

DBHDS



Virginia Department of Behavioral Health
and Developmental Services

Reporting in CHRIS

Abuse, Neglect, Exploitation & Human Rights Complaints

Office of Human Rights

2024

01

Develop an understanding of entering a complaint in CHRIS.

02

Identify and distinguish different types of complaints and reporting requirements.

03

Review reportable and non-reportable human rights complaints.

Regulatory Information “Handout”

Determining Abuse

CHRIS Demo (Allegation)

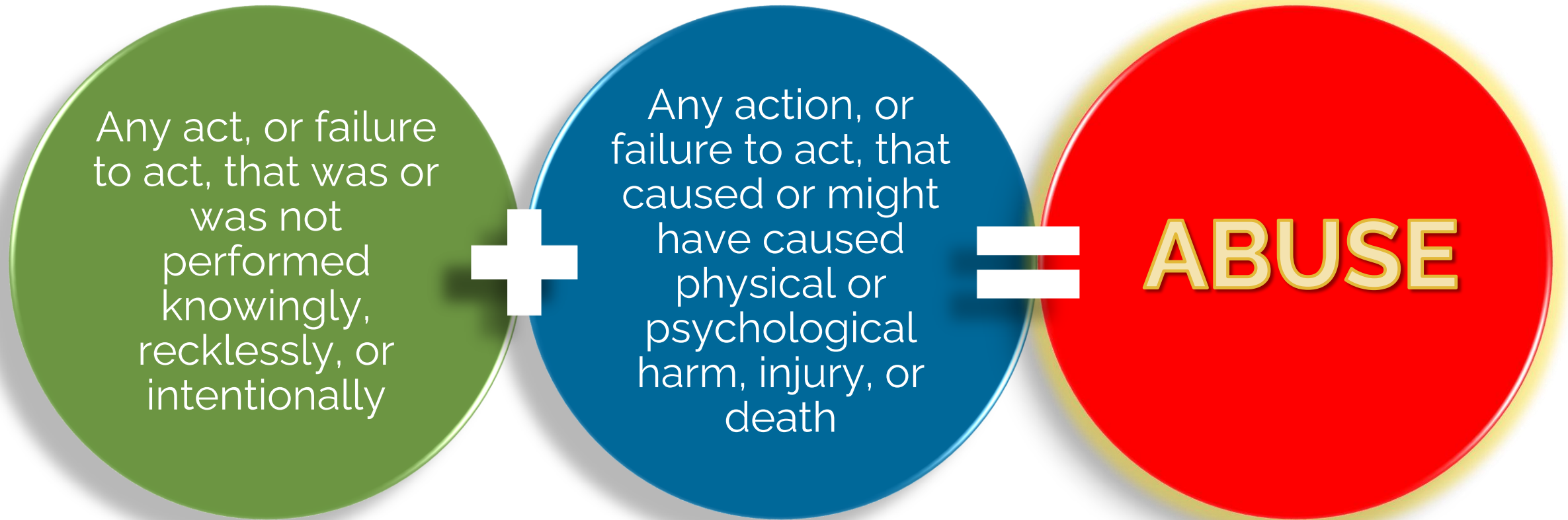
CHRIS Demo (Complaint)

Considerations in Reporting

Reporting in CHRIS Training Handout

Relevant Regulatory Information		
Human Rights Complaint Process	12VAC35-115-175 (C)(1)	<ol style="list-style-type: none">1. Complaints that do not involve abuse or neglect must be reported to the department (i.e., in CHRIS) as soon as possible, but no later than the next business day.2. Complaints involving allegations of abuse or neglect must be reported to the department, in CHRIS, within 24 hours of receipt of the complaint [12VAC35-115-175 (F)(3)].
	12VAC35-115-175 (C)(2)	<ol style="list-style-type: none">1. The individual must be contacted regarding the complaint within 24 hours.2. If the individual has an authorized representative (AR), that person must also be contacted within 24 hours regarding the complaint [12VAC35-115-175 (F)(3)].
	12VAC35-115-175 (C)(3)	<ol style="list-style-type: none">1. An impartial investigation must begin as soon as possible, but no later than the next business day.2. Those investigating abuse, neglect, or exploitation must be trained to do so and must not be involved in the complaint [12VAC35-115-175 (F)(4)]. <p><i>Special Note: Given that investigations must be impartial, it is important that each organization have internal policies and procedures for conducting investigations. Below are a couple of questions to consider:</i></p> <ul style="list-style-type: none">• <i>What is the process for reassigning investigators when the assigned investigator is involved in the complaint under investigation?</i>• <i>What is the process for assigning an investigator when the director or owner is the accused staff person?</i><ul style="list-style-type: none">○ <i>Because the investigation must be impartial, it needs to be considered how impartial the investigation will be if an employee is responsible for investigating their manager, supervisor, director, owner.</i>

