

The Missouri Adult Abuse and Neglect Investigations System

Adult Protective Services

Adult Protective Services (APS) is part of the Missouri Department of Health and Senior Services (DHSS). APS investigates abuse, neglect, and exploitation of vulnerable individuals 60 and older and people with disabilities between 18 and 59. These individuals may live in the community or in long-term care facilities. Either way, they are unable to protect their own interests or adequately perform or obtain services necessary to meet their essential human needs.

Phase 1: Receive report

Reports of abuse, neglect, and exploitation are made through the MO Adult Abuse & Neglect Hotline telephone and [online reporting](#) system which are received by the Department of Health and Senior Services (DHSS) Central Registry Unit (CRU). Reports are made by public citizens and mandated reporters. Reports are also received via field office walk in. Reports include the name, age, and address of the adult, along with any other relevant information about what occurred.

Law Enforcement

Police are mandated reporters by state law. Police can make a report to APS when they become aware of abuse and neglect or if the eligible adult needs services.

Relevant statutes

Statutes and Relevant Links	Statute Topic
192.2410	How reports are initially made to DHSS
192.2435	Confidentiality of reports to Central Registry Unit
192.2405	Mandatory reporters

Phase 2: Ensure eligibility

CRU checks the report for eligibility and refers to the appropriate entity within DHSS. For APS, eligibility includes: eligible adult aged 60 and older or 18-59 with a disability as defined by state statutes; the inability to protect their interests or obtain or perform activities to meet their human needs; and an allegation of abuse, neglect, exploitation, or a need for services.

If eligible, the CRU will assign the report to an APS Specialist for review. If not eligible, the CRU will refer report to the appropriate state agency.

Senate Bill 3 (SB3)

Senate Bill 3 (SB3) requires that the DHSS share information and possibly refer reports of abuse/neglect that fall under the jurisdiction of Department of Social Services (DSS) and Department of Mental Health (DMH). APS will refer reports of abuse and neglect that meet the eligibility requirements to DMH or DSS for possible investigation.

Relevant statutes

Statutes and Relevant Links	Statute Topic
192.2400	Eligible adult criteria
190.2005	Eligible adult disability criteria
192.2005	Eligibility criteria regarding inability to protect interests

Phase 3: Review report

The APS Specialist reviews the report to determine next steps. They may contact the reporter, the eligible adult, and others for additional information. They will assess the adult's safety, need for assistance, and determine what services or resources the eligible adult may need to maintain their well-being such as community support services, home-delivered meals, counseling, etc. The APS Specialist also determines if there is a need for ongoing Protective Services as in cases of guardianship. Protective Services can be provided whether a report of abuse or neglect moves to the investigation stage.

If the APS Specialist has reasonable suspicion that a crime has occurred, a referral is made to the Special Investigations Unit (SIU).

Relevant Statutes

Statutes and Relevant Links	Statute Topic
192.2415	Procedures for identifying services and needs
192.2440 and 192.2455	Consent for services
191.2445	Procedure for abuse, neglect, or harm

Phase 4: Investigate

The APS Special Investigations Unit (SIU) conducts criminal and Employee Disqualification List (EDL) investigations of in-home aides providing Home and Community Based Services (HCBS). Investigation activities include interviews, evidence collection, and working with local and state prosecutors to put together a case. SIU may also collaborate with the local prosecutor to build their case.

Law Enforcement

SIU notifies police about the investigation. SIU and Police will determine who will lead the investigation or how to work together to investigate the report. If police are already conducting or want to lead the investigation, SIU will close their investigation.

