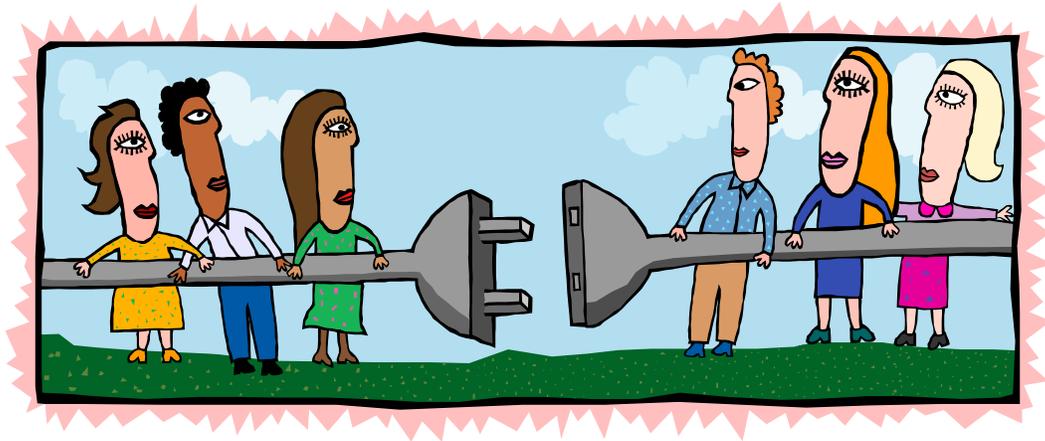


County Adult Protective Services,
Community Centered Boards, and
Regional Centers

Protocol

for

Addressing the Mistreatment of At-risk Adults
with Developmental Disabilities



Developed by

Colorado Adult Protective Services (APS) Program and the
Colorado Division for Development Disabilities (DDD)

March 2005

Introduction

The purpose of this model protocol, subsequently referred to as the "protocol," is to provide county Adult Protective Services (APS) programs, Community Centered Boards (CCBs), and Regional Centers (RCs) with a protocol to facilitate the coordination of services. The protocol was developed by the Colorado Division for Developmental Disabilities (DDD) and the Colorado Adult Protective Services program within the Office of Adult, Disability, and Rehabilitation Services at the Colorado Department of Human Services.

This protocol is provided to clarify the responsibilities of county APS, CCBs, and RCs at the local level, in their service to at-risk adults receiving developmental disabilities services when conducting investigations into allegations of abuse, neglect (including self-neglect), and exploitation. Please note that the terms abuse, neglect, and exploitation are often collectively referred to as "mistreatment" in some areas of this protocol.

This protocol is being provided to all 64 county Adult Protective Services programs, and to the 20 Community Centered Boards and three Regional Centers in Colorado by the state divisions within the Colorado Department of Human Services that oversee these services. The vision of the Colorado Department of Human Services is to become the nation's leader in the design and delivery of high quality human services that help individuals, families, and communities to be safe and independent. A significant step toward that end is the use of protocol agreements between local social services agencies and other service agencies for the purpose of assuring maximum local understanding, coordination, and cooperative action in the provision of human services to clients.

The Colorado Division for Developmental Disabilities and the Colorado Adult Protective Services program recommend that the directors of each CCB, Regional Center, and county department of social services arrange to discuss this protocol and work together toward a protocol agreement between their agencies.

It is recommended that the outline of topical areas on the "Protocol Contents" page be used as a framework or template for developing local agreements. Information provided in the first three areas of this model protocol (purpose of agreement, program overviews, and eligibility) should remain consistent as presented. Information in the remaining areas of this protocol (referral process, investigations, service coordination, high-risk cases, information sharing, conflict resolution, and annual review) can be adopted as is, or adapted to be responsive to local needs.

Questions regarding this protocol should be directed to:

Division for Developmental Disabilities:

Shari Repinski	303-866-7442	shari.repinski@state.co.us
Matthew Solano	303-866-7439	matthew.solano@state.co.us

Adult Protective Services:

Pat Stanis	303-866-2834	patricia.stanis@state.co.us
Paulette St. James	303-866-2676	paulette.stjames@state.co.us

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PURPOSE OF AGREEMENT

The Community Centered Boards, Regional Centers, and county Adult Protective Services programs enter into this protocol agreement for the purpose of facilitating the coordination of appropriate and necessary services that ensure the safety of adults with developmental disabilities. The protocol sets forth the joint responsibilities of APS and CCBs/RCs for adults with developmental disabilities. APS provides services to at-risk adults with developmental disabilities as defined in C.R.S. 26-3.1. The CCBs/RCs provide services to individuals with developmental disabilities as defined in C.R.S. 27-10.5.

