

# OFFICE OF THE STATE AUDITOR

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# DIANA DIZOGLIO

Official Audit Report – Issued June 30, 2025

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## Disabled Persons Protection Commission

For the period July 1, 2021 through June 30, 2023



OFFICE OF THE STATE AUDITOR

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**DIANA DIZOGLIO**

June 30, 2025

Nancy Alterio, Executive Director  
Disabled Persons Protection Commission  
300 Granite Street, Suite 404  
Braintree, MA 02184

Dear Executive Director Alterio:

I am pleased to provide to you the results of the enclosed performance audit of the Disabled Persons Protection Commission. This report details the audit objectives, scope, methodology, and other matters, for the audit period, July 1, 2021 through June 30, 2023. As you know, my audit team discussed the contents of this report with agency managers. This report reflects those comments.

I appreciate you and all your efforts at the Disabled Persons Protection Commission. The cooperation and assistance provided to my staff during the audit went a long way toward a smooth process. Thank you for encouraging and making available your team. I am available to discuss this audit if you or your team has any questions.

Best regards,



Diana DiZoglio  
Auditor of the Commonwealth

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## LIST OF ABBREVIATIONS

APS	Adult Protective Services
CMR	Code of Massachusetts Regulations
CMS	case management system
DDS	Department of Developmental Services
DMH	Department of Mental Health
DPPC	Disabled Persons Protection Commission
IR	Initial Response
MRC	Massachusetts Rehabilitation Commission
PSP	Protective Service Plan
RI	Retaliation Investigation

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## EXECUTIVE SUMMARY

In accordance with Section 12 of Chapter 11 of the Massachusetts General Laws, the Office of the State Auditor has conducted a performance audit of the Disabled Persons Protection Commission (DPPC) for the period July 1, 2021 through June 30, 2023.

The purpose of our audit was to determine the following:

- Regarding Initial Responses (IRs), Investigation Reports, and Retaliation Investigation (RI) Reports, did DPPC either (1) ensure that these documents were filed by an Adult Protective Services (APS) investigator in a timely manner or (2) record the reasons as to why these documents were not filed in a timely manner, in accordance with Sections 5.02(4)(a)(1)(a), 5.02(4)(a)(2)(a), and 5.03(2) of Title 118 of the Code of Massachusetts Regulations (CMR); Section II(E) of DPPC's Retaliation Investigations Procedure; and Section III(E) of DPPC's Investigation Assignment, Monitoring and Timeframes Procedure?
- To what extent did DPPC monitor the delivery of Protective Service Plans (PSPs), as required by 118 CMR 7.03(3), 7.05(1), and 7.05(2)?
- To what extent did DPPC maintain the Registry of Abusive Care Providers to ensure that entries were accurate, current, and in compliance with Sections 15(b) and 15(f) of Chapter 19C of the General Laws?

Our audit revealed no significant issues that must be reported under generally accepted government auditing standards. However, during the course of our audit, we identified issues with the filing of investigative reports. See Other Matters.

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## OVERVIEW OF AUDITED ENTITY

The Disabled Persons Protection Commission (DPPC) was established in 1987 by Chapter 19C of the Massachusetts General Laws. According to DPPC’s website, DPPC is “an independent state agency responsible for investigation and remediation of instances of abuse committed against persons with disabilities in the Commonwealth.” DPPC goes on to talk about its enabling statute on its website:

*Pursuant to its enabling statute [Chapter 19C of the General Laws], the jurisdiction of DPPC includes adults with disabilities between the ages of 18 and 59, who are within the Commonwealth whether in state care or in a private setting and who suffer serious physical and/or emotional injury through the act and/or omission of their caregivers. The DPPC enabling statute fills the gap between the Department of Children and Families (DCF) (through the age of 17) and the Executive Office of Elder Affairs (EOEA) (age 60 and over) statutes.*

DPPC oversees investigations conducted on its behalf by the Department of Developmental Services (DDS), the Department of Mental Health (DMH), and the Massachusetts Rehabilitation Commission (MRC).<sup>1</sup> DPPC also performs its own investigations to accomplish its mission “to protect adults with disabilities from the abusive acts or omissions of their caregivers through investigation oversight, public awareness and prevention.” The agency received 13,310 and 16,043 abuse reports requiring investigation in fiscal years 2022 and 2023, respectively.

DPPC consists of two commissioners and a chair, each of whom is appointed by the Governor. Reporting directly to the commissioners and the chair is the executive director, who oversees DPPC’s daily operations.

