employees

Government Funded Service Provider to Elderly

§14-302.

(a) (1) Except as provided in paragraph (2) of this subsection, notwithstanding any law on privileged communications, each health practitioner, police officer, or human service worker who contacts, examines, attends, or treats an alleged vulnerable adult, and who has reason to believe that the alleged vulnerable adult has been subjected to abuse, neglect, self-neglect, or exploitation shall:

(i) notify the local department; and

(ii) if acting as a staff member of a hospital or public health agency, immediately notify and give all the information required by this section to the head of the institution or the designee of the head.

(2) An ombudsman, as defined in § 10-901 of the Human Services Article, shall comply with 42 U.S.C. § 3058g(d) (2) and may not disclose the identity of a resident or complainant except as authorized under 42 U.S.C. § 3058g(d)(2).

Massachusetts

Law Enforcement

Medical Professional

Dentist

Counselor/Therapist

EMTs

Coroner

Animal Control

Psychologist

Fire Fighters

Case Manager

Care Facility Owner/Employees

Government Funded Service Provider to Elderly

Regulations as they pertain to disabled persons 18-64 years old and the Disabled Persons Protection Commission

<https://malegislature.gov/Laws/GeneralLaws/PartI/TitleII/Chapter19C>

Section 1: Definitions

"Mandated reporter", any physician, medical intern, hospital personnel engaged in the examination, care or treatment of persons, medical examiner, dentist, psychologist, nurse, chiropractor, podiatrist, osteopath, public or private school teacher, educational administrator, guidance or family counselor, day care worker, probation officer, animal control officer, social worker, foster parent, police officer or person employed by a state agency within the executive office of health and human services as defined by section sixteen of chapter six A, or employed by a private agency providing services to disabled persons who, in his professional capacity shall have reasonable cause to believe that a disabled person is suffering from a reportable condition.

Section 10: Reporters of abuse; liability; privileged communications

Section 10. Except when prevented by the constraints of professional privilege as hereinafter provided, mandated reporters shall notify the commission orally of any reportable condition immediately upon becoming aware of such condition and shall report in writing within forty-eight hours after such oral report. Mandated reporters who have reasonable cause to believe that a disabled person has died as a result of a reportable condition shall immediately report such death, in writing, to the commission, to the district attorney for the county in which such death occurred and to the medical examiner as required by section six of chapter thirty-eight. Any person may file report if such person has reasonable cause to believe that a disabled person is suffering from abuse or has died as a result thereof. No mandated reporter shall be liable in any civil or criminal action by reason of submitting a report. No other person making a report shall be liable in any civil or criminal action by reason of submitting a report if such report was made in good faith; provided, however, that no person who abuses a disabled person shall be exempt from civil or

criminal liability by reason of their reporting such abuse. No privilege established, by sections one hundred and thirty-five A and one hundred and thirty-five B of chapter one hundred and twelve, by section twenty or twenty B of chapter two hundred and thirty-three, by court decision or by professional code relating to the exclusion of confidential communications and the competency of witnesses may be invoked to prevent a report by a mandated reporter or in any civil action arising out of a report made pursuant to this chapter; provided, however, that a mandated reporter need not report an otherwise reportable condition if the disabled person invokes a privilege, established by law or professional code, to maintain the confidentiality of communications with such mandated reporter. Any person required by this section to make oral and written reports, who fails to do so, shall be punished by a fine of not more than one thousand dollars.

Michigan

Health Care Services, including, but not limited to:

Physicians

Nurses

Psychologists

Counselors

Aides

Hospital Administrators and Staff

Educational Services, including, but not limited to:

Teachers

Administrators

Counselors

Public Services, including, but not limited to:

Social Workers [administrators, supervisors, caseworkers, etc.]

Law Enforcement Officers

County Medical Examiner and Employees of the County Medical Examiner

Adult Day Care Providers

AUTHORITY

The Social Welfare Act, 1939 PA 280, includes the legal requirement for reporting, investigating, and responding to abuse, neglect, or exploitation of an adult. The act requires certain persons to report the abuse, neglect, or exploitation of an adult and permits all persons to report the abuse, neglect, or exploitation of an adult. The act sets forth civil penalties for a mandated reporter's failure to make a report of reasonably suspected abuse, neglect, or exploitation of an adult. Additionally, it states the civil immunity for a party making a report in good faith.

PURPOSE

The intent of this item is to inform Michigan Department of Health and Human Services (MDHHS) employees of their responsibilities as mandated reporters of suspected abuse, neglect, or exploitation of an adult, to provide instruction on how to report such instances,

and consequences for failure to report.

DEFINITIONS RELATED TO ADULT ABUSE, NEGLECT, EXPLOITATION

Abuse - Harm or threatened harm to an adult’s health or welfare caused by another person. Abuse includes, but is not limited to, non-accidental physical or mental injury, sexual abuse, or maltreatment.

Adult, or adult in need of protective services - Vulnerable person not less than 18 years of age who is suspected of being abused, neglected, or exploited.

Exploitation - An action that involves the misuse of an adult’s funds, property, or personal dignity by another person.

Neglect - Harm to an adult’s health or welfare caused by the inability of the adult to respond to a harmful situation or by the conduct of a person who assumes responsibility for a significant aspect of the adult’s health or welfare. Neglect includes the failure to provide adequate food, clothing, shelter, or medical care. A person shall not be considered to be abused, neglected or in need of emergency or protective services for the sole reason that the person is receiving or relying upon treatment by spiritual means through prayer alone in accordance with the tenets and practices of a recognized church or religious denomination, and this act shall not require any medical care or treatment in contravention of the stated or implied objection of that person.

Adult Protective Services - Includes but is not limited to, remedial, social, legal, health, mental health, and referral services provided in response to a report of alleged harm or threatened harm because of abuse, neglect, or exploitation.

Vulnerable - A condition in which an adult is unable to protect himself or herself from abuse, neglect, or exploitation because of mental or physical impairment or because of advanced age.

MANDATED REPORTERS

The Social Welfare Act requires persons who are employed, licensed, registered, or certified to provide health care, educational, social welfare, mental health, or other human services; an employee of an agency licensed to provide health care, educational, social welfare, mental health or other human services; a law enforcement officer; or an employee of the office of the county medical examiner to report suspected abuse, neglect or exploitation of an adult. All MDHHS employees are mandated reporters of adult abuse, neglect, and exploitation.

Procedures for Making A Report

A mandated reporter who suspects or has reasonable cause to believe an adult has been abused, neglected, or exploited must immediately, by telephone or otherwise, make an oral report to the MDHHS Centralized Intake unit at 855-444-3911. The report must contain the name of the adult and a description of the abuse, neglect,

or exploitation. The report must contain information available to the reporting person that may establish the cause of the abuse, neglect, or exploitation and the way the abuse, neglect, or exploitation occurred or is occurring. When in doubt as to whether to make a report of suspected abuse, neglect, or exploitation of an adult, a report must be made to the Centralized Intake unit at 855-444-3911.

APB 2019-004

Minnesota

- Law Enforcement*
- Social Workers*
- Medical Professionals*
- Medical Administration*
- Dentist*
- Paid Caregivers*
- Coroners*
- Home Health Aids*
- Psychologists*
- Case Manager*
- Care Facility Owner/Employees*
- Pharmacists*
- Guardian/Conservator*
- Government Funded Service Provider to Elderly*
- School Personnel*
- Hospice*

<https://www.revisor.mn.gov/statutes/cite/626.5572#stat.626.5572.16>

Subd. 16.Mandated reporter.

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

Mississippi

Everyone except Ombudsman

§ 43-47-7. Reporting abuse, neglect, or exploitation; establishment of central register; confidentiality.

[1] [a] Except as otherwise provided by Section 43-47-37 for vulnerable adults in care facilities, any person including, but not limited to, the following, who knows or suspects that a vulnerable adult has been or is being abused, neglected or exploited shall immediately report such knowledge or suspicion to the Department of

Human Services or to the county department of human services where the vulnerable adult is located:

(i) Attorney, physician, osteopathic physician, medical examiner, chiropractor or nurse engaged in the admission, examination, care or treatment of vulnerable adults;

(ii) Health professional or mental health professional other than one listed in subparagraph (i);

(iii) Practitioner who relies solely on spiritual means for healing;

(iv) Social worker, family protection worker, family protection specialist or other professional adult care, residential or institutional staff;

(v) State, county or municipal criminal justice employee or law enforcement officer;

(vi) Human rights advocacy committee or long-term care ombudsman council member; or

(vii) Accountant, stockbroker, financial advisor or consultant, insurance agent or consultant, investment advisor or consultant, financial planner, or any officer or employee of a bank, savings and loan, credit union or any other financial service provider.

(b) To the extent possible, a report made pursuant to paragraph (a) must contain, but need not be limited to, the following information:

(i) Name, age, race, sex, physical description and location of each vulnerable adult alleged to have been abused, neglected or exploited.

(ii) Names, addresses and telephone numbers of the vulnerable adult's family members.

(iii) Name, address and telephone number of each alleged perpetrator.

(iv) Name, address and telephone number of the caregiver of the vulnerable adult, if different from the alleged perpetrator.

(v) Description of the neglect, exploitation, physical or psychological injuries sustained.

(vi) Actions taken by the reporter, if any, such as notification of the criminal justice agency.

(vii) Any other information available to the reporting person which may establish the cause of abuse, neglect or exploitation that occurred or is occurring.

In addition to the above, any person or entity holding or required to hold a license as specified in Title 73, Professions and Vocations, Mississippi Code of 1972, shall be required to give his, her or its name, address and telephone number in the report of the alleged abuse, neglect or exploitation.

(c) The department, or its designees, shall report to an appropriate criminal investigative or prosecutive authority any person required by this section to report or who fails to comply with this section. A person who fails to make a report as required under this subsection

or who, because of the circumstances, should have known or suspected beyond a reasonable doubt that a vulnerable adult suffers from exploitation, abuse, neglect or self-neglect but who knowingly fails to comply with this section shall, upon conviction, be guilty of a misdemeanor and shall be punished by a fine not exceeding Five Thousand Dollars [\$5,000.00], or by imprisonment in the county jail for not more than six (6) months, or both such fine and imprisonment. However, for purposes of this subsection (1), any recognized legal financial transaction shall not be considered cause to report the knowledge or suspicion of the financial exploitation of a vulnerable adult. If a person convicted under this section is a member of a profession or occupation that is licensed, certified or regulated by the state, the court shall notify the appropriate licensing, certifying or regulating entity of the conviction.

(2) Reports received by law enforcement authorities or other agencies shall be forwarded immediately to the Department of Human Services or the county department of human services. The Department of Human Services shall investigate the reported abuse, neglect or exploitation immediately and shall file a preliminary report of its findings with the Office of the Attorney General within forty-eight (48) hours if immediate attention is needed, or seventy-two (72) hours if the vulnerable adult is not in immediate danger and shall make additional reports as new information or evidence becomes available. The Department of Human Services, upon request, shall forward a statement to the person making the initial report required by this section as to what action is being taken, if any.

(3) The report may be made orally or in writing, but where made orally, it shall be followed up by a written report. A person who fails to report or to otherwise comply with this section, as provided herein, shall have no civil or criminal liability, other than that expressly provided for in this section, to any person or entity in connection with any failure to report or to otherwise comply with the requirements of this section.

(4) Anyone who makes a report required by this section or who testifies or participates in any judicial proceedings arising from the report or who participates in a required investigation or evaluation shall be presumed to be acting in good faith and in so doing shall be immune from liability, civil or criminal, that might otherwise be incurred or imposed. However, the immunity provided under this subsection shall not apply to any suspect or perpetrator of any abuse, neglect or exploitation.

(5) A person who intentionally makes a false report under the provisions of this section may be found liable in a civil suit for any actual damages suffered by the person or persons so reported and for any punitive damages set by the court or jury.

(6) The Executive Director of the Department of Human Services shall establish a statewide central register of reports made pursuant to this section. The central register shall be capable of receiving reports of vulnerable adults in need of protective services

seven [7] days a week, twenty-four [24] hours a day. To effectuate this purpose, the executive director shall establish a single toll-free statewide phone number that all persons may use to report vulnerable adults in need of protective services, and that all persons authorized by subsection [7] of this section may use for determining the existence of prior reports in order to evaluate the condition or circumstances of the vulnerable adult before them. Such oral reports and evidence of previous reports shall be transmitted to the appropriate county department of human services. The central register shall include, but not be limited to, the following information: the name and identifying information of the individual reported, the county department of human services responsible for the investigation of each such report, the names, affiliations and purposes of any person requesting or receiving information which the executive director believes might be helpful in the furtherance of the purposes of this chapter, the name, address, birth date, social security number of the perpetrator of abuse, neglect and/or exploitation, and the type of abuse, neglect and/or exploitation of which there was substantial evidence upon investigation of the report. The central register shall inform the person making reports required under this section of his or her right to request statements from the department as to what action is being taken, if any.

Each person, business, organization or other entity, whether public or private, operated for profit, operated for nonprofit or a voluntary unit of government not responsible for law enforcement providing care, supervision or treatment of vulnerable adults shall conduct criminal history records checks on each new employee of the entity who provides, and/or would provide direct patient care or services to adults or vulnerable persons, as provided in Section 43-11-13.

The department shall not release data that would be harmful or detrimental to the vulnerable adult or that would identify or locate a person who, in good faith, made a report or cooperated in a subsequent investigation unless ordered to do so by a court of competent jurisdiction.

[7] Reports made pursuant to this section, reports written or photographs taken concerning such reports in the possession of the Department of Human Services or the county department of human services shall be confidential and shall only be made available to:

- [a] A physician who has before him a vulnerable adult whom he reasonably suspects may be abused, neglected or exploited, as defined in Section 43-47-5;
 - [b] A duly authorized agency having the responsibility for the care or supervision of a subject of the report;
 - [c] A grand jury or a court of competent jurisdiction, upon finding that the information in the record is necessary for the determination of charges before the grand jury;
 - [d] A district attorney or other law enforcement official.
- Notwithstanding the provisions of paragraph [b] of this

subsection, the department may not disclose a report of the abandonment, exploitation, abuse, neglect or self-neglect of a vulnerable adult to the vulnerable adult's guardian, attorney-in-fact, surrogate decision maker, or caregiver who is a perpetrator or alleged perpetrator of the abandonment, exploitation, abuse or neglect of the vulnerable adult.

Any person given access to the names or other information identifying the subject of the report, except the subject of the report, shall not divulge or make public such identifying information unless he is a district attorney or other law enforcement official and the purpose is to initiate court action. Any person who willfully permits the release of any data or information obtained pursuant to this section to persons or agencies not permitted to such access by this section shall be guilty of a misdemeanor.

[8] Upon reasonable cause to believe that a caretaker or other person has abused, neglected or exploited a vulnerable adult, the department shall promptly notify the district attorney of the county in which the vulnerable adult is located and the Office of the Attorney General, except as provided in Section 43-47-37[2].

Sources: Laws, 1986, ch. 468, § 4; reenacted, Laws, 1989, ch. 381, § 4; Laws, 1990, ch. 493, § 3; Laws, 1991, ch. 431 § 2; Laws, 1996, ch. 351, § 2; Laws, 2001, ch. 603, § 2; Laws, 2004, ch. 489, § 7; Laws, 2006, ch. 600, § 9; Laws, 2009, ch. 468, § 1, eff from and after July 1, 2009.

Missouri

Law Enforcement
Social Workers
Medical Professional
Dentist
Paid Caregivers
Unpaid Caregivers
Mental Health Counselor/Therapist
EMTs
Coroners
Home Health Aids
Probation Officers
Psychologists
Fire Fighter
Case Manager
Care Facility Owner/Employees
Clergy
Pharmacists
Health and Human Services Employees
Government Funded Service Provider to Elderly
Home Care Planning Agency
Hospices
Funeral Home Operator

192.2405. Mandatory reporters--penalty for failure to report. – 1. The following persons shall be required to immediately report or cause a report to be made to the department under sections 192.2400 to 192.2470:

[1] Any person having reasonable cause to suspect that an eligible adult presents a likelihood of suffering serious physical harm, or bullying as defined in subdivision [2] of section 192.2400, and is in need of protective services; and

[2] Any adult day care worker, chiropractor, Christian Science practitioner, coroner, dentist, embalmer, employee of the departments of social services, mental health, or health and senior services, employee of a local area agency on aging or an organized area agency on aging program, emergency medical technician, firefighter, first responder, funeral director, home health agency, home health agency employee, hospital and clinic personnel engaged in the care or treatment of others, in-home services owner or provider, in-home services operator or employee, law enforcement officer, long-term care facility administrator or employee, medical examiner, medical resident or intern, mental health professional, minister, nurse, nurse practitioner, optometrist, other health practitioner, peace officer, pharmacist, physical therapist, physician, physician's assistant, podiatrist, probation or parole officer, psychologist, social worker, or other person with the responsibility for the care of an eligible adult who has reasonable cause to suspect that the eligible adult has been subjected to abuse or neglect or observes the eligible adult being subjected to conditions or circumstances which would reasonably result in abuse or neglect. Notwithstanding any other provision of this section, a duly ordained minister, clergy, religious worker, or Christian Science practitioner while functioning in his or her ministerial capacity shall not be required to report concerning a privileged communication made to him or her in his or her professional capacity.

Montana

Law Enforcement

Social Workers

Medical Professional

Medical Administration

Dentist

Paid Caregivers

Mental Health Counselor/Therapist

EMTs

Coroners

Home Health Aids

Probation Officers

Psychologists

Case Manager

Care Facility Owner/Employees

Attorney

Health and Human Services Employees

Government Funded Service Provider to Elderly

Home Care Planning Agency

Senior Transportation Services

Hospices

Sheltered Workshop

52-3-811. Reports. [1] When the professionals and other persons listed in subsection [3] know or have reasonable cause to suspect that an older person or a person with a developmental disability known to them in their professional or official capacities has been subjected to abuse, sexual abuse, neglect, or exploitation, they shall:

[a] if the person is not a resident of a long-term care facility, report the matter to:

[i] the department or its local affiliate; or

[ii] the county attorney of the county in which the person resides or in which the acts that are the subject of the report occurred;

[b] if the person is a resident of a long-term care facility, report the matter to the long-term care ombudsman appointed under the provisions of 42 U.S.C. 3027[a] [12] and to the department. The department shall investigate the matter pursuant to its authority in 50-5-204 and, if it finds any allegations of abuse, sexual abuse, neglect, or exploitation contained in the report to be substantially true, forward a copy of the report to the county attorney as provided in subsection [1][a][ii].

[2] If the report required in subsection [1] involves an act or omission of the department that may be construed as abuse, sexual abuse, neglect, or exploitation, a copy of the report may not be sent to the department but must be sent instead to the county attorney of the county in which the older person or the person with a developmental disability resides or in which the acts that are the subject of the report occurred.

[3] Professionals and other persons required to report are:

[a] a physician, resident, intern, professional or practical nurse, physician assistant, or member of a hospital staff engaged in the admission, examination, care, or treatment of persons;

[b] an osteopath, dentist, denturist, chiropractor, optometrist, podiatrist, medical examiner, coroner, or any other health or mental health professional;

[c] an ambulance attendant;

[d] a social worker or other employee of the state, a county, or a municipality assisting an older person or a person with a developmental disability in the application for or receipt of public assistance payments or services;

[e] a person who maintains or is employed by a roominghouse, retirement home or complex, nursing home, group home, adult foster care home, adult day-care center, or assisted living facility or an agency or individual that provides home health services or personal care in the home;

[f] an attorney, unless the attorney acquired knowledge of the facts required to be reported from a client and the attorney-client privilege applies;

[g] a peace officer or other law enforcement official;

[h] a person providing services to an older person or a person with a developmental disability pursuant to a

contract with a state or federal agency; and

(i) an employee of the department while in the conduct of the employee's duties.

[4] Any other persons or entities may, but are not required to, submit a report in accordance with subsection [1].

The department for Montana under this statute is Adult Protective Services

Nebraska

Law Enforcement
Social Workers
Medical Professional
Medical Administration
Dentist
Paid Caregivers
Unpaid Caregivers
Mental Health Counselor/Therapist
EMTs
Home Health Aids
*Animal Control**
Psychologists
Case Manager
Care Facility Owner/Employees
Pharmacists
Health and Human Services Employees
Guardian/Conservator
Government Funded Service Provider to Elderly
*Code Enforcement**
Home Care Planning Agency
Funeral Home Operator

Section 28-372. Report of abuse, neglect, or exploitation; required; contents; notification; toll-free number established.

[1] When any physician, psychologist, physician assistant, nurse, nursing aide, other medical, developmental disability, or mental health professional, law enforcement personnel, caregiver or employee of a caregiver, operator or employee of a sheltered workshop, owner, operator, or employee of any facility licensed by the department, or human services professional or paraprofessional not including a member of the clergy has reasonable cause to believe that a vulnerable adult has been subjected to abuse, neglect, or exploitation or observes such adult being subjected to conditions or circumstances which reasonably would result in abuse, neglect, or exploitation, he or she shall report the incident or cause a report to be made to the appropriate law enforcement agency or to the department. Any other person may report abuse, neglect, or exploitation if such person has reasonable cause to believe that a vulnerable adult has been subjected to abuse, neglect, or exploitation or observes such adult being subjected to conditions or circumstances which reasonably would result in abuse, neglect, or exploitation.

Nevada

Law Enforcement
Social Workers
Medical Professional
Dentist
Paid Caregivers
Mental Health Counselor/Therapist
EMTs
Coroners
Home Health Aids
Probation Officers
Psychologists
Broker/Dealers, Investment Advisors
Case Manager
Care Facility Owner/Employees
Health and Human Services Employees
Home Care Planning Agency
School Personnel
Hospices
Funeral Home Operator

Sec. 6. NRS 200.5093 is hereby amended to read as follows:

200.5093 1. Any person who is described in subsection 4 and 16 who, in a professional or occupational capacity, knows or has reasonable cause to believe that an older person or vulnerable person has been abused, neglected, exploited, isolated or abandoned shall:

(a) Except as otherwise provided in subsection 2, report the abuse, neglect, exploitation, isolation or abandonment of the older person or vulnerable person to

[1] The local office of the Aging and Disability Services Division of the Department of Health and Human Services;

[2] A police department or sheriff's office; or

[3] A toll-free telephone service designated by the Aging and Disability Services Division of the Department of Health and Human Services; and

(b) Make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the older person or vulnerable person has been abused, neglected, exploited, isolated or abandoned.

2. If a person who is required to make a report pursuant to subsection 1 knows or has reasonable cause to believe that the abuse, neglect, exploitation, isolation or abandonment of the older person or vulnerable person involves an act or omission of the Aging and Disability Services Division, another division of the Department of Health and Human Services or a law enforcement agency, the person shall make the report to an agency other than the one alleged to have committed the act or omission.

