State of Connecticut
Department of Mental Retardation

Procedure No: I.F. PR. 005 | **Issue Date: July 15, 2005**
Subject: Abuse/Neglect or Special Concerns Allegations: Intake and Investigations, | **Effective Date:** Upon Release
Revised: July 18, 2006
Section: Human Rights and Legal Responsibilities

A. Purpose

The purpose of this procedure is to detail the roles and responsibilities of the DMR Regions and the Division of Investigations for intake, and investigation of abuse/neglect allegations in compliance with Policy I.F.PO.001, Abuse and Neglect or Special Concerns.

B. Applicability

This procedure applies to all Public and Qualified Provider staff responsible for processes associated with abuse/neglect allegations or special concerns.

C. Definitions

Abuse/Neglect Liaison: DMR Regional Office position in the Quality Improvement Division responsible to receive and track abuse/neglect intakes and investigations, and coordinates regional abuse and neglect activities as described in procedure no: I.F. PR. 005.

DMR Abuse/Neglect Investigation Review Form: The form used by the Lead Investigator to summarize and document his/her review of an investigation completed by a Qualified Provider or a pool investigator as part of the DMR monitoring process.

DMR Abuse/Neglect Registry: The A/N Registry was created by CGS 17a-247a to 17a-247e inclusive, which consists of a list of individuals who have been terminated or separated from employment as a result of substantiated abuse or neglect.

Authorized Agency**:** An agency pursuant to CGS 17a-247a to 17a-247c inclusive, authorized to substantiate Abuse/Neglect allegations through either direct investigation and/or monitoring of the investigation. OPA and DMR are "Authorized Agencies" for the purposes of the DMR Abuse/Neglect Registry. (DCF and DSS are also "authorized agencies".

A.I.D.: The Abuse Investigation division of OPA assigned by statute to investigate or monitor investigations of suspected abuse/neglect of persons with mental retardation aged 18 to 59, or any age if abuse/neglect is suspected as contributing to the death of a person for whom DMR has direct or oversight responsibilities for medical care.

CAMRIS: Connecticut Automated Mental Retardation Information System, a DMR internal data system containing client information.

Completed Investigation: An investigation report that has been reviewed for quality and signed by the RD or designee

Division of Investigations (DOI): Unit located in DMR Central Office responsible for conducting and/or monitoring all DMR abuse/neglect investigations.

DMR Registry Review Form: The form to be used by the Lead Investigators for substantiated abuse/neglect referrals to the registry.

DSS**:** The Department of Social Services

DCF: The Department of Children and Families

Do Not Take: Decision made by OPA that an allegation does not come under its jurisdiction.

DPH**:** The Department of Public Health

Frequent Reporting Protocol: A Protocol that operates to interrupt the normal reporting provisions for a specific individual already known to OPA and DMR.

Intake Referral: A document generated by OPA, which records and details the specific nature of the allegation of suspected abuse or neglect, as reported, and indicating whether further investigation is warranted.

Investigation Report Form: a standard DMR form to be utilized when completing an investigation report.

Investigator: A trained individual assigned by the provider to investigate allegations of Abuse or Neglect.

IPSP**:** Immediate Protective Service Plan. A plan the department develops to protect the safety and well being of the individual. This plan is completed within 24 hours of receipt of the request from OPA.

Lead Investigator: All Investigator positions assigned to the Division of Investigations in the DMR responsible for conducting and/or supervising investigations in the public and private sector.

M-5: The final report developed by OPA and sent to the Abuse/Neglect Liaison closing an investigation by agreeing or disagreeing with findings and rationale.

OPA: The Office of Protection and Advocacy for Handicapped and Developmentally Disabled Persons

OPA Form PA-6: Written report alleging abuse or neglect that is forwarded to OPA.

PSP: Protective Service Plan. A plan that the case manager develops to protect the safety and well being of the individual. This plan is completed within 15 business days of the request from OPA and updated every six months.

Qualified Provider: Agencies funded or licensed by the Department.

Special Concerns: These are allegations of abuse or neglect that involve several people or are about a place or location; relates to a potential problem; or involve programmatic issues.