The commissioners and the chair must report directly to both the Governor and the Legislature by submitting audit summary reports to them annually. These annual reports include details about the actions DPPC has taken; the names, salaries, and duties of all employees; the funds disbursed; and any other pertinent matters relevant to DPPC’s jurisdiction.

DPPC is located at 300 Granite Street in Braintree. During the audit period, DPPC had 132 employees, which included, but was not limited to, directors, managers, intake specialists, oversight officers, and Adult Protective Services (APS) investigators. DPPC had state appropriations of \$9.74 million and \$11.70 million in fiscal years 2022 and 2023, respectively.

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1. MRC changed its name to MassAbilty after the audit period.

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## Abuse Reporting Procedures

According to DPPC's chief of quality assurance and audit officer, DPPC operates a 24-hour hotline that allows people to report alleged abuse involving adults with disabilities. The majority of abuse reports that DPPC receives are submitted through this hotline. DPPC also provides the option to file reports by email, fax, or in-person means. Personnel members working on the hotline are responsible for receiving, documenting, and evaluating information about the alleged victim, the alleged abuser, and the nature of the incident.

When personnel members<sup>2</sup> begin filing an abuse report in the Case Management System (CMS), the system automatically generates a report number and records the date and time. The risk of harm to an alleged victim is evaluated by the personnel member filing the report in the CMS, and based on this risk determination, the report is classified as either an emergency or nonemergency. After the personnel member makes the risk determination, they generate an intake number and the abuse report is assigned to both a DPPC oversight officer and an APS investigator from either DPPC, DDS, DMH, or MRC for further investigation. The CMS automatically calculates report submission deadlines based on the report's screening date<sup>3</sup> and emergency status. In addition, a member of the State Police Detective Unit reviews every abuse report to determine whether there is any indication of criminal activity in the allegation. If the State Police Detective Unit detects any such activity, then it reports this activity to the appropriate district attorney's office for review.

## Evaluation and Investigation Reports

According to DPPC's chief of quality assurance and audit officer, if an abuse report filed in the CMS requires investigation, the assigned APS investigator conducts an investigation and then must file an Evaluation and Investigation Report. This report is composed of two parts: the first part is known as the Initial Response (IR) and the second part is known as the Investigation Report.

### IRs

APS investigators use IRs to document preliminary facts that they gather from interviews with the alleged victim and/or the reporter and from visits to the site of alleged abuse. During the course of

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2. For the purposes of this audit report, we use the term personnel members to refer to both DPPC employees and contracted vendors trained by DPPC to operate the hotline after business hours (unless stated otherwise).  
3. The screening date is the date a report of abuse was screened in by DPPC and assigned to an APS investigator.

their investigations, the assigned APS investigator assesses further risks and documents both protective service recommendations and any further actions needed (if any). APS investigators must file IRs to DPPC's Oversight Unit within the following timeframes after the abuse report screening date: 10 calendar days for nonemergency cases or 24 hours for emergency cases.

According to DPPC's chief of quality assurance and audit officer, during the audit period, DPPC filed a total of 4,721 nonemergency IRs. There were zero IRs that needed to be filed as emergency cases.

## **Investigation Reports**

The second part of the Evaluation and Investigation Report is known as the Investigation Report. This second part contains information that the assigned APS investigator gathers as evidence from additional interviews, additional documentation corroborating alleged abuse, and additional site visits, when necessary, to determine whether the alleged abuse occurred. The occurrence of alleged abuse is considered substantiated by an APS investigator when the evidence collected is sufficient to confirm that either an act or neglect by the alleged abuser resulted in serious physical or emotional injury to the alleged victim. Conversely, alleged abuse is deemed unsubstantiated by an APS investigator when it cannot be established by the preponderance of the evidence. Investigation Reports contain findings and appropriate protective service recommendations from the case's APS investigator. APS investigators must file an Investigation Report with DPPC within 45 calendar days from the abuse report's screening date. After the case's APS investigator files the Investigation Report, a DPPC oversight supervisor determines whether the Investigation Report is complete and can be closed out in the system, warranting no further investigation.

According to DPPC's chief of quality assurance and audit officer during the audit period, DPPC filed a total of 2,645 Investigation Reports.

Both IRs and Investigation Reports, when fully completed, are designed to ensure that each abuse investigation meets the minimum requirements of Section 5.02(1) of Title 118 of the Code of Massachusetts Regulations.

