

# Mandatory Reporting Requirements: The Elderly Wisconsin

*Last Updated: April 2023*

Question	Answer
Who is required to report?	<ul style="list-style-type: none"> <li>• Any of the following who has seen an elder adult at risk or an adult at risk <i>in the course of the person's professional duties</i>:               <ul style="list-style-type: none"> <li>• An employee of any entity that is licensed, certified, or approved by or registered with the Department of Health and Family Services;</li> <li>• Any licensed health care provider, including any:                   <ul style="list-style-type: none"> <li>• Nurse;</li> <li>• Chiropractor;</li> <li>• Dentist;</li> <li>• Physician;</li> <li>• physician assistant;</li> <li>• perfusionist;</li> <li>• podiatrist;</li> <li>• physical therapist;</li> <li>• physical therapist assistant;</li> <li>• occupational therapist or occupational therapy assistant;</li> <li>• a naturopathic doctor;</li> <li>• a person practicing Christian Science treatment;</li> <li>• optometrist;</li> <li>• psychologist (who is licensed, who is exercising the temporary authorization to practice, in this state, or who is practicing under the authority to practice interjurisdictional telepsychology);</li> <li>• physical therapist or physical therapy assistant who holds a compact privilege under Wisconsin law;</li> <li>• an occupational therapist or occupational therapy assistant who holds a compact privilege under Wisconsin law</li> <li>• a partnership, corporation or limited liability company thereof that provides health care services;</li> <li>• a cooperative health care association (organized under statute 185.981) that directly provides services through salaried employees in its own facility; and</li> <li>• a home health agency; and</li> <li>• A social worker, professional counselor, or marriage and family therapist certified under Wisconsin law.</li> </ul> </li> </ul> </li> </ul> <p>Note: Effective May 1, 2023, "health care provider" means</p>

- a nurse;
- a chiropractor;
- a dentist, a physician, physician assistant, perfusionist, podiatrist, physical therapist, physical therapist assistant, occupational therapist, occupational therapy assistant, or genetic counselor;
- a naturopathic doctor licensed;
- a person practicing Christian Science treatment;
- an optometrist;
- a psychologist who is licensed or is exercising the temporary authorization to practice in this state, or who is practicing under the authority to practice interjurisdictional telepsychology;
- a physical therapist or physical therapist assistant who holds a compact privilege under Wisconsin law;
- an occupational therapist or occupational therapy assistant who holds a compact privilege under Wisconsin law;
- a partnership, a corporation or limited liability company thereof that provides health care services;
- a cooperative health care association organized under [185.981](#) that directly provides services through salaried employees in its own facility; or
- a home health agency

When is a report required and where does it go?

**When is a report required?**

- Reasonable cause to believe that an elder adult at risk or an 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; or
- Reasonable cause to believe that an elder adult at risk or 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; or
- If an elder adult at risk or an adult at risk has requested that the person make the report.
- Exceptions: A person as described above is not required to file a report if:
  - The person believes that filing a report would not be in the best interest of the elder adult at risk or 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 elder adult at risk or the adult at risk.
  - 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.

**Where does it go?**

- The local Department of Health and Family Services agencies county department, the elder-adult-at-risk agency or adult-at-risk agency (as the case may be), a state or local law enforcement agency, the Department of Health and Family Services or the board on aging and long-term care. The contact information for local Department of Health and Family Services agencies regarding elder adults at risk can be accessed at: <http://dhs.wisconsin.gov/aps/Contacts/eaaragencies.htm>. The contact information for local Department of Health and Family Services agencies regarding adults at risk can be accessed at

What definitions are important to know?

- **“Abuse”** means any of the following:
  - Physical abuse (intentional or reckless infliction of bodily harm);
  - Emotional abuse (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);
  - Sexual abuse (means a violation of [Section 940.225\(1\)](#), [\(2\)](#), [\(3\)](#), or [\(3m\)](#));
  - Treatment without consent (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); or
  - 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).
- **“Adult at risk”** means any adult who has a physical or mental condition that substantially impairs his or her ability to care for his or her needs and who has experienced, is currently experiencing, or is at risk of experiencing abuse, neglect, self-neglect, or financial exploitation.
- **“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.
- **“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.
- **“Financial exploitation”** means any of the following:
  - 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;
  - Theft;
  - The substantial failure or neglect of a fiscal agent to fulfill his or her responsibilities;
  - Unauthorized use of an individual’s personal identifying information or documents;
  - Unauthorized use of an entity’s identifying information or documents;
  - Forgery; or
  - Financial transaction card crimes.
- **“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, a power of attorney for health care, or as otherwise authorized

	<p>by law.</p> <ul style="list-style-type: none"> <li>• <b>“Self-neglect”</b> 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.</li> </ul>
What timing and procedural requirements apply to reports?	<ul style="list-style-type: none"> <li>• Not specified in statute.</li> </ul>
What information must a report include?	<ul style="list-style-type: none"> <li>• Facts and circumstances of the situation are to be reported.</li> </ul>
Anything else I should know?	<ul style="list-style-type: none"> <li>• A mandatory reporter who intentionally fails to report as required may be fined not more than \$500 or imprisoned not more than 6 months or both.</li> <li>• 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 or adult at risk agency (as the case may be), a state or local law enforcement agency, the Department of Health and Family Services, 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 or 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 or adult at risk has occurred.</li> <li>• No person may be held civilly or criminally liable or be found guilty of unprofessional conduct for reporting in good faith and within the scope of his or her authority, or for filing a report with an agency not listed above, if the person had a good faith belief that the report was filed correctly with one of the listed agencies. Any person making a report under this subsection is presumed to have reported in good faith.</li> <li>• No person may discharge or otherwise retaliate or discriminate against any person for reporting in good faith.</li> <li>• A person is not considered abused, financially exploited, neglected or in need of direct or protective services solely because he or she consistently relies upon treatment by spiritual means through prayer for healing in lieu of medical care in accordance with his or her religious tradition.</li> </ul>
Statutory citation(s):	Wis. Stat. Ann. §§ 46.90, 55.01, 55.043, 155.01.