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Prevention Activities Approved:/s/Jordan A. Scheff

Section: Human Rights and Legal Responsibilities

**Policy Statement**

The Department of Developmental Services (DDS) has the statutory obligation to maintain and preserve the health and safety of individuals with intellectual disability or other developmental disabilities and therefore does not tolerate abuse or neglect of any person who has intellectual disability in Connecticut or any person who receives services from the Department of Social Services’ Division of Autism Spectrum Disorder Services. As an agency that offers supports and services through federal Medicaid Waivers, DDS is also responsible for assuring an effective system for assuring the health and welfare of waiver participants. This procedure demonstrates that the department identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death.

The department is committed to the use of prevention best practices intended to minimize potential incidents of abuse or neglect.  The department’s Division of Investigations, DDS Abuse Investigation Division Central Intake, Legal and Government Affairs Division, Internal Audit Unit, and Quality and Systems Improvement Division work together with regional staff and DDS qualified providers to identify any potential for abuse or neglect of a person, promptly report any incidents of suspected abuse or neglect, review and investigate reported allegations of abuse or neglect, and examine the outcomes of investigations to develop best practices to mitigate and to the extent possible, eliminate any further incidents of abuse and neglect.

1. Purpose

This procedure establishes the department’s process for developing recommendations, protective services and prevention activities stemming from investigations into allegations of abuse and neglect as reported by or on behalf of a person who has intellectual disability or a person who receives services from the Department of Social Services’ Division of Autism Spectrum Disorder Services.

1. Applicability

This procedure applies to any person who has intellectual disability, or any person who is receiving services from the Department of Social Services’ Division of Autism Spectrum Disorder Services as per subsection (a) of section 17a-210 of the Connecticut General Statutes.

The procedure applies to all department employees, all employees of DDS qualified providers, all employees of DDS contractors, all DDS Community Companion Home licensees and any professional listed in section 46a-11b of the Connecticut General Statutes and any employee of the Department of Social Services’ Division of Autism Spectrum Disorder Services. Any employee of DDS, a DDS qualified provider, or a DDS contractor, any CCH licensee or any professional listed in section 46a-11b CGS or any employee of the DSS Division of Autism Spectrum Disorder Services, who reports, in good faith, incidents of suspected abuse or neglect shall not be subjected to any penalty or reprisal by administrators or supervisors for making that report.

1. Definitions

Abuse and Neglect Definitions and Examples (also see Attachment A DDS Abuse and Neglect – Definitions and Examples)