## **Retaliation Investigation Reports**

According to DPPC's chief of quality assurance and audit officer, an APS investigator examines claims of retaliation against people who file alleged abuse reports or participate in any DPPC investigations. At the



completion of an investigation, the involved APS investigator files a Retaliation Investigation (RI) Report in DPPC's CMS. Each RI Report contains relevant information that was obtained during an investigation, such as evidence from interviews with the alleged retaliation victim, alleged retaliator, and witnesses of the alleged retaliation. Documenting this information ensures that the involved APS investigator reviewed all evidence relevant to the investigation and helps substantiate any claims of alleged retaliation. The investigation and the initial RI Report draft must be filed with DPPC's director of investigations by the involved APS investigator within 60 business days from its screening date.

According to DPPC's chief of quality assurance and audit officer during the audit period, DPPC filed a total of 10 RI Reports.

### **Protective Service Plans**

As part of the investigation process, DDS, DMH, or MRC may recommend a Protective Service Plan (PSP) when alleged abuse is substantiated through their investigations. The PSP outlines protective service recommendations, identifies individuals responsible for implementing those recommendations, states the proposed or actual start date of the recommendation implementation, and includes any additional information needed for DPPC to effectively monitor the implementation of recommendations.

According to DPPC's chief of quality assurance and audit officer, if an APS investigator recommends a PSP, then the plan must be filed with DPPC no later than 30 calendar days from the date that the corresponding Investigation Report was filed with DPPC. The PSP can be filed through a variety of methods, such as including it as a note in the corresponding IR or Investigation Reports, sending it as an email or physical letter, or making it in a telephone call.

According to DPPC's chief of quality assurance and audit officer, during the audit period, there were 341 filed PSPs that corresponded to substantiated reports of abuse.

### **Monitoring Policy**

During our prior audit (Audit No. 2020-0046-3S), we found that DPPC did not always complete its investigations within the required timeframes. In response to one of our recommendations from that audit, DPPC implemented corrective actions. DPPC enhanced its monitoring policy that requires it to run monthly monitoring reports and send monthly notices to external protective service agencies that alert them of outstanding requirements. The policy also requires that, when a PSP is needed, it is documented

in the IR part of the Evaluation and Investigation Report. In addition, DPPC also documents in each IR and Investigation Report the reasons for any filing delays.

## Registry of Abusive Care Providers

DPPC established its Registry of Abusive Care Providers on July 31, 2021. According to Section 2(b) of Chapter 19 of the Acts of 2020, DPPC is to “establish and maintain a registry of care providers against whom the commission has made a substantiated finding of registrable abuse.” According to DPPC’s website,

*The DPPC Abuser Registry . . . is intended to protect individuals with intellectual or developmental disabilities (“I/DD”) by barring care providers who have a substantiated finding of registrable abuse from working with other persons with intellectual or developmental disabilities. . . .*

*The DPPC Abuser Registry is not a public registry. This information is not considered a “public record” for purposes of [Chapter 66 of the General Laws] and all information regarding care providers listed on the DPPC Abuser Registry is confidential.*

No later than October 31, DPPC must annually submit reports that update and summarize the contents of the registry to the clerks of the House of Representatives and the Senate, the House and Senate Committees on Ways and Means, and the Joint Committee on Children, Families and Persons with Disabilities. For more information on what details these reports must include, see the [list of audit summary report requirements here](#).

According to DPPC’s chief of quality assurance and audit officer, during the audit period, DPPC added 69 individuals to the Registry of Abusive Care Providers.

## AUDIT OBJECTIVES, SCOPE, AND METHODOLOGY

In accordance with Section 12 of Chapter 11 of the Massachusetts General Laws, the Office of the State Auditor has conducted a performance audit of certain activities of the Disabled Persons Protection Commission (DPPC) for the period July 1, 2021 through June 30, 2023.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Below is a list of our audit objectives, indicating each question we intended our audit to answer; the conclusion we reached regarding each objective; and, if applicable, where each objective is discussed in the audit findings.