	12VAC35-115-175 (C)(B)	<ol style="list-style-type: none"> 1. The results of the investigation, including any applicable action plan, must be reported to the individual and authorized representative (if applicable) within 10 working days, and entered into CHRIS. 2. Results of abuse, neglect, or exploitation investigations must be provided to the director and human rights advocate, in a written report, within 10 working days of the date the investigation began, unless an extension was granted [12VAC35-115-175 (F)(S)]. <ul style="list-style-type: none"> • Extensions may be requested through the assigned advocate no later than the 6th day of the investigation. Be prepared to explain the reason for the request and the anticipated completion date. It is up to the advocate to approve the request and set the extended due date. • The director must submit the final decision and action plan to the individual, authorized representative (if applicable), in writing, within 10 working days from completion. <ul style="list-style-type: none"> o The date of notification must be documented in CHRIS on the Investigation tab. o The written notification is typically provided in the form of a director's decision letter and must include [12VAC35-115-175 (E)(7)(b)]: <ul style="list-style-type: none"> ■ The individual's right to appeal. ■ The process to appeal. <ul style="list-style-type: none"> • This should include the Regional Advocate's name and phone number.
Provider Requirements for Reporting	12VAC35-115-230 (A)(1)	The director of a facility operated by the department shall report allegations of abuse and neglect via the department's web-based reporting application in accordance with all applicable operating instructions issued by the commissioner or his designee.
	12VAC35-115-230 (B)(1)	Any death or serious injury that is suspected or known to be the result of abuse or neglect must be reported to the Office of Human Rights in CHRIS.
	12VAC35-115-230 (C)(1)	The director of a facility operated by the department shall report each instance of seclusion or restraint or both in accordance with all applicable operating instructions issued by the commissioner or his designee.



Coercion

Coercion is not officially defined in the regulations; however, it is important to understand how it is related to abuse.

The use of expressed or implied threats of violence or reprisal or other intimidating behavior that puts a person in immediate fear of the consequences in order to compel that person to act against his or her will, or subtle language or actions intended to persuade or otherwise influence someone to do something that they might typically be unwilling to do, using tactics such as emotions, psychology, imagination, or indoctrination.

Exploitation

This type of abuse, is the misuse or misappropriation of the individual's assets, goods, or property. Exploitation also includes the use of a position of authority to extract personal gain from an individual.

Using an individual's belongings without permission • Withholding an individual's belongings to ensure compliance • Accepting gifts • Financial misconducts • Stealing or borrowing an individual's medications • Offering an individual additional medication in exchange for sexual favors (this would also be coded as sexual abuse)

Neglect

Failure by an employee or program responsible for providing services to do so, including: nourishment, treatment, care, goods or services necessary to the health, safety and welfare of an individual receiving services.

Failure to take actions that would have prevented an injury • Failure to stop or try to stop an individual from an activity that could lead to harm • Allowing two individuals to fight without intervening (e.g., peer on peer aggression) • Failure to provide adequate supervision • Certain medication errors • Elopement (based on the provider's internal policies & procedures)

First - determine whether the act, or failure to act by the employee was done knowingly, recklessly, or intentionally.

- o **Knowingly:** with a sense of consciousness or awareness.
- o **Recklessly:** with a sense of carelessness, inattention, or deviation from policy and procedure.
- o **Intentionally:** done deliberately or willfully.

Second - determine whether the act, or failure to act by an employee either caused, or may have caused:

- o **Physical or psychological harm**
- o **Injury**
- o **Death**

Peer-to-Peer Incidents that involve an allegation or suspicion of abuse or neglect must be entered into CHRIS within 24 hours of the date of discovery in accordance with the Human Rights regulations [12VAC35-115-230](#) Provider Reporting Requirements. All Peer-to-Peer Incidents that are entered into CHRIS should receive a DI 201 investigation. [*see [P2P Technical Assistance Memo](#)]

Entries should be made using the CHRIS allegation category “**Neglect Peer-to-Peer.**” These incidents must be investigated in full accordance with DI 201 and the Human Rights regulations. Peer-to-Peer Incidents requiring entry into CHRIS and a DI 201 Investigation should meet at least one of the following criteria:

- ☐ An Incident that clearly or allegedly occurred because staff were not engaged in appropriate supervision (e.g., staff not monitoring a room they are supposed to monitor; staff willfully ignoring bullying or aggression of one peer to another, staff intervene in peer aggression but not in accordance with policy)
- ☐ An Incident involving an allegation or suspicion of sexual assault, and or other non-consensual sexual acting out (touching of another peer's private areas)
- ☐ An Incident involving an allegation or suspicion of consensual and non-consensual sexual acts between minors
- ☐ An Incident involving an allegation or suspicion of sexual activity between adult peers in which at least one individual is deemed to lack capacity to make informed decisions
- ☐ Three or more Incidents involving one or more of the same peers within a 72 hour timeframe
- ☐ An Incident with a DI 401 outcome severity level of 04 or 05
- ☐ Any Incident the Facility Director or Advocate determines needs further investigation.