All entities recognize that each has a unique role in service provision to adults with developmental disabilities. All entities recognize that the needs and interests of adults with developmental disabilities will be better served with a clear delineation of the roles and responsibilities with regard to such adults who are subjected to abuse, neglect, and exploitation. Finally, all entities recognize that increased collaboration between APS and CCBs/RCs will provide independent investigations of adult mistreatment within the CCB/RC system.



PROGRAM OVERVIEWS

County Adult Protective Services Programs

County departments of social services have the statutory obligation to receive reports, investigate allegations, and prevent the mistreatment of at-risk adults. The Adult Protective Services (APS) program within each county department provides assessment and intervention on behalf of at-risk adults, ages 18 and older, to correct or alleviate situations in which actual or imminent danger of abuse, neglect, or exploitation exists. APS provides "least restrictive intervention" with the goals of increasing safety, reducing risk, and maximizing client independence.

Reports of abuse, neglect, or exploitation of at-risk adults are investigated by county departments of social services, and a multitude of intervention services are provided. APS services may include:

- 1) Receiving and investigating reports of mistreatment.
- 2) Providing casework and counseling services.
- 3) Arranging, coordinating, delivering, where appropriate, and monitoring services, including:
 - a) Medical care for physical or mental health needs
 - b) Protection from mistreatment
 - c) Assistance with applications for public benefits
- 4) Referring to community service providers.
- 5) Initiating probate proceedings.

APS programs work closely with other professional groups when responding to reports of abuse, neglect, and exploitation of at-risk adults. These groups include professionals in the fields of law enforcement and criminal justice, medicine and pharmacy, long-term care and home care, social work, senior services, and disability services. County social service directors in many Colorado counties coordinate adult protection teams. APS teams review the processes used to investigate mistreatment and the provision of protective services to at-risk adults using a multi-disciplinary approach. The teams provide case review and supportive service resources during the investigation of adult abuse, neglect, and exploitation. Cooperative agreements between service agencies, such as law enforcement, help to coordinate the investigative duties of APS team members dealing with cases involving at-risk adults.

Community Centered Boards and Regional Centers

Colorado's Community Centered Boards (CCBs) have statutory responsibilities to provide or coordinate the provision of community-based services for persons with developmental disabilities within available appropriations. CCBs are private non-profit or not-for-profit organizations that serve as single entry points into the long-term service and support system for persons with developmental disabilities. There are 20 CCBs designated annually by the Division for Developmental Disabilities (DDD). Each has a non-overlapping geographic service region of one to ten counties serving from 100 to 1,600 individuals each. CCBs either provide services through their own agencies, or on a contractual basis with service agencies approved by DDD. Services are provided to adults in supervised residential and day program settings (comprehensive services) and for adults and children in the person's family home and community (support services). Regional Centers (RCs) are state-operated service agencies that provide comprehensive services (residential and day program) to adults with developmental disabilities. Currently, Colorado has three RCs (Grand Junction, Pueblo, and Wheat Ridge). RCs provide services in both "intermediate care facilities for the mentally retarded" (ICF-MRs) and in community group homes.

CCBs and RCs are responsible for reporting and responding to allegations of abuse, neglect, and exploitation, as defined in DDD Rules and Regulations. These responsibilities include reporting such allegations to other entities (e.g., county adult protective services, county child protective services, and law enforcement) that also have statutory obligation for responding to such allegations.



ELIGIBILITY

The following clarification of eligibility criteria will assist each entity in understanding eligibility determination and will increase the number of appropriate inter-agency referrals.

APS Eligibility Criteria

Adult Protective Services will assist persons who meet the statutory definition of at-risk adults. An "at-risk adult" is a person who is eighteen (18) years of age or older, and is susceptible to abuse, neglect, or exploitation because he/she meets one or both of the following criteria:

- 1) The person is unable to perform or obtain services necessary for the individual's health, safety, or welfare.
- 2) The person lacks sufficient understanding or capacity to make or communicate responsible decisions concerning the individual's person or affairs.