D. Implementation

As required by DMR Procedure No. I.F.PR.001 - Abuse/Neglect Prevention, Reporting, Notification, Investigation, Resolution and Follow-Up, all public and private employees who have witnessed or have knowledge of suspected acts of abuse and/or neglect shall immediately make a verbal report to the appropriate agency listed below:

- DCF if the individual is under 18 years of age, or
- OPA if the individual is between 18-59 years of age, or

- DSS if the individual is 60 years of age or over, and
- DPH if a medical facility or provider is licensed by DPH.

Incidents of verbal, psychological, and financial abuse/neglect (not reportable to OPA) are reported directly to the Abuse/Neglect (A/N) Liaison who forwards the report to the Lead Investigator and the DOI as an intake referral.

All allegations of abuse or neglect reported to the OPA are sent to the Regional A/N Liaison and the DOI. The person alleging abuse or neglect with the OPA shall also file a written report within five (5) calendar days of the initial intake referral, OPA Form PA-6. OPA shall make Form **PA-6** available as necessary, and will develop and post on its website a "fillable form" version in order to facilitate the reporter's filing of such written reports.

In some cases DCF, DSS, and DPH will conduct their own investigations. The A/N Liaison will work with these agencies to obtain the results of their investigation. In cases where the above agencies do not assume responsibility, the provider supporting the individual will complete the investigation.

In cases where there is a death of a person with mental retardation for whom the DMR had direct or oversight responsibility for medical care, and there is reasonable cause to suspect or believe that such death may be due to abuse or neglect, the Commissioner shall report such suspicions to OPA no later than twenty-four hours after he determines that there is reasonable cause to suspect or believe that such death may be due to abuse or neglect. Such notification shall include the basis for suspecting that abuse or neglect contributed to the death of the person with mental retardation.

1. <u>Intake</u>

a. A/N Liaison reviews and assesses intake referral and:
   i. Ensures that appropriate agency and Lead Investigator has been notified (i.e. DSS, DPH, DCF, state and local police);
   ii. Once law enforcement becomes involved, it is understood that an investigation may become delayed. Law enforcement may also be contacted if it is determined by OPA or DMR that a criminal referral is warranted. In such cases, OPA and DMR will act to continue to protect the individual's ongoing health and safety as may be deemed warranted.
   iii. If a case is determined to be a <u>Do Not Take</u> by OPA, the A/N Liaison will refer it to the Lead investigator and determines other appropriate action (i.e., request additional information or request case manager follow-up).

b. A/N Liaison documents the intake referral as follows:
   i. Enters data into CAMRIS by individual for A/N allegations or by program/location for Special Concern under the identifying RDID/SSID #. If the incident occurred in the community, the allegation would be entered under the RDID# of the residence or day program that was responsible for supervision at the time of the incident.
   ii. Completes DMR Abuse Neglect /Special Concerns Form, if necessary
   iii. Obtains and documents police case file number on the appropriate intake form, if applicable.

c. A/N Liaison notifies:
   i. The appropriate Qualified Provider Executive Director/designee or DMR Assistant Regional Director (ARD)/designee.

Should the person reside in an ICF/MR certified home, this information will be included in the notification.

ii. The appropriate DMR Case Manager, Case Management Supervisor, Lead Investigator, and appropriate ARD.

d. If an IPSP is required by OPA, the A/N Liaison takes action to ensure the development of this plan by calling the Case Management Supervisor, the appropriate ARD or Qualified Provider staff who shall facilitate necessary actions. DMR will provide OPA with a sufficiently detailed informational response concerning the IPSP request within 24 hours, or by the end of the next business day. This response shall indicate what measures have been initiated in response to the IPSP request and, where warranted, include a status update regarding the ongoing health and safety of the person with mental retardation. The initial DMR response to OPA may be verbal, with a written response submitted by DMR to OPA within 72 hours.

