



Developmental Disabilities Resource Center

Quality • Dignity • Choice

MANDATORY REPORTING

for family members

A new law (commonly called Senate Bill 109) went into effect on July 1, 2016 that dramatically expands the number of people who are “mandatory reporters” of the mistreatment of At-Risk adults including those with intellectual and developmental disabilities. Mandatory reporters include all staff of program approved service agencies and community center boards, including approved volunteers and family caregivers. The following are items that fall under the mandatory reporting guidelines.

“Abuse” means any of the following acts or omissions committed against a person with an intellectual and developmental disability:

1. The nonaccidental 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;
2. Confinement or restraint that is unreasonable
3. Sexual conduct between any paid provider and a person receiving services or any nonconsensual sexual conduct outside of paid providers

“Caretaker Neglect”

1. The caretaker does not provide the following in a timely manner and with the degree of care that a reasonable person in the same situation would exercise: adequate food, clothing, shelter, psychological care, physical care, medical care, habilitation, supervision, or other treatment necessary for health or safety
2. A caretaker knowingly uses harassment, undue influence, or intimidation to create a hostile or fearful environment
3. Withholding, withdrawing, or refusing of any medication, any medical procedure or device, or any treatment, including but not limited to resuscitation, cardiac pacing, mechanical ventilation, dialysis, artificial nutrition and hydration. Any medication or medical procedure or device, in accordance with any valid medical directive or order, or as described in a palliative plan of care, is not deemed caretaker neglect.

“Exploitation” means an act or omission committed by a person who:

1. Uses deception, harassment, intimidation, or undue influence to permanently or temporarily deprive a person with an intellectual and developmental disability of the use, benefit, or possession of anything of value
2. Employs the services of a third party for the profit or advantage of the person or another person to the detriment of the person with an intellectual and developmental disability
3. Forces, compels, coerces, or entices an at-risk adult to perform services for the profit or advantage of the person or another person against the will of the person with an intellectual and developmental disability
4. Misuses the property of a person with an intellectual and developmental disability in a manner that adversely affects the person with an intellectual and developmental disability’s ability to receive health care or health care benefits or to pay bills for basic needs or obligations.



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ABUSE COMES IN MANY DIFFERENT FORMS

- PHYSICAL ABUSE
- FINANCIAL EXPLOITATION
- SEXUAL ABUSE
- EMOTIONAL/PSYCHOLOGICAL
- VERBAL ABUSE/INTIMIDATION

KEEP YOUR EYES AND EARS OPEN FOR ALL FORMS

TYPES OF ABUSE

- Peer on Peer
- Staff on resident
- Family members
- Friend
- Power of Attorney holder
- Medical professionals

RECOGNIZING ABUSE

- Who visits regularly
- What is the person's demeanor after a visit
- Is property disappearing with no explanation
- Are there unexplained/suspicious bruises

PROTECT YOURSELF FROM BEING THE ABUSER

- Have a witness when possible
- When you get frustrated-walk away for a minute to calm down (if possible)
- Get another person to help
- Talk to someone about your concerns before it becomes a problem
- Learn ways to relax or calm down-deep breaths, counting exercises, etc.
- Take care of your personal life-get sleep
- Recognize your own weaknesses and find ways to self-improve

RECOGNIZING ABUSE BY A PROVIDER

- Short temper-yelling, snatching things from hands, etc.
- Use of demeaning terms/phrases
- Seeing a provider being rough when providing care
- Being too quick on a transfer or movement
- Seeing neglect – ignoring a request for assistance
- Not administering all medications for purposes of theft or personal use
- Stealing property

WHO MUST REPORT?

Any caretaker paid or nonpaid, staff member, employee or consultant for a licensed or certified care facility, agency, host home, independent contractors, case managers or governing board, including but not limited to home health providers

WHAT INFORMATION IS REQUIRED?

- Name, address and contact information of At-Risk Person
- Name, address, and contact information of person reporting observation
- Name, address, and contact information of caretaker, if any
- Name of alleged perpetrator
- Nature and extent of suspected mistreatment.
- Other pertinent information, date, time, etc

WHO DO YOU CALL TO MAKE A REPORT?

In an emergency, always call 911

BY LAW:

- Local Law Enforcement where the suspected abuse occurred
- Adult Protection Services (APS)

ADDITIONAL CONTACTS:

- DDRC Resource Coordinator 303.233.3363
- DDRC Quality Assurance
Stephanie Cline 303.462.6507
Nancy Bostron 303.462.6649

WHAT HAPPENS NEXT?

- Law Enforcement will notify Human Services/APS and the office of the District Attorney
- If appropriate, Law Enforcement will conduct and complete a criminal investigation and file a report with Human Services (APS) and the District Attorney
- The District Attorney will determine if the filing of criminal charges is appropriate
- The agency and/or CCB will complete an investigation as mandated by contract with Division for Intellectual and Developmental Disabilities

Other professions that are required to report abuse and exploitation of an at-risk person: Medical Professionals, Social Workers, Law Enforcement, Court-Appointed Guardians and Conservators, Fire Protection Personnel, Community Center Board Staff, Care Institutions, Home Care Placement Agencies, and Clergy (if outside the protected communication). Applies to all personnel whether paid or unpaid. For more information see C.R.S 18-6.5-108 and 26-3.1-102