It is important to note the similarities and differences in the definitions used by APS and the CCB/RC systems in reference to abuse situations. See Appendix A - Definitions.

CCB and RC Eligibility Criteria

CCBs and RCs will assist a person who meets the statutory definition of a person with a developmental disability. Statute defines this as a person who has a substantial disability that manifested before the person reached age twenty-two (22), and resulted in impairment of general intellectual functioning or adaptive behavior similar to that of a person with mental retardation. The disability may be attributable to mental retardation or related conditions, which include cerebral palsy, epilepsy, autism, or other neurological conditions. Eligibility for DDD funded services is only determined by CCBs.

Admission to a Regional Center requires an "imposition of legal disability", as defined in C.R.S. 27-10.5-110. Admissions to Regional Centers are arranged in cooperation with the person's local CCB.

REFERRAL PROCESS

The following referral process is recommended for each agency. This process will assist each agency to understand the expectations of the receiving agency upon referral of a client, and will increase the number of appropriately executed referrals. Please refer to Appendices B and C for examples of referral making. Additionally, please refer to Appendix D for a summary of roles regarding the referral and investigative processes.

Referral Process from the CCB/RC to APS

The CCB/RC will refer adults with developmental disabilities who may need protective services to APS in the following manner (Note: The APS statute specifically names community centered board staff as an occupational group that is urged to report mistreatment allegations to APS.):

- 1) File a report with the APS intake service of the county in which the incident occurred, providing information about the concerns that prompted the report.
- 2) Provide initial information such as the person's apparent type and level of risk, the identity of the alleged perpetrator (in cases other than self-neglect), and the person's apparent adaptive behavior levels.
- 3) Provide available information such as:
 - a) Identifying information of the person
 - b) Summary of allegations
 - c) Information pertinent to safety issues for the person
 - d) Overview of the person's functional capacity

APS Response and Eligibility Determination

The APS supervisor or person designated with APS oversight will review the information provided in the referral from the CCB/RC. The supervisor will decide whether to accept or reject the referral by determining whether or not the referred person meets the definition of an at-risk adult, and whether or not allegations require and warrant an investigation.

If the person is determined eligible, APS will:

- 1) Assign a caseworker to investigate the allegation in accordance with the following program response time mandates:
 - a) *Immediate Response* - When the situation indicates a clear and imminent danger, a face-to-face response is required in the same working day.

- b) *24 Hour Response* - When the situation indicates urgent risk to the person, a face-to-face response is required by the end of the next working day.
 - c) *Three-Day Response* - When the situation does not appear to involve imminent danger or urgent risk to the person, a face-to-face response is required within three working days.
- 2) Contact the CCB/RC referral source to confirm and expand information provided.
 - 3) Determine the level of APS and CCB/RC collaboration necessary to address the mistreatment of the referred person.
 - 4) Contact the alleged victim and anyone with pertinent information regarding the person.
 - 5) Determine what services and supports are appropriate for the person.
 - 6) Develop a case plan that includes CCB/RC services and/or develop recommendations for the continuation of CCB services that address the client's protection and safety needs.
 - 7) Maintain documentation of information gathered and actions taken on each case.

If the person is determined ineligible, APS will:

- 1) Document the referral information.
- 2) Document the reason the referred person was determined ineligible for APS services.
- 3) Inform the CCB/RC referral source that the referral was not accepted.

Referral Process from APS to CCB

If the person is not already determined to be eligible to receive CCB services, APS will refer persons with developmental disabilities who may qualify and benefit from CCB services to the CCB in the following manner:

- 1) Make the referral to the CCB intake coordinator, providing information about the concerns and circumstances that prompted the referral.
- 2) Provide initial information such as the person's living situation, employment status, and apparent adaptive behavior levels.
- 3) Provide available information such as:
 - a) Identifying information of the person

- b) Summary of abuse report and allegations, if applicable
- c) APS assessment results and intervention plan, if applicable
- d) Information pertinent to the person's CCB service needs

CCB Response and Eligibility Determination

The CCB intake coordinator will review the information provided in the referral from APS. The intake coordinator will decide what additional information may be necessary to determine the person's eligibility for developmental disabilities services.