3. Each agency, after reducing a report to writing, shall forward a copy of the report to the Aging and Disability

Services Division of the Department of Health and Human Services and the Unit for the Investigation and Prosecution of Crimes.

4. A report must be made pursuant to subsection 1 by the following persons:

(a) Every physician, dentist, dental hygienist, chiropractor, optometrist, podiatric physician, medical examiner, resident, intern, professional or practical nurse, physician assistant licensed pursuant to chapter 630 or 633 of NRS, perfusionist, psychiatrist, psychologist, marriage and family therapist, clinical professional counselor, clinical alcohol and drug abuse counselor, alcohol and drug abuse counselor, music therapist, athletic trainer, driver of an ambulance, paramedic, licensed dietitian or other person providing medical services licensed or certified to practice in this State, who examines, attends or treats an older person or vulnerable person who appears to have been abused, neglected, exploited, isolated or abandoned.

(b) Any personnel of a hospital or similar institution engaged in the admission, examination, care or treatment of persons or an administrator, manager or other person in charge of a hospital or similar institution upon notification of the suspected abuse, neglect, exploitation, isolation or abandonment of an older person or vulnerable person by a member of the staff of the hospital.

(c) A coroner.

(d) Every person who maintains or is employed by an agency to provide personal care services in the home.

(e) Every person who maintains or is employed by an agency to provide nursing in the home.

(f) Every person who operates, who is employed by or who contracts to provide services for an intermediary service organization as defined in NRS 449.4304.

(g) Any employee of the Department of Health and Human Services, except the State Long-Term Care Ombudsman appointed pursuant to NRS 427A.125 and any of his or her advocates or volunteers where prohibited from making such a report pursuant to

45 C.F.R. § 1321.11. 33

(h) Any employee of a law enforcement agency or a county's office for protective services or an adult or juvenile probation officer. 36

(i) Any person who maintains or is employed by a facility or establishment that provides care for older persons [.] or vulnerable persons.

(j) Any person who maintains, is employed by or serves as a volunteer for an agency or service which advises persons regarding the abuse, neglect, exploitation, isolation or abandonment of an older person or vulnerable person and refers them to persons and agencies where their requests and needs can be met.

(k) Every social worker.

(l) Any person who owns or is employed by a funeral home or mortuary.

(m) Every person who operates or is employed by a peer support recovery organization, as defined in NRS 449.01563.

(n) Every person who operates or is employed by a community health worker pool, as defined in NRS 449.0028, or with whom a community health worker pool contracts to provide the services of a community health worker, as defined in NRS 449.0027.

5. A report may be made by any other person.

6. If a person who is required to make a report pursuant to subsection 1 knows or has reasonable cause to believe that an older person or vulnerable person has died as a result of abuse, neglect, isolation or abandonment, the person shall, as soon as reasonably practicable, report this belief to the appropriate medical examiner or coroner, who shall investigate the cause of death of the older person or vulnerable person and submit to the appropriate local law enforcement agencies, the appropriate prosecuting attorney, the Aging and Disability Services Division of the Department of Health and Human Services and the Unit for the Investigation and Prosecution of Crimes his or her written findings. The written findings must include the information required pursuant to the provisions of NRS 200.5094, when possible.

7. A division, office or department which receives a report pursuant to this section shall cause the investigation of the report to commence within 3 working days. A copy of the final report of the investigation conducted by a division, office or department, other than the Aging and Disability Services Division of the Department of Health and Human Services, must be forwarded within 30 days after the completion of the report to the:

(a) Aging and Disability Services Division;

(b) Repository for Information Concerning Crimes Against Older Persons or Vulnerable Persons created by NRS 179A.450; 32 and

(c) Unit for the Investigation and Prosecution of Crimes.

8. If the investigation of a report results in the belief that an older person or vulnerable person is abused, neglected, exploited, isolated or abandoned, the Aging and Disability Services Division of the Department of Health and Human Services or the county's office for protective services may provide protective services to the older person or vulnerable person if the older person or vulnerable person is able and willing to accept them.

9. A person who knowingly and willfully violates any of the provisions of this section is guilty of a misdemeanor.

10. As used in this section, "Unit for the Investigation and Prosecution of Crimes" means the Unit for the Investigation and Prosecution of Crimes Against Older Persons or Vulnerable Persons in the Office of the Attorney General created pursuant to NRS 228.265.

NRS 90.614 Duty of broker-dealers and investment advisers to provide training; reporting to designated reporter.

1. Each broker-dealer and investment adviser shall provide training concerning the identification and reporting of the suspected exploitation of an older person or vulnerable person to each sales representative, representative of the investment adviser and officer and employee of the broker-dealer or investment adviser who may:

(a) As part of his or her regular duties for the broker-dealer or investment adviser, come into direct contact with an older person or vulnerable person;

(b) Review or approve the financial documents, records or transactions of an older person or vulnerable person in connection with the offer, sale or purchase of securities; or

(c) Offer advice as to the value or advisability of investing in, purchasing or selling securities to an older person or vulnerable person.

2. The training required pursuant to subsection 1:

(a) Must be provided as soon as reasonably practicable, but not later than 6 months after the sales representative, representative of the investment adviser or officer or employee is employed by the broker-dealer or investment adviser; and

(b) May be part of any existing continuing education or training program required to be completed by the sales representative, representative of the investment adviser or officer or employee of the broker-dealer or investment adviser.

3. The training required pursuant to subsection 1 must include, without limitation:

(a) An explanation of the conduct which constitutes exploitation of an older person or vulnerable person;

(b) The manner in which exploitation of an older person or vulnerable person may be recognized;

(c) Information concerning the manner in which reports of exploitation of an older person or vulnerable person are investigated; and

(d) Instruction concerning when and how to report known or suspected exploitation of an older person or vulnerable person.

4. A sales representative, representative of an investment adviser or officer or employee of a broker-dealer or investment adviser who has observed or has knowledge of an incident that is directly related to a transaction or matter which is within his or her scope of practice and which reasonably appears to be exploitation of an older person or vulnerable person shall report the known or suspected exploitation to a designated reporter pursuant to NRS 90.6145.

[Added to NRS by 2015, 2020]

NRS 90.6145 Designated reporter: Designation; duty to report; immunity.

1. Each broker-dealer and investment adviser shall designate a person or persons to whom a sales representative, representative of the investment adviser or officer or employee of the broker-dealer or investment adviser must report known or suspected exploitation of an older person or vulnerable person.

2. If a sales representative, representative of an investment adviser or officer or employee of the broker-dealer or investment adviser reports known or suspected exploitation of an older person to a designated reporter and, based on such a report or based on his or her own observations or knowledge, the designated reporter knows or has reasonable cause to believe that an older person has been exploited, the designated reporter shall:

(a) Except as otherwise provided in subsection 3, report the known or suspected exploitation of the older person to:

(1) The local office of the Aging and Disability Services Division of the Department of Health and Human Services;

(2) A police department or sheriff's office;

(3) The county's office for protective services, if one exists in the county where the suspected exploitation occurred; or

(4) A toll-free telephone service designated by the Aging and Disability Services Division; and

(b) Make such a report as soon as reasonably practicable.

3. If the designated reporter knows or has reasonable cause to believe that the exploitation of an older person involves an act or omission of the Aging and Disability Services Division, another division of the Department of Health and Human Services or a law enforcement agency, the designated reporter shall make the report to an agency other than the agency alleged to have committed the act or omission.

4. If a sales representative, representative of an investment adviser or officer or employee of a broker-dealer or investment adviser reports known or suspected exploitation of a vulnerable person to a designated reporter and, based on such a report or based on his or her own observations or knowledge, the designated reporter knows or has reasonable cause to believe that a vulnerable person has been exploited, the designated reporter shall:

(a) Except as otherwise provided in subsection 5, report the known or suspected exploitation of the vulnerable person to a law enforcement agency; and

(b) Make such a report as soon as reasonably practicable.

5. If the designated reporter knows or has reasonable cause to believe that the exploitation of a vulnerable person involves an act or omission of a law enforcement

agency, the designated reporter shall make the report to a law enforcement agency other than the agency alleged to have committed the act or omission.

6. In accordance with the provisions of subsection 3 of NRS 239A.070, in making a report pursuant to this section, a designated reporter may:

(a) Disclose any fact or information that forms the basis of the determination that the designated reporter knows or has reasonable cause to believe that an older person or vulnerable person has been exploited, including, without limitation, the identity of any person believed to be involved in the exploitation of the older person or vulnerable person; and

(b) Provide any financial records or other documentation relating to the exploitation of the older person or vulnerable person.

7. A sales representative, representative of an investment adviser or officer or employee of a broker-dealer or investment adviser and a designated reporter are entitled to the immunity from liability set forth in NRS 200.5096 for making a report pursuant to this section in good faith.

[Added to NRS by 2015, 2021]

Financial Institutions:

NRS 657.280 Training; reporting to designated reporter.

1. Each financial institution shall provide training concerning the identification and reporting of the suspected exploitation of an older person or vulnerable person to each officer and employee of the financial institution who:

(a) May, as part of his or her regular duties for the financial institution, come into direct contact with an older person or vulnerable person; or

(b) May review or approve the financial documents, records or transactions of an older person or vulnerable person in connection with providing financial services to the older person or vulnerable person.

2. The training required pursuant to subsection 1 must be provided as soon as reasonably practicable, but not later than 6 months after the officer or employee is employed by the financial institution.

3. The training required pursuant to subsection 1 must include, without limitation:

(a) An explanation of the conduct which constitutes exploitation of an older person or vulnerable person;

(b) The manner in which exploitation of an older person or vulnerable person may be recognized;

(c) Information concerning the manner in which reports of exploitation are investigated; and

(d) Instruction concerning when and how to report known or suspected exploitation of an older person or vulnerable person.

4. An officer or employee who has observed or has knowledge of an incident that is directly related to a transaction or matter which is within his or her scope of practice and which reasonably appears to be exploitation of an older person or vulnerable person shall report the known or suspected exploitation to the designated reporter.

[Added to NRS by 2007, 1489]

NRS 657.290 Designated reporter: Designation; duty to report; immunity.

1. Each financial institution shall designate a person or persons to whom an officer or employee of the financial institution must report known or suspected exploitation of an older person or vulnerable person.

2. If an officer or employee reports known or suspected exploitation of an older person to a designated reporter and, based on such a report or based on his or her own observations or knowledge, the designated reporter knows or has reasonable cause to believe that an older person has been exploited, the designated reporter shall:

(a) Except as otherwise provided in subsection 3, report the known or suspected exploitation of the older person to:

(1) The local office of the Aging and Disability Services Division of the Department of Health and Human Services;

(2) A police department or sheriff's office;

(3) The county's office for protective services, if one exists in the county where the suspected action occurred; or

(4) A toll-free telephone service designated by the Aging and Disability Services Division of the Department of Health and Human Services; and

(b) Make such a report as soon as reasonably practicable.

3. If the designated reporter knows or has reasonable cause to believe that the exploitation of the older person involves an act or omission of the Aging and Disability Services Division, another division of the Department of Health and Human Services or a law enforcement agency, the designated reporter shall make the report to an agency other than the one alleged to have committed the act or omission.

4. If an officer or employee reports known or suspected exploitation of a vulnerable person to a designated reporter and, based on such a report or based on his or her own observations or knowledge, the designated reporter knows or has reasonable cause to believe that a vulnerable person has been exploited, the designated reporter shall:

(a) Except as otherwise provided in subsection 5, report the known or suspected exploitation of the vulnerable person to a law enforcement agency; and

(b) Make such a report as soon as reasonably practicable.

5. If the designated reporter knows or has reasonable cause to believe that the exploitation of the vulnerable person involves an act or omission of a law enforcement agency, the designated reporter shall make the report to a law enforcement agency other than the one alleged to have committed the act or omission.

6. In accordance with the provisions of subsection 3 of NRS 239A.070, in making a report pursuant to this section, a designated reporter may:

(a) Disclose any facts or information that form the basis of the determination that the designated reporter knows or has reasonable cause to believe that an older person or vulnerable person has been exploited, including, without limitation, the identity of any person believed to be involved in the exploitation of the older person or vulnerable person; and

(b) Provide any financial records or other documentation relating to the exploitation of the older person or vulnerable person.

7. An officer, employee and the designated reporter are entitled to the immunity from liability set forth in NRS 200.5096 for making a report in good faith.

[Added to NRS by 2007, 1489]

New Hampshire

Everyone

<https://law.justia.com/codes/new-hampshire/2016/title-xii/chapter-161-f/section-161-f-46/>

161-F:46 Reports of Adult Abuse; Investigations. – Any person, including, but not limited to, physicians, other health care professionals, social workers, clergy, and law enforcement officials, suspecting or believing in good faith that any adult who is or who is suspected to be vulnerable has been subjected to abuse, neglect, self-neglect, or exploitation or is living in hazardous conditions shall report or cause a report to be made as follows:

I. An oral report, by telephone or otherwise, shall be made immediately, followed by a written report, if so requested, to the commissioner or his authorized representative. When oral reports are made after working hours of the department, or on weekends or holidays, such reports shall be made to the police department of the appropriate political subdivision, or to the sheriff of the county, in which the alleged abuse, neglect or exploitation occurred. Law enforcement officials receiving reports under this paragraph shall notify the commissioner within 72 hours of receipt of such reports.

II. Within 72 hours following receipt by the commissioner or his authorized representative of such oral reports, an investigation shall be initiated by the commissioner or his authorized representative.

III. Investigations shall not be made if the commissioner or his authorized representative determines that the report is frivolous or without a factual basis.

Source. 1989, 7:1. 1995, 310:175, 183. 2002, 36:3, eff. July 1, 2002. 2016, 59:2, eff. July 4, 2016.

2006 New Hampshire Statutes - Section 161-F:48 Abrogation of Privileged Communication.

The privileged quality of communication between husband and wife and any professional person and his patient or client, except that between attorney and client, shall not apply to any proceedings instituted pursuant to this subdivision and shall not constitute grounds for failure to report as required by this subdivision.

New Jersey

Law Enforcement

Licensed Social Workers

Medical Professional

Paid Caregivers

EMTs

Home Health Aids

Psychologists

Fire Fighter

Care Facility Owner/Employees

52:27D-407 Definitions.

2. As used in this act:

“Abuse” means the willful infliction of physical pain, injury or mental anguish, unreasonable confinement, or the willful deprivation of services which are necessary to maintain a person’s physical and mental health.

“Caretaker” means a person who has assumed the responsibility for the care of a vulnerable adult as a result of family relationship or who has assumed responsibility for the care of a vulnerable adult voluntarily, by contract, or by order of a court of competent jurisdiction, whether or not they reside together.

“Commissioner” means the Commissioner of Human Services.

“Community setting” means a private residence or any noninstitutional setting in which a person may reside alone or with others, but shall not include residential health care facilities, rooming houses or boarding homes or any other facility or living arrangement subject to licensure by, operated by, or under contract with, a State department or agency.

“County adult protective services provider” means a county Board of Social Services or other public or nonprofit agency with experience as a New Jersey provider of protective services for adults, designated by the county and approved by the commissioner. The county adult protective services provider receives

reports made pursuant to this act, maintains pertinent records and provides, arranges, or recommends protective services.

“County director” means the director of a county adult protective services provider.

“Department” means the Department of Human Services.

“Emergency medical technician” means a person trained in basic life support services as defined in section 1 of P.L.1985, c.351 [C.26:2K-21] and who is certified by the Department of Health to provide that level of care.

“Exploitation” means the act or process of illegally or improperly using a person or his resources for another person’s profit or advantage.

“Firefighter” means a paid or volunteer firefighter.

“Health care professional” means a health care professional who is licensed or otherwise authorized, pursuant to Title 45 or Title 52 of the Revised Statutes, to practice a health care profession that is regulated by one of the following boards or by the Director of the Division of Consumer Affairs: the State Board of Medical Examiners, the New Jersey Board of Nursing, the New Jersey State Board of Dentistry, the New Jersey State Board of Optometrists, the New Jersey State Board of Pharmacy, the State Board of Chiropractic Examiners, the Acupuncture Examining Board, the State Board of Physical Therapy, the State Board of Respiratory Care, the Orthotics and Prosthetics Board of Examiners, the State Board of Psychological Examiners, the State Board of Social Work Examiners, the State Board of Examiners of Ophthalmic Dispensers and Ophthalmic Technicians, the Audiology and Speech-Language Pathology Advisory Committee, the State Board of Marriage and Family Therapy Examiners, the Occupational Therapy Advisory Council, the Certified Psychoanalysts Advisory Committee, and the State Board of Polysomnography. “Health care professional” also means a nurse aide or personal care assistant who is certified by the Department of Health.

“Neglect” means an act or failure to act by a vulnerable adult or his caretaker which results in the inadequate provision of care or services necessary to maintain the physical and mental health of the vulnerable adult, and which places the vulnerable adult in a situation which can result in serious injury or which is life-threatening.

“Protective services” means voluntary or court-ordered social, legal, financial, medical or psychiatric services necessary to safeguard a vulnerable adult’s rights and resources, and to protect a vulnerable adult from abuse, neglect or exploitation. Protective services include, but are not limited to: evaluating the need for services, providing or arranging for appropriate services, obtaining financial benefits to which a person is entitled, and arranging for guardianship and other legal actions.

“Vulnerable adult” means a person 18 years of age or older who resides in a community setting and who,

because of a physical or mental illness, disability or deficiency, lacks sufficient understanding or capacity to make, communicate, or carry out decisions concerning his well-being and is the subject of abuse, neglect or exploitation. A person shall not be deemed to be the subject of abuse, neglect or exploitation or in need of protective services for the sole reason that the person is being furnished nonmedical remedial treatment by spiritual means through prayer alone or in accordance with a recognized religious method of healing in lieu of medical treatment, and in accordance with the tenets and practices of the person’s established religious tradition.

52:27D-409 Report of suspected abuse, neglect, exploitation.

4. a. [1] A health care professional, law enforcement officer, firefighter, paramedic or emergency medical technician who has reasonable cause to believe that a vulnerable adult is the subject of abuse, neglect or exploitation shall report the information to the county adult protective services provider.

[2] Any other person who has reasonable cause to believe that a vulnerable adult is the subject of abuse, neglect or exploitation may report the information to the county adult protective services provider.

b. The report, if possible, shall contain the name and address of the vulnerable adult; the name and address of the caretaker, if any; the nature and possible extent of the vulnerable adult’s injury or condition as a result of abuse, neglect or exploitation; and any other information that the person reporting believes may be helpful.

c. A person who reports information pursuant to this act, or provides information concerning the abuse of a vulnerable adult to the county adult protective services provider, or testifies at a grand jury, judicial or administrative proceeding resulting from the report, is immune from civil and criminal liability arising from the report, information, or testimony, unless the person acts in bad faith or with malicious purpose.

d. An employer or any other person shall not take any discriminatory or retaliatory action against an individual who reports abuse, neglect or exploitation pursuant to this act. An employer or any other person shall not discharge, demote or reduce the salary of an employee because the employee reported information in good faith pursuant to this act. A person who violates this subsection is liable for a fine of up to \$1,000.

e. A county adult protective services provider and its employees are immune from criminal and civil liability when acting in the performance of their official duties, unless their conduct is outside the scope of their employment, or constitutes a crime, actual fraud, actual malice, or willful misconduct.

NEW JERSEY ACT SAVE IN DRIVE- FINANCIAL INSTITUTIONS

New Mexico

Everyone

New Mexico Statutes Chapter 27. Public Assistance § 27-7-30. Duty to report; penalty

A. Any person, including financial institutions, having reasonable cause to believe that an incapacitated adult is being abused, neglected or exploited shall immediately report that information to the department.

B. The report required in Subsection A of this section may be made orally or in writing. The report shall include the name, age and address of the adult, the name and address of any other person responsible for the adult's care, the nature and extent of the adult's condition, the basis of the reporter's knowledge and other relevant information.

C. Any person failing or refusing to report, or obstructing or impeding any investigation, as required by Subsection A of this section is guilty of a misdemeanor.

D. The department may assess a civil penalty not to exceed ten thousand dollars [\$10,000] per violation against a person that violates the provisions of Subsection A of this section or obstructs or impedes any investigation as required pursuant to Subsection A of this section. The department may assess and collect the penalty, after notice and an opportunity for hearing before a hearing officer designated by the department to hear the matter, upon a determination that a person violated the provisions of Subsection A of this section or obstructed or impeded any investigation as required pursuant to this section. The hearing officer has the power to administer oaths on request of any party and issue subpoenas and subpoenas duces tecum. Additionally, if the violation is against a person covered by the Personnel Act, the department shall refer the matter to the agency employing the person for disciplinary action. Any party may appeal a final decision by the department to the court pursuant to the provisions of Section 39-3-1.1 NMSA 1978 .

30-47-3. Definitions.

As used in the Resident Abuse and Neglect Act:

A. "abuse" means any act or failure to act performed intentionally, knowingly or recklessly that causes or is likely to cause harm to a resident, including:

- [1] physical contact that harms or is likely to harm a resident of a care facility;
- [2] inappropriate use of a physical restraint, isolation or medication that harms or is likely to harm a resident;
- [3] inappropriate use of a physical or chemical restraint, medication or isolation as punishment or in conflict with a physician's order;
- [4] medically inappropriate conduct that causes or is likely to cause physical harm to a resident;
- [5] medically inappropriate conduct that causes or is

likely to cause great psychological harm to a resident; or
 [6] an unlawful act, a threat or menacing conduct directed toward a resident that results and might reasonably be expected to result in fear or emotional or mental distress to a resident;

B. "care facility" means a hospital; skilled nursing facility; intermediate care facility; care facility for the mentally retarded; psychiatric facility; rehabilitation facility; kidney disease treatment center; home health agency; ambulatory surgical or outpatient facility; home for the aged or disabled; group home; adult foster care home; private residence that provides personal care, sheltered care or nursing care for one or more persons; a resident's or care provider's home in which personal care, sheltered care or nursing care is provided; adult day care center; boarding home; adult residential shelter care home; and any other health or resident care related facility or home, but does not include a care facility located at or performing services for any correctional facility;

C. "department" means the human services department or its successor, contractor, employee or designee;

D. "great psychological harm" means psychological harm that causes mental or emotional incapacitation for a prolonged period of time or that causes extreme behavioral change or severe physical symptoms that require psychological or psychiatric care;

E. "great physical harm" means physical harm of a type that causes physical loss of a bodily member or organ or functional loss of a bodily member or organ for a prolonged period of time;

F. "neglect" means, subject to the resident's right to refuse treatment and subject to the caregiver's right to exercise sound medical discretion, the grossly negligent:

[1] failure to provide any treatment, service, care, medication or item that is necessary to maintain the health or safety of a resident;

[2] failure to take any reasonable precaution that is necessary to prevent damage to the health or safety of a resident; or

[3] failure to carry out a duty to supervise properly or control the provision of any treatment, care, good, service or medication necessary to maintain the health or safety of a resident;

G. "person" means any individual, corporation, partnership, unincorporated association or other governmental or business entity;

H. "physical harm" means an injury to the body that causes substantial pain or incapacitation; and

I. "resident" means any person who resides in a care facility or who receives treatment from a care facility.

30-47-9. Reporting requirements; failure to report; crime created; criminal penalty; discrimination or

retaliation for filing a report prohibited.