Relevant Statutes

Statutes and Relevant Links	Statute Topic
192.2400 to 192.2470	Investigation outline
192.2415	Investigation requirements for eligible adults

192.2420	Investigation requirements for those with disabilities
192.2425	APS requirements in elder abuse reports
192.2445	Ability to receive entry warrant if someone bars APS from contacting eligible adult

Phase 5: Resolve report

SIU determines the next steps based on information that was gathered during the investigation. If abuse is supported by the investigation, SIU will share the findings with a local prosecutor. In most cases, they worked with the prosecutor during the investigation. If abuse or misconduct by an in-home aide is supported by the investigation, SIU will refer the findings to the Office of General Counsel which will determine if the individual will be added to the Employee Disqualification List.

Any substantiated fraud is also sent to the Medicaid Fraud Control Unit (MFCU) and Missouri Medicaid Audit & Compliance (MMAC) to see if they'd like to move forward with prosecution.

Relevant Statutes

Statutes and Relevant Links	Statute Topic
192.2460	Ability to file for guardianship on behalf of individuals
192.2490	Outlines placement on Employee Disqualification List (EDL)

Phase 6: Enter Criminal Justice System

The prosecutor reviews information about the case and chooses whether to file criminal charges of abuse, neglect, or exploitation. If charges are filed, the alleged perpetrator must appear in court. The case is presented in court and a finding is made. If convicted, a sentence, or punishment is imposed which could include incarceration, probation, fines, or restitution paid to the victim.

For more detailed information about the possible prosecution and court outcomes see the [Bureau of Justice Statistics Criminal Justice flowchart](#).

Glossary of Terms for APS

Abuse – The infliction of physical, sexual, or emotional injury or harm including financial exploitation by any person, firm, or corporation.

APS Specialist – Adult Protective Services worker assigned to a case.

Central Registry Unit (CRU) – Bureau within Department of Health and Senior Services (DHSS) that does intake for reports received through the Missouri Adult Abuse and Neglect Hotline.

Collateral contacts – Additional people who may have information about the event that occurred.

Eligible adult – A person 60 years of age or older or an adult with a disability between the ages of 18 and 59 who is unable to protect his or her own interests or adequately perform or obtain services which are necessary to meet his or her essential human needs.

Employee Disqualification List (EDL) –A listing of individuals who are prohibited from employment in long-term care facilities, health care facilities, or by providers that serve the elderly or people with disabilities in their homes. Individuals are placed on the EDL after an investigation establishes that they have abused, neglected, or exploited someone under their care.

Financial exploitation – When a person knowingly and by deception, intimidation, or force obtains control over a person’s property for their own benefit or to negatively impact the person it was taken from.

Home and Community Based Services (HCBS) – Services for people who qualify for Medicaid and need help with everyday activities while living in their own home or in the community. These services may include nursing, personal care, homemaker services, and transportation.

Neglect – The failure to provide services to an eligible adult by any person, firm, or corporation with a legal or contractual duty to do so, and which presents either danger to the health, safety, or welfare of the client or increased risk that death or serious physical harm would result.

SB3 Agencies – Senate Bill 3 (SB3) of 2007 required that the Department of Social Services (DSS) and Department of Health and Senior Services (DHSS) share reports of abuse or neglect to Department of Mental Health (DMH) when the victim is a DMH consumer. The bill also outlines that these agencies regularly share information about reports and investigations.

Special Investigations Unit (SIU) – Bureau within DHSS that investigates reports received by APS where abuse, neglect, or other criminal actions may have occurred.

Department of Mental Health

The Missouri Department of Mental Health (DMH) is a state agency providing services to people with developmental disabilities (DD), mental health disorders, and substance use disorders. DMH provides supportive services to individuals with DD through the Division of Developmental Disabilities regional offices, habilitation centers, and a variety of contracts with private organizations. DMH ensures the safety and rights of people they serve through a reporting and investigation process outlined by state laws and department policies and regulations. This process is described in the phases below.