If the referred person is determined eligible, with the person's permission, the CCB will:

- 1) Assign a case manager to assess the nature and extent of disabilities and the service needs of the person.
- 2) Contact the referring APS caseworker to confirm and expand case information.
- 3) Determine the level of APS and CCB collaboration necessary to address the person's service needs.
- 4) Contact other individuals with pertinent information regarding the person.
- 5) Provide APS the option of attending a joint staff meeting or joint face-to-face visit with the person and/or the person's legal guardian.
- 6) Determine what services and supports are appropriate for the person.
- 7) Convene a meeting within 30 days of the determination of eligibility with the person, or the person's guardian or authorized representative, to develop the Individual Plan of Care.

If the person is determined ineligible for CCB services, the CCB will:

- 1) Document the referral information.
- 2) Document the reason the person was determined ineligible for CCB services.
- 3) Inform APS of the person's ineligibility for CCB services.
- 4) Inform the person, guardian, and APS of the person's right to appeal a decision of ineligibility.

INVESTIGATIONS

The coordination between the CCB/RC and APS in conducting investigations will assist each agency in ensuring the safety of the at-risk adult in the most expedient manner possible. All investigations conducted by the CCB/RC and APS shall not interfere with and shall cooperate with any investigation conducted by law enforcement.

Responding To Reports of Incidents Involving Adults Receiving CCB/RC Services

If the incident happens while the adult is receiving CCB/RC services:

- 1) The CCB/RC and APS will agree upon an investigative plan that outlines how each agency is going to meet its respective investigative requirements.
- 2) Both the CCB/RC and APS may investigate alleged abuse, neglect, or exploitation of adults receiving developmental disabilities services occurring within a CCB/RC service program. These include services from intermediate care facilities, community residential programs, and day services programs.
- 3) The CCB/RC and APS will collaborate and share relevant information during all joint investigations.

If the incident happens outside a CCB/RC service program, for example, while the adult is visiting a relative's home:

- 1) APS will investigate allegations of abuse, neglect, or exploitation of a person receiving developmental disabilities services when the alleged incident(s) occurs outside of the CCB/RC service program.
- 2) If the person has returned to the facility when the incident is discovered, the CCB/RC will report or will assist the person in reporting the incident to the APS program.
- 3) If the person returns to the CCB/RC facility after APS has started its investigation, APS will complete the investigation and provide relevant information to the CCB/RC.

Responding To Reports Of Incidents Involving Adults With Developmental Disabilities Who Are Living In the Community and Who Are Not Receiving CCB/RC Services

When a CCB/RC becomes aware of an allegation of abuse, neglect, or exploitation of a person not receiving the agency's services, the CCB/RC shall refer the allegation to APS. APS will follow its standard process for responding to and investigating abuse, neglect, and exploitation of at-risk adults under such circumstances.

Reporting To Law Enforcement

Working collaboratively with law enforcement is required in cases of criminal activity. The following outline provides basic information regarding how to work with local law enforcement officials to enhance the criminal investigation process.

- 1) A report will be made to law enforcement if the alleged abuse is suspected to be a crime.
 - a) APS, the CCB/RC, or the alleged victim may make the report.
 - b) A report should be made whether the incident occurs in a CCB/RC service program or in the community.
- 2) Law enforcement will lead the investigation when criminal activity, such as physical and/or sexual assault, theft, or robbery is suspected.
- 3) The CCB will inform the investigating officer of the availability of Association for Retarded Citizens (ARC) advocates for the alleged victim.



SERVICE COORDINATION

Service coordination between the CCB/RC and APS will assist each agency in preventing gaps in or duplication of services, and improve service quality to the client. When the CCB/RC and APS are involved with the same client, both agencies will:

Share and Coordinate:

- 1) Service goals.
- 2) Service plans.
- 3) Anticipated service implementation and ending dates.
- 4) Any significant changes in the client's condition or situation, such as changes in medical status, living situation, or loss of benefits.
- 5) Any activity or decision by either agency that would significantly change the service plan.

Clarify:

- 1) The roles of each agency in ongoing service provision.
- 2) The roles of each agency in emergency situations, such as an emergency need for placement or medical intervention.
- 3) Which agency will act as primary case manager, to be determined on a case-by-case basis. APS involvement is usually time limited, whereas CCB/RC generally has an ongoing role in case management.

