

**STATE OF CONNECTICUT  
DEPARTMENT OF DEVELOPMENTAL SERVICES**

**Procedure No.:** I.F.PR.001

**Subject: Abuse and Neglect/Allegations:**

Reporting and Intake Processes

**Section:** Human Rights and Legal Responsibilities

**Issue Date:** March 15, 2002

**Effective Date:** March 15, 2002

**Revised:** August 14, 2009

**Approved:** /s/ Peter H. O'Meara

**A. Purpose**

The purpose of this procedure is to develop a standard, consistent approach for the implementation of Policy No. I.F.PO.001, Abuse and Neglect, related to the reporting of allegations of abuse and neglect.

**B. Applicability**

This procedure is applicable to individuals with mental retardation and service providers subject to Connecticut General Statutes related to the abuse and neglect reporting and investigation systems in the state of Connecticut.

**C. Definitions**

Refer to Definitions in Abuse and Neglect Policy No. I.F.PO.001.

**D. Implementation**

1. Mandated Reporters

a. All DDS and Qualified Provider employees are mandated reporters under Connecticut General Statutes. Any employee who has witnessed or otherwise have reasonable cause to suspect or believe there has been abuse or neglect of a person with mental retardation shall immediately make a verbal report (preferred), or cause such report to be made, to the appropriate agency listed below. Such report can be made anonymously, and the anonymity of the reporter must be preserved.

- i. DCF if the individual is under 18 years of age;
- ii. OPA if the individual is between 18-59 years of age;
- iii. DSS if the individual is 60 years of age or over; and
- iv. DPH if a medical facility or a provider licensed by DPH.

b. Allegations of verbal abuse, psychological abuse, and financial exploitation, which may not fall under the jurisdiction of another authorized agency, are reported directly to the A/N Liaison. If necessary, the A/N Liaison will complete the DDS Intake Form and forward it to the DDS DOI Lead Investigator.

i. If financial exploitation is alleged, a copy of the DDS Intake form shall be faxed to the DDS Director of Investigations and the DDS Internal Audit Unit.

ii. If the allegation of financial exploitation is reflected on an OPA intake referral, the A/N Liaison will fax a copy of the intake referral to the DDS Internal Audit Division.

iii. If the DDS Internal Audit Unit receives an allegation under the False Claims Act or under CGS Section 4-33a (Mis-Use of State Funds), a representative of the unit will fax the allegation form to the DDS Director of

Investigations and the appropriate A/N Liaison, who will share it with the Lead Investigator.

iv. For any allegation of financial exploitation, the DDS DOI and Internal Audit Unit representatives will consult and determine the subsequent appropriate actions to be taken. The DOI representative will inform the A/N Liaison of the decision.

v. If a representative from the DDS DOI determines a law enforcement agency should be contacted about the allegation, the representative will contact the law enforcement agency and inform the DDS Internal Audit Unit and the A/N Liaison.

c. In cases where there is a death of a person with mental retardation for whom the DDS 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.

d. For allegations which fall under the jurisdiction of OPA, the applicable components of the DDS OPA Interagency Agreement of June 2008 related to *Intake and Referral Processes* will be followed. All allegations of abuse or neglect reported to the OPA are sent, via a secure electronic system, from OPA to the appropriate A/N Liaison and the DOI.

i. If an OPA Intake Referral is electronically posted to the wrong DDS region, the A/N Liaison will forward it to the correct region and inform OPA upon discovery.

e. If the OPA Intake Referral requests immediate protective services, the applicable components of the DDS OPA Interagency Agreement of June 2008 related to *Intake: Immediate Protective Service Plan* will be followed.

i. The A/N Liaison will notify the Case Manager, Case Management Supervisor, appropriate ARD, and, if applicable, the Qualified Provider staff who shall facilitate necessary actions to address the components of the immediate protective service request.

ii. The A/N Liaison will notify the Dental Coordinator if the immediate protective service request contains a dental component.

iii. The A/N Liaison 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.

iv. The initial DDS response to OPA may be verbal, with a written response submitted by DDS to OPA within 72 hours.

iv. In some situations, the person who is the subject of the intake referral is not known to the DDS and has not previously been subject to the DDS eligibility process. DDS will provide Immediate Protective Services to the person in the same manner as outlined above, until such time as it may be fully determined by either DDS or OPA that the person is not in need of such protective services, or that the person does not have mental retardation.

f. For allegations that fall under the jurisdiction of the DCF and the notification of the allegation is sent to the DDS Director of Quality Management from the DCF Risk Management unit, the DDS Director of Quality Management shall forward the allegation to the appropriate A/N Liaison and a representative of the DDS DOI.

g. For allegations that fall under the jurisdiction of the DSS, the A/N Liaison shall complete the DDS Intake form and forward to the DDS DOI Lead Investigator.

h. For allegations that fall under the jurisdiction of DPH, the A/N Liaison shall complete the DDS Intake form and forward it to the DDS DOI Lead Investigator and the regional Health Services Director.

i. If the allegation is related to a Home Health Care agency/employee, the A/N Liaison shall forward the DDS Intake form to the appropriate unit at DPH.

i. In addition, the employee/mandated reporter shall immediately report to the supervisor of the program, or further up the supervisory structure as circumstances dictate. A written report to the agency having jurisdiction shall be completed and submitted to the appropriate agency within five (5) business days of the initial verbal report.

**NOTE:** The failure to report to a supervisor, when a report has been made to the agency having jurisdiction, shall not constitute a violation of this procedure if it is determined that such failure was for legitimate reasons.

j. Any employee who injures an individual under any circumstances shall immediately report the incident to his or her supervisor.

k. Any employee who must physically defend him or herself or others against an individual's aggressive behavior shall use the appropriate least restrictive method of intervention necessary to control the situation and protect the individual, others, or him or herself from harm, and shall immediately report the incident to his or her supervisor.

l. Any employee who fails to report an incident for which he or she has or should have reasonable cause to suspect abuse or neglect may be subject to disciplinary action.