2. Investigation Assignment:

The OPA Intake Referral designates the agency assigned to conduct the primary investigation. All investigations, public and private, will be conducted by or monitored by a Lead Investigator. Occasionally, DMR may request that a particular intake referral be investigated in a manner different than that designated by OPA. In such cases, a DMR Lead Investigator, after consultation with the Director of Investigations, will contact the OPA AID Program Director to discuss the proposed assignment change prior to taking any investigative action. The Lead Investigator shall prepare and maintain an active list of approved public and private pool investigators for the Region.

a. Qualified Provider

i. Qualified Providers will ordinarily conduct primary investigations into allegations of suspected abuse and neglect. The DMR Commissioner shall establish minimum standards, with requisite training, as deemed necessary to ensure that all qualified providers are competent at conducting investigations into allegations of suspected abuse or neglect. At a minimum the investigator must have completed the DMR/DOI Abuse/Neglect Investigator Training Course. The DMR Commissioner or designee will approve any other equivalent training on a case-by-case basis.

ii. The Qualified Provider shall assign the investigation to a person who does not have supervisory responsibility for the program in which the A/N allegation has occurred, or other personal relationship (e.g. relative or friend) with people working for that program.

iii. The Lead Investigator will assist the Qualified Provider in planning and/or conducting investigations. The fact of DMR's assistance shall be noted in the completed investigation report, and shall operate as part of the DMR monitoring process.

iv. If the DOI assumes responsibility for the Qualified Provider investigation, the DMR Lead Investigator will determine who will conduct the investigation.

b. Public Provider

i. The A/N Liaison notifies and coordinates with the DMR Lead Investigator who will assume responsibility for the investigation.

ii. If the Lead Investigator does not assume responsibility for the investigation, the Lead Investigator will assign a pool investigator who does not have supervisory responsibility for the program in which the A/N allegation has occurred or other personal relationship (e.g. relative or friend) with people working for that program.

iii. The Lead Investigator will document all assignments of investigations - in the tracking system.

iv. The Lead Investigator will notify the assigned investigator, should the person reside in an ICF/MR home, of the need to have the results of the investigation reported to the administrator within 5 working days of the incident. This report should include a brief summary with key findings and next steps.

c. Individual/Family Home

Investigations are normally conducted by OPA, DSS, or DCF. In some cases the Commissioner may require the DOI to also investigate.

3. Investigations:

The Lead Investigator will ensure that all investigations are conducted and/or monitored for content and accuracy and that determination(s) are supported by the facts and evidence in the case. The Investigator will ensure that the investigation process is conducted, at a minimum, in accordance with the DMR/OPA Interagency Agreement of September 2005 and in accordance with the ICF/MR regulations as applicable. The A/N Liaison will notify the appropriate agency and track all cases assigned to DSS, DPH and DCF, and such cases as directed. These cases may be assigned to a Lead Investigator with the approval of the Director of DOI.

a. Qualified Provider

i. For all investigations conducted by the Qualified Provider, the Qualified Provider will submit 1 copy of the investigation report to the A/N Liaison and the original directly to the OPA within 75 calendar days of the intake referral.

ii. The A/N Liaison will forward the investigation report to the Lead for review of completeness and thoroughness. The Lead Investigator review is part of the DMR monitoring process. The DMR Abuse and Neglect Investigation Review Form will be completed by the Lead investigator and attached to the investigative report.

iii. The Lead Investigator will forward for all investigation reports that are deemed complete to the Regional Director or designee for final review and signature. Once signed the completed investigation is returned to the A/N Liaison.

iv. Signed completed investigations are submitted to OPA by the A/N Liaison within 90 calendar days of the intake referral and are closed in CAMRIS. Copies of the approved report are forwarded to other agencies (DCF, DSS, etc.) by the A/N Liaison, as appropriate.

v. It is understood that OPA death investigations and investigations involving law enforcement agencies, the DCF, the DPH, and the DMHAS may take longer. As deemed necessary, OPA and DMR will work with law enforcement agencies during the primary investigation process.

vi. For investigations determined incomplete:

(a) The Lead Investigator will contact OPA, if applicable. This contact is made to ascertain if OPA has found the same discrepancies and concurs with the DMR review.

(b) The Lead Investigator notifies the A/N Liaison and Qualified Provider that the investigation has been determined incomplete, documents such notification, and provides the agency specific instructions regarding the deficiency and how it should be corrected.

(c) The Qualified Provider will submit a copy of the revised investigation to the Lead Investigator and submit the original to OPA within 15 business days. The Lead will notify the A/N Liaison when the investigation is received.