Objective	Conclusion
1. Regarding Initial Responses (IRs), Investigation Reports, and Retaliation Investigation (RI) Reports, did DPPC either (1) ensure that these documents were filed by an Adult Protective Services (APS) investigator in a timely manner or (2) record the reasons as to why these documents were not filed in a timely manner, in accordance with Sections 5.02(4)(a)(1)(a), 5.02(4)(a)(2)(a), and 5.03(2) of Title 118 of the Code of Massachusetts Regulations (CMR); Section II(E) of DPPC's Retaliation Investigations Procedure; and Section III(E) of DPPC's Investigation Assignment, Monitoring and Timeframes Procedure?	<b>Yes; see <u>Other Matters</u></b>
2. To what extent did DPPC monitor the delivery of Protective Service Plans (PSPs), as required by 118 CMR 7.03(3), 7.05(1), and 7.05(2)?	<b>To a sufficient extent</b>
3. To what extent did DPPC maintain the Registry of Abusive Care Providers to ensure that entries were accurate, current, and in compliance with Sections 15(b) and 15(f) of Chapter 19C of the General Laws?	<b>To a sufficient extent</b>

To accomplish our audit objectives, we gained an understanding of DPPC's internal control environment relevant to our objectives by reviewing applicable policies and procedures and by interviewing DPPC management. In addition, to obtain sufficient, appropriate evidence to address our audit objectives, we performed the procedures described below.

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## IRs, Investigation Reports, and RI Reports

Regarding IRs, Investigation Reports, and RI Reports, to determine whether DPPC either (1) ensured that these documents were filed by an APS investigator in a timely manner or (2) recorded the reasons as to why these documents were not filed in a timely manner, in accordance with 118 CMR 5.02(4)(a)(1)(a), 5.02(4)(a)(2)(a), and 5.03(2); Section II(E) of DPPC's Retaliation Investigations Procedure; and Section III(E) of DPPC's Investigation Assignment, Monitoring and Timeframes Procedure, we took the actions described below.

### IRs

We selected a random, statistical sample<sup>4</sup> of 60 IRs from the population of 4,721 IRs that external protective service agencies filed with DPPC during the audit period, using a 95% confidence level,<sup>5</sup> a 0% expected error rate,<sup>6</sup> and a 5% tolerable error rate.<sup>7</sup> By comparing each IR's screening date to the date that the APS investigator filed it with DPPC, we determined whether each IR was filed with DPPC within 10 calendar days of the IR's screening date.<sup>8</sup>

We met with DPPC officials and observed them retrieving IRs from the case management system (CMS) that we initially calculated as being late. We took screenshots<sup>9</sup> of each potentially late IR, along with any documentation that supported the delayed submission. For each IR confirmed as being late, we determined whether it was accurately listed on DPPC's monthly monitoring reports and whether notices were sent to the protective services agency, notifying it of the late IR.

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4. Auditors use statistical sampling to select items for audit testing when a population is large (usually over 1,000) and contains similar items. Auditors generally use a statistical software program to choose a random sample when statistical sampling is used. The results of testing using statistical sampling, unlike those from judgmental sampling, can usually be used to make conclusions or projections about entire populations.
  5. Confidence level is a mathematically based measure of the auditor's assurance that the sample results (statistic) are representative of the population (parameter), expressed as a percentage. A 95% confidence level means that 95 out of 100 times, the statistics accurately represent the larger population.
  6. Expected error rate is the number of errors that are expected in the population, expressed as a percentage. It is based on the auditor's knowledge of factors such as prior audit results, the understanding of controls gained in planning, or a probe sample.
  7. The tolerable error rate (which is expressed as a percentage) is the maximum error in the population that is acceptable while still using the sample to conclude that the results from the sample have achieved the objective.
  8. Note that, because no emergency cases were filed during the audit period, the population of IRs only consisted of nonemergency cases. Thus, we only tested that all IRs were filed within the timeframe for nonemergency cases.
  9. To preserve confidentiality during the inspection of documents, we used software to redact any personally identifiable information.

## Investigation Reports

We selected a random, statistical sample of 60 Investigation Reports from the population of 2,645 Investigation Reports that APS investigators filed with DPPC during the audit period, using a 95% confidence level, a 0% expected error rate, and a 5% tolerable error rate. By comparing each Investigation Report's screening date to the date that the APS investigator filed the Investigation Report with DPPC, we determined whether each Investigation Report was filed with DPPC within 45 calendar days of the Investigation Report's screening date.

We met with DPPC officials and observed them retrieving Investigation Reports that we initially calculated as being late from the CMS. We took screenshots<sup>10</sup> of each potentially late Investigation Report, along with any documentation that supported the delayed submission. For each Investigation Report confirmed as being late, we determined whether it was accurately listed on DPPC's monthly monitoring reports and whether notices were sent to the protective services agency, notifying it of the late Investigation Report.

We also determined whether any alleged abusers reported in each Investigation Report were accurately listed in DPPC's Registry of Abusive Care Providers.