## 2. Notification – Supervisors and Administrators

a. Supervisors shall be responsible for advising employees of their reporting responsibilities, which include the initial phone contact to the appropriate agency, and ensuring that required written reports are made. The supervisor shall not screen or evaluate incidents in terms of suitability for reporting to other authorities. It is preferred that the witness contact the appropriate agency to report the allegation.

i. The Regional Director/Qualified Provider Administrator shall assure that procedures are established for the immediate verbal notification, and the subsequent written notification of suspected abuse or neglect to the appropriate agency.

b. Supervisors should provide **immediate notification to state or local police**, as applicable, whenever incidents constitute suspected sexual abuse, financial abuse or exploitation, or other known criminal offenses. The Regional Director/Qualified Provider Administrator shall assure that referrals are made to the appropriate police authority in cases that so warrant.

### 3. Administrative Actions related to Allegations of Abuse and/or Neglect

a. When there is an allegation that an employee has abused a person with mental retardation, the employee must be removed from duty and placed on administrative leave. When an allegation is against a DDS employee, refer to the Protocol for Administrative Leave.

b. If an alleged abuse or serious neglect occurs during an individual's visit to his or her family's home, the OPA, Regional Director or Qualified Provider Administrator may restrict home visits until the investigation has been completed.

c. During any investigation, an accused employee may have representation by a union representative, if applicable.

i. For DDS employees, if an accused employee waives his or her right to representation, this waiver shall be documented in writing, signed, and dated. The investigator will acknowledge receipt by signing and dating the waiver.

ii. For Qualified Provider employees, issues regarding representation should be dealt with in accordance with individual collective bargaining agreements and employment policies.

d. If disciplinary action is to be taken in regards to an employee, the appointing authority or his or her designee shall write a letter indicating the disciplinary action taken, and shall notify the employee of his or her decision in writing in accordance with state regulations or the applicable collective bargaining agreement. A copy of the letter will be placed in the employee's personnel file and a copy sent to the appropriate union.

e. If no disciplinary action is to be taken with an employee, the Regional Director or Qualified Provider Administrator shall restore the employee to duty. No record of the abuse report or investigation shall appear in the employee's record.

f. Any request for reconsideration of a disciplinary action in regards to an employee shall follow appropriate collective bargaining agreement procedures.

g. Any employee terminated or separated from employment due to substantiated abuse or neglect shall be referred by his or her employer to the DDS Abuse/Neglect Registry.

h. All Qualified Providers are required to maintain approved investigative and disciplinary procedures substantially similar to those employed by the department.

#### 4. Intake Activities related to Allegations of Abuse and/or Neglect

a. The A/N Liaison reviews and assesses the allegation and ensures that the DDS Lead Investigator and the agency having jurisdiction (i.e. OPA, DSS, DPH, DCF, state and local police) have been notified.

i. 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, DDS, DCF, DSS or DPH that a criminal referral is warranted. In such cases, DDS will act to continue to protect the individual's ongoing health and safety as may be deemed warranted.

ii. If the allegation is determined to be a Do Not Take by OPA, the A/N Liaison will refer it to the Lead Investigator, who will make a determination if other appropriate action (i.e., request additional information or request Case Manager follow-up) is warranted.

iii. In cases for which the level of alleged abuse or neglect, if substantiated, could result in the termination or separation of the employee, the A/N Liaison and DDS Lead Investigator will confer, identify such cases upon receipt of the allegation, and electronically inform the DDS Divisions of Human Resources and Legal and Government Affairs.

b. The A/N Liaison shall document allegations as follows:

i. Enter data into eCAMRIS by individual for abuse and/or neglect allegations.

ii. If multiple allegations are made, the A/N Liaison will choose the most serious allegation from the menu in eCAMRIS, and document others in the comment field as follows: PA (physical abuse), SA (sexual abuse), NE (neglect), PsyA (psychological abuse), VA (verbal abuse), and FE (financial exploitation).

ii. Completes DDS Intake Form and data entry, as applicable;

iii. Obtains and documents police case file number on the appropriate intake form, if applicable.

c. The A/N Liaison shall notify:

i. the appropriate Qualified Provider Administrator/Designee and appropriate DDS 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 DDS Case Manager, Case Management Supervisor, Lead Investigator, and as applicable, the regional DDS Director of Human Resources and Manager responsible for oversight of the program through which the individual receives services.

**E. References**

DDS Protocol for Administrative Leave

DDS Policy No. I.F. PO. 001: Abuse and Neglect

CT General Statutes

CGS Section 46a-11a – 11h: “Protection and Advocacy for Persons with Disabilities”

CGS Section 53-20: “Crimes”

CGS Section 53a-59a, 53a-60b, 53a-60c, 53a-61a, 53a-65 et seq.: “Penal Code”

CGS Section 17a-101 et seq.: “Abuse of Children”

CGS Section 17a-210 et seq.: “Department and Commissioner of Mental Retardation”

CGS Section 17a-247a – 247e: Statutes Governing the “DDS” Abuse/Neglect Registry

CGS Section 17a-238: “Rights of Persons under Supervision of Commissioner of Mental Retardation”

CGS 17b-451: “Protective Services for the Elderly”

Rules, Regulations and Policy – External

Federal Registry

42 C.F.R. 442.1 through 442.119 – ICF/MR Regulations

**F. Attachments**

See attachments in I.F.PO.001, Abuse and Neglect