A. Any person paid in whole or part for providing to a resident any treatment, care, good, service or medication who has reasonable cause to believe that the resident has been abused, neglected or exploited shall report the abuse, neglect or exploitation in accordance with the provisions of Section 27-7-30 NMSA 1978.

B. Any person required to make a report pursuant to Subsection A of this section who fails to do so is guilty of a misdemeanor and upon conviction shall be sentenced pursuant to the provisions of Subsection A of Section 31-19-1 NMSA 1978.

C. In addition to those persons required to report pursuant to Subsection A of this section, any other person shall make a report if the person has reasonable cause to believe that a patient or resident of a facility has been abused, neglected or exploited.

D. Any person making a report pursuant to Subsection C of this section shall not be liable in any civil or criminal action based on the report if it was made in good faith.

E. No facility shall, without just cause, discharge or in any manner discriminate or retaliate against any person who in good faith makes a report required or permitted by the Resident Abuse and Neglect Act [30-47-1 NMSA 1978], or testifies, or is about to testify, in any proceeding about the abuse, neglect or exploitation of a resident in that facility. For the purposes of this section, "retaliate" includes transferring to another facility, without just cause, over the objection of the resident or the resident's guardian, any resident who has reported an incident pursuant to this section.

New York

No one is mandated to report

N.Y. Social Services Law §§ 488

As used in this article, the following terms shall have the following meanings:

1. "Reportable incident" shall mean the following conduct that a mandated reporter is required to report to the vulnerable persons' central register:

[a] "Physical abuse," which shall mean conduct by a custodian intentionally or recklessly causing, by physical contact, physical injury or serious or protracted impairment of the physical, mental or emotional condition of a service recipient or causing the likelihood of such injury or impairment. Such conduct may include but shall not be limited to: slapping, hitting, kicking, biting, choking, smothering, shoving, dragging, throwing, punching, shaking, burning, cutting or the use of corporal punishment. Physical abuse shall not include reasonable emergency interventions necessary to protect the safety of any person.

[b] "Sexual abuse," which shall mean any conduct by a custodian that subjects a person receiving services to any offense defined in article one hundred thirty or section 255.25 , 255.26 or 255.27 of the penal law ; or any conduct or communication by such custodian that allows, permits, uses or encourages a service recipient to engage in any act described in articles two hundred thirty or two hundred sixty-three of the penal law. For purposes of this paragraph only, a person with a developmental disability who is or was receiving services and is also an employee or volunteer of a service provider shall not be considered a custodian if he or she has sexual contact with another service recipient who is a consenting adult who has consented to such contact.

[c] "Psychological abuse," which shall mean conduct by a custodian intentionally or recklessly causing, by verbal or non-verbal conduct, a substantial diminution of a service recipient's emotional, social or behavioral development or condition, supported by a clinical assessment performed by a physician, psychologist, psychiatric nurse practitioner, licensed clinical or master social worker or licensed mental health counselor, or causing the likelihood of such diminution. Such conduct may include but shall not be limited to intimidation, threats, the display of a weapon or other object that could reasonably be perceived by a service recipient as a means for infliction of pain or injury, in a manner that constitutes a threat of physical pain or injury, taunts, derogatory comments or ridicule.

[d] "Deliberate inappropriate use of restraints," which shall mean the use of a restraint when the technique that is used, the amount of force that is used or the situation in which the restraint is used is deliberately inconsistent with a service recipient's individual treatment plan or behavioral intervention plan, generally accepted treatment practices and/or applicable federal or state laws, regulations or policies, except when the restraint is used as a reasonable emergency intervention to prevent imminent risk of harm to a person receiving services or to any other person. For purposes of this subdivision, a "restraint" shall include the use of any manual, pharmacological or mechanical measure or device to immobilize or limit the ability of a person receiving services to freely move his or her arms, legs or body.

[e] "Use of aversive conditioning," which shall mean the application of a physical stimulus that is intended to induce pain or discomfort in order to modify or change the behavior of a person receiving services in the absence of a person-specific authorization by the operating, licensing or certifying state agency pursuant to governing state agency regulations. Aversive conditioning may include but is not limited to, the use of physical stimuli such as noxious odors, noxious tastes, blindfolds, the withholding of meals and the provision of substitute foods in an unpalatable form and movement limitations used as punishment, including but not limited to helmets and mechanical restraint devices.

(f) “Obstruction of reports of reportable incidents,” which shall mean conduct by a custodian that impedes the discovery, reporting or investigation of the treatment of a service recipient by falsifying records related to the safety, treatment or supervision of a service recipient, actively persuading a mandated reporter from making a report of a reportable incident to the statewide vulnerable persons’ central register with the intent to suppress the reporting of the investigation of such incident, intentionally making a false statement or intentionally withholding material information during an investigation into such a report; intentional failure of a supervisor or manager to act upon such a report in accordance with governing state agency regulations, policies or procedures; or, for a mandated reporter who is a custodian as defined in subdivision two of this section, failing to report a reportable incident upon discovery.

(g) “Unlawful use or administration of a controlled substance,” which shall mean any administration by a custodian to a service recipient of: a controlled substance as defined by article thirty-three of the public health law, without a prescription; or other medication not approved for any use by the federal food and drug administration. It also shall include a custodian unlawfully using or distributing a controlled substance as defined by article thirty-three of the public health law, at the workplace or while on duty.

(h) “Neglect,” which shall mean any action, inaction or lack of attention that breaches a custodian’s duty and that results in or is likely to result in physical injury or serious or protracted impairment of the physical, mental or emotional condition of a service recipient. Neglect shall include, but is not limited to: (i) failure to provide proper supervision, including a lack of proper supervision that results in conduct between persons receiving services that would constitute abuse as described in paragraphs (a) through (g) of this subdivision if committed by a custodian; (ii) failure to provide adequate food, clothing, shelter, medical, dental, optometric or surgical care, consistent with the rules or regulations promulgated by the state agency operating, certifying or supervising the facility or provider agency, provided that the facility or provider agency has reasonable access to the provision of such services and that necessary consents to any such medical, dental, optometric or surgical treatment have been sought and obtained from the appropriate individuals; or (iii) failure to provide access to educational instruction, by a custodian with a duty to ensure that an individual receives access to such instruction in accordance with the provisions of part one of article sixty-five of the education law and/or the individual’s individualized education program.

(i) “Significant incident” shall mean an incident, other than an incident of abuse or neglect, that because of its severity or the sensitivity of the situation may result in, or has the reasonably foreseeable potential to result in, harm to the health, safety or welfare of a person receiving services and shall include but shall not be limited to:

(1) conduct between persons receiving services that would constitute abuse as described in paragraphs (a) through (g) of this subdivision if committed by a custodian; or

(2) conduct on the part of a custodian, which is inconsistent with a service recipient’s individual treatment plan or individualized educational program, generally accepted treatment practices and/or applicable federal or state laws, regulations or policies and which impairs or creates a reasonably foreseeable potential to impair the health, safety or welfare of a person receiving services, including but not limited to:

(A) unauthorized seclusion, which shall mean the placement of a person receiving services in a room or area from which he or she cannot, or perceives that he or she cannot, leave at will;

(B) unauthorized use of time-out, which shall mean the use of a procedure in which a person receiving services is removed from regular programming and isolated in a room or area for the convenience of a custodian, or as a substitute for programming but shall not include the use of a time-out as an emergency intervention to protect the health or safety of the individual or other persons;

(C) except as provided for in paragraph (g) of subdivision one of this section, the administration of a prescribed or over-the-counter medication, which is inconsistent with a prescription or order issued for a service recipient by a licensed, qualified health care practitioner, and which has an adverse effect on a service recipient. For purposes of this paragraph, “adverse effect” shall mean the unanticipated and undesirable side effect from the administration of a particular medication which unfavorably affects the well-being of a service recipient;

(D) inappropriate use of restraints, which shall mean the use of a restraint when the technique that is used, the amount of force that is used or the situation in which the restraint is used is inconsistent with a service recipient’s individual plan, generally accepted treatment practices and/or applicable federal or state laws, regulations or policies. For the purposes of this subdivision, a “restraint” shall include the use of any manual, pharmacological or mechanical measure or device to immobilize or limit the ability of a person receiving services to freely move his or her arms, legs or body; or

(3) any other conduct identified in regulations of the state oversight agency, pursuant to guidelines or standards established by the executive director.

2. “Custodian” means a director, operator, employee or volunteer of a facility or provider agency; or a consultant or an employee or volunteer of a corporation, partnership, organization or governmental entity which provides goods or services to a facility or provider agency pursuant to contract or other arrangement that permits such person to have regular and substantial contact with individuals who are cared for by the facility or provider agency.

3. “Executive director” shall mean the executive director of the justice center for the protection of people with special needs as established by article twenty of the executive law.

4. “Facility” or “provider agency” shall mean:

(a) a facility or program in which services are provided and which is operated, licensed or certified by the office of mental health, the office for people with developmental disabilities or the office of alcoholism and substance abuse services, including but not limited to psychiatric centers, inpatient psychiatric units of a general hospital, developmental centers, intermediate care facilities, community residences, group homes and family care homes, provided, however, that such term shall not include a secure treatment facility as defined in section 10.03 of the mental hygiene law , services defined in subparagraph four of subdivision (a) of section 16.03 of the mental hygiene law , or services provided in programs or facilities that are operated by the office of mental health and located in state correctional facilities under the jurisdiction of the department of corrections and community supervision;

(b) any program or facility that is operated by the office of children and family services for juvenile delinquents or juvenile offenders placed in the custody of the commissioner of such office and any residential programs or facilities licensed or certified by the office of children and family services, excluding foster family homes and residential programs for victims of domestic violence;

(c) adult care facilities, which shall mean adult homes or enriched housing programs licensed pursuant to article seven of this chapter: (i) [A] that have a licensed capacity of eighty or more beds; and [B] in which at least twenty-five percent of the residents are persons with serious mental illness as defined by subdivision fifty-two of section 1.03 of the mental hygiene law ; (ii) but not including an adult home or enriched housing program which is authorized to operate fifty-five percent or more of its total licensed capacity of beds as assisted living program beds pursuant to section four hundred sixty-one-l of this chapter;

(d) any overnight, summer day and traveling summer day camps for children with developmental disabilities as defined in regulations promulgated by the commissioner of health; or

(e) the New York state school for the blind and the New York state school for the deaf, which operate pursuant to articles eighty-seven and eighty-eight of the education law; an institution for the instruction of the deaf and the blind which has a residential component and is subject to the visitation of the commissioner of education pursuant to article eighty-five of the education law with respect to its day and residential components; special act school districts serving students with disabilities; or in-state private schools which have been approved by the commissioner of education for special education

services or programs, and which have a residential program.

4-a. “State oversight agency” shall mean the state agency that operates, licenses or certifies an applicable facility or provider agency; provided however that such term shall only include the following entities: the office of mental health, the office for people with developmental disabilities, the office of alcoholism and substance abuse services, the office of children and family services, the department of health and the state education department. “State oversight agency” does not include agencies that are certification agencies pursuant to federal law or regulation.

5. “Mandated reporter” shall mean a custodian or a human services professional, but shall not include a service recipient.

5-a. “Human services professional” shall mean any: physician; registered physician assistant; surgeon; medical examiner; coroner; dentist; dental hygienist; osteopath; optometrist; chiropractor; podiatrist; resident; intern; psychologist; registered nurse; licensed practical nurse; nurse practitioner; social worker; emergency medical technician; licensed creative arts therapist; licensed marriage and family therapist; licensed mental health counselor; licensed psychoanalyst; licensed behavior analyst; certified behavior analyst assistant; licensed speech/language pathologist or audiologist; licensed physical therapist; licensed occupational therapist; hospital personnel engaged in the admission, examination, care or treatment of persons; Christian Science practitioner; school official, which includes but is not limited to school teacher, school guidance counselor, school psychologist, school social worker, school nurse, school administrator or other school personnel required to hold a teaching or administrative license or certificate; full or part-time compensated school employee required to hold a temporary coaching license or professional coaching certificate; social services worker; any other child care or foster care worker; mental health professional; person credentialed by the office of alcoholism and substance abuse services; peace officer; police officer; district attorney or assistant district attorney; investigator employed in the office of a district attorney; or other law enforcement official.

6. “Physical injury” and “impairment of physical condition” shall mean any confirmed harm, hurt or damage resulting in a significant worsening or diminution of an individual’s physical condition.

7. “Delegate investigatory entity” shall mean a facility or provider agency, or any other entity authorized by the regulations of a state oversight agency or the justice center for the protection of people with special needs to conduct an investigation of a reportable incident.

8. “Justice center” shall mean the justice center for the protection of people with special needs.

9. “Person receiving services,” or “service recipient” shall mean an individual who resides or is an inpatient in a residential facility or who receives services from a facility or provider agency.

10. “Personal representative” shall mean a person authorized under state, tribal, military or other applicable law to act on behalf of a vulnerable person in making health care decisions or, for programs that serve children under the jurisdiction of the state education department or the office of children and family services, the service recipient’s parent, guardian or other person legally responsible for such person.

11. “Abuse or neglect” shall mean the conduct described in paragraphs (a) through (h) of subdivision one of this section.

12. “Subject of the report” shall mean a custodian, as defined in subdivision two of this section, who is reported to the vulnerable persons’ central register for the alleged abuse or neglect of a vulnerable person as defined in subdivision eleven of this section.

13. “Other persons named in the report” shall mean and be limited to the following persons who are named in a report to the vulnerable persons’ central register other than the subject of the report: the service recipient whose care and treatment is the concern of a report to the vulnerable persons’ central register, and the personal representative, if any, as defined in subdivision ten of this section.

14. “Vulnerable persons’ central register” shall mean the statewide central register of reportable incidents involving vulnerable persons, which shall operate in accordance with section four hundred ninety-two of this article.

15. “Vulnerable person” shall mean a person who, due to physical or cognitive disabilities, or the need for services or placement, is receiving services from a facility or provider agency.

16. “Intentionally” and “recklessly” shall have the same meanings as provided in subdivisions one and three of section 15.05 of the penal law .

Section 2803-D

Reporting abuses of persons receiving care or services in residential health care facilities.

1. The following persons are required to report in accordance with this section when they have reasonable cause to believe that a person receiving care or services in a residential health care facility has been physically abused, mistreated or neglected by other than a person receiving care or services in the facility: any operator or employee of such facility, any person who, or employee of any corporation, partnership, organization or other entity which, is under contract to provide patient care services in such facility, and any nursing home administrator, physician, medical examiner, coroner, physician’s associate, specialist’s

assistant, osteopath, chiropractor, physical therapist, occupational therapist, registered professional nurse, licensed practical nurse, dentist, podiatrist, optometrist, pharmacist, psychologist, licensed master social worker, licensed clinical social worker, speech pathologist and audiologist.

2. In addition to those persons required to report suspected physical abuse, mistreatment or neglect of persons receiving care or services in residential health care facilities, any other person may make such a report if he or she has reasonable cause to believe that a person receiving care or services has been physically abused, mistreated or neglected in the facility.

3. Reports of suspected physical abuse, mistreatment or neglect made pursuant to this section shall be made immediately by telephone and in writing within forty-eight hours to the department. Written reports shall be made on forms supplied by the commissioner and shall include the following information: the identity of the person making the report and where he can be found; the name and address of the residential health care facility; the names of the operator and administrator of the facility, if known; the name of the subject of the alleged physical abuse, mistreatment or neglect, if known; the nature and extent of the physical abuse, mistreatment or neglect; the date, time and specific location of the occurrence; the names of next of kin or sponsors of the subject of the alleged physical abuse, mistreatment or neglect, if known; and any other information which the person making the report believes would be helpful to further the purposes of this section. Such written reports shall be admissible in evidence, consistent with the provisions of paragraph (f) of subdivision six of this section, in any actions or proceedings relating to physical abuse, mistreatment or neglect of persons receiving care or services in residential health care facilities. Written reports made other than on forms supplied by the commissioner which contain the information required herein shall be treated as if made on such forms.

4. Any person who in good faith makes a report pursuant to this section shall have immunity from any liability, civil or criminal, for having made such a report. For the purpose of any proceeding, civil or criminal, the good faith of any person required to report instances of physical abuse, mistreatment or neglect of persons receiving care or services in residential health care facilities shall be presumed.

5. Notwithstanding the provisions of section two hundred thirty of this chapter, any licensed person who commits an act of physical abuse, mistreatment or neglect of a person receiving care or services in a residential health care facility and any licensed person required by this section to report an instance of suspected physical abuse, mistreatment or neglect of a person receiving care or services in a residential health care facility who fails to do so shall be guilty of unprofessional conduct in the practice of his or her profession.

6. [a] Upon receipt of a report made pursuant to this section, the commissioner shall cause an investigation to be made of the allegations contained in the report. Notification of the receipt of a report shall be made immediately by the department to the appropriate district attorney if a prior request in writing has been made to the department by the district attorney. Prior to the completion of the investigation by the department, every reasonable effort shall be made to notify, personally or by certified mail, any person under investigation for having committed an act of physical abuse, mistreatment or neglect. The commissioner shall make a written determination, based on the findings of the investigation, of whether or not sufficient credible evidence exists to sustain the allegations contained in the report or would support a conclusion that a person not named in such report has committed an act of physical abuse, neglect or mistreatment. A copy of such written determination, together with a notice of the right to a hearing as provided in this subdivision, shall be sent by registered or certified mail to each person who the commissioner has determined has committed an act of physical abuse, neglect or mistreatment. A letter shall be sent to any other person alleged in such report to have committed such an act stating that a determination has been made that there is not sufficient evidence to sustain the allegations relating to such person. A copy of each such determination and letter shall be sent to the facility in which the alleged incident occurred.

[b] The commissioner may make a written determination, based on the findings of the investigation, that sufficient credible evidence exists to support a conclusion that a person required by this section to report suspected physical abuse, mistreatment or neglect had reasonable cause to believe that such an incident occurred and failed to report such incident. A copy of such written determination, together with a notice of the right to a hearing as provided in this subdivision, shall be sent by registered or certified mail to each person who the commissioner has determined has failed to report as required by this section.

[c] All information relating to any allegation which the commissioner has determined would not be sustained shall be expunged one hundred twenty days following notification of such determination to the person who made the report pursuant to this section, unless a proceeding pertaining to such allegation is pending pursuant to article seventy-eight of the civil practice law and rules. Whenever information is expunged, the commissioner shall notify any official notified pursuant to paragraph [a] of this subdivision that the information has been expunged.

[d] At any time within thirty days of the receipt of a copy of a determination made pursuant to this section, a person named in such determination as having committed an act of physical abuse, neglect or mistreatment, or as having failed to report such an incident, may request in

writing that the commissioner amend or expunge the record of such report, to the extent such report applies to such person, or such written determination. If the commissioner does not comply with such request within thirty days, such person shall have the right to a fair hearing to determine whether the record of the report or the written determination should be amended or expunged on the grounds that the record is inaccurate or the determination is not supported by the evidence. The burden of proof in such hearing shall be on the department. Whenever information is expunged, the commissioner shall notify any official notified pursuant to paragraph [a] of this subdivision that the information has been expunged.

[e] Except as hereinafter provided, any report, record of the investigation of such report and all other information related to such report shall be confidential and shall be exempt from disclosure under article six of the public officers law.

[f] Information relating to a report made pursuant to this section shall be disclosed under any of the following conditions:

[i] pursuant to article six of the public officers law after expungement or amendment, if any, is made in accordance with a hearing conducted pursuant to this section, or at least forty-five days after a written determination is made by the commissioner concerning such report, whichever is later; provided, however, that the identity of the person who made the report, the victim, or any other person named, except a person who the commissioner has determined committed an act of physical abuse, neglect or mistreatment, shall not be disclosed unless such person authorizes such disclosure;

[ii] as may be required by the penal law or any lawful order or warrant issued pursuant to the criminal procedure law; or

[iii] to a person who has requested a hearing pursuant to this section, information relating to the determination upon which the hearing is to be conducted; provided, however, that the identity of the person who made the report or any other person who provided information in an investigation of the report shall not be disclosed unless such person authorizes such disclosure.

[g] Where appropriate, the commissioner shall report instances of physical abuse, mistreatment or neglect or the failure to report as required by this section, to the appropriate committee on professional conduct for the professions enumerated in subdivision one of this section when a determination has been made after the commissioner has provided an opportunity to be heard. The commissioner shall report instances of physical abuse, mistreatment, neglect or misappropriation of resident property by a nurse aide or other unlicensed individual and any brief statement by the nurse aide or other unlicensed individual disputing the finding to the nursing home nurse aide registry established pursuant

to section twenty-eight hundred three-j of this article when a determination has been made after the commissioner has provided an opportunity to be heard.

7. In addition to any other penalties prescribed by law, any person who commits an act of physical abuse, neglect or mistreatment, or who fails to report such an act as provided in this section, shall be deemed to have violated this section and shall be liable for a penalty pursuant to section twelve of this chapter after an opportunity to be heard pursuant to this section.

8. No residential health care facility or officer or employee thereof shall discharge or in any manner discriminate or retaliate against any person in any residential health care facility, or any relative, or sponsor thereof, or against any employee of the facility, or against any other person because such person, relative, legal representative, sponsor or employee has made, or is about to make, a report pursuant to this section, or has testified, or is about to testify, in any proceeding relating to physical abuse, mistreatment or neglect of a person receiving care or services in a residential health care facility. The supreme court may grant injunctive relief to any person subject to such retaliation or discrimination. Any violation of this subdivision shall be punishable pursuant to section twelve of this chapter.

9. No later than March fifteenth of every year the commissioner shall prepare and transmit to the governor and the legislature a report on the incidents of physical abuse, mistreatment and neglect of persons receiving care or services in residential health care facilities. No information concerning any individual or facility shall be disclosed in a report made pursuant to this subdivision, or in any other report, except information which would be available pursuant to article six of the public officers law as provided in this section. Nothing in this section shall be construed to prohibit the maintenance or disclosure of, or require the expungement of, statistical data which would not reveal the identity of any person or facility.

10. An investigation shall be made of each incident reported pursuant to this section, but only the provisions of paragraphs (e) and (f) of subdivision six, and subdivisions two, four, eight and nine shall apply to physical abuse by persons receiving care or services in residential health care facilities.

11. The commissioner shall adopt rules and regulations necessary to implement this section.

* NB Effective until April 14, 2020

* § 2803-d. Reporting abuses of persons receiving care or services in residential health care facilities.