## RI Reports

We tested the entire population of 10 RI Reports that DPPC APS investigators filed with DPPC's director of investigations during the audit period. Using the full population, we determined whether each RI Report was filed by the APS investigator with the director of investigations within 60 business days of the RI Report's screening date.

We met with DPPC officials and observed them retrieving RI Reports that we initially calculated as being late from the CMS. We took screenshots<sup>11</sup> of each RI Report, along with any documentation that supported the delayed submission. For the one RI Report confirmed as being late, we reviewed DPPC's Investigation Planning Form and Investigation Case Activity Log.<sup>12</sup> We reviewed these

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10. See Footnote 9 for more information.

11. See Footnote 9 for more information.

12. Both the Investigation Planning Form and Investigation Case Activity Log document the case number, the date that the APS investigator was assigned to the case, the date that the investigation manager was assigned to the case, the APS investigator's initials (indicating who is performing the investigation), the investigation manager's initials (indicating who is providing managerial oversight of the investigation), a description of the alleged retaliation incident, all investigation steps taken and the dates they were taken, and the results of the investigation.

documents to determine whether the DPPC APS investigator documented each step of the investigation by updating the Investigation Case Activity Log and by providing investigation information to their investigation manager during the investigation process.

See Other Matters for additional information.

## **PSPs**

To determine to what extent DPPC monitored the delivery of PSPs, as required by 118 CMR 7.03(3), 7.05(1), and 7.05(2), we took the following actions. First, we selected a random, nonstatistical sample<sup>13</sup> of 10 months out of the population of the 24 months in the audit period. We obtained the monthly monitoring report corresponding to each month in our sample. We then reviewed each monthly monitoring report to determine whether DPPC provided those monthly monitoring reports to the appropriate protective services agency, notifying them of any PSPs that were late.

In addition, we selected a random, nonstatistical sample of 40 Investigation Reports from the population of 341 Investigation Reports that had substantiated cases of abuse for which a PSP should have been recommended by an APS investigator. We inspected each Investigation Report in the CMS and noted any documentation that showed the dates that the PSP recommendations were made. We compared the dates that an APS investigator filed each Investigation Report with DPPC to the dates that the PSPs were recommended (as recorded in DPPC's CMS). Using this sample, we determined whether each PSP was recommended within 30 calendar days of the date of DPPC's acceptance of the Investigation Report. We also determined whether alleged abusers listed in our sample were accurately placed on DPPC's Registry of Abusive Care Providers.

For this objective, we found no significant issues during our testing. Therefore, we concluded that, based on our testing, DPPC met the relevant criteria regarding monitoring the delivery of PSPs.

## **Registry of Abusive Care Providers**

To determine to what extent DPPC maintained the Registry of Abusive Care Providers to ensure that entries were accurate, current, and in compliance with Sections 15(b) and 15(f) of Chapter 19C of the General Laws, we took the following actions. First, we obtained all two audit summary reports for the

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13. Auditors use nonstatistical sampling to select items for audit testing when a population is very small, the population items are not similar enough, or there are specific items in the population that the auditors want to review.

audit period. We inspected each audit summary report to determine whether it was submitted no later than October 31 of the corresponding year to the clerks of the House of Representatives and the Senate, the House and Senate Committees on Ways and Means, and the Joint Committee on Children, Families and Persons with Disabilities. We reviewed each audit summary report and determined whether each report contained the required information listed in Section 15(f) of Chapter 19C of the General Laws, which is as follows:

- (i) the number of substantiated findings of abuse found or not found to have been registrable;*
- (ii) the number of people on the registry;*
- (iii) the number of people who were added to the registry in the last fiscal year;*
- (iv) the number of substantiated findings of registrable abuse that were appealed in the last fiscal year;*
- (v) the number of substantiated findings of registrable abuse that were overturned on appeal in the last fiscal year;*
- (vi) the number of requests made by employers for information from the registry and the number of such requests that were granted in the last fiscal year;*
- (vii) the total number of instances in the last fiscal year in which the commission failed to notify the department or the last known employer of a care provider who was placed on the registry and the reasons for such failures; and*
- (viii) the number of employers found to have failed to meet the requirements of subsection (d) [of Section 15 of Chapter 19C of the General Laws] in the last fiscal year.*

We then reconciled the number of people added to the Registry of Abusive Care Providers for each fiscal year during the audit period to the number of people reported as newly added in the corresponding audit summary report to determine whether the information in the report was accurate.

