



DIVISION OF DEVELOPMENTAL DISABILITIES
Olympia, Washington

TITLE: RESIDENTIAL REPORTING REQUIREMENTS POLICY 6.12
INCLUDING ABUSE/NEGLECT REPORTING

Authority: Chapter 71A RCW Developmental Disabilities
Chapter 26.44 RCW Abuse of Children
Chapter 74.34 RCW Abuse of Vulnerable Adults
Chapter 388-101 WAC Certified Community Residential Services and
Support
Chapter 388-825 WAC DD Services Rules

PURPOSE

This policy establishes uniform reporting requirements and procedures for community residential services providers contracted with the Division of Developmental Disabilities (DDD).

SCOPE

This policy applies to DDD community residential services providers, which includes Supported Living (SL), Companion Homes (CH), Group Homes (GH), Group Training Homes (GTH), Alternative Living (AL), State Operated Living Alternatives (SOLA), Licensed Staffed Residential Programs for Children and Youth (LSR), and their volunteers, interns, and work-study students.

DEFINITIONS

Abandonment means action or inaction by a person or entity with a duty of care for a vulnerable adult that leaves the vulnerable person without the means or ability to obtain necessary food, clothing, shelter, or health care.

Abuse means the willful action or inaction that inflicts injury, unreasonable confinement, intimidation, or punishment on a client. When a client is unable to express or demonstrate physical harm, pain, or mental anguish, the abuse is presumed to cause physical harm, pain, or mental anguish. Abuse includes physical abuse, sexual abuse, mental abuse, and exploitation.

ADSA means the Aging and Disability Services Administration of the Department of Social and Health Services (DSHS).

Adult Protective Services (APS) means the DSHS/ADSA Home and Community Services (HCS) Division unit that takes a report of abuse, neglect, abandonment or exploitation when the alleged victim is a vulnerable adult who:

- Lives at home or in a facility licensed by the Residential Care Services Division (RCS), or receives DDD Supported Living (SL) Services; and
- The alleged perpetrator is not a SL staff, volunteer or client or a facility licensee, staff, volunteer, or resident.

APS also conducts investigations of reported incidents and may offer protective services to the alleged victim.

Agency means all service providers identified in the scope.

Child Protective Services (CPS) means the DSHS Children's Administration unit that takes a report of abuse, neglect, abandonment or exploitation, conducts the investigation, and may offer protective services if the alleged victim is under eighteen (18) years of age.

Client means a client of DDD.

Complaint Resolution Unit (CRU) means the DSHS/ADSA Residential Care Services (RCS) Division unit that takes a report of abuse, neglect, abandonment or exploitation, conducts the investigation, and may offer protective services when the alleged victim is in Supported Living (SL) services or resides in a licensed facility or a DDD Residential Habilitation Center (RHC) and the alleged perpetrator is an owner, operator, employee, volunteer, client or resident of the SL program or the facility.

Earned Income means salaries, commissions, bonuses, severance pay, and other cash or in-kind payments received from employment, net earnings from self-employment, and earned income tax credits (see 20 CFR 416.1110 for further details).

Exploitation means an act of forcing, compelling, or exerting undue influence over a client, causing the client to act in a way that is inconsistent with relevant past behavior, or causing the client to perform services for the benefit of another.

Financial Exploitation means the illegal or improper use of the property, income, resources, or trust funds of a client by another person for any person's profit or advantage.

Injury of Unknown Origin means an injury that was not observed directly by the staff person and the injury is determined to not be reasonably related to the client's condition, diagnosis,

known and predictable interaction with surroundings, or related to a known sequence of prior events.

Mandated Reporter means an employee of the department; law enforcement officer; social worker; professional school personnel; individual provider; an employee of a facility; an operator of a facility; an employee of a social service, welfare, mental health, adult day health, adult day care, home health, home care, or hospice agency; county coroner or medical examiner; Christian Science practitioner; or health care provider subject to chapter 18.130 RCW.

Mental Abuse means any willful action or inaction of mental or verbal abuse. Mental abuse includes, but is not limited to, coercion, harassment, inappropriately isolating a client from family, friends, or regular activity, and verbal assault, that includes ridiculing, intimidating, yelling, or swearing.