1. The following persons are required to report in accordance with this section when they have reasonable cause to believe that a person receiving care or services in a residential health care facility has been abused, mistreated, neglected or subjected to the

misappropriation of property by other than a person receiving care or services in the facility: any operator or employee of such facility, or employee of any corporation, partnership, organization or other entity which, and any other person who, is under contract with such facility, and any nursing home administrator, physician, medical examiner, coroner, physician's associate, specialist's assistant, osteopath, chiropractor, physical therapist, occupational therapist, registered professional nurse, licensed practical nurse, dentist, podiatrist, optometrist, pharmacist, psychologist, licensed master social worker, licensed clinical social worker, speech pathologist and audiologist.

2. In addition to those persons required to report suspected abuse, mistreatment, neglect or misappropriation of the property of persons receiving care or services in residential health care facilities, any other person may make such a report if he or she has reasonable cause to believe that a person receiving care or services has been abused, mistreated, neglected or subjected to the misappropriation of property in the facility.

3. Reports of suspected abuse, mistreatment, neglect or the misappropriation of property made pursuant to this section shall be made immediately by telephone and in writing within forty-eight hours to the department. The department shall provide forms, which shall be available to be downloaded from the department's website, which may be, but are not required to be, used for making the written reports. Written reports shall include the following information: the identity of the person making the report and where he can be found; the name and address of the residential health care facility; the names of the operator and administrator of the facility, if known; the name of the subject of the alleged abuse, mistreatment, neglect or misappropriation of property, if known; the nature and extent of the abuse, mistreatment, neglect or misappropriation of property; the date, time and specific location of the occurrence; the names of next of kin or sponsors of the subject of the alleged abuse, mistreatment, neglect or misappropriation of property, if known; and any other information which the person making the report believes would be helpful to further the purposes of this section. Such written reports shall be admissible in evidence, consistent with the provisions of paragraph (f) of subdivision six of this section, in any actions or proceedings relating to abuse, mistreatment, neglect or misappropriation of property of persons receiving care or services in residential health care facilities. Written reports made other than on forms supplied by the commissioner which contain the information required herein shall be treated as if made on such forms.

4. Any person who in good faith makes a report pursuant to this section shall have immunity from any liability, civil or criminal, for having made such a report. For the purpose of any proceeding, civil or criminal, the good faith of any person required to report instances

of abuse, mistreatment, neglect or misappropriation of property of persons receiving care or services in residential health care facilities shall be presumed.

5. Notwithstanding the provisions of section two hundred thirty of this chapter, any licensed person who commits an act of abuse, mistreatment, neglect or misappropriation of property of a person receiving care or services in a residential health care facility and any licensed person required by this section to report an instance of suspected abuse, mistreatment, neglect or misappropriation of property of a person receiving care or services in a residential health care facility who fails to do so shall be guilty of unprofessional conduct in the practice of his or her profession.

6. (a) Upon receipt of a report made pursuant to this section, the commissioner shall cause an investigation to be made of the allegations contained in the report. Notification of the receipt of a report shall be made immediately by the department to the appropriate district attorney if a prior request in writing has been made to the department by the district attorney. At any time, if the department determines that there is a reasonable belief that a reported allegation may constitute a crime under the laws of the state of New York or the United States, the department shall notify the appropriate law enforcement official or authority. Prior to the completion of the investigation by the department, reasonable effort shall be made to notify, personally or by certified mail, any person under investigation for having committed an act of abuse, mistreatment, neglect or misappropriation of property. The commissioner shall make a written determination, based on the findings of the investigation, of whether or not sufficient credible evidence exists to sustain the allegations contained in the report or would support a conclusion that a person not named in such report has committed an act of abuse, neglect, mistreatment or misappropriation of property. A copy of such written determination, together with a notice of the right to a hearing as provided in this subdivision, shall be sent by registered or certified mail to each person who the commissioner has determined has committed an act of abuse, neglect, mistreatment or misappropriation of property. A letter shall be sent to any other person alleged in such report to have committed such an act stating that a determination has been made that there is not sufficient evidence to sustain the allegations relating to such person. A copy of each such determination and letter shall be sent to the facility in which the alleged incident occurred.

(b) The commissioner may make a written determination, based on the findings of the investigation, that sufficient credible evidence exists to support a conclusion that a person required by this section to report suspected abuse, mistreatment, neglect or misappropriation of property had reasonable cause to believe that such an incident occurred and failed to report such incident. A copy of such written determination, together with

a notice of the right to a hearing as provided in this subdivision, shall be sent by registered or certified mail to each person who the commissioner has determined has failed to report as required by this section.

(c) All information relating to any allegation which the commissioner has determined would not be sustained shall be sealed one hundred twenty days following notification of such determination to the person who made the report pursuant to this section, unless a proceeding pertaining to such allegation is pending pursuant to article seventy-eight of the civil practice law and rules. Whenever information is sealed, the commissioner shall notify any official notified pursuant to paragraph (a) of this subdivision that the information has been sealed.

(d) At any time within thirty days of the receipt of a copy of a determination made pursuant to this section, a person named in such determination as having committed an act of abuse, neglect, mistreatment or misappropriation of property, or as having failed to report such an incident, may request in writing that the commissioner amend or seal the record of such report, to the extent such report applies to such person, or such written determination. If the commissioner does not comply with such request within thirty days, such person shall have the right to a fair hearing to determine whether the record of the report or the written determination should be amended or sealed on the grounds that the record is inaccurate or the determination is not supported by the evidence. The burden of proof in such hearing shall be on the department. Whenever information is sealed, the commissioner shall notify any official notified pursuant to paragraph (a) of this subdivision that the information has been sealed.

(e) Except as hereinafter provided, any report, record of the investigation of such report and all other information related to such report shall be confidential and shall be exempt from disclosure under article six of the public officers law.

(f) Information relating to a report made pursuant to this section shall be disclosed under any of the following conditions:

(i) pursuant to article six of the public officers law after sealing or amendment, if any, is made in accordance with a hearing conducted pursuant to this section, or at least forty-five days after a written determination is made by the commissioner concerning such report, whichever is later; provided, however, that the identity of the person who made the report, the victim, or any other person named, except a person who the commissioner has determined committed an act of abuse, neglect, mistreatment or misappropriation of property, shall not be disclosed unless such person authorizes such disclosure;

(ii) as may be required by the penal law or any lawful order or warrant issued pursuant to the criminal procedure law; or

(iii) to a person who has requested a hearing pursuant to this section, information relating to the determination upon which the hearing is to be conducted; provided, however, that the identity of the person who made the report or any other person who provided information in an investigation of the report shall not be disclosed unless such person authorizes such disclosure.

(g) Where appropriate, the commissioner shall report instances of abuse, mistreatment, neglect or misappropriation of property or the failure to report as required by this section, to the appropriate committee on professional conduct for the professions enumerated in subdivision one of this section when a determination has been made after the commissioner has provided an opportunity to be heard. The commissioner shall report instances of abuse, mistreatment, neglect, misappropriation of property by a nurse aide or other unlicensed individual and any brief statement by the nurse aide or other unlicensed individual disputing the finding to the nursing home nurse aide registry established pursuant to section twenty-eight hundred three-j of this article when a determination has been made after the commissioner has provided an opportunity to be heard.

7. In addition to any other penalties prescribed by law, any person who commits an act of abuse, neglect, mistreatment or misappropriation of property, or who fails to report such an act as provided in this section, shall be deemed to have violated this section and shall be liable for a penalty pursuant to section twelve of this chapter after an opportunity to be heard pursuant to this section.

8. No residential health care facility or officer or employee thereof shall discharge or in any manner discriminate or retaliate against any person in any residential health care facility, or any relative, or sponsor thereof, or against any employee of the facility, or against any other person because such person, relative, legal representative, sponsor or employee has made, or is about to make, a report pursuant to this section, or has testified, or is about to testify, in any proceeding relating to abuse, mistreatment, neglect or misappropriation of property of a person receiving care or services in a residential health care facility. The supreme court may grant injunctive relief to any person subject to such retaliation or discrimination. Any violation of this subdivision shall be punishable pursuant to section twelve of this chapter.

9. No later than March fifteenth of every year the commissioner shall prepare and transmit to the governor and the legislature a report on the incidents of abuse, mistreatment, neglect and misappropriation of property of persons receiving care or services in residential health care facilities. No individual identifying information concerning any individual subjected to abuse, mistreatment, neglect or misappropriation of property shall be disclosed in a report made pursuant to this subdivision, or in any other report, except

information which would be available pursuant to article six of the public officers law as provided in this section. Nothing in this section shall be construed to prohibit the maintenance or disclosure of, or require the sealing of, statistical data which would not reveal the identity of any person.

10. An investigation shall be made of each incident reported pursuant to this section.

11. The commissioner shall adopt regulations necessary to implement this section.

North Carolina

Everyone

§ 108A-101. Definitions.

(a) The word “abuse” means the willful infliction of physical pain, injury or mental anguish, unreasonable confinement, or the willful deprivation by a caretaker of services which are necessary to maintain mental and physical health.

(b) The word “caretaker” shall mean an individual who has the responsibility for the care of the disabled adult as a result of family relationship or who has assumed the responsibility for the care of the disabled adult voluntarily or by contract.

(c) The word “director” shall mean the director of the county department of social services in the county in which the person resides or is present, or his representative as authorized in G.S. 108A-14.

(d) The words “disabled adult” shall mean any person 18 years of age or over or any lawfully emancipated minor who is present in the State of North Carolina and who is physically or mentally incapacitated due to an intellectual disability, cerebral palsy, epilepsy or autism; organic brain damage caused by advanced age or other physical degeneration in connection therewith; or due to conditions incurred at any age which are the result of accident, organic brain damage, mental or physical illness, or continued consumption or absorption of substances.

(e) A “disabled adult” shall be “in need of protective services” if that person, due to his physical or mental incapacity, is unable to perform or obtain for himself essential services and if that person is without able, responsible, and willing persons to perform or obtain for his essential services.

(f) The words “district court” shall mean the judge of that court.

(g) The word “emergency” refers to a situation where (i) the disabled adult is in substantial danger of death or irreparable harm if protective services are not provided immediately, (ii) the disabled adult is unable to consent to services, (iii) no responsible, able, or willing caretaker

is available to consent to emergency services, and (iv) there is insufficient time to utilize procedure provided in G.S. 108A-105.

(h) The words “emergency services” refer to those services necessary to maintain the person’s vital functions and without which there is reasonable belief that the person would suffer irreparable harm or death. This may include taking physical custody of the disabled person.

(i) The words “essential services” shall refer to those social, medical, psychiatric, psychological or legal services necessary to safeguard the disabled adult’s rights and resources and to maintain the physical or mental well-being of the individual. These services shall include, but not be limited to, the provision of medical care for physical and mental health needs, assistance in personal hygiene, food, clothing, adequately heated and ventilated shelter, protection from health and safety hazards, protection from physical mistreatment, and protection from exploitation. The words “essential services” shall not include taking the person into physical custody without his consent except as provided for in G.S. 108A-106 and in Chapter 122C of the General Statutes.

(j) The word “exploitation” means the illegal or improper use of a disabled adult or his resources for another’s profit or advantage.

(k) The word “indigent” shall mean indigent as defined in G.S. 7A-450.

(l) The words “lacks the capacity to consent” shall mean lacks sufficient understanding or capacity to make or communicate responsible decisions concerning his person, including but not limited to provisions for health or mental health care, food, clothing, or shelter, because of physical or mental incapacity. This may be reasonably determined by the director or he may seek a physician’s or psychologist’s assistance in making this determination.

(m) The word “neglect” refers to a disabled adult who is either living alone and not able to provide for himself or herself the services which are necessary to maintain the person’s mental or physical health or is not receiving services from the person’s caretaker. A person is not receiving services from his caretaker if, among other things and not by way of limitation, the person is a resident of one of the State-owned psychiatric hospitals listed in G.S. 122C-181[a][1], the State-owned Developmental Centers listed in G.S. 122C-181[a][2], or the State-owned Neuro-Medical Treatment Centers listed in G.S. 122C-181[a][3], the person is, in the opinion of the professional staff of that State-owned facility, mentally incompetent to give consent to medical treatment, the person has no legal guardian appointed pursuant to Chapter 35A, or guardian as defined in G.S. 122C-3[15], and the person needs medical treatment.

(n) The words “protective services” shall mean services

provided by the State or other government or private organizations or individuals which are necessary to protect the disabled adult from abuse, neglect, or exploitation. They shall consist of evaluation of the need for service and mobilization of essential services on behalf of the disabled adult. [1973, c. 1378, s. 1; 1975, c. 797; 1979, c. 1044, ss. 1-4; 1981, c. 275, s. 1; 1985, c. 589, s. 34; 1987, c. 550, s. 24; 1989, c. 770, s. 29; 1991, c. 258, s. 2; 2007-177, s. 4; 2019-76, s. 14.]

§ 108A-102. Duty to report; content of report; immunity.

(a) Any person having reasonable cause to believe that a disabled adult is in need of protective services shall report such information to the director.

(b) The report may be made orally or in writing. The report shall include the name and address of the disabled adult; the name and address of the disabled adult’s caretaker; the age of the disabled adult; the nature and extent of the disabled adult’s injury or condition resulting from abuse or neglect; and other pertinent information.

(c) Anyone who makes a report pursuant to this statute, who testifies in any judicial proceeding arising from the report, or who participates in a required evaluation shall be immune from any civil or criminal liability on account of such report or testimony or participation, unless such person acted in bad faith or with a malicious purpose. [1973, c. 1378, s. 1; 1975, c. 797; 1981, c. 275, s. 1.]

North Dakota

Law Enforcement

Social Workers

Medical Professional

Medical Administration

Dentist

Paid Caregivers

Unpaid Caregivers

Mental Health Counselor/Therapist

Coroners

Home Health Aids

Probation Officers

Psychologists

Broker/Dealers, Investment Advisors

Fire Fighter

Case Manager

Care Facility Owner/Employees

Clergy

Pharmacists

Health and Human Services Employees

Guardian/Conservator

Government Funded Service Provider to Elderly

Home Care Planning Agency

Hospices

50-25.2-03. Reporting of abuse or neglect - Method of reporting.

1. Any medical or mental health professional or personnel, law enforcement officer, firefighter, member of the clergy, or caregiver having knowledge a vulnerable adult has been subjected to abuse or neglect, or who observes a vulnerable adult being subjected to conditions or circumstances that reasonably would result in abuse or neglect, shall report the information to the department, or the department's designee, or to an appropriate law enforcement agency if the knowledge is derived from information received by that individual in that individual's official or professional capacity. A member of the clergy, however, is not required to report the information if the knowledge is derived from information received in the capacity of spiritual adviser. An individual in the position of a long-term care ombudsman is not a mandated reporter of suspected abuse or neglect. For purposes of this subsection, "medical or mental health professional or personnel" means a professional or personnel providing health care or services to a vulnerable adult, on a full-time or part-time basis, on an individual basis or at the request of a caregiver, and includes a medical examiner, coroner, dentist, dental hygienist, optometrist, pharmacist, chiropractor, podiatrist, physical therapist, occupational therapist, tier 1 through tier 4 mental health professional as defined under section 25-01-01, emergency medical services personnel, hospital personnel, nursing home personnel, congregate care personnel, or any other person providing medical and mental health services to a vulnerable adult.

2. A report, if required by section 25-01.3-04, satisfies all reporting requirements of this chapter.

3. Any person not required to report under subsection 1 who has reasonable cause to believe that a vulnerable adult has been subjected to abuse or neglect, or who observes a vulnerable adult being subjected to conditions or circumstances that reasonably would result in abuse or neglect, may report the information to the department or the department's designee or to an appropriate law enforcement agency. A law enforcement agency receiving a report under this section shall immediately notify the department or the department's designee of the report.

4. An individual required to report under subsection 1 shall make an oral or written report and a person voluntarily reporting under subsection 2 may make an oral or written report, as soon as possible. To the extent reasonably possible, a person who makes a report under this section shall include in the report:

- a. The name, age, and residence address of the alleged vulnerable adult;
- b. The name and residence address of the caregiver, if any;
- c. The nature and extent of the alleged abuse or neglect or the conditions and circumstances that would reasonably be expected to result in abuse or neglect;

d. Any evidence of previous abuse or neglect, including the nature and extent of the abuse or neglect; and

e. Any other information in the opinion of the person making the report may be helpful in establishing the cause of the alleged abuse or neglect and the identity of the individual responsible for the alleged abuse or neglect.

Ohio

Accountant
Law Enforcement
Social Workers
Medical Professional
Medical Administration
Dentist
Paid Caregivers
Mental Health Counselor/Therapist
EMTs
Coroners
Home Health Aids
Animal Control
Psychologists
Bankers
Broker/Dealers, Investment Advisors
Fire Fighter
Case Manager
Care Facility Owner/Employees
Clergy
Pharmacists
Health and Human Services Employees
Guardian/Conservator
Government Funded Service Provider to Elderly
Home Care Planning Agency
Hospices

5101.60 Adult protective services definitions.

As used in sections 5101.60 to 5101.73 of the Revised Code:

[A] "Abandonment" means desertion of an adult by a caretaker without having made provision for transfer of the adult's care.

[B] "Abuse" means the infliction upon an adult by self or others of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm, pain, or mental anguish.

[C] "Adult" means any person sixty years of age or older within this state who is handicapped by the infirmities of aging or who has a physical or mental impairment which prevents the person from providing for the person's own care or protection, and who resides in an independent living arrangement.

[D] "Area agency on aging" means a public or private nonprofit entity designated under section 173.011 of the Revised Code to administer programs on behalf of the department of aging.

[E] “Caretaker” means the person assuming the primary responsibility for the care of an adult by any of the following means:

- [1] On a voluntary basis;
- [2] By contract;
- [3] Through receipt of payment for care;
- [4] As a result of a family relationship;
- [5] By order of a court of competent jurisdiction.

[F] “Community mental health agency” means any agency, program, or facility with which a board of alcohol, drug addiction, and mental health services contracts to provide the mental health services listed in section 340.99 of the Revised Code.

[G] “Court” means the probate court in the county where an adult resides.

[H] “Emergency” means that the adult is living in conditions which present a substantial risk of immediate and irreparable physical harm or death to self or any other person.

[I] “Emergency services” means protective services furnished to an adult in an emergency.

[J] “Exploitation” means the unlawful or improper act of a person using, in one or more transactions, an adult or an adult’s resources for monetary or personal benefit, profit, or gain when the person obtained or exerted control over the adult or the adult’s resources in any of the following ways:

- [1] Without the adult’s consent or the consent of the person authorized to give consent on the adult’s behalf;
- [2] Beyond the scope of the express or implied consent of the adult or the person authorized to give consent on the adult’s behalf;
- [3] By deception;
- [4] By threat;
- [5] By intimidation.

[K] “In need of protective services” means an adult known or suspected to be suffering from abuse, neglect, or exploitation to an extent that either life is endangered or physical harm, mental anguish, or mental illness results or is likely to result.

[L] “Incapacitated person” means a person who is impaired for any reason to the extent that the person lacks sufficient understanding or capacity to make and carry out reasonable decisions concerning the person’s self or resources, with or without the assistance of a caretaker. Refusal to consent to the provision of services shall not be the sole determinative that the person is incapacitated.

[M] “Independent living arrangement” means a domicile of a person’s own choosing, including, but not limited to, a private home, apartment, trailer, or rooming house. “Independent living arrangement” includes a residential

facility licensed under section 5119.22 of the Revised Code that provides accommodations, supervision, and personal care services for three to sixteen unrelated adults, but does not include any other institution or facility licensed by the state or a facility in which a person resides as a result of voluntary, civil, or criminal commitment.

[N] “Mental illness” means a substantial disorder of thought, mood, perception, orientation, or memory that grossly impairs judgment, behavior, capacity to recognize reality, or ability to meet the ordinary demands of life.

[O] “Neglect” means any of the following:

- [1] Failure of an adult to provide for self the goods or services necessary to avoid physical harm, mental anguish, or mental illness;
- [2] Failure of a caretaker to provide such goods or services;
- [3] Abandonment.

[P] “Outpatient health facility” means a facility where medical care and preventive, diagnostic, therapeutic, rehabilitative, or palliative items or services are provided to outpatients by or under the direction of a physician or dentist.

[Q] “Peace officer” means a peace officer as defined in section 2935.01 of the Revised Code.

[R] “Physical harm” means bodily pain, injury, impairment, or disease suffered by an adult.

[S] “Protective services” means services provided by the county department of job and family services or its designated agency to an adult who has been determined by evaluation to require such services for the prevention, correction, or discontinuance of an act of as well as conditions resulting from abuse, neglect, or exploitation. Protective services may include, but are not limited to, case work services, medical care, mental health services, legal services, fiscal management, home health care, homemaker services, housing-related services, guardianship services, and placement services as well as the provision of such commodities as food, clothing, and shelter.

[T] “Reasonable decisions” means decisions made in daily living that facilitate the provision of food, shelter, clothing, and health care necessary for life support.

[U] “Senior service provider” means a person who provides care or specialized services to an adult .

[V] “Working day” means Monday, Tuesday, Wednesday, Thursday, and Friday, except when such day is a holiday as defined in section 1.14 of the Revised Code.

5101.63 Reporting abuse, neglect or exploitation of adult.

[A] [1] Any individual listed in division [A][2] of this section having reasonable cause to believe that an adult is being abused, neglected, or exploited, or is in

a condition which is the result of abuse, neglect, or exploitation shall immediately report such belief to the county department of job and family services.

[2] All of the following are subject to division (A)[1] of this section:

[a] An attorney admitted to the practice of law in this state;

[b] An individual authorized under Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery;

[c] An individual licensed under Chapter 4734. of the Revised Code as a chiropractor;

[d] An individual licensed under Chapter 4715. of the Revised Code as a dentist;

[e] An individual licensed under Chapter 4723. of the Revised Code as a registered nurse or licensed practical nurse;

[f] An individual licensed under Chapter 4732. of the Revised Code as a psychologist;

[g] An individual licensed under Chapter 4757. of the Revised Code as a social worker, independent social worker, professional counselor, professional clinical counselor, marriage and family therapist, or independent marriage and family therapist;

[h] An individual licensed under Chapter 4729. of the Revised Code as a pharmacist;

[i] An individual holding a certificate to practice as a dialysis technician issued under Chapter 4723. of the Revised Code;

[j] An employee of a home health agency, as defined in section 3701.881 of the Revised Code;

[k] An employee of an outpatient health facility;

[l] An employee of a hospital, as defined in section 3727.01 of the Revised Code;

[m] An employee of a hospital or public hospital, as defined in section 5122.01 of the Revised Code;

[n] An employee of a nursing home or residential care facility, as defined in section 3721.01 of the Revised Code;

[o] An employee of a residential facility licensed under section 5119.22 of the Revised Code that provides accommodations, supervision, and personal care services for three to sixteen unrelated adults;

[p] An employee of a health department operated by the board of health of a city or general health district or the authority having the duties of a board of health under section 3709.05 of the Revised Code;

[q] An employee of a community mental health agency, as defined in section 5122.01 of the Revised Code;

[r] An agent of a county humane society organized under section 1717.05 of the Revised Code;

[s] An individual who is a firefighter for a lawfully constituted fire department;

[t] An individual who is an ambulance driver for an emergency medical service organization, as defined in section 4765.01 of the Revised Code;

[u] A first responder, emergency medical technician-basic, emergency medical technician-intermediate, or paramedic, as those terms are defined in section 4765.01 of the Revised Code;

[v] An official employed by a local building department to conduct inspections of houses and other residential buildings;

[w] A peace officer;

[x] A coroner;

[y] A member of the clergy;

[z] An individual who holds a certificate issued under Chapter 4701. of the Revised Code as a certified public accountant or is registered under that chapter as a public accountant;

[aa] An individual licensed under Chapter 4735. of the Revised Code as a real estate broker or real estate salesperson;

[bb] An individual appointed and commissioned under section 147.01 of the Revised Code as a notary public;

[cc] An employee of a bank, savings bank, savings and loan association, or credit union organized under the laws of this state, another state, or the United States;

[dd] A dealer, investment adviser, sales person, or investment advisor representative licensed under Chapter 1707. of the Revised Code;

[ee] A financial planner accredited by a national accreditation agency;

[ff] Any other individual who is a senior service provider, other than a representative of the office of the state long-term care ombudsman program as defined in section 173.14 of the Revised Code.