Additionally, we selected a random, nonstatistical sample of 20 names out of the population of 69 names that were on the Registry of Abusive Care Providers list. We traced each of the 20 names in our sample to their corresponding Investigation Reports in DPPC's CMS and determined whether those names were substantiated abusers, which warranted their names being listed on the Registry of Abusive Care Providers. Further, we determined whether the Registry of Abusive Care Providers was current by comparing it to the samples we selected during our testing of Objectives 1 and 2, which were indicative of substantiated abuse cases.

For this objective, we found no significant issues during our testing. Therefore, we concluded that, based on our testing, DPPC met the relevant criteria regarding maintaining the Registry of Abusive Care Providers.

We used a combination of statistical and nonstatistical sampling methods for testing, and we did not project the results of our testing to the populations corresponding to IRs, Investigation Reports, RI Reports, PSPs, or the Registry of Abusive Care Providers.

## Data Reliability Assessment

To determine the reliability of the data from DPPC's computer network system, we reviewed a System and Organization Controls 2 Type 2 Report,<sup>14</sup> and mapped it to the respective areas such as: DPPC's security management, configuration management, segregation of duties, contingency planning, and access controls. We tested all 68 employees hired during the audit period to determine whether they had completed initial cybersecurity training. We also selected a nonstatistical, random sample of 8 employees out of 142 who had computer network access during the audit period and tested whether these 8 employees completed annual cybersecurity training, whether background checks were performed at their time of hire, and whether their computer user access rights matched their titles and positions. We also determined whether employees who were terminated during the audit period had their computer network access removed. We also interviewed DPPC management who were knowledgeable about the data. We observed DPPC officials query and extract the following information from the CMS:

- a total of 4,805 IRs (of which 4,721 were from within the audit period and thus constituted our testing population;<sup>15</sup>
- a total of 3,012 Investigation Reports (of which 2,645 were from within the audit period and thus constituted our testing population;<sup>16</sup>
- a total of 10 RI Reports;
- a total of 341 investigations with substantiated cases of abuse committed during the audit period (and which constituted our testing population);

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14. A System and Organization Control report is a report on controls about a service organization's systems relevant to security, availability, processing integrity, confidentiality, or privacy issued by an independent contractor.

15. The original number of 4,805 extracted records was due to limitations with DPPC's CMS, which resulted in extracting records that were outside the audit period. Our date range test (referenced later in this section) helped in narrowing down the records to only ones relevant to our audit.

16. See Footnote [15](#) for more information.



- a total of 352<sup>17</sup> CMS users (of whom 142 were specifically DPPC employees active during the audit period and thus constituted our testing population); and
- a total of 69 registered abusers who were added to the Registry of Abusive Care Providers during the audit period.

The chief of quality assurance and audit officer then provided these records to us in Microsoft Excel spreadsheets. We ensured that the number of CMS records we observed for each document type listed above matched the corresponding number of records in the Excel spreadsheets. We performed a date range test to ensure that our testing only involved records from within the audit period. We tested the data to ensure that it did not contain any spreadsheet issues (e.g., hidden objects such as names, rows, columns, or workbooks; duplicate records; or missing values in necessary data fields).

Specifically for testing the CMS users list, we also traced all 142 DPPC CMS users from our population to the Human Resources Compensation Management System, which is the Commonwealth's official payroll system, to ensure that each CMS user in our population was an active DPPC employee during the audit period.

Based on the results of the data reliability assessment procedures described above, we determined that the information we obtained was sufficiently reliable for the purposes of our audit.

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17. Of the 352 CMS users, 210 users were non-DPPC employees, such as contracted vendors and other state employees from the Department of Developmental Services, the Department of Mental Health, the Massachusetts Rehabilitation Commission, and the State Police.

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## OTHER MATTERS

### Filing of Investigation Reports

The Disabled Persons Protection Commission (DPPC) made progress in applying the recommendations from our previous audit (Audit No. 2020-0046-3S) for Finding 2, which stated, “DPPC does not always complete its investigations within the required timeframes or document the reasons for not doing so.” Specifically, since our last audit, DPPC enhanced its monitoring policy that requires it to run monthly reports and send notices to external protective service agencies to alert them of outstanding requirements. Additionally, DPPC now requires that all protective service plans and reasons for investigation delays be documented within the case notes. Our previous audit report disclosed that 56% of late abuse investigations during the prior audit period did not have any documented reasons for delays, compared to our current audit, which revealed that all late Initial Responses (IRs), Investigation Reports, and Retaliation Investigation (RI) Reports had documented reasons for delays. We commend DPPC for making progress addressing findings from our previous audit; however, there is room for improvement in order for DPPC to achieve full compliance with Section 5.02(4)(a) of Title 118 of the Code of Massachusetts Regulations (CMR). Specifically, despite DPPC appropriately documenting the reasons for delays related to the filing of Investigation Reports, we feel that enhanced collaboration with the Department of Developmental Services, the Department of Mental Health, etc., along with enhanced policies, procedures, and monitoring, could result in more timely submission of investigation reports in the first place. The following paragraphs outline detailed results from our audit.

