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#### **Subject:** **Abuse and Neglect/Allegations**: **Effective Date**: March 15, 2002

#### **Intake and Initial Notification Process Revised:** August 14, 2009

#### **Section:** Human Rights and Legal Responsibilities **Revised:** June 30, 2021

# Approved:/s/Jordan A. Scheff

**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.

# Purpose

This procedure establishes the department’s intake and initial notification process for 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.

# 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. The DDS Abuse Investigation Division (DDS AID) Central Intake shall create written intakes for all reported allegations of abuse or neglect. All allegations shall be handled in the following manner:
3. The DDS AID Central Intake shall determine if the allegation meets statutory and departmental criteria. For those reports of alleged abuse or neglect that do meet the criteria, an intake shall be created. For those reports that do not meet the criteria, the allegation shall be identified on the intake form as a “Do Not Take” (DNT) or a matter requiring additional information, and then shall be forwarded to the appropriate regional Abuse and Neglect Liaison, or the liaison’s designee. Any report of alleged abuse or neglect identified as a DNT may require further action as determined by the Regional or Training School Director, or the Director’s designee, or the regional DOI supervisor, or the supervisor’s designee.
4. DDS AID Central Intake shall instruct reporters to submit the appropriate written documentation (e.g., DDS 255 Incident Report, PA-6: Report of Suspected Abuse, Neglect of an Adult with Intellectual Disability form) not later than five (5) days following the initial report.
5. For each allegation of abuse or neglect that meets the criteria for an intake, the DDS AID Central Intake shall determine if an Immediate Protective Services Plan (IPSP) is warranted and, if warranted, that the plan shall be created and implemented.
   1. If an individual or the individual’s legal representative does not consent to the receipt of an IPSP, or withdraws consent for such services to be provided, such IPSP 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.

* + 1. 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.

* + 1. In such cases where the appointed legal representative does not consent to the IPSP, the DDS Legal Director shall be consulted and may petition the Probate Court for the replacement of such legal representative.
  1. If the caregiver of an individual, who has consented to receive IPSP 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 IPSP services.
  2. If an individual who is the subject of an intake (1) is not known to DDS; (2) has an inactive status with DDS; or (3) has not previously been subject to or completed the DDS eligibility process to determine if the individual has intellectual disability; DDS shall provide immediate protective services to the individual. Immediate protective services shall be provided, regardless of eligibility status, until such time as it is determined by the DDS Abuse Investigation Division (AID) that the individual (1) is not in need of such services; or (2) does not have intellectual disability; or (3) that the case has been otherwise closed.

1. The DDS AID Central Intake shall advise the regional DDS Abuse and Neglect Liaison that an Immediate Protective Services Plan (IPSP) has been determined to be warranted for an individual who is the victim of alleged abuse or neglect and that the IPSP shall be included on the intake.
2. The DDS AID Central Intake shall check eCAMRIS to determine which region shall be sent the intake to be processed and distributed.
3. DDS AID Central Intake shall record and store all intakes of reports of allegations of abuse or neglect in a secure file.
4. When DDS AID Central Intake sends the regional Abuse and Neglect Liaison a new intake, the regional liaison, or the liaison’s designee, shall process the new intake and distribute it to regional staff, as appropriate.
5. If a regional Abuse and Neglect Liaison needs further information or clarification regarding an intake, or if the regional liaison has information that is relevant to the intake, the regional liaison shall contact the DDS AID Supervisor to discuss the intake.
6. Intakes of reports of alleged abuse or neglect shall be reviewed, assigned, and given notice of by DDS regional staff as follows:
7. The regional Abuse and Neglect Liaison, or the liaison’s designee, shall immediately notify the individual’s case manager or regional Help Line Supervisor, if there is no assigned case manager, when an Immediate Protective Services Plan (IPSP) for the individual has been recommended to arrange for the implementation of the immediate protective services. If the individual’s case manager or regional Help Line Supervisor is unavailable, the individual’s case management supervisor or an Assistant Regional or Training School Director shall be notified to arrange for the implementation of the IPSP.
   1. If the individual’s case management supervisor or regional Help Line Supervisor believes that it will be necessary to release information pertaining to the allegation of abuse or neglect and the investigation into the allegation to an individual’s legal representative who is the perpetrator of the alleged abuse or neglect, or a person residing with the perpetrator of the alleged abuse or neglect for the purpose of implementing immediate protective services for the individual, the individual’s 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 a legal representative, who is the perpetrator of the alleged abuse or neglect, or a person residing with the perpetrator of the alleged abuse or neglect.

