

# The Missouri Adult Abuse and Neglect Investigations System

## Glossary of Terms

### Adult Protective Services (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 (DMH)

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

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.

**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.

**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.

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

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

**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.

**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.

**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.

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

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**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 department

review exists. SRIs are requested by a DMH regional administrator, deputy/assistant director, regional director, or another department designee.

### Medicaid Fraud Control Unit (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.



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