Phase 1: Receive report

Reports of abuse, neglect, or misuse of property or funds can be received or generated by DMH several ways. Reports enter through:

- DMH [Office of Constituent Services](#) (OCS) via telephone, grievance form, email, or written letter.
- DMH regional office walk in report.
- Referral from the Department of Health and Senior Service (DHSS) or the Department of Social Services (DSS) when those agencies receive a report that meets DMH eligibility criteria.
- DMH staff person becomes aware of an incident that needs follow up and create an event report directly in the DMH database for incident reports.

Relevant statutes

Statutes and Relevant Links	Statute Topic
Division Directive 4.070	Lists what starts an event report
Senate Bill No. 3	Mandates DMH work with DHSS and DSS
9 CSR 10-5.206	Report of events procedures

Phase 2: Ensure eligibility

Eligibility is determined by OCS staff or by DMH staff or provider staff who received the report directly. To be eligible, the alleged perpetrator must be DMH staff or contracted provider staff, and the victim must be a DMH consumer actively receiving DMH-funded services at the time the incident occurred.

If eligible, the report is assigned to a Designated Reviewer at a Developmental Disabilities (DD) facility to determine the next steps. If not eligible, OCS or DMH staff will refer report to appropriate state agency or professional organization.

Senate Bill 3 (SB3)

Senate Bill 3 requires that the DHSS, DSS, and DMH share information and possibly refer reports of abuse/neglect that fall under another agency's jurisdiction. DMH may refer reports of abuse and neglect that do not meet their eligibility requirements to DHSS or DSS for possible investigation.

Relevant statutes

Statutes and Relevant Links	Statute Topic
9 CSR 10-5.200	Defines abuse, neglect, misuse of property/funds
Senate Bill No. 3	Mandates DMH work with DHSS and DSS

Phase 3: Review report

A Designated Reviewer at a DD facility will review the report to determine the next steps. If abuse, neglect, or misuse of funds or property is suspected, the reviewer will initiate an inquiry.

During an inquiry, the Inquiry Coordinator will ensure the health and safety of the individual and gather information to establish or rule out reasonable cause that abuse or neglect occurred. If reasonable cause is not established, the Inquiry Coordinator may request additional follow up actions by another agency or DMH staff to minimize the re-occurrence of a similar event.

If reasonable cause is established, the Inquiry Coordinator will request an investigation with the DMH Investigations Unit (IU). The request will be reviewed by an IU Administrator who determines to do one of the following:

- Accept the request for investigation and assign it to a Regional Investigator.
- Sends the request back to the Inquiry Coordinator to gather more information.
- Declines the request if they believe reasonable cause is not established.

A Special Request Inquiry (SRI) can be requested by a Department Designee in situations where reasonable cause has not been determined but a compelling reason for department review exists. In these instances, the IU Administrator assigns an SRI to a Regional Investigator.

Law Enforcement

During this phase, the Inquiry Coordinator will ensure local police are notified when there is reasonable cause that a DMH staff person or provider committed a crime. It is then up to police to decide if they will open a criminal investigation and will work with a prosecutor on the case.

Relevant Statutes

Statutes and Relevant Links	Statute Topic
9 CSR 10-5.200	Defines inquiry process
DOR 2.210	DMH regulations on inquiry and SRI process and timelines
9 CSR 10-5.200 (2)(C) and (3)	Notification requirements to state agencies and law enforcement
Guideline #69	Division Guideline for follow up to event reports
Guideline #68	Division guidelines for inquiries of abuse, neglect, and misuse of property/funds
Executive order 06-49	Notifying highway patrol and others

Phase 4: Investigate

The IU Administrator assigns accepted investigations or SRI's to one of three regional teams based on where the incident occurred. The Regional Supervisor decides which Regional Investigator will take on the investigation. Investigation activities include interviews, document review, evidence collection, surveillance video review, and writing a summary report.

If while investigating, DMH becomes aware of abuse that falls outside of their jurisdiction, the Investigator will refer the report to APS or DSS directly or request that the Office of Constituent Services make a referral.