### IRs

We inspected 60 IRs (all of which were for nonemergency cases) and found that 21 were not filed with DPPC by external Adult Protective Services (APS) investigators within the required timeframe of 10 calendar days from the screening date for nonemergency cases. The delays ranged from 1 to 65 days after the due date, with an average of 10 days late. The following are the details of our results:<sup>18</sup>

- There were 9 instances where the corresponding external protective services agency was understaffed and had a large caseload, according to both case notes and explanations that DPPC’s chief of quality assurance and audit officer provided to us.

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18. Some of the 21 IRs in question had more than one instance of delay. Because of this, in total, there were 27 instances of delays.

- There were 3 instances where the corresponding external protective services agency received multiple reports regarding the same alleged victim, which made repeated interviews with the alleged victim, witnesses, and alleged abuser necessary.
- There were 4 instances that involved reports of alleged sexual assault, which required additional investigation time.
- There were 4 instances that involved police investigations, which required additional investigation time.
- There were 7 instances where the protective services agency had difficulty scheduling interviews with the alleged victims and/or abusers. The following is a breakdown of these 7 instances:
  - There were 3 instances where the protective services agency received multiple reports for one alleged victim, requiring repeated interviews with the alleged victim, witnesses, and the alleged abuser.
  - There were 3 instances where the interviewee was hospitalized and unable to be interviewed.
  - There was 1 instance where the interviewee was initially unable to be found by an APS investigator due to being incarcerated.

## Investigation Reports

We inspected 60 Investigation Reports and found that 31 were not filed with DPPC by the APS investigator within the required timeframe of 45 calendar days from the screening date. Of the 31 late Investigation Reports, 23 were filed with DPPC by an external APS investigator, and the remaining 8 by an internal DPPC APS investigator. The delays ranged from 1 to 166 days after the due date, with an average of 46 days late. The following are details regarding our results:<sup>19</sup>

- There were 16 instances where the corresponding external protective services agency was understaffed and had a large caseload, according to both case notes and explanations that DPPC's chief of quality assurance and audit officer provided to us.
- There was 1 instance that involved reports of alleged sexual assault, which required additional investigation time.
- There were 3 instances where the external protective services agency required multiple report revisions that caused the late submission.

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19. Some of the 31 Investigation Reports in question had more than one instance of delay. Because of this, in total, there were 34 instances of delays.

- There were 4 instances that were deemed substantiated abuse cases, requiring additional investigatory steps.
- There were 5 instances where the protective services agency encountered difficulties accessing records involving alleged victims and abusers, such as obtaining private video recordings of abuse incidents.
- There were 5 instances where the APS investigators had difficulty scheduling interviews with the alleged victims and/or abusers. The following is a breakdown of these 5 instances:
  - There were 2 instances where an APS investigator encountered a delay in (1) obtaining victims' health records from the hospital and (2) scheduling interviews with victims' doctors.
  - There was 1 instance where an alleged abuser's attorney refused interview access to their client.
  - There was 1 instance that required interviewing multiple witnesses, but scheduling some of the witness interviews was unsuccessful.
  - There was 1 instance where there was an undocumented scheduling delay.

## RI Reports

We inspected 10 RI Reports and found that 1 was not filed with DPPC's director of investigations by an APS investigator within the required timeframe of 60 business days from the screening date. This RI Report was late by 14 business days.

## Authoritative Guidance

The submission timeframe requirements for abuse investigation reports are detailed in 118 CMR 5.02(4)(a), which states,

- *Requirements of Initial Response.*
  - a. . . . The "Initial Response" . . . shall be submitted to the Commission by the investigator within . . . ten calendar days for nonemergency reports of abuse. . . .
- *Requirements of Investigation Report.*
  - a. . . . The "Investigation Report" . . . shall be submitted to the Commission by the investigator within 45 calendar days from the date the report of abuse was referred by the Commission for investigation.