* 1. The Regional or Training School Director or the Director’s designee shall determine what information on the allegation of abuse or neglect and the investigation into the allegation, if any, shall be released to the individual’s legal representative who is the perpetrator of the alleged abuse or neglect or a person living with the perpetrator of the alleged 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 abuse or neglect or a person residing with the perpetrator of the alleged abuse or neglect shall be recorded in the IPSP response.

1. The regional Abuse and Neglect Liaison, or the liaison’s designee, shall record the allegation in eCAMRIS. In a case where a discrepancy arises regarding which region is responsible for the intake and investigation, the DDS Director of Investigations, or the Director’s designee, shall determine which region is responsible to investigate the allegation.
2. The regional Abuse and Neglect Liaison, or the liaison’s designee, shall distribute the intake electronically, naming the investigatory agency assigned to the case, a due date for the report and findings of the investigation to be submitted 60 days after the case is assigned or, if the individual resides in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), five (5) days after the case is assigned, and a DDS DOI contact if the investigatory agency requires assistance.
   1. Distribution of the intake shall include, but not be limited to: the individual’s case manager; the case management supervisor; Assistant Regional or Training School Director; Regional or Training School Director; regional DOI supervisor; regional investigators, as applicable; DDS Qualified Provider Administrator, if applicable; DDS Director of Investigations, if applicable; a regional designee assigned by the State of CT Human Resources business partner manager responsible for Labor Relations; and the CT Human Resources business partner Manager responsible for Labor Relations, if applicable; and any designees from other state agencies that may be involved in the intake and investigation of the allegations of abuse or neglect.
3. The individual’s case manager, or regional Help Line Supervisor, or the supervisor’s designee, shall notify the individual or the individual’s legal representative, if any, of the intake of an allegation of abuse or neglect that warrants an investigation. The case manager, or regional Help Line Supervisor, or the supervisor’s designee, shall record the date of notification in eCAMRIS.
4. The assigned investigatory agency shall confirm its receipt of the intake.
   1. The following DDS employees and other state agency personnel also shall be included in the distribution of an intake, if the intake involves the following circumstances:
5. **Clinical or Forensic:** DDS Director of Psychological Services, DDS regional Director of Clinical Services.
6. **Death:** DDS Legal Director, DDS Director of Health and Clinical Services, DDS Directors of Nursing Services, as appropriate, DDS Regional Health Services Directors, as appropriate, DDS Director of Investigations, DDS DOI Nurse Investigators.
7. **Dental:** DDS Dental Coordinator.
8. **Department of Children and Families (DCF):** DCF Special Investigations Unit Program Manager, regional DCF Social Work Supervisors, DDS Director of Quality and Systems Improvement, DDS Director of Investigations.
9. **Department of Public Health (DPH):** DPH Complaint Supervisor.
10. **Department of Social Services (DSS):** DSS Supervisor of the Intake Unit, DDS Director of Investigations.
11. **Financial Exploitation:** DDS Director of Internal Audit, DDS Director of Investigations.
12. **Food Consistency:** DDS Director of Quality and Systems Improvement, DDS Director of Investigations, DDS Directors of Nursing Services, as appropriate, DDS Regional Health Services Directors, as appropriate.
13. **Individual not known to DDS:** DDS Assistant Regional Director of Individual and Family Supports, DDS regional Help Line supervisor.
14. **Medical:** DDS Directors of Nursing Services, as appropriate, DDS Regional Health Services Directors, as appropriate.
    1. The intake shall not be distributed to anyone who has been identified as the perpetrator of the alleged abuse or neglect or anyone who is implicated in the allegation.
15. If an intake includes a recommendation for an Immediate Protective Services Plan (IPSP), it shall be indicated in the distribution email. The individual’s case manager, or the DDS regional Help Line supervisor, in cases where the individual is not known to, or active with DDS, shall be responsible for ensuring all components of the IPSP have been met. The regional Abuse and Neglect Liaison, or the liaison’s designee, shall record the IPSP recommendations and the dates when the IPSP was recommended and implemented in the DDS Abuse and Neglect Database.
16. The individual’s case manager, or a DDS regional employee identified by the regional Abuse or Neglect Liaison as responsible for updates concerning an individual’s Immediate Protective Services Plan (IPSP), shall provide the regional liaison verbal and written updates on the development and implementation of the individual’s recommended IPSP. The Assistant Regional or Assistant Training School Director, or the Assistant Director’s designee, shall approve any written update. The regional liaison shall forward each update to the DDS AID Supervisor. The updates on the recommended IPSP shall contain the following:
17. Initial verbal status update concerning the components of the IPSP shall be provided by the individual’s case manager or the identified regional employee not later than the next business day. The verbal update shall describe the initial actions and interventions to address the recommendation for an IPSP.