HIGH-RISK CASES

Mutually served cases identified as "high risk" by either APS or the CCB/RC will be served in a coordinated manner. "High risk" refers to a situation in which there is imminent risk to the person's health, safety, or stability of living arrangement. The primary focus in high-risk cases will be the resolution of the immediate or pending crisis.

High-risk Cases Involving Persons Receiving CCB/RC Services

- 1) The agency (CCB/RC or APS) that first identifies a high-risk situation for a person receiving CCB/RC services will immediately contact the other agency.
- 2) In situations where immediate action is necessary, the agency identifying the high-risk situation will take immediate action to protect the at-risk adult, and will notify the other agency of actions taken, no later than the end of the next business day.
- 3) Supervisors from the CCB/RC and APS will work together to devise an immediate response to resolve the crisis situation using the resources available to both agencies. Specific services and distinct agency roles will be developed and clarified.
- 4) Emergency joint case conferences may be called by either agency to devise contingency and longer term plans to address the high-risk situation.
- 5) When feasible, joint home visits to the person by APS and the CCB/RC will be made to assess and resolve the high-risk situation.

High-risk Cases Involving Adults with Developmental Disabilities Who Are Living in the Community and Not Receiving CCB/RC Services

- 1) The supervisor of the agency that identifies the high-risk situation for a person not receiving CCB/RC services will notify the supervisor of the other agency as soon as possible if it is believed that agency collaboration is necessary.
- 2) The high-risk factors in the person's situation and the need for priority attention will be explained.
- 3) When feasible, joint home visits to the person by APS and the CCB/RC will be made to assess and resolve the high-risk situation.

INFORMATION SHARING

The sharing of information between the CCB/RC and APS will assist each agency in understanding details about the case that will enable a more efficient approach to improving the safety of the client and provision of services.

Confidentiality Guidelines

Statutory guidelines regarding confidentiality for respective programs will be followed. A written release of information will be obtained from the client or the client's guardian when required by mandate or agency policy.

HIPAA (Health Insurance Portability and Accountability Act)

- 1) HIPAA was not intended to hinder the investigations of agencies authorized by law to receive reports of abuse, neglect, or domestic violence.
- 2) The release of pertinent protected health information from a covered entity (CCB) to a county adult protective services program is addressed in section 164.512(c)(1)(i)&(iii) of the HIPAA Privacy Rule. This section, entitled "Permitted Disclosures," states that a covered entity may disclose protected health information about an individual without authorization if the covered entity reasonably believes that the individual is a victim of abuse, neglect, or domestic violence. The protected health information may be released to those government authorities, including a social services or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence to the extent the disclosure is required by law, because it is believed that the disclosure is necessary to prevent serious harm to the individual.

APS Participation in Human Rights Committees

- 1) APS caseworkers should be invited to serve on the Human Rights Committees (HRC) established by CCBs/RCs for adults receiving developmental disabilities services.
- 2) Due to the likelihood that the HRC meetings are lengthy, upon request, the Human Rights Committee should make efficient use of the APS representative's time by grouping all issues that are considered to be APS issues to that part of the meeting to which APS is invited.

CCB/RC Participation in APS Multi-disciplinary Teams

- 1) CCB/RC representation on any county APS multi-disciplinary team is encouraged.
- 2) Upon request, the APS multi-disciplinary team should make efficient use of the CCB/RC representative's time by grouping all issues that are considered to be CCB/RC issues to that part of the meeting to which the CCB/RC is invited.

Staff Training

- 1) APS and CCB/RC agree to provide staff training regarding the mission, operation, services, and related information regarding each program.
- 2) Additional information sharing will be done in the form of mutual staff training.



CONFLICT RESOLUTION

APS and the CCB/RC retain responsibility for making eligibility decisions regarding respective programs and services, and for determining the type, duration, and scope of services they will provide to eligible persons. In order to promote coordination and collaboration, each entity shall seek to resolve any conflicts in accordance with the process described below.

- 1) In cases of disagreement between APS and CCB/RC staff about a person's eligibility for services or the appropriateness of a service plan, every effort will be made to resolve the conflict at the practitioner level.
- 2) If resolution cannot be achieved at the practitioner level, supervisory staff in each agency will confer to reach an acceptable resolution.
- 3) If a county department of social services has an established APS multidisciplinary team, and if approved by the supervisors of the respective agencies, the case situation may be presented to the APS team for recommendations.
- 4) If a dispute cannot be resolved at the supervisory or multidisciplinary team level, the dispute will be referred to the administrative level at each agency for resolution.
- 5) If a dispute cannot be resolved at the administrative level, the dispute will be referred to the state programs within the Division for Developmental Disabilities and the Division of Aging and Adult Services.



