

Frequently Asked Questions

HEALTH REGULATION VULNERABLE ADULTS PROTECTION DASHBOARD

What information sources do you use to build the dashboard?

The Minnesota Department of Health (MDH) Health Regulation Division puts together this information based on the investigations it conducts and the reports it receives.

State and federal laws authorize anyone to file a complaint about licensed health care facilities, including complaints of alleged maltreatment. Licensed and certified health care providers also report incidents relating to vulnerable adults and minors according to state and federal guidelines.

Because of this, we have two types of reports:

- Facility Reports: when a care provider reports an incident including those related to alleged abuse, neglect, or financial exploitation.
- Individual Reports: when a vulnerable adult, family member or other interested party makes a complaint about alleged abuse, neglect, or financial exploitation.

Where can a family go to get information about a specific facility or care provider?

You can find completed investigation reports at the MDH [Office of Health Facility Complaints website](#). You can find survey results for nursing homes and other types of complaints at the [MDH facility and provider complaint and survey findings](#) page. A list of providers is available on the MDH [Directory of Facilities and Providers](#).

Why does the dashboard have a metric showing the percent of first assessments done within two days?

MDH is committed to promptly completing initial assessments of all maltreatment reports within two days. At this initial assessment step, intake staff identify and prioritize reports that might indicate immediate risk to a vulnerable adult. State law requires MDH to notify the person who filed the report about its initial assessment decision within five days.

How does MDH measure the time to close?

The “Time to Close” metric shows the number of days from when the report was received by the office to when the investigator’s conclusion was approved by a supervisor. MDH then computes the average (mean).

What does it mean for a report to be active, and what active cases are included in the Four Month Pace chart?

A report is active during its initial assessment review, and the time during which it is waiting for assignment to an investigator or is under investigation. The dashboard's "Four Month Pace" chart includes active onsite investigations but does not include all the other types of investigations or assessments (such as those in triage) that might be occurring.

What facilities are included in the categories for weekly reports by facility type?

- The "Other" category includes hospice, intermediate care, supervised living facilities, end-stage renal dialysis, ambulatory surgical center, plus a number of provider types with only a few providers state-wide.
- "Home Care Providers" also include home health agencies and assisted living facilities.
- "Nursing Home" also includes boarding care and state-operated nursing facilities.

Why is the number of investigations with determinations lower than the number of reports shown on the dashboard?

While all reports receive an initial assessment, not all prompt an investigation.

For example, some reports may be resolved prior to an investigation (misplaced items or money, etc.). Other reports may involve issues or concerns that might have happened but do not violate a state or federal law.

In addition, it is important to keep in mind that different graphs on the dashboard may reflect different time periods and types of work. For instance, due to the time it takes for staff to do the initial assessment and conduct a full investigation, the cases reflected in the full investigations graph are not the same body of cases that were reported into MDH for the most recent week. The two graphs reflect different sets of cases – one at the beginning of the process and one at the end of the process.

What other sources of information may be helpful for families?

- [Find a facility or provider](#)
- [Minnesota nursing home, home care and other survey results](#)
- [Minnesota Nursing Home Report Card](#)
- [MinnesotaHelp - A statewide database of community resources](#)
- [Medicare.gov Home Health Compare](#)
- [Medicare.gov Nursing Home Compare](#)

Who can I contact about a current investigation?

Minnesotans inquiring about the status of a current investigation can contact family liaison Lindsey Krueger at health.ohfcpublicrpts@state.mn.us or by phone at 651-201-4135.

How do people report maltreatment for investigation?

Please call the Minnesota Adult Abuse Reporting Center at 844-880-1574. The Minnesota Adult Abuse Reporting Center (MAARC) is operated by the Minnesota Department of Human Services (DHS). It is open 24 hours a day, 7 days a week.

Key Definitions

Abuse: The legal definition of abuse is set forth in Minnesota law, and it can take many forms including:

- Physical - hitting, slapping, kicking, pinching, biting, or physical punishment.
- Emotional - verbal, written or gestured language directed toward a resident that is disparaging, derogatory, humiliating, harassing, or threatening.
- Sexual - any sexual contact between staff or service provider and a resident.
- Deprivation procedures, confinement or seclusion, including the forced separation of the resident from other persons against the resident's will.
- Forcing or coercing of the resident to provide services for the advantage of another.

Facility reports: Federal and state guidelines differ slightly, but these are generally self-reports by a provider reporting an incident of alleged abuse, neglect, or financial exploitation.

Financial exploitation: According to Minnesota law, financial exploitation is a category of inappropriate activities that includes unauthorized expenditure of a vulnerable adult's funds, gaining control of a resident's funds through harassment, pressure, or fraud and getting a resident to perform services for the profit or advantage of another. Financial exploitation also includes drug diversions.

General compliance: This is an issue related to a general state licensing concern or federal regulation concern, rather than state maltreatment.

Home care provider: This includes providers providing services in locations such as assisted livings or in a client home.

Inconclusive: A finding of inconclusive means there is less than a majority of evidence to show that maltreatment did or did not occur. It is not an assertion that the alleged incident did not happen, but an acknowledgement that sufficient evidence is not available to proceed with regulatory action.

Individual reports: These occur when a mandated reporter, vulnerable adult or interested party makes a complaint about alleged abuse, neglect, or financial exploitation.

Intermediate care: A residential facility for people with developmental disabilities who require rehabilitative services and active treatment.

Maltreatment: Under the Minnesota Vulnerable Adults Act (VAA), “maltreatment” means neglect, abuse, or financial exploitation. Enforcement is done by OHFC responding to complaints of maltreatment.

Neglect: Failure to provide the care or services necessary to provide physical or mental health and safety to a vulnerable adult, according to Minnesota law. These include, but are not limited to food, clothing, shelter, health care, and supervision.

Not Substantiated: An investigatory conclusion indicating the preponderance of evidence shows that an act meeting the definition of maltreatment did not occur.

Nursing home: A federal or state-licensed facility that provides nursing care and related medical services regulated by state and federal laws.

Reports: A report may contain one or more allegations of maltreatment. It is information provided from any source that alleges licensing violations or maltreatment.

Substantiated: All substantiated determinations must be based on a preponderance of evidence, which is more than 50 percent of weighted evidence.

Time to close: This is the number of days it takes to complete an investigation. The investigation begins when it is received by the office. The investigation is considered complete when the investigator’s supervisor signs off on the investigator’s conclusion.

Vulnerable adult: A person 18 years old or older who is receiving services for health, safety, welfare, or maintenance. A vulnerable adult may have memory deficits or physical limitations making it difficult to live independently.

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11/16/18

To obtain this information in a different format, call: 651-201-4101.