

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 (SNF), Assisted Living Facilities (ALF), and Group Homes (GH) shall complete training on how to conduct investigations considering the specific special needs of individuals with intellectual and developmental disabilities.

The following is guidance which is not all inclusive of the content requirements for investigative training involving Individuals with Intellectual Disabilities and Developmental Disabilities (IID/DD).

1. Individuals with IID/DD
 - a. Specific and special needs of this population, 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 the IID/DD Population:
 - a. How to recognize abuse, neglect, and exploitation of a person in the IID/DD population
 - i. Examples may include, but are not limited to:
 - 1) Making verbal jokes about or towards a person in the IID/DD population,
 - 2) Harassment toward a person in the IID/DD population,
 - 3) Failure to provide services to a person in the IID/DD population,
 - 4) Change in behaviors of a person in the IID/DD population, and
 - 5) Changes in behavior may be indicative of abuse, neglect, and exploitation and should be explored further.
3. Why the IID/DD population is most at risk:
 - a. Increased dependency on caregivers,
 - b. Increased experience with discrimination due to disability,
 - c. Perpetrators perceive there is less risk with this population and that the person may not be believed,
 - d. The person in the IID/DD population 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. May have a 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,
 - j. IID/DD individuals may be more at risk due to disability healthcare services and their health care service relationship with Direct Service Providers (DSP's); they fear they may be retaliated against, lose their caregiver or will not be believed.

4. Investigations should be tailored to the special needs of the IID/DD population and should include, however not be limited to:
 - a. Information gathering
 - i. Record reviews,
 - ii. Interviews,
 - 1) Witnesses, individual, family/advocate, 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 involved member and staff, member appearance, etc.
 - b. 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 the 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.