ANNUAL REVIEW

APS and the CCB/RC will review the terms of this protocol at least annually within the following parameters:

- 1) Changes in the protocol may be made at any time by mutual consent of APS and the CCB/RC.
- 2) Nothing in this protocol will substitute or represent a change in agencies' legally mandated responsibilities.
- 3) APS and the CCB/RC may seek the consultation of respective state programs in the development or revision of protocols.



Appendix A – Definitions

APS (C.R.S. 26-3.1-101)	CCB (2 C.C.R. 503-1, Vol. 16.120)
Abuse (Physical)	
Infliction of physical pain or injury, as demonstrated by, but not limited to, substantial or multiple skin bruising, bleeding, malnutrition, dehydration, burns, bone fractures, poisoning, subdural hematoma, soft tissue swelling, or suffocation.	Infliction of physical pain or injury. This includes directing a person to physically abuse another person receiving services.
Unreasonable confinement or restraint is imposed.	Imposition of unreasonable confinement or restraint on a person.
Abuse (Sexual)	
Subjection to nonconsensual sexual conduct or contact classified as a crime under the "Colorado Criminal Code," Title 18, C.R.S.	Subjection to nonconsensual sexual conduct or contact classified as a crime under the "Colorado Criminal Code," Title 18, C.R.S., including such actions as sexual assault, rape, fondling, or sexual exploitation.
	Any sexual interaction between employees or contractors and persons receiving services shall constitute sexual abuse.
Neglect (Caregiver)	
Occurs when adequate food, clothing, shelter, psychological care, physical care, medical care, or supervision is not secured for the at-risk adult, or is not provided by a caretaker in a timely manner and with the degree of care that a reasonable person in the same situation would exercise.	An act or failure to act by a person who is responsible for another's well being so that inadequate food, clothing, shelter, psychological care, physical care, medical care, or supervision is provided. This may include, but is not limited to, denial of meals, medication, habilitation, or other treatment necessities.
Self-neglect	
An act or failure to act whereby an at-risk adult substantially endangers the adult's health, safety, welfare, or life by not seeking or obtaining services necessary to meet the adult's essential human needs. Choice of lifestyle or living arrangements shall not, by itself, be evidence of self-neglect.	Not defined in DDD regulations.
Exploitation	
Illegal or improper use of an at-risk adult or the at-risk adult's resources for another person's profit or advantage.	Illegal or improper action affecting a person or use of the person's resources for another person's profit or advantage.

Appendix B – Mistreatment Reports from CCBs/RCs to APS

CCBs/RCs should report to APS:

Usually	Sometimes	Rarely
Physical abuse* of an adult by a CCB/RC staff person that causes pain and/or injury to the adult.	Physical attacks between adults when there is a pattern of such attacks and abuse over time that is being addressed by the DDD service system.	Occasional physical encounters between adults that indicate no pattern or a pattern of physical encounters that is stopped by the DDD service system.
Physical attacks between adults when there is an extensive pattern of such attacks and abuse over time that is not being addressed by the DDD service system.		
	Emotional or verbal abuse that follows a pattern of intimidating behaviors resulting in the exploitation of the adult by anyone.	Generally, reports of emotional abuse between adults are not made to APS unless emotional abuse is accompanied by other mistreatment.
Unreasonable confinement or restraint* of an adult by anyone.	Restraint or confinement used and executed properly for treatment reasons that results in minor injury to the adult.	Restraint or confinement used and executed properly for treatment reasons resulting in no physical injury to the adult.
Restraint or confinement used and executed properly or improperly for treatment or non-treatment reasons that results in serious injury to the adult.		
Sexual abuse* of an adult by CCB/RC staff.	Sexual contact between adults when the consensual component is in question.	Sexual contact between consenting and competent adults.
Caregiver neglect of an adult by anyone that indicates a pattern of mistreatment and neglect and results in personal injury to the adult.	Occasional instances of caregiver neglect that do not indicate a pattern of mistreatment, but may prove injurious to the adult.	Occasional instances of caregiver neglect that are already being monitored and addressed by reputable service agency staff.
Exploitation of an adult by anyone that is seriously impacting the adult, happening repeatedly, and cannot be effectively addressed without APS intervention.	Occasional instances of adult exploitation that do not indicate a pattern of exploitation, have a moderate negative impact on the adult, and are occurring outside the purview of the DDD service system.	Occasional instances of exploitation that do not indicate a pattern of exploitation, have a minimal negative impact on the adult, and are being addressed by the DDD service system.
Self-neglect of an adult that indicates a long-term pattern of neglect, that puts the adult at serious risk and significantly impacts the adult's health, safety, and well being.	Occasional instances of self-neglect behaviors that put the adult at moderate risk and may be adequately addressed by other community support services.	Occasional instances of self-neglect behaviors that put the adult at minimal risk and that are being addressed by the DDD service system.