1. Implementation
2. DDS, as part of its Quality and Systems Improvement mandate and to protect persons with intellectual disability or persons who receive services from the DSS Division of Autism Spectrum Disorder Services from abuse or neglect, may **develop and implement recommendations to address both specific problems and systemic issues** raised by a completed investigation of alleged abuse or neglect.
3. At the completion of an investigation of alleged abuse or neglect, administrative and programmatic recommendations may be made to remediate any issues identified during the investigation.
4. For investigations of alleged abuse or neglect completed by a DDS-certified investigatory agency, recommendations may be made by any employee or contractor in the following positions:
5. DDS DOI-trained pool investigator, who may only make recommendations applicable to the qualified provider being investigated;
6. Licensed DDS DOI-trained private investigator contracted by the DDS-certified investigatory agency, who may only make recommendations applicable to the qualified provider being investigated;
7. DDS Qualified Provider Administrator, or the Administrator’s designee, who may only make recommendations applicable to the qualified provider being investigated;
8. DDS regional Abuse and Neglect Liaison;
9. DDS Director of Investigations;
10. DDS regional Division of Investigations (DOI) supervisor, or the supervisor’s designee;
11. DDS Assistant Regional Director for Private Administration, or the Assistant Director’s designee;
12. DDS Regional or Training School Director, or the Director’s designee.
13. For investigations of alleged abuse or neglect completed by a regional DOI supervisor, or the supervisor’s designee, or a DDS pool investigator, recommendations may be made by any employee in the following positions:
14. DDS pool investigator;
15. DDS regional Abuse and Neglect Liaison;
16. DDS Director of Investigations;
17. DDS regional DOI supervisor, or the supervisor’s designee;
18. DDS Regional or Training School Director or the Director’s designee.
19. For investigations of alleged abuse or neglect completed by the DDS Abuse Investigation Division (DDS AID), recommendations may be made by the assigned investigator, the DDS AID Supervisor, and the DDS Director of Investigations.
20. DDS shall **record and track all recommendations** made concerning DDS DOI, DDS AID, and DDS-certified investigatory agency investigations of alleged abuse or neglect and shall verify that these recommendations have been implemented.
21. The regional Abuse and Neglect Liaison, or the liaison’s designee, shall record the finalized recommendations in the statewide DDS Abuse and Neglect Database.
22. The regional liaison shall send notice of the finalized recommendations to the Regional or Training School Director, or the Director’s designee, or the DDS Qualified Provider Administrator, or the Administrator’s designee, requesting a written response that includes the date of implementation or completion for each of the investigation’s recommendations within 30 calendar days.
23. Copies of the finalized recommendations shall be forwarded by the regional Abuse and Neglect Liaison, as applicable, to:
24. Individual’s case manager;
25. Individual’s case manager supervisor;
26. DDS Assistant Regional or Training School Director;
27. DDS Regional or Training School Director, or the Director’s designee;
28. DDS Qualified Provider Administrator, or the Administrator’s designee, if applicable;
29. DDS regional DOI supervisor, or the supervisor’s designee;
30. Regional designee as assigned by the State of CT Human Resources business partner Manager responsible for Labor Relations;
31. CT Human Resources business partner Manager responsible for Labor Relations, if applicable;
32. Designees of any state agency involved in the investigation; and
33. Any person the regional Abuse and Neglect Liaison determines should receive the investigation’s recommendations.
34. If the Regional or Training School Director, or the Director’s designee, or the DDS Qualified Provider Administrator, or the Administrator’s designee, does not respond to the regional Abuse and Neglect Liaison in writing concerning the finalized recommendations and their implementation within 30 calendar days , the regional liaison or a resource management specialist shall contact the Regional or Training School Director, or the Director’s designee; or the DDS Qualified Provider Administrator, or the Administrator’s designee; concerning the response and the anticipated timeline for its completion.
35. Assigned DDS Quality and Systems Improvement Division (QSID) personnel shall verify that the finalized recommendations have been implemented during QSID visits or inspections.
36. For DCF and DSS investigation recommendation, the regional liaison shall contact the Regional or Training School Director, or the Director’s designee, or the DDS Qualified Provider Administrator, or the Administrator’s designee, concerning the response and the anticipated timeline for its completion.
37. When a DDS Abuse Investigation Division (DDS AID) investigator determines that a **Protective Services Plan (PSP)** is needed for an individual who is the victim of alleged or substantiated abuse or neglect, the DDS AID Supervisor shall recommend that a PSP be created and implemented. The individual’s case manager and case management supervisor, or regional Help Line Supervisor, or the supervisor’s designee, shall create and implement a Protective Services Plan (PSP) for the individual who needs protective services as determined by DDS AID.
38. Upon completion of any investigation of alleged abuse or neglect that falls within the jurisdiction of the DDS Abuse Investigation Division (DDS AID), DDS AID shall determine if a Protective Services Plan (PSP) for the individual who is the victim of the abuse or neglect is warranted. If a Protective Services Plan has been recommended, the DDS AID Supervisor, or the Supervisor’s designee, shall notify the regional Abuse and Neglect Liaison and shall send the recommended PSP with the completed investigation report.
39. The regional Abuse and Neglect Liaison shall notify the DDS Assistant Regional or Training School Director, the individual’s case management supervisor, and the individual’s case manager or the regional Help Line Supervisor, or the supervisor’s designee, of the completion of the investigation and the DDS AID recommendation for a Protective Services Plan for the individual.
40. If the individual’s case management supervisor or regional Help Line Supervisor believes that it will be necessary to release information regarding the abuse or neglect investigation’s findings and recommendations to the individual’s legal representative who is the perpetrator of the alleged or substantiated abuse or neglect, or a person residing with the perpetrator in order to create or implement a Protective Services Plan, the case management supervisor or regional Help Line Supervisor shall request authorization from the Regional or Training School Director, or the Director’s designee, to release such information to the legal representative who is the perpetrator of the alleged or substantiated abuse or neglect or a person residing with the perpetrator.
41. The Regional or Training School Director, or the Director’s designee, shall determine what information on the abuse or neglect investigation’s findings and recommendations, if any, shall be released to the individual’s legal representative who is the perpetrator of the alleged or substantiated abuse or neglect or a person living with the perpetrator of the alleged or substantiated abuse or neglect.
    1. The Regional or Training School Director’s authorization to release such information to a legal representative who is the perpetrator of the alleged or substantiated abuse or neglect or a person residing with the perpetrator of the alleged or substantiated abuse or neglect shall be documented in the individual’s Protective Services Plan.
42. The individual’s case manager and case management supervisor or the regional Help Line Supervisor, or the supervisor’s designee, shall develop a protective services plan in response to the recommendation for protective services from the DDS AID Supervisor and shall submit the written Protective Services Plan (PSP) to the regional Abuse and Neglect Liaison not later than 15 calendar days after the case manager or regional Help Line Supervisor has received the recommendation for protective services.
43. The regional Abuse and Neglect Liaison shall review and determine if the PSP is complete and, if so, shall send it to the DDS AID Supervisor, or the supervisor’s designee within fifteen (15) calendar days from the date of the recommendation.
44. The DDS AID Supervisor, or the supervisor’s designee, shall review and approve or disapprove the PSP; and shall notify the regional liaison of the decision.
45. If the Protective Services Plan is determined to be incomplete by the regional liaison or has not been approved by the DDS AID Supervisor, the regional liaison shall notify the DDS Assistant Regional or Assistant Training School Director, or the Assistant Director’s designee, the individual’s case management supervisor, and the individual’s case manager or the regional Help Line Supervisor to request a revised Protective Services Plan be developed and sent as soon as possible to the regional liaison.
46. The regional Abuse and Neglect Liaison shall review and determine if the revised PSP is complete and, if so, send the revised PSP to the DDS AID Supervisor, or the Supervisor’s designee, for review and approval.
47. The regional Abuse and Neglect Liaison, or the liaison’s designee, shall record in eCAMRIS the date the Protective Services Plan (PSP) was due and the date the written PSP was approved by DDS AID.
48. Any DDS AID Protective Services Plan (PSP) incorrectly posted to a region that is not administering the plan shall be forwarded electronically, upon discovery, by the region’s Abuse and Neglect Liaison, to the administering region’s Abuse and Neglect Liaison and a copy shall be sent to the DDS AID Supervisor and the DDS Director of Investigations.
49. If an individual or the individual’s legal representative does not consent to the receipt of protective services detailed in the PSP, or withdraws consent for such services to be provided, the protective services shall not be provided or continued, except in a case where there is reason to believe that such individual or the individual’s legal representative lacks the capacity to consent to or refuse the protective services.
50. In such cases where the individual does not have a legal representative, the DDS Legal Director shall be consulted and may petition the Probate Court for the appointment of a legal representative.
51. In such cases where the appointed legal representative does not consent to the PSP, the DDS Legal Director shall be consulted and may petition the Probate Court for the replacement of such legal representative.
52. If the caregiver of an individual, who has consented to receive PSP services, refuses to allow the provision of the plan’s services, the DDS Legal Director shall be consulted and may petition the Superior Court to require the caregiver to allow the individual to receive the plan’s protective services.
53. The individual’s case manager or the regional Help Line Supervisor, or the supervisor’s designee, shall meet with the individual not less than once every six (6) months, to ensure that the protective services in the individual’s plan are ongoing and continue to be appropriate. The individual’s case manager shall provide the regional Abuse and Neglect Liaison with a written status update of the Protective Services Plan every six (6) months.
54. The regional Abuse and Neglect Liaison shall forward the case manager’s updates on the Protective Services Plan to the DDS AID Supervisor until the individual’s PSP is formally closed by DDS AID.
55. DDS AID may discontinue any Protective Services Plan (PSP) upon the determination that such services are no longer required by the individual, or upon request of the individual, or upon the recommendation of the individual’s legal representative. DDS AID shall notify the regional Abuse and Neglect Liaison when an individual’s PSP is closed. The regional liaison shall record in eCAMRIS that the individual’s PSP has been closed and shall notify the individual’s case manager, or the regional Help Line Supervisor, of the closure of the individual’s PSP.
56. A **death investigation** report of an individual who has been the victim of alleged abuse or neglect, the report’s findings, and any recommendations shall be reviewed, approved and distributed as follows:
57. When a **DDS DOI investigator** completes an investigation into the death of an individual who has been the victim of alleged abuse or neglect, the DDS Director of Investigations shall review and approve the death investigation report, its findings and recommendations. Once approved, the Director of Investigations shall ensure the original death investigation report and any exhibits are provided to the regional Abuse and Neglect Liaison to be recorded in eCAMRIS and added to the abuse and neglect investigation file. The Director of Investigations also shall provide a copy of the death investigation report and any exhibits to the DDS AID Supervisor for filing. The Director of Investigations, or the Director’s designee, shall send the findings and recommendations to the DDS Director of Health and Clinical Services, or the Health and Clinical Director’s designee.