Neglect means: (a) a pattern of conduct or inaction by a person or entity with a duty of care that fails to provide the goods and services that maintain physical or mental health of a client, or that fails to avoid or prevent physical or mental harm or pain to a client; or (b) an act or omission that demonstrates a serious disregard of consequences of such a magnitude as to constitute a clear and present danger to the client's health, welfare, or safety, including but not limited to, conduct prohibited under RCW 9A.42.100.

Physical Abuse means willful action that inflicts bodily injury or physical mistreatment. Physical abuse includes, but is not limited to, striking with or without an object, slapping, pinching, choking, kicking, shoving, prodding or the use of chemical restraints or physical restraints, unless the restraints are consistent with licensing requirements and Division policy. This includes restraints that are being used inappropriately.

Residential Care Services (RCS) means the DSHS/ADSA division responsible for the licensing and oversight of adult family homes, boarding homes, nursing facilities, residential habilitation centers and certified residential programs. The intake unit within RCS that takes reports of abuse, neglect, abandonment or exploitation is the Complaint Resolution Unit (see CRU definition above).

Resource means cash and other liquid assets, or real or personal property that an individual or spouse owns and could convert to cash. See 20 CFR 416, Subpart L, for definition of resources and exclusions.

Sexual Abuse means any form of non-consensual sexual contact including, but not limited to, unwanted or inappropriate touching, rape, sodomy, sexual coercion, sexually explicit photographing, and sexual harassment. Sexual abuse includes any sexual contact between a staff person who is not also a resident or client of a facility, or a staff person of a program authorized under Chapter 71A.12 RCW, and a client living in that facility or receiving service from a program authorized under Chapter 71A.12 RCW, whether or not it is consensual.

Unearned Income means annuities, pensions, and other periodic payments such as Social Security (SSI) benefits, disability benefits, veterans benefits, and unemployment insurance benefits, alimony and support payments; dividends, interest, and royalties; rents; proceeds of life insurance policy; prizes and awards; gifts and inheritances; and support and maintenance in-kind (see 20 CFR 416.1121 for further details).

POLICY

- A. Persons supported by DDD must be treated with kindness, respect, care and consideration at all times. Abandonment, abuse, exploitation, financial exploitation, and neglect are not permitted under any circumstances. Agency employees and volunteers who abandon, abuse, exploit, financially exploit, or neglect a client are subject to prosecution under Washington State law.
- B. Agency administrators, employees, and volunteers who have reasonable cause to believe there has been abuse, abandonment, exploitation, financial exploitation or neglect of a client must follow the requirements of Chapter 74.34 RCW and make a report according to law. If there is suspicion of physical or sexual assault, a report must be made to law enforcement. Client injuries of unknown origin must also be reported as described in the Procedures section of this policy. Failure to report such incidents may result in termination of the agency's contract.
- C. If an agency or an employee of an agency is being investigated by APS, CPS, RCS, or law enforcement, the agency must take appropriate actions to ensure the health and safety of division clients.
- D. Upon receipt of the investigative findings, the agency must take appropriate administrative action.
- E. Agencies must have a designated person responsible for regional communication in each DSHS region in which they hold a contract. Agencies will cooperate with DDD staff regarding inquiries about incident follow up and closure.

PROCEDURES

A. Client Incident Reporting

Incidents must be reported as follows. It is not necessary to have witnessed an incident.

- 1. **Report to APS, CPS or CRU:**
 - a. When there is reasonable cause to believe there has been abandonment, abuse, exploitation, financial exploitation, or neglect;

