Protecting Persons with Disabilities: The Role of APS and Promising Practices in Investigations

Karl Urban
Nancy Alterio
LeeAnn Christenson
Jennifer Sroufe
Karla Warren
Overview

- What are "Disability Provider" Investigations and Why Do They Matter in APS?
- Research
  - Methodology
  - Findings
- Discussion from Different Perspectives
- So What/Question and Answer
What Are “Disability Provider Investigations”?

• Investigations of abuse, neglect and exploitation of [state-funded] providers of services to individuals with mental illness and intellectual and developmental disabilities
Where is the Home for Provider Investigations?

• There is no place like home....
Who Conducts Provider Investigations?

- APS programs: Yes
- Non-APS programs: Yes
- Providers themselves: Yes
- Regulatory agencies: Yes
- Specialty Disability agencies: Yes
- Others: Yes
Why Research Disability Provider Investigations?

• Approximately 22 APS programs do them
• CMS has become more interested in protections, particularly for home and community-based waiver consumers
• We did not identify any research report that specifically looked at this type of investigation
Research Methodology
(Follow the Yellow Brick Road)

• Start with a simple question: Who does these investigations?
  – No definitive source that we could find
  – We surveyed NAPSA listserve to try to find out
  – We got close to a comprehensive list of programs

• Conduct survey to identify aspects of programs: 22 respondents

• Conduct phone interviews to dive deeper into program practices: 21 participants
Research Limitations

- Limited number of respondents who were mostly APS programs
- Survey questions were asked from only a three-state (TX, MA, FL) lens
Research Findings

• Our Research Is Not Going to Be the Definitive Word!
There is no common organizational approach to who investigates providers

- In NAPSA survey, APS programs conducted investigations in…
  - Nursing Facilities: 24 states
  - Assisted Living: 32 states
  - Board and Care: 35 states
  - *State Developmental Facilities*: 22
  - *State Mental Illness Facilities*: 21
There is no common organizational approach to who investigates providers.

- **Typology Variables:**
  - **Age:** Adults with disability versus elderly
  - **Disability:** Mental health versus IDD/DD versus physical
  - **Program:** APS or Not APS
  - **Protection role:** Conduct investigation versus provide protection versus oversee protection versus regulatory/licensing
  - **Organizational structure:** state agency administered versus state agency oversight versus local/county administered
Texas APS/NAPSA Survey Findings

- All but two of the programs that responded consider themselves an APS program; the non-APS programs didn’t respond.
- 7 of the 19 respondents have different approaches (e.g., definitions, staff, process) for in-home and disability provider investigations.
- All state programs investigate IDD and mental health disabilities.
- Most programs also investigate state-funded providers of services to persons with physical disabilities.
Q4 In which of the following IDD service delivery settings do you investigate ANE by state-funded providers?

- State-operated ICF/IID: 68.18%
- Privately operated ICF/IID: 63.64%
- Residential providers of HCBS waiver services: 86.36%
- Non-residential providers of HCBS waiver services: 77.27%
- State-contracted regional IDD provider authorities or community centers: 77.27%
- Correctional facilities or programs: 13.64%
- NA Other: 4.55%
- Other: 27.27%
Q8 In which of the following mental health service delivery settings do you investigate ANE?

- State-operated hospitals/facilities: 72.73%
- Privately operated hospitals/facilities: 77.27%
- State-contracted regional mental health authorities: 77.27%
- Correctional facilities or programs: 9.09%
- N/A: 9.09%
- Other Private Providers: 36.36%
How Is Protection Provided?

- All states provide an independent investigation with findings
- 33% provide “concerns and recommendations” beyond findings
- 29% have responsibility for following-up/monitoring response
- Slightly over half may provide services to protect consumers; 10% do not; 15% do not but may oversee that services are provided
Common Features of Programs (Based on Interviews)

• **Intake:**
  – About half the states have centralized phone intake
  – About a third have web-based
  – Most discourage email intakes
  – Most don’t have formal process for chronic calls
Common Features of Programs (Based on Interviews)

- **Notification**: Most states require notification of various entities but don’t have specific timeframes (Law Enforcement, provider, professional licensing board, etc.)