1. When a **DDS AID investigator** has completed an investigation into the death of an individual who has been the victim of alleged abuse or neglect, the DDS AID Supervisor shall send the death investigation report and any exhibits to the DDS Director of Investigations for review and approval. Upon approval by the Director of Investigations, the DDS AID Supervisor shall send a copy of the approved death investigation report and any exhibits to the regional Abuse and Neglect Liaison to be recorded in eCAMRIS and added to the abuse and neglect investigation file.  The DDS AID Supervisor also shall provide a copy of the death investigation report and any exhibits to the DDS Director of Health and Clinical Services.
2. The death investigation report recommendations shall be recorded by the regional Abuse and Neglect Liaison, or the liaison’s designee, in the DDS Abuse and Neglect Database.
3. The DDS Regional or Training School Director, or the Director’s designee, of the region where the individual has received case management services shall share the death investigation report and its findings and any recommendations with designated staff, and shall coordinate the development of the responses to the report’s recommendations, if any, with appropriate DDS staff or DDS qualified provider staff, as applicable.
4. The Regional or Training School Director, or the Director’s designee, shall send the written response to the recommendations contained in the death investigation report to the DDS AID Supervisor and the regional Abuse and Neglect Liaison, not less than 30 calendar days after the receipt of the approved report and its recommendations.
5. The Regional or Training School Director, or the Director’s designee, shall coordinate the implementation of the provisions of the written response to the death investigation report’s recommendations and shall verify that these provisions have been implemented.
6. The completed **DDS Investigation Report, its findings, and any report recommendations shall be distributed** as follows:
7. The regional Abuse and Neglect Liaison shall distribute the findings and any recommendations of the DDS Investigation Report electronically to all the recipients of the original intake, as appropriate. (Refer to **I.F.PR.002** Abuse and Neglect/Allegations: Intake and Initial Notification Process) This distribution email shall include the notice of substantiation by the authorized agency (i.e., DCF, DDS, DSS) in which the authorized agency agrees or disagrees with the investigation’s findings and recommendations.
8. If the investigation report’s findings and recommendations include a recommendation for a Protective Services Plan (PSP) for the individual who is the victim of alleged or substantiated abuse or neglect, the recommendation for a PSP shall be noted in the distribution email.
9. Once the individual’s Protective Services Plan (PSP) has been created by the individual’s case manager, or the regional Help Line Supervisor, or the supervisor’s designee, and approved by the DDS AID Supervisor in accordance with subsection (c) of section (3) of this procedure, the regional Abuse and Neglect Liaison, or the liaison’s designee, shall record the individual’s PSP in the DDS Abuse and Neglect Database.