-
- b. When there is reason to suspect that physical or sexual assault has occurred;
 - c. When there is reasonable cause to believe that an act has caused fear of imminent harm.
 - d. The agency's administrator, owner, employees, and volunteers are mandated to report to the appropriate Reporting Unit (APS, CPS, or CRU). See section B for department reporting units.
2. **Report to Law Enforcement**: If there is reason to suspect that sexual or physical assault of a vulnerable adult has occurred, mandated reporters must also immediately report to the appropriate law enforcement agency the following:
- a. Sexual assault: Any alleged or suspected sexual assault.
 - b. Physical assault (non-client to client): Any alleged or suspected physical assault as well as any act that causes fear of imminent harm.
 - c. Physical assault (client to client): Any alleged or suspected physical assault that causes bodily injury requiring more than first aid, or in the event of:
 - i. Injuries (e.g., bruising, scratches, etc.) that appear on the back, face, head, neck, chest, breasts, groin, inner thigh, buttock, genital, or anal area;
 - ii. Fractures;
 - iii. Choking attempts;
 - iv. Patterns of physical assault between the same vulnerable adults or involving the same vulnerable adults;
 - v. If there is reasonable cause to believe that an act has caused fear of imminent harm; and
 - vi. Any client to client assault, regardless of injury, if requested by the client, his/her legal representative, or family member.

-
3. **Report to DDD:** When there is reasonable cause to believe an incident has occurred, it must be reported to the Case Resource Manager (CRM) or the DDD regional designee as follows:
- a. **Phone call to the CRM (or the DDD regional designee if the CRM is unavailable) within one (1) hour or as soon as client safety has been ensured. After hours, the DDD Emergency Contact should be used. This must be followed by a written incident report within one (1) business day:**
- i. Death of any client when suspicious or unusual. In addition, submit [DSHS 10-331, DDD Mortality Review Provider Report](#), within fourteen (14) calendar days of the client's death.
- ii. Conditions threatening the operation of the program. This may include a natural disaster.
- iii. **Client is missing:** A person who receives 24-hour supervision/support is considered missing when he/she is out of contact with staff for more than two (2) hours without prior arrangement or unless the client's service plan indicates an alternative time plan:
- 1) A person without good survival skills may be considered in "immediate jeopardy" based on his/her personal history regardless of hours served. Such a person may be considered missing if they are in immediate jeopardy when missing for any period of time.
- 2) A person who is receiving less than 24-hour supervision/support is considered missing when a provider is aware the client missed his/her scheduled appointment and cannot be contacted for two hours, unless the client's support plan indicates an alternative time plan.
- 3) Clients receiving Community Protection Program (CPP) services are considered missing when they cannot be located for any length of time.
- 4) It is considered a reportable incident when law enforcement is contacted about a client and/or law enforcement independently finds and returns the client, regardless of the length of time he/she was missing.

-
- iv. Injuries of unknown origin requiring hospital admission.
 - v. Any event involving known media interest or litigation.
 - b. **Phone call to the CRM or the DDD regional designee during business hours as soon as client safety has been assured. This must be followed by a written incident report within one (1) business day.**
 - i. Death of any client not reported under section 3.a.i. above. In addition, submit [DSHS 10-331, DDD Mortality Review Provider Report](#), within fourteen (14) calendar days of the client's death.
 - ii. Alleged or suspected abuse, neglect, exploitation, or abandonment of a client other than client to client.
 - iii. Alleged or suspected physical or sexual assault of a client;
 - iv. Alleged or suspected criminal activity perpetrated against a client.
 - v. Alleged or suspected criminal activity by a client resulting in a case number being assigned by law enforcement, being taken into custody by law enforcement or, for juveniles, detainment in a juvenile correctional facility.
 - vi. Injuries resulting from alleged or suspected client to client altercations requiring medical treatment beyond First Aid. This means medical care that must be administered by a medical professional (e.g., fractures, sutures, staples, intravenous fluids, diagnostic testing such as x-rays).
 - vii. Mental health crisis resulting in inpatient admission to a community or state operated psychiatric facility (i.e., Western and Eastern State Hospitals).
 - viii. Life-threatening medically emergent condition: life-threatening conditions that cannot be classified as injuries and that require treatment by emergency personnel or inpatient admission.
 - c. **Written incident report received by the CRM or the DDD regional designee within one (1) business day:**
 - i. All injuries to a client resulting from the use of restrictive procedures or physical intervention techniques.