[B] Any person having reasonable cause to believe that an adult has suffered abuse, neglect, or exploitation may report, or cause a report to be made of such belief to the county department of job and family services.

This division applies to a representative of the office of the state long-term care ombudsman program only to the extent permitted by federal law.

[C] The reports made under this section shall be made orally or in writing except that oral reports shall be followed by a written report if a written report is requested by the department. Written reports shall include:

[1] The name, address, and approximate age of the adult who is the subject of the report;

[2] The name and address of the individual responsible for the adult's care, if any individual is, and if the individual is known;

[3] The nature and extent of the alleged abuse, neglect, or exploitation of the adult;

[4] The basis of the reporter's belief that the adult has been abused, neglected, or exploited.

[D] Any person with reasonable cause to believe that an adult is suffering abuse, neglect, or exploitation who makes a report pursuant to this section or who testifies in any administrative or judicial proceeding arising from such a report, or any employee of the state or any of its subdivisions who is discharging responsibilities under section 5101.65 of the Revised Code shall be immune from civil or criminal liability on account of such investigation, report, or testimony, except liability for perjury, unless the person has acted in bad faith or with malicious purpose.

[E] No employer or any other person with the authority to do so shall do any of the following as a result of an employee's having filed a report under this section:

[1] Discharge, demote, transfer, or prepare a negative work performance evaluation;

[2] Reduce benefits, pay, or work privileges;

[3] Take any other action detrimental to an employee or in any way retaliate against the employee.

[F] The written or oral report provided for in this section and the investigatory report provided for in section 5101.65 of the Revised Code are confidential and are not public records, as defined in section 149.43 of the Revised Code. In accordance with rules adopted by the department of job and family services, information contained in the report shall upon request be made available to the adult who is the subject of the report and to legal counsel for the adult. If it determines that there is a risk of harm to a person who makes a report under this section or to the adult who is the subject of the report, the county department of job and family services may redact the name and identifying information related to the person who made the report.

[G] The county department of job and family services shall be available to receive the written or oral report provided for in this section twenty-four hours a day and seven days a week.

5123.61 Reporting abuse, neglect, and other major unusual incidents.

[A] As used in this section:

[1] "Law enforcement agency" means the state highway patrol, the police department of a municipal corporation, or a county sheriff.

[2] "Abuse" has the same meaning as in section 5123.50 of the Revised Code, except that it includes a misappropriation, as defined in that section.

[3] "Neglect" has the same meaning as in section 5123.50 of the Revised Code.

[B] The department of developmental disabilities shall establish a registry office for the purpose of

maintaining reports of abuse, neglect, and other major unusual incidents made to the department under this section and reports received from county boards of developmental disabilities under section 5126.31 of the Revised Code. The department shall establish committees to review reports of abuse, neglect, and other major unusual incidents.

[C] [1] Any person listed in division [C][2] of this section, having reason to believe that an individual with a developmental disability has suffered or faces a substantial risk of suffering any wound, injury, disability, or condition of such a nature as to reasonably indicate abuse or neglect of that individual, shall immediately report or cause reports to be made of such information to the entity specified in this division. Except as provided in section 5120.173 of the Revised Code or as otherwise provided in this division, the person making the report shall make it to a law enforcement agency or to the county board of developmental disabilities. If the report concerns a resident of a facility operated by the department of developmental disabilities the report shall be made either to a law enforcement agency or to the department. If the report concerns any act or omission of an employee of a county board of developmental disabilities, the report immediately shall be made to the department and to the county board.

[2] All of the following persons are required to make a report under division [C][1] of this section:

[a] Any physician, including a hospital intern or resident, any dentist, podiatrist, chiropractor, practitioner of a limited branch of medicine as specified in section 4731.15 of the Revised Code, hospital administrator or employee of a hospital, nurse licensed under Chapter 4723. of the Revised Code, employee of an outpatient health facility as defined in section 5101.60 of the Revised Code, employee of a home health agency, employee of a residential facility licensed under section 5119.34 of the Revised Code that provides accommodations, supervision, and personal care services for three to sixteen unrelated adults, or employee of a community mental health facility;

[b] Any school teacher or school authority, licensed professional clinical counselor, licensed professional counselor, independent social worker, social worker, independent marriage and family therapist, marriage and family therapist, psychologist, attorney, peace officer, coroner, or residents' rights advocate as defined in section 3721.10 of the Revised Code;

[c] A superintendent, board member, or employee of a county board of developmental disabilities; an administrator, board member, or employee of a residential facility licensed under section 5123.19 of the Revised Code; an administrator, board member, or employee of any other public or private provider of services to an individual with a developmental disability, or any developmental disabilities employee, as defined in section 5123.50 of the Revised Code;

(d) A member of a citizen’s advisory council established at an institution or branch institution of the department of developmental disabilities under section 5123.092 of the Revised Code;

(e) A member of the clergy who is employed in a position that includes providing specialized services to an individual with a developmental disability, while acting in an official or professional capacity in that position, or a person who is employed in a position that includes providing specialized services to an individual with a developmental disability and who, while acting in an official or professional capacity, renders spiritual treatment through prayer in accordance with the tenets of an organized religion.

(3) (a) The reporting requirements of this division do not apply to employees of the Ohio protection and advocacy system.

(b) An attorney or physician is not required to make a report pursuant to division (C)(1) of this section concerning any communication the attorney or physician receives from a client or patient in an attorney-client or physician-patient relationship, if, in accordance with division (A) or (B) of section 2317.02 of the Revised Code, the attorney or physician could not testify with respect to that communication in a civil or criminal proceeding, except that the client or patient is deemed to have waived any testimonial privilege under division (A) or (B) of section 2317.02 of the Revised Code with respect to that communication and the attorney or physician shall make a report pursuant to division (C)(1) of this section, if both of the following apply:

(i) The client or patient, at the time of the communication, is an individual with a developmental disability.

(ii) The attorney or physician knows or suspects, as a result of the communication or any observations made during that communication, that the client or patient has suffered or faces a substantial risk of suffering any wound, injury, disability, or condition of a nature that reasonably indicates abuse or neglect of the client or patient.

(4) Any person who fails to make a report required under division (C) of this section and who is a developmental disabilities employee, as defined in section 5123.50 of the Revised Code, shall be eligible to be included in the registry regarding misappropriation, abuse, neglect, or other specified misconduct by developmental disabilities employees established under section 5123.52 of the Revised Code.

(D) The reports required under division (C) of this section shall be made forthwith by telephone or in person and shall be followed by a written report. The reports shall contain the following:

(1) The names and addresses of the individual with a developmental disability and the individual’s custodian, if known;

(2) The age of the individual with a developmental disability;

(3) Any other information that would assist in the investigation of the report.

(E) When a physician performing services as a member of the staff of a hospital or similar institution has reason to believe that an individual with a developmental disability has suffered injury, abuse, or physical neglect, the physician shall notify the person in charge of the institution or that person’s designated delegate, who shall make the necessary reports.

(F) Any person having reasonable cause to believe that an individual with a developmental disability has suffered or faces a substantial risk of suffering abuse or neglect may report or cause a report to be made of that belief to the entity specified in this division. Except as provided in section 5120.173 of the Revised Code or as otherwise provided in this division, the person making the report shall make it to a law enforcement agency or the county board of developmental disabilities. If the individual is a resident of a facility operated by the department of developmental disabilities, the report shall be made to a law enforcement agency or to the department. If the report concerns any act or omission of an employee of a county board of developmental disabilities, the report immediately shall be made to the department and to the county board.

(G) (1) Upon the receipt of a report concerning the possible abuse or neglect of an individual with a developmental disability, the law enforcement agency shall inform the county board of developmental disabilities or, if the individual is a resident of a facility operated by the department of developmental disabilities, the department.

(2) On receipt of a report under this section that includes an allegation of action or inaction that may constitute a crime under federal law or the law of this state, the department of developmental disabilities shall notify the law enforcement agency.

(3) When a county board of developmental disabilities receives a report under this section that includes an allegation of action or inaction that may constitute a crime under federal law or the law of this state, the superintendent of the board or an individual the superintendent designates under division (H) of this section shall notify the law enforcement agency. The superintendent or individual shall notify the department of developmental disabilities when it receives any report under this section.

(4) When a county board of developmental disabilities receives a report under this section and believes that the degree of risk to the person is such that the report is an emergency, the superintendent of the board or an employee of the board the superintendent designates shall attempt a face-to-face contact with the individual with a developmental disability who

allegedly is the victim within one hour of the board's receipt of the report.

[H] The superintendent of the board may designate an individual to be responsible for notifying the law enforcement agency and the department when the county board receives a report under this section.

[I] An adult with a developmental disability about whom a report is made may be removed from the adult's place of residence only by law enforcement officers who consider that the adult's immediate removal is essential to protect the adult from further injury or abuse or in accordance with the order of a court made pursuant to section 5126.33 of the Revised Code.

[J] A law enforcement agency shall investigate each report of abuse or neglect it receives under this section. In addition, the department, in cooperation with law enforcement officials, shall investigate each report regarding a resident of a facility operated by the department to determine the circumstances surrounding the injury, the cause of the injury, and the person responsible. The investigation shall be in accordance with the memorandum of understanding prepared under section 5126.058 of the Revised Code. The department shall determine, with the registry office which shall be maintained by the department, whether prior reports have been made concerning an adult with a developmental disability or other principals in the case. If the department finds that the report involves action or inaction that may constitute a crime under federal law or the law of this state, it shall submit a report of its investigation, in writing, to the law enforcement agency. If the individual with a developmental disability is an adult, with the consent of the adult, the department shall provide such protective services as are necessary to protect the adult. The law enforcement agency shall make a written report of its findings to the department.

If the individual with a developmental disability is an adult and is not a resident of a facility operated by the department, the county board of developmental disabilities shall review the report of abuse or neglect in accordance with sections 5126.30 to 5126.33 of the Revised Code and the law enforcement agency shall make the written report of its findings to the county board.

[K] Any person or any hospital, institution, school, health department, or agency participating in the making of reports pursuant to this section, any person participating as a witness in an administrative or judicial proceeding resulting from the reports, or any person or governmental entity that discharges responsibilities under sections 5126.31 to 5126.33 of the Revised Code shall be immune from any civil or criminal liability that might otherwise be incurred or imposed as a result of such actions except liability for perjury, unless the person or governmental entity has acted in bad faith or with malicious purpose.

[L] No employer or any person with the authority to do so shall discharge, demote, transfer, prepare a negative work performance evaluation, reduce pay or benefits, terminate work privileges, or take any other action detrimental to an employee or retaliate against an employee as a result of the employee's having made a report under this section. This division does not preclude an employer or person with authority from taking action with regard to an employee who has made a report under this section if there is another reasonable basis for the action.

[M] Reports made under this section are not public records as defined in section 149.43 of the Revised Code. Information contained in the reports on request shall be made available to the individual who is the subject of the report, to the individual's legal counsel, and to agencies authorized to receive information in the report by the department or by a county board of developmental disabilities.

[N] Notwithstanding section 4731.22 of the Revised Code, the physician-patient privilege shall not be a ground for excluding evidence regarding the injuries or physical neglect of an individual with a developmental disability or the cause thereof in any judicial proceeding resulting from a report submitted pursuant to this section.

Oklahoma

Everyone

Oklahoma Statutes

Title 43A. Mental Health

§43A-10-103. Definitions.

A. When used in the Protective Services for Vulnerable Adults Act:

1. "Protective services" means services which are necessary to aid a vulnerable adult in meeting the essential requirements for mental or physical health and safety that the vulnerable adult is unable to provide or obtain without assistance. The term "protective services" includes but is not limited to services provided to or obtained for such person in order to prevent or remedy the abuse, neglect, or exploitation of such person;

2. "Services which are necessary to aid an individual to meet essential requirements for mental or physical health and safety" include, but shall not be limited to:

a. the identification of vulnerable adults in need of the services,

b. the provision of medical care for physical and mental health needs,

c. the provision of social services assistance in personal hygiene, food, clothing, and adequately heated and ventilated shelter,

- d. protection from health and safety hazards,
- e. protection from physical mistreatment,
- f. guardianship referral,
- g. outreach programs, and
- h. the transportation necessary to secure any of such services.

The term shall not include taking the person into physical custody without the consent of the person except as provided for in Sections 10-107 and 10-108 of this title, and the evaluation, monitoring, and provision of protective placements;

3. “Meet essential requirements for mental or physical health and safety” means those actions necessary to provide the health care, food, shelter, clothing, personal hygiene and other care without which physical injury or illness to the vulnerable adult is likely to occur;

4. “Incapacitated person” means:

- a. any person eighteen [18] years of age or older:

[1] who is impaired by reason of mental or physical illness or disability, dementia or related disease, mental retardation, developmental disability or other cause, and

[2] whose ability to receive and evaluate information effectively or to make and to communicate responsible decisions is impaired to such an extent that such person lacks the capacity to manage his or her financial resources or to meet essential requirements for his or her mental or physical health or safety without assistance from others, or

- b. a person for whom a guardian, limited guardian, or conservator has been appointed pursuant to the Oklahoma Guardianship and Conservatorship Act;

5. “Vulnerable adult” means an individual who is an incapacitated person or who, because of physical or mental disability, incapacity, or other disability, is substantially impaired in the ability to provide adequately for the care or custody of himself or herself, or is unable to manage his or her property and financial affairs effectively, or to meet essential requirements for mental or physical health or safety, or to protect himself or herself from abuse, verbal abuse, neglect, or exploitation without assistance from others;

6. “Caretaker” means a person who has:

- a. the responsibility for the care of a vulnerable adult or the financial management of the resources of a vulnerable adult as a result of a family relationship,
- b. assumed the responsibility for the care of a vulnerable adult voluntarily, by contract, or as a result of the ties of friendship, or
- c. been appointed a guardian, limited guardian, or conservator pursuant to the Oklahoma Guardianship and Conservatorship Act;

7. “Department” means the Department of Human Services;

8. “Abuse” means causing or permitting:

- a. the infliction of physical pain, injury, sexual abuse, sexual exploitation, unreasonable restraint or confinement, or mental anguish, or

- b. the deprivation of nutrition, clothing, shelter, health care, or other care or services without which serious physical or mental injury is likely to occur to a vulnerable adult by a caretaker or other person providing services to a vulnerable adult;

9. “Exploitation” or “exploit” means an unjust or improper use of the resources of a vulnerable adult for the profit or advantage, pecuniary or otherwise, of a person other than the vulnerable adult through the use of undue influence, coercion, harassment, duress, deception, false representation or false pretense;

10. “Financial neglect” means repeated instances by a caretaker, or other person, who has assumed the role of financial management, of failure to use the resources available to restore or maintain the health and physical well-being of a vulnerable adult, including, but not limited to:

- a. squandering or negligently mismanaging the money, property, or accounts of a vulnerable adult,

- b. refusing to pay for necessities or utilities in a timely manner, or

- c. providing substandard care to a vulnerable adult despite the availability of adequate financial resources;

11. “Neglect” means:

- a. the failure to provide protection for a vulnerable adult who is unable to protect his or her own interest,

- b. the failure to provide a vulnerable adult with adequate shelter, nutrition, health care, or clothing, or

- c. negligent acts or omissions that result in harm or the unreasonable risk of harm to a vulnerable adult through the action, inaction, or lack of supervision by a caretaker providing direct services;

12. “Sexual abuse” means:

- a. oral, anal, or vaginal penetration of a vulnerable adult by or through the union with the sexual organ of a caretaker or other person providing services to the vulnerable adult, or the anal or vaginal penetration of a vulnerable adult by a caretaker or other person providing services to the vulnerable adult with any other object, or

- b. for the purpose of sexual gratification, the touching, feeling or observation of the body or private parts of a vulnerable adult by a caretaker or other person providing services to the vulnerable adult, or

- c. indecent exposure by a caretaker or other person providing services to the vulnerable adult;

13. “Indecent exposure” means forcing or requiring a vulnerable adult to:

- a. look upon the body or private parts of another person or upon sexual acts performed in the presence of the vulnerable adult, or
- b. touch or feel the body or private parts of another;

14. “Self-neglect” means the action or inaction of a vulnerable adult which causes that person to fail to meet the essential requirements for physical or mental health and safety due to the vulnerable adult’s lack of awareness, incompetence or incapacity;

15. “Sexual exploitation” includes, but is not limited to, a caretaker’s causing, allowing, permitting or encouraging a vulnerable adult to engage in prostitution or in the lewd, obscene, or pornographic photographing, filming or depiction of the vulnerable adult as those acts are defined by state law; and

16. “Verbal abuse” means the use of words, sounds, or other communication including, but not limited to, gestures, actions or behaviors, by a caretaker or other person providing services to a vulnerable adult that are likely to cause a reasonable person to experience humiliation, intimidation, fear, shame or degradation.

B. Nothing in this section shall be construed to mean a vulnerable adult is abused or neglected for the sole reason the vulnerable adult, in good faith, selects and depends upon spiritual means alone through prayer, in accordance with the practices of a recognized religious method of healing, for the treatment or cure of disease or remedial care, or a caretaker or other person responsible, in good faith, is furnishing such vulnerable adult spiritual means alone through prayer, in accordance with the tenets and practices of a recognized church or religious denomination, for the treatment or cure of disease or remedial care in accordance with the practices of or express consent of the vulnerable adult.

Persons required to make reports pursuant to this Section shall include, but not be limited to:

- Physicians;
- Operators of emergency response vehicles and other medical professionals;
- Social workers and mental health professionals;
- Law enforcement officials;
- Staff of domestic violence programs;
- Long-term care facility personnel (including staff of nursing facilities, intermediate care facilities for individuals with intellectual disabilities, assisted living facilities, and residential care facilities);
- Other health care professionals;
- Persons entering into transactions with a caretaker or other person who has assumed the role of financial management for a vulnerable adult;

Staff of residential care facilities, group homes, or employment settings for individuals with intellectual disabilities;

Job coaches, community service workers, and personal care assistants; and

Municipal employees

Oregon

Law Enforcement

Social Workers

Medical Professional

Medical Administration

Dentist

Paid Caregivers

Mental Health Counselor/Therapist

EMTs

Home Health Aids

Probation Officers

Psychologists

Fire Fighter

Case Manager

Care Facility Owner/Employees

Attorney

Clergy

Health and Human Services Employees

Government Funded Service Provider to Elderly

Home Care Planning Agency

Hospices

2017 ORS 124.060 Duty of officials to report

Any public or private official having reasonable cause to believe that any person 65 years of age or older with whom the official comes in contact has suffered abuse, or that any person with whom the official comes in contact has abused a person 65 years of age or older, shall report or cause a report to be made in the manner required in ORS 124.065 [Method of reporting]. Nothing contained in ORS 40.225 [Rule 503. Lawyer-client privilege] to 40.295 [Rule 514. Effect on existing privileges] affects the duty to report imposed by this section, except that a psychiatrist, psychologist, member of the clergy or attorney is not required to report such information communicated by a person if the communication is privileged under ORS 40.225 [Rule 503. Lawyer-client privilege] to 40.295 [Rule 514. Effect on existing privileges]. An attorney is not required to make a report under this section by reason of information communicated to the attorney in the course of representing a client if disclosure of the information would be detrimental to the client [Formerly 410.630; 2009 c.708 § 2; 2013 c.351 § 6]

Chapter 75 Oregon Law 2018 [SB1534]

Definitions:

“Public or private official” means:

[a]Physician or physician assistant licensed under ORS chapter 677, naturopathic physician or chiropractor, including any intern or resident.

[b]Licensed practical nurse, registered nurse, nurse practitioner, nurse's aide, home health aide or employee of an in-home health service.

[c]Employee of the Department of Human Services or community developmental disabilities program.

[d]Employee of the Oregon Health Authority, local health department or community mental health program.

[e]Peace officer.

[f]Member of the clergy.

[g]Regulated social worker.

[h]Physical, speech or occupational therapist.

[i]Senior center employee.

[j]Information and referral or outreach worker.

[k]Licensed professional counselor or licensed marriage and family therapist.

[L]Member of the Legislative Assembly.

[m]Firefighter or emergency medical services provider.

[n]Psychologist.

[o]Provider of adult foster care or an employee of the provider.

[p]Audiologist.

[q]Speech-language pathologist.

[r]Attorney.

[s]Dentist.

[t]Optometrist.

[u]Chiropractor.

[v]Personal support worker, as defined by rule adopted by the Home Care Commission.

[w]Home care worker, as defined in ORS 410.600 [Definitions for ORS 410.595 to 410.625].

[x]Referral agent, as defined in ORS 443.370 [Definitions for ORS 443.370 to 443.376].

[10]"Services" includes but is not limited to the provision of food, clothing, medicine, housing, medical services, assistance with bathing or personal hygiene or any other service essential to the well-being of an elderly person.

Pennsylvania

Care Facility Owner/Employees

<https://www.dhs.pa.gov/about/Fraud-And-Abuse/Documents/Act%2070.pdf>

CHAPTER 5 REPORTING SUSPECTED ABUSE BY

EMPLOYEES Section 501. Reporting by employees.

a) Mandatory reporting to agency.--

[1] An employee or an administrator who has reasonable cause to suspect that a recipient is a victim of abuse or neglect shall immediately make an oral report to an agency. If applicable, the agency shall advise the employee or administrator of additional reporting requirements that may pertain under subsection [b] . An employee shall notify the administrator immediately following the report to the agency. [2] Within 48 hours of making the oral report, the employee or administrator shall make a written report to the agency. The agency shall notify the administrator that a report of abuse has been made with the agency. [3] The provisions of this section shall be satisfied when the administrator or employee- submits a report to the incident reporting system. Nothing in this subsection shall prohibit an employee or administrator who has reasonable cause to suspect that a recipient is a victim of abuse or neglect from also making a report to the agency.