1. The individual’s case manager or case management supervisor, or the regional Help Line Supervisor, or the supervisor’s designee, shall provide the initial PSP response to the regional Abuse and Neglect Liaison, or the liaison’s designee, not later than 15 calendar days after the recommendation for the PSP being received. The regional liaison shall forward the initial PSP response to the DDS AID Supervisor for approval.
2. The individual’s case manager or case management supervisor, or the regional Help Line Supervisor, or the supervisor’s designee, shall provide written updates on the PSP implementation to the regional Abuse and Neglect Liaison, or the liaison’s designee every six (6) months. The regional liaison shall record the written updates in eCAMRIS and send the updates to the DDS AID Supervisor until the individual’s PSP is closed.
3. The individual’s case manager, or the regional Help Line Supervisor, in cases where the individual is not known to, or active with, DDS, shall be responsible for ensuring all requirements of the individual’s PSP have been implemented.
4. If the reporter of an allegation of abuse or neglect has requested to be notified of the findings of an investigation, the reporter shall be referred to the regional Abuse and Neglect Liaison, **except** if the investigation has been conducted by the DDS AID, in which case the reporter shall be referred to the DDS AID Supervisor.
5. The individual’s case manager, the regional Help Line Supervisor, or the DDS Qualified Provider Administrator, or their designees, as appropriate, shall inform the individual and the individual’s legal representative, if any, of the findings and recommendations of the investigation of the allegations of abuse or neglect within five (5) business days of the release of the findings and recommendations by the regional Abuse and Neglect Liaison, or liaison’s designee, unless the individual’s legal representative is the perpetrator of the alleged or substantiated abuse or neglect or a person residing with the perpetrator.
6. The individual’s case manager, the regional Help Line Supervisor, or the DDS Qualified Provider Administrator, or their designees, as appropriate, shall record the date that the investigation’s findings and recommendations were shared with the individual and the legal representative in the individual’s master record and, if applicable, recorded in eCAMRIS.
7. If an individual’s legal representative, has been identified as the perpetrator of the alleged or substantiated abuse or neglect, or is a person residing with the perpetrator, has requested and been denied the investigation report, its findings or recommendations, the individual’s case manager, the regional Help Line Supervisor, or the DDS Qualified Provider Administrator, or their designees, as appropriate, shall record the date of the request and the date that the request was denied in the individual’s master record and, if applicable, recorded in eCAMRIS.
8. If the individual, or the individual’s legal representative, wishes to review the findings and recommendations of the investigation of the allegations of abuse or neglect, refer to **I.F.PR.005** Abuse and Neglect/Investigations: Access to Completed Investigations.
9. The Department of Developmental Services in its commitment to eliminating abuse and neglect of persons with intellectual disability and other developmental disabilities requires **ongoing employee training**, qualified providers engaging in **prevention strategies**, such as data collection, review and analysis of incidents, and **development of stronger protection and prevention methods** against abuse and neglect.
10. The department requires all employees who are required to report an allegation of abuse or neglect to be trained using a DDS-approved curriculum that covers such topics as the recognition and prevention of abuse and neglect and the reporter’s obligation to report any incidents of suspected abuse and neglect. Such DDS training shall be provided initially by DDS Educational Support and Staff Development trainers or qualified provider staff using DDS-approved curriculum, before the employee begins working with any individual with intellectual disability, and annually thereafter.
11. All DDS Qualified Providers are required to prevent occurrences of abuse and neglect by identifying individuals for whom they provide services who may be at greater risk of being abused or neglected and proactively develop individual-specific plans for the prevention of abuse or neglect.
12. The Department shall review abuse and neglect data on a regular basis to identify trends, systemic deficiencies, and the presence of dangerous conditions or practices that may contribute to suspected or substantiated abuse and neglect. The Commissioner, or the Commissioner’s designee, shall direct that appropriate actions be taken to reduce the risk of abuse and neglect of persons with intellectual disability and other developmental disabilities based upon such analyses.
13. References