Law Enforcement

DMH Investigators will share information with the police if they are conducting their own investigation of the incident. If requested by police, DMH will temporarily suspend an investigation as to not interfere with an ongoing police investigation. Police may request information about current or past investigations conducted by the DMH IU to help their own criminal investigation.

Relevant Statutes

Statutes and Relevant Links	Statute Topic
9 CSR 10-5.200	Defines investigation process
630.161, RSMo	Investigation of reports of vulnerable person abuse
620.167, RSMo	Investigation requirements
DOR 2.205	Abuse and neglect definitions, investigation procedures and penalties
DOR 2.210	Abuse and neglect definitions and procedures for community provider facilities
Executive order 06-49	Notifying highway patrol and others

Phase 5: Resolve report

The investigation report is sent to a Department Determiner who is appointed by the DMH Director and could include a Regional Administrator, Deputy/Assistant Director, Regional Director, or other department designee. After reviewing the investigation summary report the Determiner can do the following:

- Request more time to make a determination.
- Request further investigation into the incident.
- Send reports that include an incident funded by Medicaid to Missouri Medicaid Audit & Compliance which has the authority to refer investigations to a federal or state agency for investigation and prosecution.
- Issue a finding which may result in alleged being added to Employee Disqualification Registry.

Relevant Statutes

Statutes and Relevant Links	Statute Topic
DOR 2.210	Determiner procedures, issuing a finding, and placement on the EDR

Phase 6: Enter Criminal Justice System

Reports of abuse or neglect enter the criminal justice system through police investigations that are initiated when DMH notifies local law enforcement as described in phases 3 and 4.

The prosecutor reviews information about the case and chooses whether to file criminal charges of abuse, neglect, or exploitation. If charges are filed, the alleged perpetrator must appear in court. The case is presented in court and a finding is made. If convicted, a sentence, or punishment is imposed which could include incarceration, probation, fines, or restitution paid to the victim.

For more detailed information about the possible prosecution and court outcomes see the [Bureau of Justice Statistics Criminal Justice flowchart](#).

Glossary of Terms for DMH

Abuse – A DMH employee purposefully engaging in physical, sexual, or verbal abuse which may include below.

1. Physical: beating, striking, or injuring a consumer, mistreating a consumer in a brutal or inhumane manner, handling a consumer with more force than is reasonable.
2. Sexual: touching a consumer for sexual purposes or in a sexual manner, causing a consumer to touch the employee for sexual purposes, promoting or observing for sexual purpose any activity or performance involving consumers including any play, motion picture, photography, dance, or other visual or written representation, not attempting to stop inappropriate sexual activity or performance between consumers, and encouraging inappropriate sexual activity between consumers.
3. Verbal: making a threat of physical violence to a consumer directly or made about a consumer in their presence.

Neglect – The failure of a DMH employee to provide reasonable or necessary services to maintain the physical and mental health of any consumer presenting either imminent danger to the health, safety or welfare of a consumer, or a substantial probability that death or serious physical injury would result.

Misuse of Consumer Funds/Property - The misuse or change for any purpose of a consumer's funds or property by an employee with or without the consent of the consumer or the purchase of property or services from a consumer in which the purchase price substantially varies from the market value.

Designated reviewer – DMH staff member from a DD facility who is tasked with reviewing the initial report of abuse and neglect and determines next steps.

Developmental Disability (DD) Facility – A DMH Division of DD regional office, state owned and operated Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), or state operated Community Based Waiver programs.

Eligible adult – When the report is about a DMH consumer and the alleged perpetrator is a DMH staff person.

DMH Consumer – A person with receiving services from DMH through a regional office, state-operated facility, or a DMH contracted provider.

Employee Disqualification Registry (EDR) - Provides a list of individuals who are prohibited from working with people receiving services from DMH. Individuals are placed on the registry after an investigation establishes that they have abused, neglected, or misused funds/property of someone under their care and they have gone through the appeals process.