The submission timeframe requirement for RI Reports is detailed in 118 CMR 5.03(2), which states,

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*The Investigation Report of the investigation . . . shall be submitted to the Commission's Director of Investigations within 60 business days from the date on which the allegation of retaliation was assigned for investigation.*

The documentation requirements for abuse Investigation Reports and RI Reports are detailed in Section II(E) of DPPC's Retaliation Investigations Procedure and Section III(E) of DPPC's Investigation Assignment, Monitoring and Timeframes Procedure.

Section II(E) of DPPC's Retaliation Investigations Procedure states, "All steps and actions . . . shall be documented in the Retaliation Investigation Report section of the database."

Section III(E) of DPPC's Investigation Assignment, Monitoring and Timeframes Procedure states,

*Throughout the submission and approval process . . . the status and location of an IR or 19C Investigation Report will be tracked in the [case management system (CMS)]. The Oversight Officer or designee will send status requests on IR or 19C Investigation Reports that have not met the established timeframes to the Investigator and Investigations Manager who must respond to the request . . . with the . . . reason for delay. . . . The status of each Oversight Officer's assigned cases will be reviewed weekly and updated as needed in the CMS.*

## Reasons for Late Reports

### IRs and Investigation Reports

DPPC stated that IRs for nonemergency cases and Investigation Reports can be delayed for various reasons, many of which are beyond the control of DPPC or the protective services agency. These reasons include potential difficulties with the following:

- locating and/or interviewing witnesses, alleged victims, and/or alleged abusers;
- accessing critical third-party records from medical examiners or facilities such as hospitals;
- coordinating with law enforcement or other agencies conducting parallel investigations;
- delays in receiving evidence such as DNA and sexual assault results; and
- prioritizing risky cases while balancing high caseloads and investigatory staffing shortages at protective service agencies.

DPPC also stated that its regulations permit adjustments to timelines because, in certain instances, delays are inevitable and even necessary to ensure thorough investigations.

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## RI Reports

DPPC stated that the one RI Report delay occurred because the alleged retaliation victim did not identify a specific alleged retaliator, which required additional time for an in-depth investigation. This investigation ultimately indicated that the claims were unsubstantiated.

## Recommendation

DPPC should continue to work with the Department of Developmental Services, the Department of Mental Health, the Massachusetts Rehabilitation Commission, and its internal APS investigators to meet required timeframes by filing IRs for nonemergency cases within 10 calendar days, Investigation Reports within 45 calendar days, and RI Reports within 60 business days.

## Auditee's Response

*The DPPC has processes in place to ensure swift action on potential abuse, independent of timelines for submitting initial responses or investigation reports. As observed and documented by the audit team throughout our several sessions during the audit and the audit team's review of numerous agency Policies & Procedures, DPPC prioritizes immediate safety and risk mitigation through:*

- **Immediate Safety Measures:** *Protocols for swift actions upon identifying potential abuse (e.g., removal of alleged abuser, alternative placement, or care). These occur before formal reports are issued.*
- **Ongoing Risk Assessment and Mitigation:** *Continuous risk assessment occurs from initial hotline contact throughout issuance of the formal report. Immediate remedial protective service measures are implemented if risks are identified, regardless of report status.*
- **Interim Actions:** *DPPC and partner agencies implement interim remedies during ongoing investigations (e.g., changes in supervision or training based on preliminary findings).*

*The DPPC's ability to act promptly is not dependent on the submission of documentation associated with the investigation. Our existing protocols prioritize individual safety and wellbeing, ensuring prompt action when necessary. However, the DPPC agrees with the Auditor's Recommendation to continue to work with existing partners to ensure adherence to timelines to the full extent possible. DPPC is committed to improving efficiency and will take the following steps:*

- **Enhanced Collaboration:** *Streamlining information sharing and coordination with [the Department of Developmental Services], [Department of Mental Health], and MassAbility through system enhancements, joint meetings, and improved notifications.*
- **Internal Process Review:** *Identifying and addressing bottlenecks in investigation workflows (case assignment, evidence gathering, notifications, report review).*

- ***Resource Allocation Assessment:*** Ensuring adequate staffing and support for effective caseload management.
- ***Improved Tracking and Monitoring:*** Implementing enhanced mechanisms (e.g., updates to our [case management system], progress reports) for proactive delay identification and intervention.
- ***Reinforced Training and Accountability:*** Emphasizing adherence to timelines and protocols for all investigators.

### **Auditor's Reply**

We commend DPPC for taking steps to continue to improve upon its policies and procedures in these areas.