* Requires a report to law enforcement.

Appendix C – Mistreatment Reports from APS to CCBs/RCs

APS should report to CCBs/RCs:

<u>Usually</u>	<u>Sometimes</u>	<u>Rarely</u>
Physical abuse* of an adult by a CCB/RC staff person that causes pain and/or injury to the adult either in or out of a CCB program or facility.	Reports of physical attacks between adults when there is a pattern of such attacks or abuse over time.	Occasional physical encounters between adults that indicate no pattern, or a pattern of physical encounters that is stopped by the DDD service system.
Physical attacks between adults when there is an extensive pattern of such attacks or abuse over time that is not being addressed by the DDD service system.		
Psychological abuse that occurs to an adult while receiving services in a CCB program/facility	Psychological abuse of an adult by persons other than CCB staff that may or may not result in distress for the adult.	Psychological (emotional or verbal) abuse between adults that does not result in emotional distress.
Sexual abuse* of an adult by CCB/RC staff.	Sexual contact between adults (not CCB/RC staff or providers) when the consensual component is in question.	Sexual contact between consenting and competent adults.
Caregiver neglect of an adult by CCB/RC staff or providers.	Occasional instances of caregiver neglect by family members or friends not providing services under the purview of the CCB.	Occasional instances of caregiver neglect that are already being monitored and addressed by reputable service agency staff.
Exploitation of an adult by anyone if the person receives services in a CCB/RC residential program or day program. Exploitation of persons receiving support services must be reported if the alleged perpetrator is a CCB staff person or contractor.	Occasional instances of adult exploitation that do not indicate a pattern of exploitation, have a moderate negative impact on the adult, and are occurring outside the purview of the DDD service system.	Occasional instances of exploitation that do not indicate a pattern of exploitation, have a minimal negative impact on the adult, and are being addressed by the DDD service system.
Self-neglect of an adult that indicates a long-term pattern of neglect, that puts the adult at serious risk and significantly impacts the adult's health and well being.	Occasional instances of self-neglect behaviors that put the adult at moderate risk and may be adequately addressed by other community support services.	Occasional instances of self-neglect behaviors that put the adult at minimal risk and that are being addressed by the DDD service system.

* Requires a report to law enforcement.

Appendix D – Roles in Reporting and Responding to Mistreatment of Adults

Location of Mistreatment	Role of CCB/DDD	Role of APS (County Departments of Social Services)	Role of Colorado Department of Public Health & Environment	Role of Long Term Care Ombudsman
<p>Community Centered Board Service Agencies (Unlicensed)</p> <p>Host Homes (1-3 residents)</p> <p>Day Programs</p> <p>Supportive Living Services (Provide support to adults living in community apartments or with relatives.)</p>	<ul style="list-style-type: none"> • Report mistreatment to APS (Departments of Social Services). • Report to law enforcement if criminal activity is suspected. • Perform internal investigation to respond to immediate safety concerns of adult and to address system change issues. (In supportive living setting, conduct investigations of mistreatment allegations only if alleged perpetrator is a CCB service agency staff member.) • Report of mistreatment incident and results of internal investigation may be reviewed by DDD. • DDD reviews investigation process and may require a Plan of Correction. 	<ul style="list-style-type: none"> • Take mistreatment report and determine if allegations warrant an APS investigation. • Report to law enforcement if criminal activity is suspected (if report was not already made by the CCB). • Conduct an investigation to determine if allegations are substantiated. • Develop and implement a case plan for safety, and coordinate plan with the CCB and any other service providers involved with the adult. • Respond to the adult according to the adult's decisions and decision-making capacity, other case details, and available resources. • As possible, take action regarding alleged perpetrator, dependent upon resources and available alternatives. 	<p>None</p>	<p>None</p>