[b] Mandatory reports to law enforcement officials.-- [1] An employee or an administrator who has reasonable cause to suspect that a recipient is the victim of sexual abuse, serious injury or serious bodily injury or that a death is suspicious shall, in addition to contacting the agency and the department, immediately contact appropriate law enforcement officials to make an oral report. An employee shall notify the administrator immediately following the report to law enforcement officials, unless such notification would jeopardize the investigation or subject the recipient to further risk. [2] Within 48 hours of making the oral report, the employee and the administrator shall make a joint written report to appropriate law enforcement officials. [3] The law enforcement officials shall notify the administrator that a report has been made with the law enforcement officials, unless such notification would jeopardize the investigation or subject the recipient to further risk. [4] The employee may request the administrator to make or to assist the employee to make the oral and written reports to law enforcement officials required by this subsection.

Rhode Island

Everyone

§ 42-66-4.1. Definitions.

As used in this chapter:

[1] "Abuse" means physical abuse, sexual abuse, and/or emotional abuse of an elderly person by a caregiver as defined in subsection [5].

[a] "Physical abuse" means the willful infliction of physical pain or injury [e.g. slapping, bruising or restraining] upon an elderly person.

[b] “Sexual abuse” means the infliction of non-consensual sexual contact of any kind upon an elderly person. Sexual abuse includes, but is not limited to, sexual assault, rape, sexual misuse or exploitation of an elder, as well as threats of sexual abuse where the perpetrator has the intent and the capacity to carry out the threatened abuse.

[c] “Emotional abuse” means a pattern of willful infliction of mental or emotional harm upon an elder by threat, intimidation, isolation or other abusive conduct.

[2] “Exploitation” means the fraudulent or otherwise illegal, unauthorized or improper act or process of an individual, including, but not limited to, a caregiver or fiduciary, that uses the resources of an elder for monetary or personal benefit, profit, gain, or that results in depriving an elder of rightful access to, or use of, benefits, resources, belongings, or assets by use of undue influence, harassment, duress, deception, false representation or false pretenses.

[3] “Neglect” means the willful failure by a caregiver or other person with a duty of care to provide goods or services necessary to avoid physical harm, mental harm or mental illness to an elderly person, including, but not limited to, “abandonment” [withdrawal of necessary assistance] and denial of food or health related services.

[4] “Willful” means intentional, conscious and directed toward achieving a purpose.

[5] “Caregiver” means a person who has assumed the responsibility for the care of the elderly person voluntarily, by contract or by order of a court of competent jurisdiction, or who is otherwise legally responsible for the care of the elderly person.

[6] “Self-neglect” means a pattern of behavior in an elderly person that directly, imminently and significantly threatens his/her own health and/or, safety. Self-neglect includes, but is not limited to, an inability or an incapacity to provide self with food, water, shelter, or safety to the point of establishing imminent risk of any of the harm[s] described in the immediately preceding sentence.

[7] “Protective services” means services and/or action intended to prevent and/or alleviate the abuse, neglect, exploitation or self-neglect of elderly persons. Protective services may include supervision, counseling, and assistance in securing health and supportive services, safe living accommodations and legal intervention.

[8] “Elderly person” or “elder” means any person sixty [60] years of age or older.

§ 42-66-8. Abuse, neglect, exploitation, and self-neglect of elderly persons – Duty to report.

[a] Any person who has reasonable cause to believe that any person sixty [60] years of age or older has been abused, neglected, or exploited, or is self-neglecting, shall make an immediate report to the director of the

office of healthy aging, or his or her designee. The office of healthy aging may then notify law enforcement if appropriate. This section applies to any person sixty [60] years of age or older regardless of where he or she lives in the community.

[b] Any physician, physician assistant, medical intern, registered nurse, licensed practical nurse, nurse’s aide, orderly, certified nursing assistant, medical examiner, dentist, optometrist, optician, chiropractor, podiatrist, coroner, police officer, probation officer, emergency medical technician, firefighter, speech pathologist, audiologist, social worker, pharmacist, physical or occupational therapist, or health officer, who has reasonable cause to believe that any person sixty [60] years of age or older has been abused, neglected, or exploited, or is self-neglecting, shall make an immediate report to the director of the office of healthy aging, or his or her designee. The office of healthy aging may then notify law enforcement if appropriate. This section applies to any person sixty [60] years of age or older regardless of where he or she lives in the community. Reporting requirements relating to individuals in healthcare facilities are further set forth in § 23-17.8-2. The report pursuant to this section shall contain:

[1] The name, address, telephone number, occupation, and employer’s address and the phone number of the person reporting;

[2] The name and address of the patient or resident who is believed to be the victim of the abuse, mistreatment, or neglect;

[3] The details, observations, and beliefs concerning the incident[s];

[4] Any statements regarding the incident made by the patient or resident and to whom they were made;

[5] The date, time, and place of the incident;

[6] The name of any individual[s] believed to have knowledge of the incident;

[7] The name of any individual[s] believed to have been responsible for the incident;

[8] The name of the individual’s caretaker, if known;

[9] Any medical treatment being received if immediately required and need to coordinate care, if known;

[10] Any other information the reporter believes relevant to the investigation; and

[11] The name and address of the reporter and where the reporter can be contacted. The reporter’s identity shall remain confidential unless disclosure is consented to by the reporter or by court order.

[c] Individuals required to report pursuant to the provisions of subsection [b] of this section shall, whenever practical and if known, provide twenty-four hour [24] notice of discharge to the department and shall include the address and telephone number of the individual being discharged.

(d) In cases of abuse, neglect, or exploitation, any person who fails to make the report shall be punished by a fine of not more than one thousand dollars [\$1,000]. Nothing in this section shall require an elder who is a victim of abuse, neglect, exploitation or who is self neglecting, to make a report regarding such abuse, neglect, exploitation, or self-neglect to the director of the office of healthy aging, or his or her designee. The office of healthy aging may then notify law enforcement if appropriate.

(e) No person required to report pursuant to the provisions of this section shall be liable in any civil or criminal action by reason of the report; provided, however, that such person did not perpetrate, inflict, or cause the abuse. No employer or supervisor may discharge, demote, transfer, reduce pay, benefits, or work privileges; prepare a negative work performance evaluation; or take any other action detrimental to an employee or supervisee who files a report in accordance with the provisions of this section by reason of such report.

§ 42-66-11. Immunity from liability.

Any person participating in good faith in making a report pursuant to § 42-66-8, excluding any perpetrator or conspirator of those acts, has immunity from any liability, civil or criminal, that might otherwise be incurred or imposed.

§ 23-17.8-1. Definitions.

(a)[1] "Abuse" means:

(i) Any assault as defined in chapter 5 of title 11, including, but not limited to, hitting, kicking, pinching, slapping, or the pulling of hair; provided, however, unless it is required as an element of the offense charged, it shall not be necessary to prove that the patient or resident was injured by the assault;

(ii) Any assault as defined in chapter 37 of title 11;

(iii) Any offense under chapter 10 of title 11;

(iv) Any conduct which harms or is likely to physically harm the patient or resident except where the conduct is a part of the care and treatment, and in furtherance of the health and safety of the patient or resident; or

(v) Intentionally engaging in a pattern of harassing conduct which causes or is likely to cause emotional or psychological harm to the patient or resident, including but not limited to, ridiculing or demeaning a patient or resident, making derogatory remarks to a patient or resident or cursing directed towards a patient or resident, or threatening to inflict physical or emotional harm on a patient or resident.

[2] Nothing in this section shall be construed to prohibit the prosecution of any violator of this section under any other chapter.

(b) "Department" means the department of health when the incident occurs in a health care facility, and the

department of behavioral healthcare, developmental disabilities and hospitals when the incident occurs in a community residence for people who are mentally retarded or persons with developmental disabilities.

(c) "Facility" means any health care facility or community residence for persons who are mentally retarded, or persons with developmental disabilities as those terms are defined in this section. "Health care facility" means any hospital or facility which provides long-term health care required to be licensed under chapter 17 of this title, and any assisted living residence required to be licensed under chapter 17.4 of this title, and any community residence whether privately or publicly owned. "Community residence" for persons who are mentally retarded or persons with developmental disabilities means any residential program licensed by the department of behavioral healthcare, developmental disabilities and hospitals which meets the definition of a community residence as defined in § 40.1-24-1(2) and provides services to people who are mentally retarded or persons with developmental disabilities.

(d) "High Managerial Agent" means an officer of a facility, the administrator and assistant administrator of the facility, the director and assistant director of nursing services, or any other agent in a position of comparable authority with respect to the formulation of the policies of the facility or the supervision in a managerial capacity of subordinate employees.

(e) "Mistreatment" means the inappropriate use of medications, isolation, or use of physical or chemical restraints:

[1] As punishment;

[2] For staff convenience;

[3] As a substitute for treatment or care;

[4] In conflict with a physician's order; or

[5] In quantities which inhibit effective care or treatment, or which harms or is likely to harm the patient or resident.

(f) "Neglect" means the intentional failure to provide treatment, care, goods, and services necessary to maintain the health and safety of the patient or resident, or the intentional failure to carry out a plan of treatment or care prescribed by the physician of the patient or resident, or the intentional failure to report patient or resident health problems or changes in health problems or changes in health conditions to an immediate supervisor or nurse, or the intentional lack of attention to the physical needs of a patient or resident including, but not limited to toileting, bathing, meals, and safety. No person shall be considered to be neglected for the sole reason that he or she relies on or is being furnished treatment in accordance with the tenets and teachings of a well-recognized church or denomination by a duly-accredited practitioner of a well-recognized church or denomination.

(g) “Patient” means any person who is admitted to a facility for treatment or care, while “resident” means any person who maintains their residence or domicile, on either a temporary or permanent basis, in a facility.

(h) “Person” means any natural person, corporation, partnership, unincorporated association, or other business entity.

(i) “Immediate jeopardy” means a situation in which the nursing facility’s alleged noncompliance with one or more state or federal requirements or conditions has caused, or is likely to cause serious injury, harm, impairment or death to a resident; or shall be defined in accordance with 42 CFR 489 or any subsequent applicable federal regulations.

(j) “Non-immediate jeopardy – high potential for harm” means a situation in which a nursing facility’s alleged noncompliance with one or more state or federal requirements or conditions may have caused harm that negatively impacts the individual’s mental, physical and/or psychosocial status; or shall be defined in accordance with 42 CFR 489 or any subsequent applicable federal regulations.

(k) “Non-immediate jeopardy – medium potential for harm” means a situation in which a nursing facility’s alleged noncompliance with one or more state or federal requirements or conditions has caused or may have caused harm that is of limited consequence and does not significantly impair the individual’s mental, physical and/or psychosocial status to function; or shall be defined in accordance with 42 CFR 489 or any subsequent applicable federal regulations.

(l) “Non-immediate jeopardy – low potential for harm” means a situation in which a nursing facility’s alleged noncompliance with one or more state or federal requirements or conditions may have caused mental, physical and/or psychosocial discomfort that does not constitute injury or damage; or shall be defined in accordance with 42 CFR 489 or any subsequent applicable federal regulations.

§ 23-17.8-2. Duty to report.

(a) Any physician, physician assistant, medical intern, registered nurse, licensed practical nurse, nurse’s aide, orderly, certified nursing assistant, medical examiner, dentist, optometrist, optician, chiropractor, podiatrist, coroner, police officer, probation officer, emergency medical technician, firefighter, speech pathologist, audiologist, social worker, pharmacist, physical or occupational therapist, or health officer, or any person, within the scope of their employment at a facility or in their professional capacity, who has knowledge of or reasonable cause to believe that a patient or resident in a facility has been abused, mistreated, or neglected, either while in the facility or prior to being admitted, shall make, within twenty-four [24] hours or by the end of the next business day, a telephone report to the director of the department of health, or his or

her designee, for those incidents involving healthcare facilities, and in addition to the office of the state long-term care ombudsperson for those incidents involving nursing facilities, assisted living residences, home-care and home nursing-care providers, veterans’ homes and long-term care units in Eleanor Slater hospital, or to the director of the department of behavioral healthcare, developmental disabilities and hospitals, or his or her designee, for those incidents involving community residences for people with developmental disabilities or the director of the office of healthy aging for individuals aged sixty [60] years or older. The report shall contain:

- (1) The name, address, telephone number, occupation, and employer’s address and the phone number of the person reporting;
- (2) The name and address of the patient or resident who is believed to be the victim of the abuse, mistreatment, or neglect;
- (3) The details, observations, and beliefs concerning the incident(s);
- (4) Any statements regarding the incident made by the patient or resident and to whom they were made;
- (5) The date, time, and place of the incident;
- (6) The name of any individual(s) believed to have knowledge of the incident;
- (7) The name of any individual(s) believed to have been responsible for the incident;
- (8) The name of the individual’s caregiver, if known;
- (9) Any medical treatment being received if immediately required and need to coordinate care, if known;
- (10) Any other information the reporter believes relevant to the investigation; and
- (11) The name and address of the reporter and where the reporter can be contacted. The reporter’s identity shall remain confidential unless disclosure is consented to by the reporter or by court order.

(b) In addition to those persons required to report pursuant to this section, any other person may make a report if that person has reasonable cause to believe that a patient or resident of a facility has been abused, mistreated, or neglected. Additional provisions for the reporting of abuse of individuals regardless of where they reside in the community are set forth in § 42-66-8.

(c) Any person required to make a report pursuant to this section shall be deemed to have complied with these requirements if a report is made to a high managerial agent of the facility in which the alleged incident occurred. Once notified, the high managerial agent shall be required to meet all reporting requirements of this section within the time frames specified by this chapter.

(d) Telephone reports made pursuant to this section shall be followed-up within three [3] business days with a written report.

(e) Individuals required to report pursuant to this section shall, whenever practical and if known, provide the office of healthy aging twenty-four hour (24) notice of the discharge from a facility, of any person subject to abuse or neglect and shall include any relevant address and telephone number(s).

(f) No person required to report pursuant to this section shall be liable in any civil or criminal action by reason of the report; provided, however, that the person did not perpetrate, inflict, or cause the abuse. No employer or supervisor may discharge, demote, transfer, reduce pay, benefits, or work privileges; prepare a negative work performance evaluation; or take any other action detrimental to an employee or supervisee who files a report in accordance with the provisions of this section by reason of the report.

§ 23-17.8-3. Penalty – Failure to report.

(a) Any person required to make a report as provided by § 23-17.8-2 and who fails to do so, shall be guilty of a misdemeanor and be punished by a fine of not more than five hundred dollars [\$500].

(b) Any person who alters or changes without authorization or destroys or renders unavailable a report made by another pursuant to § 23-17.8-2 shall be deemed guilty of a misdemeanor and be fined not more than five hundred dollars [\$500].

(c) Any person who attempts to induce another to fail to report an incident of abuse, mistreatment, or neglect shall be deemed guilty of a misdemeanor and be punished by a fine of not more than one thousand dollars [\$1,000], or imprisoned not more than one year, or both.

(d) Any person being a high managerial agent who fails to report an incident of abuse, mistreatment, or neglect after another has reported an incident of abuse, neglect or mistreatment to an appropriate agent pursuant to § 23-17.8-2 shall be guilty of a misdemeanor and shall be fined not more than one thousand dollars [\$1,000], or imprisoned for more than one year, or both.

§ 23-17.8-3.1. Physician's, certified registered nurse practitioner's and physician assistant's report of examination – Duty of facility.

Whenever a facility shall receive a report by a person other than a physician or a certified registered nurse practitioner or physician assistant that a patient or resident of the facility has been harmed as a result of abuse, neglect, or mistreatment, the facility shall have the patient examined by a licensed physician or a certified registered nurse practitioner or physician assistant. It shall be mandatory for the physician or certified registered nurse practitioner or physician assistant to make a preliminary report of his or her findings to the department of health for a health care facility, or to the department of behavioral healthcare, developmental disabilities and hospitals for a community residence for people who are mentally

retarded or persons with developmental disabilities and to the facility within forty-eight (48) hours after his or her examination, and a written report within five (5) days after his or her examination.

§ 23-17.8-4. Immunity from liability.

(a) Any person who in good faith makes an oral or written report pursuant to § 23-17.8-2, excluding any perpetrator or conspirator of the patient abuse, mistreatment, or neglect, shall have immunity from any liability, civil or criminal, that might be incurred as a result of having made the report. No facility shall discharge or in any manner discriminate or retaliate against any person who in good faith makes a report, testifies, or is about to testify in any proceeding about the abuse, mistreatment, or neglect of patients or residents in the facilities.

(b) No facility shall discharge, threaten, or in any manner discriminate or retaliate against any employee regarding the employee's compensation, terms, conditions, location, duration, or privileges of employment because:

(1) The employee, or a person acting on behalf of the employee, reports or is about to report to a public body, verbally or in writing, or who, in good faith, makes a report, testifies, or is about to testify in any proceeding, about the abuse, mistreatment, or neglect of patients or residents in the facility, unless the employee knows or has reason to know that the report is false; or

(2) An employee is requested by a public body to testify or participate in an investigation, hearing, or inquiry held by that public body, or a court action.

(c) For the purposes of this section, "public body" means all of the following:

(1) A state officer, employee, agency, department, division, bureau, board, commission, council, authority, or other body in the executive branch of state government.

(2) An agency, board, commission, council, member, or employee of the legislative branch of state government.

(3) A law enforcement agency or any member or employee of a law enforcement agency.

(4) The judiciary and any member or employee of the judiciary.

§ 40.1-27-1. Definitions.

(a) "Abuse" means:

(1) Any assault as defined in chapter 5 of title 11;

(2) Any assault as defined in chapter 37 of title 11;

(3) Any offense under chapter 10 of title 11;

(4) Any conduct which harms or is likely to physically harm the participant except where the conduct is a part of the care and treatment, and in furtherance of the health and safety of the participant; or

[5] Intentionally engaging in a pattern of harassing conduct, which is intended to cause psychological harm to the participant; provided, however, nothing herein shall be construed to prohibit the prosecution of any violator of this section under any other section.

[b] “Mistreatment” means the inappropriate use of medications, isolation, or use of physical or chemical restraints as punishment, for staff convenience, as a substitute for treatment or care, in conflict with a physician’s order, or in quantities, which inhibit effective care or treatment, which harms or is likely to harm the participant.

[c] “Neglect” means the failure to provide treatment, care, goods, and services necessary to maintain the health and safety of the participant, or the failure to carry out a plan of treatment or care prescribed by the physician of the participant; provided, however, no person shall be considered to be neglected for the sole reason that he or she relies or is being furnished treatment in accordance with the tenets and teachings of a well recognized church or denomination by a duly accredited practitioner thereof.

[d] “Participant” means any person with developmental disabilities who participates in a program.

[e] “Program” means any day treatment program, habilitation program, rehabilitation program or other program for persons with developmental disabilities licensed by the department of behavioral healthcare, developmental disabilities and hospitals pursuant to § 40.1-24-1 et seq.

§ 40.1-27-2. Duty to report.

[a] Any person within the scope of their employment at a program or in their professional capacity who has knowledge of or reasonable cause to believe that a participant in a program has been abused, mistreated or neglected shall make, within twenty-four [24] hours or by the end of the next business day, a written report to the director of the department of behavioral healthcare, developmental disabilities and hospitals or his or her designee. The report shall contain:

[1] The name, address, telephone number, occupation, and employer’s address and the phone number of the person reporting;

[2] The name and address of the participant who is believed to be the victim of the abuse, mistreatment, or neglect;

[3] The details, observations, and beliefs concerning the incident(s);

[4] Any statements regarding the incident made by the participant and to whom they were made;

[5] The date, time, and place of the incident;

[6] The name of any individual(s) believed to have knowledge of the incident; and

[7] The name of any individual(s) believed to have been responsible for the incident.

[b] In addition to those persons required to report pursuant to this section, any other person may make a report if that person has reasonable cause to believe that a participant has been abused, mistreated, or neglected.

§ 40.1-27-4. Penalty – Failure to report.

[a] Any person so required to make a report as provided by § 40.1-27-2 and who fails to do so, shall be guilty of a misdemeanor and be punished by a fine of not more than five hundred dollars [\$500].

[b] Any person who alters or changes without authorization or destroys or renders unavailable a report made by another pursuant to § 40.1-27-2 shall be guilty of a misdemeanor and be fined not more than five hundred dollars [\$500].

[c] Any person who shall attempt, with or without threats or promises of benefit, to induce another to fail to report an incident of abuse, mistreatment, or neglect shall be guilty of a misdemeanor and be punished by a fine of not more than one thousand dollars [\$1,000] or imprisoned for more than one year, or both.

[d] Any person who fails to report an incident of abuse, mistreatment, or neglect after another has indicated a reliance on the reporting pursuant to § 40.1-27-2 shall be guilty of a misdemeanor and shall be fined not more than one thousand dollars [\$1,000] or imprisoned for more than one year, or both.

§ 40.1-27-6. Immunity from liability.

Any person who, in good faith, makes an oral or written report pursuant to § 40.1-27-2, excluding any perpetrator or conspirator of the acts described in § 40.1-27-1, shall have immunity from any liability, civil or criminal, that might be incurred as a result of having made such a report. No program shall discharge, or in any manner discriminate or retaliate against any person who, in good faith, makes a report, testifies, or is about to testify in any proceeding about the abuse, mistreatment, or neglect of participants.

South Carolina

Law Enforcement
Social Workers
Medical Professional
Dentist
Mental Health Counselor/Therapist
Coroners
Psychologists
Care Facility Owner/Employees
Health and Human Services Employees
Government Funded Service Provider to Elderly
School Personnel

CODE 1976 §43-35-25

Persons required to report abuse, neglect, or exploitation of adult; reporting methods

[A] A physician, nurse, dentist, optometrist, medical examiner, coroner, other medical, mental health or allied professional, Christian Science practitioner, religious healer, school teacher, counselor, psychologist, mental health or mental retardation specialist, social or public assistance worker, caregiver, staff or volunteer of an adult day care center or of a facility, or law enforcement officer having reason to believe that a vulnerable adult has been or is likely to be abused, neglected, or exploited shall report the incident in accordance with this section. Any other person who has actual knowledge that a vulnerable adult has been abused, neglected, or exploited shall report the incident in accordance with this section.

[B] Except as provided in subsection [A], any other person who has reason to believe that a vulnerable adult has been or may be abused, neglected, or exploited may report the incident.

[C] A person required to report pursuant to this section is personally responsible for making the report; however, a state agency may make a report on behalf of an agency employee if the procedure the agency uses for reporting has been approved in writing by the Vulnerable Adults Investigations Unit of the South Carolina Law Enforcement Division or the investigative entity to which the report is to be made.