❖ Allegations that are made by an individual which are improbable to have happened

- i.e. an individual claims that they are beat-up nightly in their room. However, in review of video footage no one enters or exits the room from the time the individual goes to bed or awakens; nor are there marks or injury to support the allegation.

- It is important to note that all allegations of abuse or neglect must be investigated. Also, all allegations of abuse or neglect must be treated independently of any other abuse/neglect investigation.

For an allegation to be identified as improbable:

- ✓ There must be consultation with the individual's treatment team to determine whether the inaccurate information is symptomatic of the individual's illness or disability.
- ✓ There must also be a thorough clinical assessment which concludes that the allegation is improbable.

- The **Director, Investigator**, and **Advocate** must agree on improbability. If the Facility Director, Investigator, or Facility Advocate believe further investigation is warranted, the investigation must continue.
- If the allegation is determined to be improbable, no further investigation is needed, and the case closed as unsubstantiated; however:
- The investigator must submit a report explaining the rationale for the improbable finding
 - The Facility Director must maintain the supporting documentation
 - **The allegation DOES need to be entered into CHRIS, as any other investigation.**
 - ✓ "Unsubstantiated" Finding on Investigation tab
 - ✓ Noting "Improbable Allegation" in remarks

CHRIS Accounts & Access

- All requests for DELTA accounts, to include obtaining access to CHRIS, must be made through the DELTA Helpdesk Microsoft Form: [DELTA Account Request Form](#)
- Each Facility is encouraged to have at least two representatives assigned DELTA oversight. The Facility may have dedicated administration staff who enter the complaints. These representatives will oversee CHRIS operations and the roles assigned to the Facilities representatives.
- There should always be staff available to enter complaints, and available to access the report, when needed.

Technical Assistance and Reminders

- For general questions about what should be reported, contact your assigned Human Rights Advocate.
 - If you receive an error while you are entering the report within your 24-hour timeframe, take a screenshot and send to your Advocate.
- For issues with **CHRIS** login or **DELTA** access, email deltaprod@dbhds.virginia.gov.
- **CHRIS is designed to time out after 15 minutes.**
 - Save information while you are working.
 - Keep a Word document and copy/paste the information into CHRIS.
 - When you click Save, look for "**RECORD IS SAVED**" at the top and bottom of the CHRIS page. If you do not see this message, your record was not saved. Review the error message and fix the error.
- Be clear, concise in describing the complaint (only provide the relevant information for the allegation)
- Enter complaints for the victim (**one victim per report**)
- Be mindful of mandated reporter [responsibility](#)
- Contact your Advocate if there is something preventing you from reporting on [time](#)
- Ensure your report is complete and thorough






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Virginia Department of Behavioral Health and Developmental Services

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Resources

- Help
- About
- Contact Us
- Privacy Policy



Login

▶ Username: Username is required.

▶ Password: Password is required.

[Forgot Password](#)

[Log In](#)

(▶) Denotes required fields

The security of your personal information is important to us!

Diligent efforts are made to ensure the security of Commonwealth of Virginia systems. Before you use this Web site to conduct business with the Commonwealth, please ensure your personal computer is not infected with malicious code that collects your personal information. This code is referred to as a [keylogger](#). The way to protect against this is to maintain current [Anti-Virus](#) and [security patches](#).

For more information on protecting your personal information online, refer to the [Citizens Guide to Online Protection](#). [Online Protection Glossary](#)

- Select a “search type”:
 - ✓ Name
 - ✓ Abuse Case Number
- ❖ Individual is found via AVATAR, entered by HIM staff
- ❖ If Individual not found:
 - May not show on same day of admission
 - Ensure name is spelled correctly
- ❖ If individual requires entering or Individual name is incorrect, this must be fixed in AVATAR by HIM staff

CHRIS VERSION 5.2

Select a Record by Clicking

By Name-You must enter the individual's first and last names
(This search will display all records that 'sound like' the name you entered.)

By Abuse Case - you must enter the abuse allegation case number

By Complaint Case - you must enter the complaint case number

To report changes to your operating service status related to the state of emergency, please click [HERE](#)

Agency CD:016 , User Role: 22

☐ by Name ☐ by Abuse Case ☐ by Complaint Case **Select one**

Case Number

Name (First, Last)

➤ You **must** select a record search type to access ability to enter existing case numbers or name

Example:

Search:

- **"by Name"**

Enter name:

- **(FIRST, then last)**

Click **"Search"**

- Individual is found

Click "ID" link

❖ Note:

If this is a newly entered individual, you may use the hyperlink in CHRIS to begin entering in demographics to create new case

CHRIS VERSION 5.2

Select a Record by Clicking

By Name-You must enter the individual's first and last names
(This search will display all records that 'sound like' the name you entered.)