Inquiry – DMH heads of facilities or department designees gather facts surrounding an event, complaint, or upon discovery of unknown injury to determine if there is reasonable cause to believe that abuse, neglect, or misuse of funds/property has occurred.

Reasonable Cause – An objectively justifiable suspicion that abuse, neglect, or misuse of funds/property has occurred based on specific facts or circumstances that.

Special Request Inquiry (SRI) – The DMH investigations unit gathers facts surrounding an event in situations where reasonable cause has not been determined but a compelling reason for investigation exists. SRIs are requested by a DMH regional administrator, deputy/assistant director, regional director, or another department designee.

Appointed Authority – DMH Division of Developmental Disabilities (DMH-DDD) staff member with the authority to determine the next steps after an investigation has been conducted including, issuing a finding and requesting further investigation. Appointed authorities could be a regional administrator, deputy/assistant director, regional director, or other department designee.

SB3 Agencies – Senate Bill 3 (SB3) of 2007 required that the Department of Social Services (DSS) and Department of Health and Senior Services (DHSS) share reports of abuse or neglect to Department of Mental Health (DMH) when the victim is a DMH consumer. The bill also outlines that these agencies regularly share information about reports and investigations.

Medicaid Fraud Control Unit

The Medicaid Fraud Control Unit (MFCU) is within the office of the Missouri Attorney General. MFCU investigates allegations of fraud committed by Medicaid providers. Medicaid providers include doctors, hospitals, nursing homes, personal care/homemaker chore companies, and any other individual or company that provides services to Medicaid participants. Medicaid fraud occurs when a provider misrepresents the services provided. MFCU also investigates and prosecutes allegations of abuse, neglect and financial exploitation in Medicaid funded facilities.

Phase 1: Receive report

Initial report of Medicaid fraud or abuse is made via telephone or [website complaint form](#). Reports may also be received from other agencies such as the Department of Health and Senior Services (DHSS) Adult Protective Services (APS), DHSS Section for Long Term Care Regulation, or Missouri Medicaid Audit & Compliance (MMAC).

According to department regulations, families may also open a civil suit against a facility. In these cases, the family's attorney sends a letter to MFCU describing what occurred. MFCU then opens a referral.

Relevant Statutes

Statutes and Relevant Links	Statute Topic
42 C.F.R. § 1007	Duties and responsibilities of Medicaid Fraud Control Unit
198.093	Attorney General's Office duty to investigate reports of abuse or neglect in nursing homes

Phase 2: Ensure eligibility

Report is received and eligibility is determined. MFCU investigates fraud involving Medicaid payments and abuse of patients receiving Medicaid or patients in board and care homes. If eligible, the report is accepted for review by an intake committee.

If not eligible, MFCU will refer report to appropriate state or federal agency or to a local prosecutor. MFCU refers cases occurring in a nursing facility to DHSS Section for Long Term Care Regulation. Reports that include a need for services are referred to DHSS APS.

Relevant Statutes

Statutes and Relevant Links	Statute Topic
191.900 to 191.910	Authority to investigate
42 C.F.R. § 1007.11	Responsibilities of Medicaid Fraud Control Unit
191.905.1-3	Missouri's healthcare fraud definition
191.905.6	Abuse of a healthcare recipient

Phase 3: Review report

MFCU Intake Committee screens referrals/complaints to get additional background information. The Intake Committee includes nurse investigators, chief investigators, director, deputy director, and chief auditor. The Intake Committee may:

- Close the case based on limited information or evidence available that would make prosecution of abuse or fraud unlikely
- Determines that the report is outside of MFCU jurisdiction and refers to the appropriate state agency for follow up.
- Opens an investigation on the report. If opened, most cases are assigned at least 1 investigator and at least 1 attorney for investigation.

Law Enforcement

MFCU will check with police if they have an open investigation on the report as part of the review process.