Location of Mistreatment	Role of CCB/DDD	Role of APS (County Departments of Social Services)	Role of Colorado Department of Public Health & Environment	Role of Long Term Care Ombudsman
<p>Community Centered Board (CCB) Service Agencies (Licensed)</p> <p>Group Home* (4-8 residents)</p> <p>* CDPHE licensed and monitored.</p>	<ul style="list-style-type: none"> Report mistreatment to APS (Departments of Social Services), DDD, and CDPHE. Report to law enforcement if criminal activity is suspected. Perform internal review (investigation) to respond to immediate safety concerns of adult and to address system change issues. (In supportive living setting, conduct investigations of mistreatment allegations only if alleged perpetrator is a CCB service agency staff member.) Report of mistreatment incident and results of internal investigation may be reviewed by DDD. DDD reviews investigation process and may require a Plan of Correction. 	<ul style="list-style-type: none"> Take mistreatment report and determine if allegations warrant an APS investigation. Report to law enforcement if criminal activity is suspected (if report was not already made by the CCB). Conduct an investigation to determine if mistreatment allegations can be substantiated. Develop and implement a case plan for safety and coordinate plan with the CCB and any other service providers involved with adult. Respond to the adult according to the adult's decisions and decision-making capacity, other case details, and available resources. As possible, take action regarding alleged perpetrator, dependent upon resources and available alternatives. 	<ul style="list-style-type: none"> Document detailed information regarding mistreatment incident. Investigate report (on site or off site, as determined by CDPHE policy). When indicated, require and approve written Plan of Correction from group home regarding the prevention of future mistreatment of adult. Monitor implementation of Plan of Correction. Maintain, suspend, or revoke group home license. 	<p>None</p>

Location of Mistreatment	Role of CCB/DDD	Role of APS (County Departments of Social Services)	Role of Colorado Department of Public Health & Environment	Role of Long Term Care Ombudsman
<p>Assisted Living Residence*</p> <p>Long Term Care Facility* (Nursing Homes)</p> <p>*CDPHE licensed and monitored.</p>	<ul style="list-style-type: none"> When acting in the role of guardian, providing financial oversight, or engaging in another activity involving a client in a facility, the CCB reports suspected mistreatment to APS. 	<ul style="list-style-type: none"> Take mistreatment report and determine if allegations warrant an APS investigation. Report to law enforcement if criminal activity is suspected (if report was not already made by the CCB). Conduct an investigation to determine if mistreatment allegations can be substantiated. Develop and implement a case plan for safety and coordinate plan with the CCB and any other service providers involved with adult. Respond to the adult according to the adult's decisions and decision-making capacity, other case details, and available resources. As possible, take action regarding alleged perpetrator, dependent upon resources and available alternatives 	<ul style="list-style-type: none"> Document detailed information regarding mistreatment incident. When indicated, require and approve written Plan of Correction from assisted living residences or nursing homes regarding the prevention of future mistreatment of adult. Monitor implementation of Plan of Correction. Maintain, suspend, or revoke licensure of facility. 	<ul style="list-style-type: none"> Visit with the resident to identify problem, obtain facts, and determine course of action. (Based on client consent and right to refuse assistance.) With client consent, refer case to APS, CDPHE, or other appropriate organization Work with facility to remedy abusive situation. Summarize facility complaints and provide annual report to Administration on Aging.

Location of Mistreatment	Role of CCB/DDD	Role of APS (County Departments of Social Services)	Role of Colorado Department of Public Health & Environment	Role of Long Term Care Ombudsman
Community Residence	None	<ul style="list-style-type: none"> • Take mistreatment report and determine if allegations warrant an APS investigation. • Refer to law enforcement if criminal activity is suspected. • Conduct an investigation to determine if mistreatment allegations can be substantiated. • Develop and implement a case plan for safety and coordinate plan with any service providers involved with adult. • Respond to the adult according to the adult's decisions and decision-making capacity, other case details, and available resources. • As possible, take action regarding alleged perpetrator, dependent upon resources and available alternatives. 	None	None