(d) If OPA does not agree to have the original investigation report revised, the original report will remain at OPA.

iv. The Regional A/N Liaison will generate late notices to the public or private investigating agency in cases where no investigation or status update has been received within 90 days of the intake referral, and will copy OPA.

b. Public Provider

i. All cases investigated and completed by a Lead Investigator will be sent to DOI for approval within 75 days of the intake referral.

ii. All cases completed by a pool investigator will be sent to the Lead Investigator for review and approval within 75 days of the intake referral. The Lead should monitor investigations conducted by pool investigators to ensure that a quality investigation will be conducted within that timeline.

iii. For investigations determined to be complete by the Lead Investigator, the Lead Investigators will submit the final Investigation report and the Abuse/Neglect Investigation DMR Review Form to the Regional Director or Designee within 75 calendar days of the intake referral for processing and distribution.

iv. The Regional Director/designee sends the reviewed and signed completed report to the A/N Liaison for further processing and distribution. The Regional Director may also return the report and request further investigation after consultation with the Lead Investigator or the Director of Investigations.

v. The A/N Liaison files the approved completed investigation with the DMR Review Form and also distributes it to the appropriate agencies, OPA, DCF, DSS, or DPH, within 90 calendar days of the intake referral.

vi. For Investigations determined incomplete by OPA:

(a) The Lead Investigator will contact OPA to ascertain the discrepancies for which OPA and DMR disagree.

(b) The Lead Investigator notifies the A/N Liaison and the pool investigator, if a pool investigator conducted the investigation, that the investigation has been determined incomplete, documents such notification, and provides agency specific instructions regarding the deficiency and how it should be corrected.

(c) The revised investigation will be forwarded to the Regional Director by the Lead Investigator for final review and signature. The revised original will be submitted to OPA within 15 business days by the A/N Liaison.

(d) If OPA does not agree to have the original investigation report revised, the original report will remain at OPA.

v. In specific, limited circumstances, a full and complete investigation may not be warranted. Such determinations will only be made by OPA and DMR after relevant, specific facts of the circumstance are shared by OPA and DMR. In such circumstances, such as when the facts and case are very simple, clear and uncontested by all parties, and/or witnessed by several people, an abridged investigation will suffice and will cause a case to be closed.

vi. Such cases will only be closed as abridged investigations when OPA and DMR agree that a qualified provider/vendor does not need to do a comprehensive investigation report. If it is an investigation to be done by DMR, the production of an abridged investigation must be approved by a Lead Investigator and also approved by OPA.

4. Closing Investigations:
   a. Once the Regional Director/designee signs off on an investigation the A/N Liaison will ensure the case is closed in CAMRIS using the date of the Regional Director/designee's signature as closing the case.

   b. Within sixty (60) calendar days of completion of the monitoring process, OPA will generate a notice known as an **"OPA M-5"**, indicating that the monitoring process has been completed and indicate whether OPA is in agreement with DMR investigative findings. The A./N Liaison will document the receipt of all OPA M-5's into CAMRIS. In cases where OPA disagrees with the DMR investigative findings, a specific rationale describing the basis upon which OPA disagrees will be provided to DMR as part of the **OPA M-5**.

   c. Cases in which the OPA disagrees with the investigation findings/conclusions:
      i. The A/N Liaison will notify the appropriate provider and Lead Investigator.

      ii. The A/N Liaison will notify the appropriate Regional Director or Designee of the disagreement and determine if additional steps need to be taken.

      iii. The disagreement will be documented in CAMRIS by the A/N Liaison.

5. Protective Service Plans:
   Upon completion of an investigation or the monitoring process, OPA may request Protective Services.
   a. The A/N Liaison will notify the appropriate ARD, Supervisor of Case Management, and Case Manager.

   b. The Case Manager will develop a plan within fifteen (15) calendar days of the receipt for the provision of protective services and submit to the A/N Liaison.

   c. The A/N Liaison will review for completeness and forward to the OPA investigator assigned.

   d. The A/N Liaison will enter request and plan date into CAMRIS.

   e. DMR shall review each case, including meeting with the person with mental retardation, at least once every six months, to determine whether continuation or modification of the plan is warranted. The DMR A/N Liaison shall provide a written status update to OPA every six months.

   f. Upon written agreement with OPA, DMR can terminate a protective service plan. OPA shall respond in writing to the A/N Liaison request to terminate the protective service plan within fifteen (15) calendar days.