[D] A person required to report under this section must report the incident within twenty-four hours or the next working day. A report must be made in writing or orally by telephone or otherwise to:

[1] the Vulnerable Adults Investigations Unit of the South Carolina Law Enforcement Division for incidents occurring in facilities operated or contracted for operation by the Department of Mental Health or the Department of Disabilities and Special Needs;

[2] the Long Term Care Ombudsman Program for incidents occurring in facilities, except those facilities provided for in Item [1]; and [3] the Adult Protective Services Program for incidents occurring in all other settings.

[E] If the Vulnerable Adults Investigations Unit of the South Carolina Law Enforcement Division or an investigative entity receives a report that is not within its investigative jurisdiction, the unit or investigative entity shall forward the report to the appropriate unit or investigative entity not later than the next working day.

[F] No facility may develop policies or procedures that interfere with the reporting requirements of this section.

[G] Provided the mandatory reporting requirements of this section are met, nothing in this section precludes a person also from reporting directly to law enforcement, and in cases of an emergency, serious injury, or suspected sexual assault law enforcement must be contacted immediately.

South Dakota

Law Enforcement

Social Workers

Medical Professional

Dentist

Paid Caregivers

Mental Health Counselor/Therapist

EMTs

Home Health Aids

Probation Officers

Psychologists

Care Facility Owner/Employees

Government Funded Service Provider to Elderly

Home Care Planning Agency

Hospices

22-46-9. Mandatory reporting of abuse, neglect, or exploitation--Violation as misdemeanor. Any:

[1] Physician, dentist, doctor of osteopathy, chiropractor, optometrist, podiatrist, religious healing practitioner, hospital intern or resident, nurse, paramedic, emergency medical technician, social worker, or any health care professional;

[2] Psychologist, licensed mental health professional, or counselor engaged in professional counseling; or

[3] State, county, or municipal criminal justice employee or law enforcement officer;

who knows, or has reasonable cause to suspect, that an elder or adult with a disability has been or is being abused, neglected, or exploited, shall, within twenty-four hours, report such knowledge or suspicion orally or in writing to the state's attorney of the county in which the elder or adult with a disability resides or is present, to the Department of Human Services, or to a law enforcement officer. Any person who knowingly fails to make the required report is guilty of a Class 1 misdemeanor.

A person described in this section is not required to report the abuse, neglect, or exploitation of an elder or adult with a disability if the person knows that another person has already reported to a proper agency the same abuse, neglect, or exploitation that would have been the basis of the person's own report.

22-46-10. Mandatory reporting of abuse or neglect by staff and by person in charge of residential facility or entity providing services to elderly or disabled adult--Violation as misdemeanor. Any staff member of a nursing facility, assisted living facility, adult day care center, or community support provider, or any residential care giver, individual providing homemaker services, victim advocate, or hospital personnel engaged in the admission, examination, care, or treatment of elderly or disabled adults who knows, or has reasonable cause to suspect, that an elderly or disabled adult has been or is being abused or neglected, shall, within twenty-four hours, notify the person in charge of the institution

where the elderly or disabled adult resides or is present, or the person in charge of the entity providing the service to the elderly or disabled adult, of the suspected abuse or neglect. The person in charge shall report the information in accordance with the provisions of § 22-46-9. Any person who knowingly fails to make the required report is guilty of a Class 1 misdemeanor.

Tennessee

Everyone

§ 71-6-103. Rules and regulations; reports; investigations; providing protection

(a) The commissioner has the discretion to adopt such rules, regulations, procedures, guidelines, or any other expressions of policy necessary to effect the purpose of this part insofar as such action is reasonably calculated to serve the public interest.

(b)(1) Any person, including, but not limited to, a physician, nurse, social worker, department personnel, coroner, medical examiner, alternate care facility employee, or caretaker, having reasonable cause to suspect that an adult has suffered abuse, neglect, or exploitation, shall report or cause reports to be made in accordance with the provisions of this part. Death of the adult does not relieve one of the responsibility for reporting the circumstances surrounding the death. However, unless the report indicates that there are other adults in the same or similar situation and that an investigation and provision of protective services are necessary to prevent their possible abuse, neglect or exploitation, it shall not be necessary for the department to make an investigation of the circumstances surrounding the death; provided, that the appropriate law-enforcement agency is notified.

(2) If a hospital, clinic, school, or any other organization or agency responsible for the care of adults has a specific procedure, approved by the director of the county office of the department, for the protection of adults who are victims of abuse, neglect, or exploitation, any member of its staff whose duty to report under the provisions of this part arises from the performance of the staff member's services as a member of the staff of the organization may, at the staff member's option, fulfill that duty by reporting instead to the person in charge of the organization or the organization head's designee who shall make the report in accordance with the provisions of this chapter.

(c) An oral or written report shall be made immediately to the department upon knowledge of the occurrence of suspected abuse, neglect, or exploitation of an adult. Any person making such a report shall provide the following information, if known: the name and address of the adult, or of any other person responsible for the adult's care; the age of the adult; the nature and extent

of the abuse, neglect, or exploitation, including any evidence of previous abuse, neglect, or exploitation; the identity of the perpetrator, if known; the identity of the complainant, if possible; and any other information that the person believes might be helpful in establishing the cause of abuse, neglect, or exploitation. Each report of known or suspected abuse of an adult involving a sexual offense that is a violation of §§ 39-13-501--39-13-506 that occurs in a facility licensed by the department of mental health and developmental disabilities as defined in § 33-5-402, or any hospital shall also be made to the local law enforcement agency in the jurisdiction where such offense occurred.

Texas

Everyone

Texas Human Resources Code 48.051.

<https://statutes.capitol.texas.gov/Docs/HR/htm/HR.48.htm>

Sec. 48.051. REPORT. (a) Except as prescribed by Subsection (b), a person having cause to believe that an elderly person, a person with a disability, or an individual receiving services from a provider as described by Subchapter F is in the state of abuse, neglect, or exploitation shall report the information required by Subsection (d) immediately to the department.

(b) If a person has cause to believe that an elderly person or a person with a disability, other than an individual receiving services from a provider as described by Subchapter F, has been abused, neglected, or exploited in a facility operated, licensed, certified, or registered by a state agency, the person shall report the information to the state agency that operates, licenses, certifies, or registers the facility for investigation by that agency.

(c) The duty imposed by Subsections (a) and (b) applies without exception to a person whose knowledge concerning possible abuse, neglect, or exploitation is obtained during the scope of the person's employment or whose professional communications are generally confidential, including an attorney, clergy member, medical practitioner, social worker, employee or member of a board that licenses or certifies a professional, and mental health professional.

(d) The report may be made orally or in writing. It shall include:

- (1) the name, age, and address of the elderly person or person with a disability;
- (2) the name and address of any person responsible for the care of the elderly person or person with a disability;
- (3) the nature and extent of the condition of the elderly person or person with a disability;
- (4) the basis of the reporter's knowledge; and

[5] any other relevant information.

[e] If a person who makes a report under this section chooses to give self-identifying information, the caseworker who investigates the report shall contact the person if necessary to obtain any additional information required to assist the person who is the subject of the report.

Utah

Everyone

62A-3-305. Reporting requirements -- Investigation -- Immunity -- Violation -- Penalty -- Nonmedical healing.

[1] A person who has reason to believe that a vulnerable adult has been the subject of abuse, neglect, or exploitation shall immediately notify Adult Protective Services intake or the nearest law enforcement agency. When the initial report is made to law enforcement, law enforcement shall immediately notify Adult Protective Services intake. Adult Protective Services and law enforcement shall coordinate, as appropriate, their efforts to provide protection to the vulnerable adult.

[2] When the initial report or subsequent investigation by Adult Protective Services indicates that a criminal offense may have occurred against a vulnerable adult:

[a] Adult Protective Services shall notify the nearest local law enforcement agency regarding the potential offense; and

[b] the law enforcement agency may initiate an investigation in cooperation with Adult Protective Services.

[3] A person who in good faith makes a report or otherwise notifies a law enforcement agency or Adult Protective Services of suspected abuse, neglect, or exploitation is immune from civil and criminal liability in connection with the report or other notification.

[4] [a] A person who willfully fails to report suspected abuse, neglect, or exploitation of a vulnerable adult is guilty of a class B misdemeanor.

[b] A covered provider or covered contractor, as defined in Section 26-21-201, that knowingly fails to report suspected abuse or neglect, as required by this section, is subject to a private right of action and liability for the abuse or neglect of another person that is committed by the individual who was not reported to Adult Protective Services in accordance with this section.

[5] Under circumstances not amounting to a violation of Section 76-8-508, a person who threatens, intimidates, or attempts to intimidate a vulnerable adult who is the subject of a report, a witness, the person who made the report, or any other person cooperating with an investigation conducted pursuant to this chapter is guilty of a class B misdemeanor.

[6] An adult is not considered abused, neglected, or a vulnerable adult for the reason that the adult has chosen to rely solely upon religious, nonmedical forms of healing in lieu of medical care.

Vermont

Law Enforcement

Social Workers

Medical Professional

Dentist

Paid Caregivers

Mental Health Counselor/Therapist

Home Health Aids

Psychologists

Case Manager

Care Facility Owner/Employees

Health and Human Services Employees

Government Funded Service Provider to Elderly

Home Care Planning Agency

School Personnel

Senior Transportation Services

Hospices

Funeral Home Operator

Title 33: Human Services

Chapter 069: Reports Of Abuse, Neglect, And Exploitation Of Vulnerable Adults

Subchapter 001: Reports Of Abuse Of Vulnerable Adults

[Cite as: 33 V.S.A. § 6903]

§ 6903. Reporting suspected abuse, neglect, and exploitation of vulnerable adults

[a] Any of the following, other than a crisis worker acting pursuant to 12 V.S.A. § 1614 and the State Long-Term Care Ombudsman or a representative of the Office, as defined in section 7501 of this title, who knows of or has received information of abuse, neglect, or exploitation of a vulnerable adult or who has reason to suspect that any vulnerable adult has been abused, neglected, or exploited shall report or cause a report to be made in accordance with the provisions of section 6904 of this title within 48 hours:

[1] all employees, contractors, and grantees of the Agency of Human Services who are involved in caregiving;

[2] a physician, osteopath, chiropractor, physician assistant, nurse, medical examiner, licensed nursing assistant, emergency medical services personnel, dentist, or psychologist;

[3] a school teacher, school librarian, school administrator, school guidance counselor, school aide, school bus driver, or school employee or school contractor who works regularly with students;

[4] a mental health professional, social worker, person

or organization that offers, provides, or arranges for personal care for vulnerable adults; caregiver employed by a vulnerable adult; employee of or contractor involved in caregiving for a community mental health center; law enforcement officer; or individual who works regularly with vulnerable adults and who is an employee of an adult day care center, area agency on aging, senior center, or meal program designed primarily to serve vulnerable adults;

(5) a hospital, nursing home, residential care home, home health agency, or any entity providing nursing or nursing-related developmental disabilities; services for remuneration; intermediate care facility for adults with developmental disabilities; therapeutic community residence, group home, developmental home, school or contractor involved in caregiving; or an operator or employee of any of these facilities or agencies.

(b) Any other concerned person not listed in subsection (a) of this section who knows of or has received a complaint of abuse, neglect, or exploitation of a vulnerable adult or who has reason to suspect that any vulnerable adult has been abused, neglected, or exploited may report or cause a report to be made in accordance with the provisions of section 6904 of this title.

(c) The identity of a person who makes a report under this section shall be kept confidential unless:

(1) the person making the report consents to disclosure;

(2) a judicial proceeding results from the report; or

(3) a court, after a hearing, finds probable cause to believe the report was not made in good faith and orders the Department to disclose the person's identity. [Added 1979, No. 150 (Adj. Sess.); amended 1985, No. 78, § 3; 1985, No. 151 (Adj. Sess.), § 15; 1985, No. 208 (Adj. Sess.), § 20, eff. June 30, 1986; 1989, No. 76, § 1; 1993, No. 100, § 2; 2001, No. 135 (Adj. Sess.), § 4, eff. June 13, 2002; 2013, No. 34, § 30a; 2013, No. 96 (Adj. Sess.), § 216; 2013, No. 131 (Adj. Sess.), § 85, eff. May 20, 2014; 2017, No. 23, § 2.]

§ 6904. Nature and content of report; to whom made

A report shall be made orally or in writing to the Commissioner or designee as soon as possible, but in no event later than 48 hours thereafter. The report may also be made to a law enforcement officer. If an oral report is made by telephone or otherwise, the Commissioner or designee shall request that it be followed within one week by a report in writing. Reports shall contain the name and address of the reporter as well as the names and addresses of the vulnerable adult and persons responsible for his or her care, if known; the age of the vulnerable adult; the nature of his or her disability; the nature and extent of the vulnerable adult's abuse, neglect, or exploitation together with any evidence of previous abuse, neglect, or exploitation of the vulnerable adult; and any other information that the reporter believes might be helpful in establishing the

cause of any injuries or reasons for the abuse, neglect, or exploitation as well as in protecting the vulnerable adult. If a report of abuse, neglect, or exploitation involves the acts or omissions of the Commissioner or employees of that Department, then such reports shall be directed to the Secretary of the Human Services who shall cause the report to be investigated by appropriate staff other than staff of the Department. [Added 1979, No. 150 (Adj. Sess.); amended 1985, No. 78, § 4; 1989, No. 76, § 2; 1993, No. 100, § 3; 2001, No. 135 (Adj. Sess.), § 17, eff. June 13, 2002.]

Virginia

Law Enforcement

Social Workers

Medical Professional

Medical Administration

Dentist

Paid Caregivers

Mental Health Counselor/Therapist

EMTs

Home Health Aids

Probation Officers

Psychologists

Fire Fighter

Case Manager

Care Facility Owner/Employees

Pharmacists

Health and Human Services Employees

Guardian/Conservator

Government Funded Service Provider to Elderly

Home Care Planning Agency

Senior Transportation Services

Hospices

Funeral Home Operator

Sheltered Workshop

§ 63.2-1606. Protection of aged or incapacitated adults; mandated and voluntary reporting

A. Matters giving reason to suspect the abuse, neglect or exploitation of adults shall be reported immediately upon the reporting person's determination that there is such reason to suspect. Medical facilities inspectors of the Department of Health are exempt from reporting suspected abuse immediately while conducting federal inspection surveys in accordance with § 1864 of Title XVIII and Title XIX of the Social Security Act, as amended, of certified nursing facilities as defined in § 32.1-123. Reports shall be made to the local department or the adult protective services hotline in accordance with requirements of this section by the following persons acting in their professional capacity:

1. Any person licensed, certified, or registered by health regulatory boards listed in § 54.1-2503, with the exception of persons licensed by the Board of Veterinary Medicine;

2. Any mental health services provider as defined in § 54.1-2400.1;

3. Any emergency medical services provider certified by the Board of Health pursuant to § 32.1-111.5, unless such provider immediately reports the suspected abuse, neglect or exploitation directly to the attending physician at the hospital to which the adult is transported, who shall make such report forthwith;

4. Any guardian or conservator of an adult; 5. Any person employed by or contracted with a public or private agency or facility and working with adults in an administrative, supportive or direct care capacity;

6. Any person providing full, intermittent or occasional care to an adult for compensation, including, but not limited to, companion, chore, homemaker, and personal care workers; and

7. Any law-enforcement officer.

B. The report shall be made in accordance with subsection A to the local department of the county or city wherein the adult resides or wherein the adult abuse, neglect or exploitation is believed to have occurred or to the adult protective services hotline. Nothing in this section shall be construed to eliminate or supersede any other obligation to report as required by law. If a person required to report under this section receives information regarding abuse, neglect or exploitation while providing professional services in a hospital, nursing facility or similar institution, then he may, in lieu of reporting, notify the person in charge of the institution or his designee, who shall report such information, in accordance with the institution's policies and procedures for reporting such matters, immediately upon his determination that there is reason to suspect abuse, neglect or exploitation. Any person required to make the report or notification required by this subsection shall do so either orally or in writing and shall disclose all information that is the basis for the suspicion of adult abuse, neglect or exploitation. Upon request, any person required to make the report shall make available to the adult protective services worker and the local department investigating the reported case of adult abuse, neglect or exploitation any information, records or reports which document the basis for the report. All persons required to report suspected adult abuse, neglect or exploitation shall cooperate with the investigating adult protective services worker of a local department and shall make information, records and reports which are relevant to the investigation available to such worker to the extent permitted by state and federal law. Criminal investigative reports received from law-enforcement agencies shall not be further disseminated by the investigating agency nor shall they be subject to public disclosure; such reports may, however, be disclosed to the Adult Fatality Review Team as provided in § 32.1-283.5 or to a local or regional adult fatality review team as provided in § 32.1-283.6 and, if reviewed by the Team or a local or regional adult fatality review team, shall be subject to applicable

confidentiality requirements of the Team or a local or regional adult fatality review team.

C. Any financial institution staff who suspects that an adult has been exploited financially may report such suspected financial exploitation and provide supporting information and records to the local department of the county or city wherein the adult resides or wherein the exploitation is believed to have occurred or to the adult protective services hotline. For purposes of this section:

“Financial exploitation” means the illegal, unauthorized, improper, or fraudulent use of the funds, property, benefits, resources, or other assets of an adult, as defined in § 63.2-1603, for another's profit, benefit, or advantage, including a caregiver or person serving in a fiduciary capacity, or that deprives the adult of his rightful use of or access to such funds, property, benefits, resources, or other assets. “Financial exploitation” includes [i] an intentional breach of a fiduciary obligation to an adult to his detriment or an intentional failure to use the financial resources of an adult in a manner that results in neglect of such adult; [ii] the acquisition, possession, or control of an adult's financial resources or property through the use of undue influence, coercion, or duress; and [iii] forcing or coercing an adult to pay for goods or services against his will for another's profit, benefit, or advantage if the adult did not agree, or was tricked, misled, or defrauded into agreeing, to pay for such goods or services.

“Financial institution staff” means any employee, agent, qualified individual, or representative of a bank, trust company, savings institution, loan association, consumer finance company, credit union, investment company, investment advisor, securities firm, accounting firm, or insurance company.

D. Any person other than those specified in subsection A who suspects that an adult is an abused, neglected or exploited adult may report the matter to the local department of the county or city wherein the adult resides or wherein the abuse, neglect or exploitation is believed to have occurred or to the adult protective services hotline.

E. Any person who makes a report or provides records or information pursuant to subsection A, C, or D, or who testifies in any judicial proceeding arising from such report, records or information, or who takes or causes to be taken with the adult's or the adult's legal representative's informed consent photographs, video recordings, or appropriate medical imaging of the adult who is subject of a report shall be immune from any civil or criminal liability on account of such report, records, information, photographs, video recordings, appropriate medical imaging or testimony, unless such person acted in bad faith or with a malicious purpose.

F. An employer of a mandated reporter shall not prohibit a mandated reporter from reporting directly to the local department or to the adult protective services hotline. Employers whose report.

G. Any person 14 years of age or older who makes or causes to be made a report of adult abuse, neglect, or exploitation that he knows to be false is guilty of a Class 4 misdemeanor. Any subsequent conviction of this provision is a Class 2 misdemeanor.

H. Any person who fails to make a required report or notification pursuant to subsection A shall be subject to a civil penalty of not more than \$500 for the first failure and not less than \$100 nor more than \$1,000 for any subsequent failures. Civil penalties under subdivision A 7 shall be determined by a court of competent jurisdiction, in its discretion. All other civil penalties under this section shall be determined by the Commissioner for Aging and Rehabilitative Services or his designee. The Commissioner for Aging and Rehabilitative Services shall establish by regulation a process for imposing and collecting civil penalties, and a process for appeal of the imposition of such penalty pursuant to § 2.2-4026 of the Administrative Process Act.

I. Any mandated reporter who has reasonable cause to suspect that an adult died as a result of abuse or neglect shall immediately report such suspicion to the appropriate medical examiner and to the appropriate law-enforcement agency, notwithstanding the existence of a death certificate signed by a licensed physician. The medical examiner and the law-enforcement agency shall receive the report and determine if an investigation is warranted. The medical examiner may order an autopsy. If an autopsy is conducted, the medical examiner shall report the findings to law enforcement, as appropriate, and to the local department or to the adult protective services hotline.

J. No person or entity shall be obligated to report any matter if the person or entity has actual knowledge that the same matter has already been reported to the local department or to the adult protective services hotline.

K. All law-enforcement departments and other state and local departments, agencies, authorities and institutions shall cooperate with each adult protective services worker of a local department in the detection, investigation and prevention of adult abuse, neglect and exploitation.

L. Financial institution staff may refuse to execute a transaction, may delay a transaction, or may refuse to disburse funds if the financial institution staff [i] believes in good faith that the transaction or disbursement may involve, facilitate, result in, or contribute to the financial exploitation of an adult or [ii] makes, or has actual knowledge that another person has made, a report to the local department or adult protective services hotline stating a good faith belief that the transaction or disbursement may involve, facilitate, result in, or contribute to the financial exploitation of an adult. The financial institution staff may continue to refuse to execute a transaction, delay a transaction, or refuse to disburse funds for a period no longer than 30 business days after the date upon which such transaction or

disbursement was initially requested based on a good faith belief that the transaction or disbursement may involve, facilitate, result in, or contribute to the financial exploitation of an adult, unless otherwise ordered by a court of competent jurisdiction. Upon request, and to the extent permitted by state and federal law, financial institution staff making a report to the local department of social services may report any information or records relevant to the report or investigation. Absent gross negligence or willful misconduct, the financial institution and its staff shall be immune from civil or criminal liability for refusing to execute a transaction, delaying a transaction, or refusing to disburse funds pursuant to this subsection. The authority of a financial institution staff to refuse to execute a transaction, to delay a transaction, or to refuse to disburse funds pursuant to this subsection shall not be contingent upon whether financial institution staff has reported suspected financial exploitation of the adult pursuant to subsection C.

Washington

Law Enforcement
Social Workers
Medical Professional
Dentist
Paid Caregivers
Mental Health Counselor/Therapist
EMTs
Coroners
Home Health Aids
Psychologists
Case Manager
Care Facility Owner/Employees
Health and Human Services Employees
Government Funded Service Provider to Elderly
Home Care Planning Agency
School Personnel
Hospices
Sheltered Workshop

RCW 74.34.020

Definitions.

[14] "Mandated reporter" is an employee of the department; law enforcement officer; social worker; professional school personnel; individual provider; an employee of a facility; an operator of a facility; an employee of a social service, welfare, mental health, adult day health, adult day care, home health, home care, or hospice agency; county coroner or medical examiner; Christian Science practitioner; or health care provider subject to chapter 18.130 RCW.

17] "Permissive reporter" means any person, including, but not limited to, an employee of a financial institution, attorney, or volunteer in a facility or program providing services for vulnerable adults.

RCW 74.34.035

Reports–Mandated and permissive–Contents – Confidentiality.

