

All Quality Management (QM) clinical staff that may investigate alleged incidents in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDs), Skilled Nursing Facilities (SNFs), Assisted Living Facilities (ALFs), and Group Homes (GHs) shall complete training on how to conduct investigations considering the specific special needs of Individuals with Intellectual and Developmental Disabilities (IID/DD) regardless of the enrolled health plan.

The following is guidance which is not all inclusive of the content requirements for investigative training involving IID/DD:

1. The Individuals with IID/DD:
  - a. Specific and special needs of individuals with this diagnosis, and
  - b. How to interact with IID/DD-diagnosed individuals that may be non-verbal, etc.
2. What is abuse and how to recognize it in individuals with an IID/DD diagnosis. How to recognize abuse, neglect, and exploitation of a person with an IID/DD diagnosis. Examples may include, but are not limited to:
  - a. Making verbal jokes about or towards a person with an IID/DD,
  - b. Harassment toward a person with an IID/DD,
  - c. Failure to provide services to a person with an IID/DD,
  - d. Change in behaviors of a person with an IID/DD, and
  - e. Changes in behavior may be indicative of abuse, neglect, and exploitation and shall be explored further.
3. Why are individuals with an IID/DD diagnosis most at risk:
  - a. Increased dependency on caregivers,
  - b. Increased experience with discrimination due to disability,
  - c. Perpetrators perceive there is less risk with individuals with this diagnosis and that the person may not be believed,
  - d. The person with an IID/DD may be fearful, may feel they will not be believed, may feel they will be retaliated against, or may experience fear of a loss of services,
  - e. Lack of assertiveness skills,
  - f. Increased isolation,
  - g. Physical vulnerabilities,
  - h. Inability to protect themselves,
  - i. Little or no knowledge about what abuse or neglect is or how to describe it, may not have the ability to self-report abuse and neglect, and/or
  - j. Identified IID/DD individuals may be more at risk due to disability healthcare services and their health care service relationship with Direct Service Provider (DSP); they fear they may be retaliated against, lose their caregiver, or will not be believed.
4. The Investigations shall be tailored to the special needs of an IID/DD individual and shall include, but are not ~~however not be~~ limited to:
  - a. Information gathering:
    - i. Record reviews,
    - ii. Interviews:
      - 1) Witnesses, individuals, family/advocates, and direct care staff, etc. as appropriate,

- 2) Interviews based on observations,
- 3) Interviews avoid interference with substantiation and/or prosecution, and
- 4) Trauma-informed interviewing and limited re-traumatization.
- iii. Observations:
  - 1) General – such as living conditions, etc., and
  - 2) Specific – such as activities and interactions with the involved member and staff, member appearance, etc.
- b. The Synthesis and analysis of the investigative information and need to determine next steps,
- c. Documentation:
  - i. Information gathering (e.g., record reviews, interviews, observations),
  - ii. Synthesis and analysis of investigative information, and
  - iii. Other pertinent information related to the investigation, such as referrals to regulatory agencies, immediate actions taken to safeguard health and safety, etc.
- d. All investigations are confidential and protected.