DDS Policies and Procedures

I.D.PR.001 Mortality Reporting Deaths of Individuals

I.D.PR.009 Incident Reporting

I.D.PR.009a Incident Reporting for Individuals who live in Own /Family Home & Receive DDS Funded Services

I.F.PR.001 Abuse and Neglect/Allegations: Reporting

I.F.PR.002 Abuse and Neglect/Allegations: Intake and Initial Notification Process

I.F.PR.003 Abuse and Neglect/Investigations: Assignment, Tracking, Review and Closure

I.F.PR.005 Abuse and Neglect/Investigations: Access to Completed Investigations

I.F.PR.006a Abuse and Neglect/DDS Abuse and Neglect Registry

I.F.PR.007a Abuse and Neglect/Access to the DDS Abuse and Neglect Registry

Connecticut General Statutes (CGS)

Section 1-210 CGS: “Access to Public Records. Exempt Records.”

Section 4-33a CGS: “Illegal, irregular or unsafe handling of state or quasi-public agency funds”

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

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

Section 17a-238 CGS: “Rights of Persons under Supervision of Commissioner of Developmental Services”

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

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

Section 29-15a: Qualifications for Private Detective or Private Detective Agency License Appeal.

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

Section 46a-13a CGS: “Requirements for other agencies. Release of client records by other agencies”

Section 53-20 CGS: “Cruelty to Persons”

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

Regulations of Connecticut State Agencies

Sections 17a-247e-1 through 17a-247e-9, inclusive, “DDS” Abuse and Neglect Registry

Sections 17a-238-1 through 17a-238-13, inclusive, “Rights of Persons Under the Supervision of the Commissioner of Developmental Disabilities”

Sections 29-161-2, inclusive, “Requirements for Licensing as a Private Detective or Private Detective Agency”

Federal Registry

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

1. Attachments

**Abuse and Neglect Procedures Attachments A through L** (Link to all Attachments)

**Attachment A** Department of Developmental Services (DDS) Abuse and Neglect – Definitions and Examples (Link available in Section C, Definitions)

**Attachment B** DDS AID Intake/Investigation Report Form

**Attachment G** Guidelines for Case Managers When Communicating with Legal Representatives

**Attachment H** DDS Investigation Report form

**Attachment I** DDS Abuse/Neglect Investigation Review form

**Attachment J** DDS Abuse Neglect Registry: Monitoring form