-
- ii. Serious injuries of known cause, not otherwise defined, that require medical treatment beyond First Aid.
 - iii. Hospital or nursing facility admission not otherwise defined.
 - iv. Patterns of client to client abuse as defined in [RCW 74.34.035](#).
 - 1) *There is a pattern of physical assault between the same vulnerable adults or involving the same vulnerable adults;*
or
 - 2) *There is an attempt to choke a vulnerable adult.*
 - v. Property Destruction:
 - 1) Non-accidental property destruction by a client over \$100;
and
 - 2) All property destruction that will result in a residential allowance request.
 - vi. Restrictive procedures implemented under emergency guidelines described in [DDD Policy 5.15, *Use of Restrictive Procedures*](#); and [DDD Policy 5.17, *Physical Intervention Techniques*](#). Restrictive interventions described in an approved Positive Behavior Support Plan (PBSP) are not considered emergency applications.
 - vii. Medication or other nurse delegation errors that have or may result in injury/harm as assessed by a nursing or medical professional, or pharmacist. These incidents must also be reported to the Department of Health as referenced in Chapter 246.841 WAC.
 - viii. Serious treatment violations not otherwise defined, such as:
 - 1) Court-ordered conditions of release; and
 - 2) CPP treatment violations.
 - ix. Suicide gestures or attempts with the intentional and voluntary attempt to take one's own life by someone with the capacity to do so.

- d. The provider will contact the client's CRM whenever she/he becomes aware that the client and/or the client's legal representative are contemplating permanent sterilization procedures.

B. Reporting Units

1. **Reporting to DDD**

"Reporting to DDD" is defined as reporting to the DDD Regional Administrator (RA) or designee, unless otherwise specifically noted in this policy.

2. **Reports involving children (less than 18 years)**

DSHS Child Protective Services statewide number: 1-800-562-5624

3. **Reports involving youth aged 18-21 in licensed Staffed Residential programs:**

CRU statewide number: 1-800-562-6078, TTY 1-800-737-7931

4. **Reports involving adults receiving DDD Supported Living services or living in long-term care facilities or Residential Habilitation Centers (RHC).**

CRU statewide number: 1-800-562-6078, TTY 1-800-737-7931

5. **Reports involving adults living in Companion Homes or their own homes without Supported Living services.**

DSHS Adult Protective Services (APS) regional numbers:

Region 1: 1-800-459-0421 TTY: 1-509-568-3086

Region 2: 1-877-389-3013 TTY: 1-800-973-5456

Region 3: 1-800-487-0416 TTY: 1-800-843-8058

Region 4: 1-866-221-4909 TTY: 1-800-977-5456

Region 5:

Kitsap: 1-888-833-4925 TTY: 1-800-688-1169

Pierce: 1-800-442-5129 TTY: 1-800-688-1165

Region 6: 1-877-734-6277 TTY: 1-800-672-7091

6. **Reports involving adult patients at Eastern and Western State Hospitals**

Eastern State Hospital: 509-299-3121

Western State Hospital: 253-756-7599

C. Written Agency Policies and Procedures

The agency must have written policies and procedures for:

1. Reporting incidents, as specified in this policy, within defined reporting timelines to:

-
- a. Appropriate persons within the provider's agency as designated by the provider; and
 - b. Authorities such as law enforcement, DDD, CPS, APS, CRU, and the Department of Health.
2. Protecting clients in an emergency;
 3. Preserving evidence when necessary. The provider may contact the local sexual assault center for guidance in preserving evidence in cases of sexual assault;
 4. Procedures for initiating an outside review or investigation; and
 5. Ensuring that each employee and volunteer sign [DSHS 10-403, Abuse/Neglect Reporting Requirement Information](#), related to mandatory reporting procedures. This form must be signed by each agency employee and volunteer upon hire or whenever the form is revised and be maintained in each individual's personnel file. The form must also be in the agency's policy and procedures manual (see Attachment A).

D. Medical And Social Absences

Agencies must report medical and social absences of clients in writing to DDD prior to the absence, except in cases of emergency. Documentation is required as follows:

1. Group Homes (GH): A payment request for approved social or medical absence when the absence is expected to exceed twenty (20) days per month.
2. Supported Living (SL): Use [DSHS 06-124, Cost of Care Adjustment Request](#) when the medical absence is expected to be overnight or longer.
3. SL: Social absences must be reported within three (3) working days if the absence is expected to exceed thirty (30) days.

