

Substantiated Allegations of Abuse or Neglect Found Summary Report Completion Instructions

All provider agencies, including DDSOs, will be required to use the OPWDD 157 to provide summary reports of substantiated incidents of abuse to OPWDD IMU effective June 30, 2013. The requirement applies to incidents that occurred or were discovered on or before June 30, 2013.

Section 16.34 of the MHL limits information that can be disclosed about past substantiated allegations of abuse or neglect in several ways. **Criteria for summary reports of substantiated allegations must be typed and submitted to OPWDD IMU - no handwritten information will be accepted:**

- The substantiated allegation must be from a program certified or operated by OPWDD. (Substantiated allegations from voluntary operated non-certified programs may not be disclosed.)
- The substantiated allegation must be for physical abuse, sexual abuse, psychological abuse or “serious neglect.” “Serious neglect” means intentional acts or omissions that endanger the life or health of a person receiving services.
- The subject of the substantiated allegation must have been an employee or volunteer only (e.g. not a contractor, consultant, family care provider, family member, etc.).
- For past OPWDD employees, the employee must have been found guilty in a disciplinary proceeding or there must have been a settlement agreement in which the employee admitted guilt. (This would also apply to a voluntary agency if it had similar procedures.)
- If the information about the substantiated allegation can be disclosed, the past employer prepares a “summary report” (the summary report form can be found on the OPWDD website) and sends the summary report to OPWDD IMU with a completed Form OPWDD 153 *Agency Response to OPWDD Request to Search*.

The Form OPWDD 157 *Substantiated Allegations of Abuse or Neglect Found Summary Report* and these completion instructions are available to provider agencies on the OPWDD website at www.opwdd.ny.gov. When the Form OPWDD 157 is complete, submit to: MHL.CHECK@opwdd.ny.gov.

For questions about completing the form that are not addressed in the instructions, please contact OPWDD’s Incident Management Unit by e-mail at MHL.CHECK@opwdd.ny.gov .

Applicant Name:

Provide the name of the applicant here.

Social Security Number:

Provide the last four digits of the applicant’s Social Security Number here.

Person Receiving Services:

Do not enter the names of persons receiving services to whom the incident or alleged abuse occurred. Please use Individual 1, Individual 2, etc.

DDSO: For state-operated programs or services, enter the name of the DDSO that operated the program or service environment where the incident is reported to have occurred. For voluntary-operated programs, enter the name of the current DDSO or (prior to July 2012) DDSO office which was responsible for the geographic district where the incident was reported to have occurred.

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Reporting Agency: Enter the name of the agency that operates the program or service environment where the incident was reported to have occurred. If the incident occurred in a state operated non-certified service environment, identify the service the individual receives from the reporting DDSOO (e.g. Medicaid Service Coordination, Free Standing Respite).

Date/Time of Incident:

Enter the date and time of the incident included in the investigation documented in the summary report. This section must identify the date and time an incident or allegation was witnessed or known to have occurred.

Date/Time of Discovery:

Enter the date and time when agency staff discovered the incident included in the summary report, if appropriate.

Incident Location:

Enter the detailed description of the location as reported in the investigative report, such as: the third-floor men's bathroom at the 12 East Main Street day habilitation program operated by agency X in Yonkers, NY. If the incident occurred, or allegedly occurred at the person's residential program, it is acceptable to identify a specific area at the "home address noted above." Sometimes the location can be unknown.

Master Incident Number:

This refers to the master incident number that is automatically assigned to an incident once the initial incident reporting data is entered in IRMA. If there is no IRMA number associated with this incident, enter N/A.

Agency Incident Number(s): Instructions for the completion of the OPWDD 147 initial incident report historically specified that providers assign an incident or allegation reference number for each incident or allegation that was reported.

Incident Classification:

Enter the original incident classification, such as "allegation of physical abuse" as documented on the OPWDD 147 or entered in IRMA.

Introduction/Description of Incident:

Enter the basic description of the original incident that was reported. The description may be taken directly from the OPWDD 147 or may be re-phrased or elaborated on for clarity.

Conclusion:

An investigation into an allegation of abuse must determine that the allegation was substantiated. The investigative report must also identify the evidence that led to the conclusion. The conclusion containing this information should be provided in this section.

Example:

It is concluded that the allegation of physical abuse that DSA Michael Smith pushed Individual Number 1 into the living room wall of the Mill Road IRA on 12/8/11 is substantiated. This is based on the testimony of DSA Number 1, Individual Number 2, and the testimony of the Medical Director relative to a review of the photograph of the bruises on Individual Number 1s left shoulder.