[1] When there is reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred, mandated reporters shall immediately report to the department.

[2] When there is reason to suspect that sexual assault has occurred, mandated reporters shall immediately report to the appropriate law enforcement agency and to the department.

[3] When there is reason to suspect that physical assault has occurred or there is reasonable cause to believe that an act has caused fear of imminent harm:

[a] Mandated reporters shall immediately report to the department; and

[b] Mandated reporters shall immediately report to the appropriate law enforcement agency, except as provided in subsection [4] of this section.

[4] A mandated reporter is not required to report to a law enforcement agency, unless requested by the injured vulnerable adult or his or her legal representative or family member, an incident of physical assault between vulnerable adults that causes minor bodily injury and does not require more than basic first aid, unless:

[a] The injury appears on the back, face, head, neck, chest, breasts, groin, inner thigh, buttock, genital, or anal area;

[b] There is a fracture;

[c] There is a pattern of physical assault between the same vulnerable adults or involving the same vulnerable adults; or

[d] There is an attempt to choke a vulnerable adult.

[5] When there is reason to suspect that the death of a vulnerable adult was caused by abuse, neglect, or abandonment by another person, mandated reporters shall, pursuant to RCW 68.50.020, report the death to the medical examiner or coroner having jurisdiction, as well as the department and local law enforcement, in the most expeditious manner possible. A mandated reporter is not relieved from the reporting requirement provisions of this subsection by the existence of a previously signed death certificate. If abuse, neglect, or abandonment caused or contributed to the death of a vulnerable adult, the death is a death caused by unnatural or unlawful means, and the body shall be the jurisdiction of the coroner or medical examiner pursuant to RCW 68.50.010.

[6] Permissive reporters may report to the department or a law enforcement agency when there is reasonable cause to believe that a vulnerable adult is being or has been abandoned, abused, financially exploited, or neglected.

[7] No facility, as defined by this chapter, agency

licensed or required to be licensed under chapter 70.127 RCW, or facility or agency under contract with the department to provide care for vulnerable adults may develop policies or procedures that interfere with the reporting requirements of this chapter.

[8] Each report, oral or written, must contain as much as possible of the following information:

[a] The name and address of the person making the report;

[b] The name and address of the vulnerable adult and the name of the facility or agency providing care for the vulnerable adult;

[c] The name and address of the legal guardian or alternate decision maker;

[d] The nature and extent of the abandonment, abuse, financial exploitation, neglect, or self-neglect;

[e] Any history of previous abandonment, abuse, financial exploitation, neglect, or self-neglect;

[f] The identity of the alleged perpetrator, if known; and

[g] Other information that may be helpful in establishing the extent of abandonment, abuse, financial exploitation, neglect, or the cause of death of the deceased vulnerable adult.

[9] Unless there is a judicial proceeding or the person consents, the identity of the person making the report under this section is confidential.

[10] In conducting an investigation of abandonment, abuse, financial exploitation, self-neglect, or neglect, the department or law enforcement, upon request, must have access to all relevant records related to the vulnerable adult that are in the possession of mandated reporters and their employees, unless otherwise prohibited by law. Records maintained under RCW 4.24.250, 18.20.390, 43.70.510, 70.41.200, 70.230.080, and 74.42.640 shall not be subject to the requirements of this subsection. Providing access to records relevant to an investigation by the department or law enforcement under this provision may not be deemed a violation of any confidential communication privilege. Access to any records that would violate attorney-client privilege shall not be provided without a court order unless otherwise required by court rule or caselaw.

[2013 c 263 § 2; 2010 c 133 § 4; 2003 c 230 § 2; 1999 c 176 § 5.]

NOTES:

Effective date–2003 c 230: See note following RCW 74.34.020.

Findings–Purpose–Severability–Conflict with federal requirements–1999 c 176: See notes following RCW 74.34.005.

RCW 74.34.040

Reports–Contents–Identity confidential.

The reports made under *RCW 74.34.030 shall contain the following information if known:

- [1] Identification of the vulnerable adult;
- [2] The nature and extent of the suspected abuse, neglect, exploitation, or abandonment;
- [3] Evidence of previous abuse, neglect, exploitation, or abandonment;
- [4] The name and address of the person making the report; and
- [5] Any other helpful information.

Unless there is a judicial proceeding or the person consents, the identity of the person making the report is confidential.

[1986 c 187 § 2; 1984 c 97 § 10.]

NOTES:

*Reviser's note: RCW 74.34.030 was repealed by 1999 c 176 § 35.

RCW 74.34.050

Immunity from liability.

[1] A person participating in good faith in making a report under this chapter or testifying about alleged abuse, neglect, abandonment, financial exploitation, or self-neglect of a vulnerable adult in a judicial or administrative proceeding under this chapter is immune from liability resulting from the report or testimony. The making of permissive reports as allowed in this chapter does not create any duty to report and no civil liability shall attach for any failure to make a permissive report as allowed under this chapter.

[2] Conduct conforming with the reporting and testifying provisions of this chapter shall not be deemed a violation of any confidential communication privilege. Nothing in this chapter shall be construed as superseding or abridging remedies provided in chapter 4.92 RCW.

[1999 c 176 § 6; 1997 c 386 § 34; 1986 c 187 § 3; 1984 c 97 § 11.]

NOTES:

Findings–Purpose–Severability–Conflict with federal requirements–1999 c 176: See notes following RCW 74.34.005.

Application–Effective date–1997 c 386: See notes following RCW 13.50.010.

RCW 74.34.053

Failure to report–False reports–Penalties.

[1] A person who is required to make a report under this chapter and who knowingly fails to make the report is guilty of a gross misdemeanor.

[2] A person who intentionally, maliciously, or in bad faith makes a false report of alleged abandonment, abuse, financial exploitation, or neglect of a vulnerable adult is guilty of a misdemeanor.

[1999 c 176 § 7.]

NOTES:

Findings–Purpose–Severability–Conflict with federal requirements–1999 c 176: See notes following RCW 74.34.005.

You can view our entire statute [RCW 74.34] at <https://app.leg.wa.gov/RCW/default.aspx?cite=74.34>

West Virginia

Medical Professional

Medical Administration

Dentist

Mental Health Counselor/Therapist

Psychologists

Care Facility Owner/Employees

WV Code §9-6-9. Mandatory reporting of incidences of abuse, neglect or emergency situation.

[a] If any medical, dental or mental health professional, Christian Science practitioner, religious healer, social service worker, law-enforcement officer, humane officer, state or regional ombudsman or any employee of any nursing home or other residential facility has reasonable cause to believe that an incapacitated adult or facility resident is or has been neglected, abused or placed in an emergency situation, or if such person observes an incapacitated adult or facility resident being subjected to conditions that are likely to result in abuse, neglect or an emergency situation, the person shall immediately report the circumstances pursuant to the provisions of section eleven of this article: Provided, That nothing in this article is intended to prevent individuals from reporting on their own behalf.

[b] In addition to those persons and officials specifically required to report situations involving suspected abuse or neglect of an incapacitated adult or facility resident or the existence of an emergency situation, any other person may make such a report.

[c] The secretary shall develop a form for the filing of written complaints, as provided by section eleven of this article, and provide these forms to all nursing homes or other residential facilities, hospitals, ombudsmen and adult protective service agencies in this state. The forms shall be designed to protect the identity of the complainant, if desired, and to facilitate the prompt filing of complaints.

[d] The Department of Health and Human Resources shall develop and implement a procedure to notify any person mandated to report suspected abuse and neglect of an incapacitated adult or facility resident of whether an investigation into the reported suspected abuse or neglect has been initiated and when the investigation is completed.

§9-6-10. Mandatory reporting to medical examiner or coroner; postmortem investigation.

(a) Any person or official who is required under section nine of this article to report cases of suspected abuse or neglect and who has probable cause to believe that an incapacitated adult or facility resident has died as a result of abuse or neglect shall report that fact to the appropriate medical examiner or coroner.

(b) Upon the receipt of such a report, the medical examiner or coroner shall cause an investigation to be made and shall report the findings to the local law-enforcement agency, the local prosecuting attorney, the department's local adult protective services agency, and, if the institution making a report is a hospital, nursing home or other residential facility, to the administrator of the facility, the state and regional long-term care ombudsman and the office of health facility licensure and certification.

§9-6-11. Reporting procedures.

(a) A report of neglect or abuse of an incapacitated adult or facility resident or of an emergency situation involving such an adult shall be made immediately to the department's adult protective services agency by a method established by the department: Provided, That if the method for reporting is web-based, the Department of Health and Human Resources shall maintain a system for addressing emergency situations that require immediate attention and shall be followed by a written report by the complainant or the receiving agency within 48 hours. The department shall, upon receiving any such report, take such action as may be appropriate and shall maintain a record thereof. The department shall receive telephonic reports on its 24-hour, seven-day-a-week, toll-free number established to receive calls reporting cases of suspected or known adult abuse or neglect.

(b) A copy of any report of abuse, neglect, or emergency situation shall be immediately filed with the following agencies:

- (1) The Department of Health and Human Resources;
- (2) The appropriate law-enforcement agency and the prosecuting attorney, if necessary; or
- (3) In case of a death, to the appropriate medical examiner or coroner's office.

(c) If the person who is alleged to be abused or neglected is a resident of a nursing home or other residential facility, a copy of the report shall also be filed with the state or regional ombudsman and the administrator of the nursing home or facility.

(d) The department shall omit from such report in the first instance, the name of the person making a report, when requested by such person.

(e) Reports of known or suspected institutional abuse or neglect of an incapacitated adult or facility resident or the existence of an emergency situation in an

institution, nursing home, or other residential facility shall be made, received, and investigated in the same manner as other reports provided for in this article. In the case of a report regarding an institution, nursing home, or residential facility, the department shall immediately cause an investigation to be conducted.

(f) Upon receipt of a written complaint, the department shall coordinate an investigation pursuant to §9-6-3 of this code and applicable state or federal laws, rules, or regulations.

Wisconsin

Social Workers

Medical Professional

Mental Health Counselor/Therapist

Psychologists

Health and Human Services Employees

Government Funded Service Provider to Elderly

46.90 Elder abuse reporting system.

(1) Definitions. In this section:

(a) "Abuse" means any of the following:

1. Physical abuse.
2. Emotional abuse.
3. Sexual abuse.
4. Treatment without consent.
5. Unreasonable confinement or restraint.

(ag) "Aging unit" has the meaning given under s. 46.82 (1) (a).

(aj) "Bodily harm" means physical pain or injury, illness, or any impairment of physical condition.

(an) "Caregiver" means a person who has assumed responsibility for all or a portion of an individual's care voluntarily, by contract, or by agreement, including a person acting or claiming to act as a legal guardian.

(ar) "Case management" means an assessment of need for direct services, development of a direct service plan and coordination and monitoring of the provision of direct services.

(bm) "Direct services" includes temporary shelter, relocation assistance, housing, respite care, emergency funds for food and clothing and legal assistance.

(br) "Elder adult at risk" means any person age 60 or older who has experienced, is currently experiencing, or is at risk of experiencing abuse, neglect, self-neglect, or financial exploitation.

(bt) "Elder-adult-at-risk agency" means the agency designated by the county board of supervisors under sub. (2) to receive, respond to, and investigate reports of abuse, neglect, self-neglect, and financial exploitation under sub. (4).

[cm] “Emotional abuse” means language or behavior that serves no legitimate purpose and is intended to be intimidating, humiliating, threatening, frightening, or otherwise harassing, and that does or reasonably could intimidate, humiliate, threaten, frighten, or otherwise harass the individual to whom the conduct or language is directed.

[ed] “Financial exploitation” means any of the following:

1. Obtaining an individual's money or property by deceiving or enticing the individual, or by forcing, compelling, or coercing the individual to give, sell at less than fair market value, or in other ways convey money or property against his or her will without his or her informed consent.
2. Theft, as prohibited in s. 943.20.
3. The substantial failure or neglect of a fiscal agent to fulfill his or her responsibilities.
4. Unauthorized use of an individual's personal identifying information or documents, as prohibited in s. 943.201.
5. Unauthorized use of an entity's identifying information or documents, as prohibited in s. 943.203.
6. Forgery, as prohibited in s. 943.38.
7. Financial transaction card crimes, as prohibited in s. 943.41.

[eg] “Fiscal agent” includes any of the following:

1. A guardian of the estate appointed under s. 54.10.
2. A conservator appointed under s. 54.76.
3. An agent under a power of attorney under ch. 244.
4. A representative payee under 20 CFR 416.635.
5. A conservatorship under the U.S. department of veterans affairs.

[er] “Investigative agency” means a law enforcement or a city, town, village, county, or state governmental agency or unit with functions relating to protecting health, welfare, safety, or property, including an agency concerned with animal protection, public health, building code enforcement, consumer protection, or insurance or financial institution regulation.

[f] “Neglect” means the failure of a caregiver, as evidenced by an act, omission, or course of conduct, to endeavor to secure or maintain adequate care, services, or supervision for an individual, including food, clothing, shelter, or physical or mental health care, and creating significant risk or danger to the individual's physical or mental health. “Neglect” does not include a decision that is made to not seek medical care for an individual, if that decision is consistent with the individual's previously executed declaration or do-not-resuscitate order under ch. 154, a power of attorney for health care under ch. 155, or as otherwise authorized by law.

[fg] “Physical abuse” means the intentional or reckless infliction of bodily harm.

[g] “Self-neglect” means a significant danger to an individual's physical or mental health because the individual is responsible for his or her own care but fails to obtain adequate care, including food, shelter, clothing, or medical or dental care.

[gd] “Sexual abuse” means a violation of s. 940.225 [1], [2], [3], or [3m].

[gf] “State governmental agency” has the meaning given for “agency” in s. 16.417 [1] [a].

[gr] “State official” means any law enforcement officer employed by the state or an employee of one of the following:

1. The department of health services.
2. The department of justice.
3. The department of safety and professional services.
4. The board on aging and long-term care.
5. A state governmental agency other than those specified in subds. 1. to 4. with functions relating to protecting health and safety.

[h] “Treatment without consent” means the administration of medication to an individual who has not provided informed consent, or the performance of psychosurgery, electroconvulsive therapy, or experimental research on an individual who has not provided informed consent, with the knowledge that no lawful authority exists for the administration or performance.

[i] “Unreasonable confinement or restraint” includes the intentional and unreasonable confinement of an individual in a locked room, involuntary separation of an individual from his or her living area, use on an individual of physical restraining devices, or the provision of unnecessary or excessive medication to an individual, but does not include the use of these methods or devices in entities regulated by the department if the methods or devices are employed in conformance with state and federal standards governing confinement and restraint.

[2] Elder-adult-at-risk agency designation. Each county board shall designate an agency in the county as the elder-adult-at-risk agency for the purposes of this section.

[3] Elder-adult-at-risk agency duties.

[a] Each elder-adult-at-risk agency shall develop a policy for notifying other investigative agencies, including law enforcement officials in appropriate cases, and shall establish an elder abuse reporting system to carry out the purposes of this section. Each elder-adult-at-risk agency shall enter into a memorandum of understanding regarding the operation of the system with the county department under s. 46.215 or 46.22 and with any private or public agency, including a county department under s. 51.42 or 51.437, within the county that is participating in the elder abuse reporting

system. The memorandum of understanding shall, at a minimum, identify the agencies that are responsible for the investigation of reports of abuse, financial exploitation, neglect, or self-neglect of elder adults at risk and for the provision of specific direct services.

(b) Each elder-adult-at-risk agency shall receive reports of abuse, financial exploitation, neglect, or self-neglect of elder adults at risk.

(c) Each elder-adult-at-risk agency shall publicize the existence of an elder abuse reporting system in the county and shall provide a publicized telephone number that can be used by persons wishing to report suspected cases of abuse, financial exploitation, neglect, or self-neglect of elder adults at risk. Each elder-adult-at-risk agency shall also provide a telephone number that can be used to make reports after the elder-adult-at-risk agency's regular business hours.

(4) Reporting.

(ab) The following persons shall file reports as specified in par. (ad):

1. An employee of any entity that is licensed, certified, or approved by or registered with the department.
3. A health care provider, as defined in s. 155.01 [7].
4. A social worker, professional counselor, or marriage and family therapist certified under ch. 457.

(ad) Except as provided in par. (ae), a person specified in par. (ab) who has seen an elder adult at risk in the course of the person's professional duties shall file a report with the county department, the elder-adult-at-risk agency, a state or local law enforcement agency, the department, or the board on aging and long-term care if the elder adult at risk has requested the person to make the report, or if the person has reasonable cause to believe that any of the following situations exist:

1. The elder adult at risk is at imminent risk of serious bodily harm, death, sexual assault, or significant property loss and is unable to make an informed judgment about whether to report the risk.
2. An elder adult at risk other than the subject of the report is at risk of serious bodily harm, death, sexual assault, or significant property loss inflicted by a suspected perpetrator.

(ae) A person specified in par. (ab) to whom any of the following applies is not required to file a report as provided in par. (ad):

1. If the person believes that filing a report would not be in the best interest of the elder adult at risk. If the person so believes, the person shall document the reasons for this belief in the case file that the person maintains on the elder adult at risk.
2. If a health care provider provides treatment by spiritual means through prayer for healing in lieu of medical care in accordance with his or her religious

tradition and his or her communications with patients are required by his or her religious denomination to be held confidential.

(ar) Any person, including an attorney or a person working under the supervision of an attorney, may report to the county department, the elder-adult-at-risk agency, a state or local law enforcement agency, the department, or the board on aging and long-term care that he or she believes that abuse, financial exploitation, neglect, or self-neglect of an elder adult at risk has occurred if the person is aware of facts or circumstances that would lead a reasonable person to believe or suspect that abuse, financial exploitation, neglect, or self-neglect of an elder adult at risk has occurred. The person shall indicate the facts and circumstances of the situation as part of the report.

(b) 1. a. No person may discharge or otherwise retaliate or discriminate against any person for reporting in good faith under this subsection.

b. No person may discharge or otherwise retaliate or discriminate against any individual on whose behalf another person has reported in good faith under this subsection.

cm. Any discharge of a person or act of retaliation or discrimination that is taken against a person who makes a report under this subsection, within 120 days after the report is made, establishes a rebuttable presumption that the discharge or act is made in response to the report. This presumption may be rebutted by a preponderance of evidence that the discharge or act was not made in response to the report.

55.043 Adult-at-risk agency.

(1m) Reporting.

(a) The following persons shall file reports as specified in par. (b):

1. An employee of any entity that is licensed, certified, or approved by or registered with the department.
3. A health care provider, as defined in s. 155.01 [7].
4. A social worker, professional counselor, or marriage and family therapist certified under ch. 457.

(b) Except as provided in par. (be), a person specified in par. (a) who has seen an adult at risk in the course of the person's professional duties shall file a report with the county department, the adult-at-risk agency, a state or local law enforcement agency, the department, or the board on aging and long-term care if the adult at risk has requested the person to make the report, or if the person has reasonable cause to believe that any of the following situations exist:

1. The adult at risk is at imminent risk of serious bodily harm, death, sexual assault, or significant property loss and is unable to make an informed judgment about whether to report the risk.
2. An adult at risk other than the subject of the report

is at risk of serious bodily harm, death, sexual assault, or significant property loss inflicted by a suspected perpetrator.

[be] A person specified in par. [a] to whom any of the following applies is not required to file a report as provided in par. [b]:

1. If the person believes that filing a report would not be in the best interest of the adult at risk. If the person so believes, the person shall document the reasons for this belief in the case file that the person maintains on the adult at risk.

2. If a health care provider provides treatment by spiritual means through prayer for healing in lieu of medical care in accordance with his or her religious tradition and his or her communications with patients are required by his or her religious denomination to be held confidential.

[br] Any person, including an attorney or a person working under the supervision of an attorney, may report to the county department, adult-at-risk agency, a state or local law enforcement agency, the department, or the board on aging and long-term care that he or she believes that abuse, financial exploitation, neglect, or self-neglect of an adult at risk has occurred if the person is aware of facts or circumstances that would lead a reasonable person to believe or suspect that abuse, financial exploitation, neglect, or self-neglect of an adult at risk has occurred. The person shall indicate the facts and circumstances of the situation as part of the report.

[c] 1. a. No person may discharge or otherwise retaliate or discriminate against any person for reporting in good faith under this subsection.

b. No person may discharge or otherwise retaliate or discriminate against any individual on whose behalf another person has reported in good faith under this subsection.

d. Any discharge of a person or act of retaliation or discrimination that is taken against a person who makes a report under this subsection, within 120 days after the report is made, establishes a rebuttable presumption that the discharge or act is made in response to the report. This presumption may be rebutted by a preponderance of evidence that the discharge or act was not made in response to the report.

Wyoming

Everyone

35-20-103. Reports of abuse, neglect, exploitation, intimidation or abandonment of vulnerable adult; reports maintained in central registry.

[a] Any person or agency who knows or has reasonable cause to believe that a vulnerable adult is being or has been abused, neglected, exploited, intimidated or

abandoned or is committing self neglect shall report the information immediately to a law enforcement agency or the department. Anyone who in good faith makes a report pursuant to this section is immune from civil liability for making the report.

[b] The report may be made orally or in writing. The report shall provide to law enforcement or the department the following, to the extent available:

- [i] The name, age and address of the vulnerable adult;
- [ii] The name and address of any person responsible for the vulnerable adult's care;
- [iii] The nature and extent of the vulnerable adult's condition;
- [iv] The basis of the reporter's knowledge;
- [v] The names and conditions of the other residents, if the vulnerable adult resides in a facility with other vulnerable adults;
- [vi] An evaluation of the persons responsible for the care of the residents, if the vulnerable adult resides in a facility with other vulnerable adults;
- [vii] The adequacy of the facility environment;
- [viii] Any evidence of previous injuries;
- [ix] Any collaborative information; and
- [x] Any other relevant information.

[c] After receipt of a report that a vulnerable adult is suspected of being or has been abused, neglected, exploited, intimidated or abandoned or is committing self neglect, the department shall notify law enforcement and may request assistance from appropriate health or mental health agencies.

[d] If a law enforcement officer determines that a vulnerable adult is abused, neglected, exploited, intimidated or abandoned, or is committing self neglect, he shall notify the department concerning the potential need of the vulnerable adult for protective services.

[e] Any report or notification to the department that a vulnerable adult is, or is suspected of being, abused, neglected, exploited, intimidated or abandoned, or is committing self neglect, shall be investigated, a determination shall be made whether protective services are necessary and, whether an individual instruction exists under W.S. 35-22-401 through 35-22-416. If determined necessary, protective services shall be furnished by the department within three [3] days from the time the report or notice is received by the department. The investigation may include a visit to the facility in which the vulnerable adult resides and an interview with the vulnerable adult.

[f] Each substantiated report of abuse, neglect, exploitation, intimidation or abandonment of a vulnerable adult pursuant to this act shall be entered and maintained within the central registry of vulnerable adult protection cases under W.S. 35-20-115.