E. Income Reporting for all Clients Receiving Residential Services

1. Each month for clients having resources of \$1,700.00 or more; and
2. For clients who receive State Supplementary Payment (SSP) funds, when they stop receiving Social Security Income (SSI).

F. Income Reporting for Clients Receiving GH/GTH Services

GH/GTH providers must submit to DDD each client's income and resource status, using [DSHS 14-238, DDD Client Monthly Income Report](#) as follows:

1. At twelve (12) month intervals for clients who are SSI recipients;
2. At six (6) month intervals for clients who are non-SSI recipients receiving unearned income when there is no change in the income amount;
3. Each month for non-SSI recipients who are receiving earned income;
4. Each month for SSI and non-SSI recipients when non-recurring income is received;
5. Each month for clients having resources of \$1,700.00 or more; and
6. For clients who receive SSP funds, when they stop receiving SSI.

EXCEPTIONS

None

SUPERSESSION

DDD Policy 6.12
Issued July 1, 2007

DDD Policy 6.12
Issued July 1, 2006

DDD Policy 6.12
Issued September 1, 2005

DDD Policy 6.12
Issued November 1, 2003

DDD Policy 6.12
Issued January 1, 2002

DDD Policy 6.12
Issued April 13, 2000

DDD Policy 6.12
Issued August 5, 1998

DDD Policy 6.12
Issued December 4, 1995

Policy Directive 533
Issued September 18, 1985

Approved: /s/ Linda Rolfe Date: July 1, 2008
Director, Division of Developmental Disabilities

Attachment A - DSHS 10-403, *Abuse/Neglect Reporting Requirement Information*
Attachment B - *Reporting Timelines*

ATTACHMENT A



Abuse/Neglect Reporting Requirement Information **All staff must read and sign this form prior to working with clients.**

All administrators, employees, and volunteers of any existing or proposed Division of Developmental Disabilities (DDD) contracted community residential services agency or State Operated Living Alternative (SOLA) will read, sign, and abide by the following policy prohibiting abuse, neglect, financial exploitation, and abandonment of residential program clients, also referred to as vulnerable adults.

- A. Clients must be treated with kindness, respect, care and consideration at all times. Abandonment, abuse, exploitation, financial exploitation, and neglect are not permitted under any circumstances.
- B. **Abuse** means the willful action or inaction that inflicts injury, unreasonable confinement, intimidation, or punishment on a client. When a client is unable to express or demonstrate physical harm, pain, or mental anguish, the abuse is presumed to cause physical harm, pain, or mental anguish. Abuse includes sexual abuse, mental abuse, physical abuse, and exploitation.
 - 1. **Physical abuse** means willful action that inflicts bodily injury or physical mistreatment. Physical abuse includes, but is not limited to, striking with or without an object, slapping, pinching, choking, kicking, shoving, or the use of chemical restraints or physical restraints, unless the restraints are consistent with licensing requirements and/or division policy, and includes restraints that are otherwise being used inappropriately.
 - 2. **Sexual abuse** means any form of nonconsensual sexual contact including, but not limited to, unwanted or inappropriate touching, rape, sodomy, sexual coercion, sexually explicit photographing, and sexual harassment. Sexual abuse includes any sexual contact between a staff person and a client receiving service from a facility or program authorized under Chapter 71A.12 RCW, whether or not it is consensual.
 - 3. **Mental abuse** means any willful action or inaction of mental or verbal abuse. Mental abuse includes, but is not limited to, coercion, harassment, inappropriately isolating a client from family, friends, or regular activity, and verbal assault, that includes ridiculing, intimidating, yelling, or swearing.
 - 4. **Exploitation** means an act of forcing, compelling, or exerting undue influence over a client causing the client to act in a way that is inconsistent with relevant past behavior, or causing the client to perform services for the benefit of another.
- C. **Abandonment** means action or inaction by a person or entity with a duty of care for a vulnerable adult that leaves the vulnerable person without the means or ability to obtain necessary food, clothing, shelter, or health care.
- D. **Financial exploitation** means the illegal or improper use of the property, income, resources or trust funds of the client by another person for any person's profit or advantage.
- E. **Neglect** means: (a) a pattern of conduct or inaction by a person or entity with a duty of care that fails to provide the goods and services that maintain physical or mental health of a vulnerable adult, or that fails to avoid or prevent physical or mental harm or pain to a vulnerable adult; or (b) an act or omission that demonstrates a serious disregard of consequences of such a magnitude as to constitute a clear and present danger to the vulnerable adult's health, welfare, or safety.
- F. An employee of a community residential agency assaulted by an adult client, so that his or her life or limb is in jeopardy, may protect herself/himself. However, the employee should summon assistance

ATTACHMENT A

so that the client can be more easily controlled and the element of personal struggle removed from the situation.