6. Recommendations:
   a. The A/N Liaison ensures that the recommendations are entered into the A/N Investigations Tracking Database.

   b. The A/N Liaison sends a letter with recommendations to the Qualified Provider Executive Director/designee or DMR Public ARD/designee requesting a written response to the recommendations within 30 days.

   c. The A/N Liaison sends a copy of the recommendations to:
      i. The Regional Quality Coordinator.

      ii. The DMR Resource Manager.

iii. The Supervisor of Case Management Case (clinical recommendations only) for action and follow up by the Case Manager.

d. The Executive Director/designee or Public ARD/designee shall send the A/N Liaison written documentation that recommendations have been implemented and/or any correspondence relative to the recommendations.

e. If a provider response is not received within 30 days of receipt, the A/N Liaison notifies the appropriate Resource Manager 2, for follow up.

f. The Regional Quality Monitor will verify that the actions outlined by the provider have been implemented during their regularly scheduled visit.

g. When the OPA M-5 is received, if there are additional recommendations, the above process is repeated.

h. For Individual/Family Home
   i. When the A/N Liaison receives the final report from the investigating agency the findings and recommendations will be provided to the assigned DMR Case Manager.

   ii. The assigned DMR Case Manager will have access to the completed investigation report with approval from the appropriate Assistant Regional Director.

7. Abuse/Neglect Registry:
   a. The A/N Registry was created by CGS 17a-247a to 17a-247e inclusive, to authorize DMR to establish and maintain a registry of individuals who have been terminated or separated from employment as a result of substantiated abuse or neglect. The DMR Human Resources Unit at Central Office is the administrator of the Registry.

   b. The DMR Registry Review Form will be completed by the Lead investigator and attached to the investigative report. If substantiated, the Lead Investigator will send the DMR review form to the DOI/IMC.

   c. The A/N Liaison and the DOI/IMC will be notified whenever an investigation appears to be a possible registry case due to the nature and content of the allegations. DOI will alert Central Office DMR Human Resources. This serves to alert the Region, DOI, Human Resources and the DMR Legal Division of the severity of the case and to expect a possible termination notice as a result of the investigation.

   d. In cases investigated by Qualified Providers, for which the level of alleged abuse or neglect, if substantiated, could result in a referral to the registry, the DMR Investigation Management Coordinator (IMC) will flag selected cases upon receipt of the intake referral. The Liaison and Lead will be notified by the IMC.

   e. The IMC will contact the Qualified Provider and request the submission of the completed investigation report within (75) days, and notify the appropriate A/N Liaison.

   f. The IMC and the OPA AID Program Director will meet monthly to review such investigation reports and decide whether each case rises to the level of referral to the registry. Additionally, cases will be reviewed that were not flagged upon intake referral, but whose investigation reports indicate findings, which could also result in a referral to registry.

E. References

Federal/State Statutes

1. CGS Secs. 46a-11a, et seq. (OPA A/N)
2. CGS Sec. 17a-210 (DMR A/N)
3. CGS Sec. 17a-238 (DMR “Client Rights”)

4. CGS Secs. 17a-101, et seq. (Children's Protective Services
5. CGS Secs. 17b-450, et seq. (Elderly Protective Services)
6. CGS Secs. 17a-248a et seq. (DMR A/N Registry)

Regulations/Policy

1. Regs. Conn. Agencies – DMR, Secs. 17a-247e-1, et seq. (DMR A/N Registry)
2. DMR Policy I.F.PO.001 – Abuse and Neglect
3. DMR Procedure I.F.PR.001 – A/N Reporting/Notification/Investigation
4. DMR Procedure I.F.PR.002 – A/N Family/Guardian Notification
5. DMR Procedure I.F.PR.003 – A/N Recommendation Tracking
6. DMR Advisory I.F.ADV.002 – A/N Reporting – ISA
7. ICF/MR Regulation W 156 – 5-day reporting requirement

F. Attachments

1. DMR Investigation Report
2. DMR Registry Review form
3. DMR Abuse Neglect/Special Concerns Form
4. Frequent Reporter Protocol
5. OPA PA-6
6. OPA intake form and M5