Phase 4: Investigate

MFCU staff conducting the investigation may subpoena records and conduct interviews to gather additional information. Subpoenas can be issued for medical and other related records. Once the evidence is examined and the investigation is completed, the investigators write a summary report. A round table meeting is held with the investigator, attorneys, chief investigator, and chief auditor to talk about next steps.

Law Enforcement

MFCU will contact local prosecutors' offices to get search warrants for investigations and will work with local law enforcement when necessary.

Relevant Statutes

Statutes and Relevant Links	Statute Topic
191.910	Authority to investigate and review records
570.410	Investigative powers of Attorney General
198.183	Cooperation among state agencies and law enforcement

Phase 5: Resolve report

During the round table meeting, MFCU staff determine the following courses of action:

- Close the case if there is not enough evidence or a crime was not committed.
- Close and refer the case to another agency if services are required or administrative action is needed.
- Pursue criminal case when investigation supports that abuse, fraud, or another crime occurred. The Deputy Attorney General then decides if charges should be presented to a local prosecutor.
- Pursue a civil case when fraud has occurred.

Relevant Statutes

Statutes and Relevant Links	Statute Topic
191.910	Ability to file charges

Phase 6: Determine that charges should be filed

After the Deputy Attorney General recommends that charges should be filed, a summary of the findings and proposed charges are then presented by MFCU to the local prosecutor. The local prosecutor has 60 days to choose the following options:

- Decline to file charges.
- Decides to file criminal charges with the court.
- Decides to file charges but request assistance from MFCU.
- Requests that MFCU file charges and be appointed as special prosecutor but the local prosecutor will not be involved.

If the prosecutor does not respond within 60 days, MFCU can file the criminal charges.

If charges are filed, the alleged perpetrator must appear in court. The case is presented in court and a finding is made. If convicted, a sentence, or punishment is imposed which could include incarceration, probation, fines, or restitution paid to the victim.

For more detailed information about the possible prosecution and court outcomes see the [Bureau of Justice Statistics Criminal Justice flowchart](#).

Glossary of Terms for MFCU

Abuse – Any act that constitutes the abuse of a patient or resident of a health care facility or board and care facility under state law including the infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical or financial harm, pain, or mental anguish.

Board and care homes – A residential setting that receives payment from or on behalf of two or more unrelated adults who reside in such facility, and for whom one or both of the following is provided:

1. Nursing care services provided by, or under the supervision of, a registered nurse, licensed practical nurse, or licensed nursing assistant.
2. A substantial amount of personal care services that assist residents with the activities of daily living, including personal hygiene, dressing, bathing, eating, toileting, ambulation, transfer, positioning, self-medication, body care, travel to medical services, essential shopping, meal preparation, laundry, and housework.

Criminal case – Pursued in cases of abuse, fraud, or another crime.

Eligibility – Fraud involving Medicaid payments and abuse or neglect of patients receiving Medicaid or patients in board and care homes.

Fraud – Any act that constitutes fraud under state law which may include deception, concealment of material fact, or misrepresentation made intentionally, in deliberate ignorance of the truth, or in reckless disregard of the truth.

Intake committee – Includes MFCU nurse investigators, chief investigators, director, deputy director, and chief auditor.

Neglect – Any act that constitutes the neglect of a patient or resident of a health care facility or board and care facility under state law including the failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.

Round table meeting – Meeting held with investigator, attorney, chief investigator, chief auditor, director, and deputy director to discuss determination after an investigation.



This document was developed by the University of Missouri – Kansas City as part of the “Mapping the Missouri Adult Abuse and Neglect Investigation System” project. To view the interactive map and for more information [visit the project website](#).

Funding for this project is provided by the Missouri Developmental Disabilities Council (MODDC), Grants #1801MOBSDD Seq. No.: 2018 / 4, #1901MOSCDD-02, #2001MOSCDD-02 and as authorized by Public Law 106-402 –Developmental Disabilities Assistance and Bill of Rights Act of 2000 (DD Act).