- G. Employees who abandon, abuse, exploit, financially exploit, or neglect a client are subject to immediate dismissal and prosecution under Washington state law.
- H. It is the mandated responsibility of each community residential program administrator, employee and volunteer to report any incident where they have reason to believe or suspect, abandonment, abuse, exploitation, financial exploitation, or neglect of clients. Report must be made to the DDD Regional Administrator or designee and to Adult Protective Services (APS) or the Complaint Resolution Unit (CRU) at 1-800-562-6078 or TTY 1-800-737-7931 if the client is over 18 years, or to Child Protective Services (CPS) if the client is under 18 years, and to law enforcement as follows:
1. **Sexual Assault:** Report any suspected sexual assault to the appropriate law enforcement agency and to DDD and to CPS/APS/CRU (as applicable).
 2. **Physical Assault (non-client to client):** Report any suspected physical assault or incident where there is reasonable cause to believe that an act has caused fear of imminent harm, to the appropriate law enforcement agency and to DDD and to CPS/APS/CRU (as applicable).
 3. **Physical Assault (client to client):** Report any suspected physical assault that occurs between clients to DDD and to CPS/APS/CRU (as applicable). Note: If requested by the injured client, his/her legal representative or family member, the agency must also notify law enforcement.

Also report to law enforcement any client to client incidents that caused minor bodily injury, requiring more than first aid, or in the event of:

- a. Injuries (e.g., bruising, scratches, etc.) that appear on the back, face, head, neck, chest, breasts, groin, inner thigh, buttock, genital, or anal area;
 - b. Fractures;
 - c. Choking attempts; and
 - d. Patterns of physical assaults between the same vulnerable adults or involving the same vulnerable adults.
- I. Failure to report such incidents can result in a charge of a gross misdemeanor for the mandated reporter. Failure to report may also result in termination of the agency's certification and/or contract.

SIGNATURE

DATE

ATTACHMENT B

DDD Policy 6.12 Reporting Timelines		
Note: Refer to policy text for complete definitions/information.		
Phone call to DDD within one hour or once safety has been ensured. Follow with written report. (A)	Phone call to DDD during business hours once client safety has been ensured. Follow with written report. (B)	Written IR within one business day (C)
<ol style="list-style-type: none"> 1. Death of client when suspicious or unusual 2. Condition threatening the operation of the program 3. Client is missing 4. Injuries of unknown origin requiring hospital admission 5. Any event involving known media interest or litigation 	<ol style="list-style-type: none"> 1. Death of any client not reported under Column 1 2. Alleged or suspected abuse, neglect, exploitation, or abandonment of a client (other than client to client) 3. Alleged or suspected physical or sexual assault of a client 4. Alleged or suspected criminal activity perpetrated against a client 5. Alleged or suspected criminal activity by a client that results in a case number or detainment 6. Injuries resulting from alleged or suspected client to client altercations that require medical treatment beyond First Aid 7. Mental health crisis resulting in inpatient admission to a state or community psychiatric facility 8. Life-threatening medically emergent condition 	<ol style="list-style-type: none"> 1. All injuries to a client resulting from the use of restrictive procedures 2. Serious injuries of <u>known</u> cause, not otherwise defined, that require medical treatment beyond First Aid 3. Hospital or nursing facility admission not otherwise defined 4. Patterns of client to client abuse as defined in RCW 74.43.035 5. Property destruction over \$100 or that will result in a <i>Residential Allowance Request</i> 6. Restrictive Procedures implemented under emergency guidelines 7. Medication errors(s) that have or may result in injury/harm as assessed by a medical professional 8. Serious treatment violations, not otherwise defined 9. Suicide gestures or attempts