- **Alleged Victim Contact**: Most states require F2F requirements based on priority of the case, generally P1 (emergency), P2 (non-emergency) and P3
Common Features of Programs (Based on Interviews)

- **Timeframes for Investigation Completion:**
  - Most are 30 – 60 days; only Texas and North Dakota have short timeframes for completing investigations
  - CMS 5-day report usually done by Facility, not by the independent investigation agency
  - Process for extensions was common, but there was no consistency in what the process for authorizing them should be
Common Features of Programs (Based on Interviews)

• **Documenting/Reporting**
  – Varies widely from state to state
  – Some produce investigation reports, others do not

• **Interviews requirements range from…**
  – Texas conducts in-person interviews (as do the majority of states) and requires signed witness statements typed and signed electronically
  – Other states conduct telephone interviews and even accept email electronic statements as initial statements if offered voluntarily.
Common Features of Programs (Based on Interviews)

• Almost all have some system of appeals (9 out of 21 for alleged victim; rest for provider).
• Some states provide due process before placement on registry or do not hire list
Common Features of Programs (Based on Interviews)

- **Training:**
  - Varies widely
  - Most programs have informal training
Biggest Challenges

Lack of effective use of technology and resistance from employees to new ways of doing investigations and being mobile employees
Biggest Challenges

Collecting and using performance data
Biggest Challenges

Timeframes versus quality: faster investigations are better when you have adequate staff
Biggest Challenges

Retaining workforce
Biggest Challenges

Working with other agencies, particularly LE
Biggest Challenges

Inadequate training
Biggest Challenges

Increasing number of complex financial exploitation cases
Biggest Challenges

• There’s no place like home leads to a lack of….
  – Funding in many programs and no dedicated funding for this type of investigation
  – Awareness of who does what and why and inconsistency of approaches across populations
  – Promising practices, much less evidence-based practices research
Selected Innovations

Computer-based case management and assessment systems, which allow for more mobile workforce and better documentation
Selected Innovations

Notifications sent digitally
(NH and MA)
Selected Innovations

Mobile workforce
(TX, AZ, FL)
Selected Innovations

Streamlined processes for chronic callers (MA, TX, PA, MS)
Selected Innovations

Electronic statements that load directly into case file (TX); a few allow electronic signatures or audio or video recording
Selected Innovations

Mandatory reporting for targeted groups (Multiple)
Selected Innovations

Improved partnerships, particularly with law enforcement
(MA, FL)
Selected Innovations

Forensic interviews and medical consultations

(TX)
Selected Innovations

Better forensic training partnerships
(TX, MT)
Selected Innovations

Better financial exploitation investigations (FL)
Selected Innovations

Educate IDD group home caregivers to improve their understanding of consumers and help them work with consumers more effectively to increase consistency and decrease neglect reports (KS).
Questions for Panelists

• How is your state structured?
  – Do you consider yourself part of the APS program?
  – Are your provider investigations the same as your in-home investigations?
  – For which populations do you investigate service providers?
  – What types of providers do you investigate?

• What are some key program metrics?

• How are you addressing your challenges through innovation?
So What?

• Disability provider investigations is a sorely-neglected area of APS-related casework that is responsible for contributing to the protections of our most vulnerable citizens

• There is no one great Oz; there is no one behind the curtain

• The challenges are numerous; the promising practices less so

• How do we APS-related programs work collectively to improve these types of investigations?
Audience Questions and Answers
Contact Us

- Karl.urban@dfps.state.tx.us
- Nancy.alterio@state.ma.us
- Leeann_christenson@dcf.state.fl.us
- Jennifer.srofue@multco.us
- Karla.warren@dfps.state.tx.us