18. A written response to the recommendation for an IPSP for the individual shall be provided by the case manager or the identified regional employee not later than three (3) business days after the intake was received. The written response shall describe the actions taken to develop and implement the IPSP and, if warranted, include a status update regarding the ongoing health and safety of the individual.
19. If the DDS AID Supervisor terminates an individual’s IPSP at any time during the investigative process, the Supervisor, or the Supervisor’s designee, shall notify the regional Abuse and Neglect Liaison, or the liaison’s designee, of the termination of the IPSP. The regional liaison, or the liaison’s designee, shall send notice of the termination of the individual’s IPSP to all persons who received the intake.
20. If a recommendation, other than for protective services, is included on the intake from DDS AID Central Intake, or if one is added by the regional Abuse and Neglect Liaison, it shall be noted in the intake distribution email.  The ​individual's case manager, or the regional employee identified by the regional Abuse and Neglect Liaison, shall provide a written response to the recommendation not later than 15 business days after the intake was received.
21. The regional Abuse and Neglect Liaison shall create a secure file for the intake and investigation report. Any applicable documentation concerning the allegation of abuse or neglect, recommendations and responses to an IPSP, if applicable, and the investigation into the allegation shall be included in such file.
22. The Department of Developmental Services requires that notice be given to an individual, who has been reported as being the victim of alleged abuse or neglect, or the individual’s legal representative, if any, that a report has been filed with the DDS AID Central Intake concerning alleged abuse or neglect of the individual that warrants investigation. This notification process of an allegation of abuse or neglect and any pending investigation shall be conducted as follows:
23. Once the intake of the report of an allegation of abuse or neglect has been received by the regional Abuse and Neglect Liaison, the regional liaison shall notify the individual’s case manager of the intake.
24. The individual’s case manager shall notify the individual or the individual’s legal representative, if any, of the allegation and any pending investigation not later than 72 hours after the case manager has been notified of the intake, unless the legal representative is the perpetrator of the alleged abuse or neglect or is a person residing with the perpetrator of the alleged abuse or neglect.
25. In a case where the legal representative is the perpetrator or a person residing with the perpetrator, no information shall be shared unless the Regional or Training School Director, or the Director’s designee, has made a determination of what information concerning the allegation of abuse or neglect and the investigation into the allegation, if any, shall be released to the individual’s legal representative.
26. If the intake has a DDS AID recommendation for an Immediate Protective Services Plan (IPSP) refer to section 2 of this procedure.
27. If the individual or the individual’s legal representative, if any, cannot be contacted within 72 hours, the individual’s case manager, or the regional Help Line Supervisor, or the supervisor’s designee, shall send written notice of the allegation and pending investigation and shall maintain a copy of the notice in the individual’s master record.
28. In a case where the individual has no assigned case manager, the notification of the individual or the individual’s legal representative, if any, shall be completed by the regional Help Line Supervisor, or the supervisor’s designee, or a regional employee identified by the regional Abuse and Neglect Liaison.
29. The notice of the allegation of abuse or neglect and any pending investigation provided to the individual or the individual’s legal representative, if any, by a case manager or a case manager’s designee shall include, as applicable:
    1. Date of incident of alleged abuse or neglect;
    2. Type of allegation;
    3. Status of the victim of alleged abuse or neglect;
    4. Protections put in place for victim;
    5. Description of anticipated timeline for the investigation; and
    6. Contact information for the regional Abuse and Neglect Liaison if the individual or the individual’s legal representative has questions on the investigation’s status.

**Note:** See Attachment G Guidelines for Case Managers When Communicating with Legal Representatives for further information.

1. If the allegation of abuse or neglect may be related to an individual’s death, the Regional or Training School Director, or the Director’s designee, shall notify the individual’s legal representative of the allegation of abuse or neglect and any pending investigation unless the legal representative is the perpetrator of the alleged abuse or neglect or a person residing with the perpetrator of the alleged abuse or neglect. In a case where the individual has died and the individual’s legal representative is the perpetrator of alleged abuse or neglect or is a person residing with the perpetrator, no information shall be shared.

##### **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.003 Abuse and Neglect/Investigations: Assignment, Tracking, Review and Closure

I.F.PR.004 Abuse and Neglect/Investigations: Recommendations, Protective Services and Prevention Activities

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 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”

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”

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”

##### 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