By Abuse Case - you must enter the abuse allegation case number

By Complaint Case - you must enter the complaint case number

To report changes to your operating service status related to the state of emergency, please click [HERE](#)

Agency CD:016 , User Role: 22

☒ by Name ☐ by Abuse Case ☐ by Complaint Case ☐ by Death/Incident Case

Case Number

Name (First, Last) Thor Odinson

Choose from the individuals below or click [here](#) to add new individual.

ID	First	MI	Last	SSN	Gen.	DOB	City	Zip
016202411014111	Thor		Odinson	999999999	M	10/31/1981		

Select Individual Abuse Information Complaint Information Death/Incident

CHRIS VERSION 5.1

* denotes a required field

^ additionally required fields for CSBs and Private Providers

* Legal Name (First, MI, Last)	Thor Odinson
*SSN (no dashes) Don't have SSN Please enter (000000000)	999999999 (999999999)
Current Address where individual is living	
* Street	777 Bi-Frost Way
* City, *State, *Zip	Asgard VA 77777
Phone	(540) 777-7777 Phone (###) ###-####
Provider Primary Address	
Street	
City, State, Zip	

DEMOGRAPHICS

*Date of Birth (format: 99/99/9999)	10/13/1981
*Race	Other
*Gender	Male
Medicaid Number	
*Substitute Decision Maker	No Yes
Relationship to Individual	Legal Guardian/Attorney in Fact

Name	Odin Odinson	Phone Number		Email	
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Save

Cancel

Delete

[Back to top](#)Select Individual tab:

- Verify correct individual
- Provider address will auto populate from location selected previously
- In the “**Demographics**” section of this tab, the **Substitute Decision Maker** field is now **required**. When “Yes” is selected, the following must be completed:
 - “Name”
 - “Phone number” and “Email”
 - (*enter unknown where applicable)
 - “Relationship to Individual”
- **Save record** - This completes the Select Individual Tab

Next: Click the "**Abuse Information**" Tab:

Select Individual

Abuse Information

Complaint Information

Death/Incident

Individual Allegation

CHRIS VERSION 5.2

* denotes a required field

Thor Odinson

Select an existing abuse case below or [here](#) to add a new incident.

	Counter	AbuseDate	Description
129903	20240001	01-10-2024	-Who, What, When, Where, How -Snap Shot

Next: Click the "**Allegation**" Tab:

On the "**Allegation**" tab, any existing cases for the individual will be shown

- Add updates by clicking the hyperlink to the case in CHRIS (i.e. [129903](#) in this example)
- New incidents can also be added at this time by clicking the hyperlink stating "here" to add new incidents

Individual **Allegation** Notification Accusation Witnesses Investigation DBHDS Advocate Report LHRC SHRC

1

2

3

4

Overview: Time/Date, Service type/location, etc.

Details: Who, What, Where, When, How – Snapshot

Injuries: Specific Injury/injuries reported or observed

Reporting: Persons reporting /Report “Trail”

1

Overview

*"Abuse Counter" = **Case Number**
i.e. **202400001** seen here

- ❖ Provider will be auto-populated
- ❖ Service Type/Location will be auto-populated

Enter the following information:

- ✓ Abuse Date/Time Reported
- ✓ Specific area where alleged abuse occurred during the service

Individual	Allegation	Notification	Accusation	Witnesses	Investigation	DBHDS Advocate Report	LHRC	SHRC
CHRIS VERSION 5.2								
* denotes a required field								
Thor Odinson								
Select an existing abuse case below or here to add a new incident.								
	Counter	AbuseDate	Description					
129903	20240001	01-10-2024	-Who, What, When, Where, How -Snap Shot					
Abuse ID:	129903 Abuse Counter: 20240001		* Abuse Date/Time (format: 99/99/9999)	01/10/2024				
			* (hh:mm AM or PM)	00:00 AM				
				Enter 00:00 if time is unknown				
Provider:								
Location:	* <input type="text"/>		* Specific Site of Abuse	Hallway (e.g.: "Bathroom")				
	(Entry of Street, City, State and Zip are required for CSB and private provider individuals.)		* Individual receiving a waiver service?	<input checked="" type="radio"/> No <input type="radio"/> Yes				
Street	<input type="text"/>		* Waiver	<input type="text"/>				
City	<input type="text"/>		* Waiver Type	Required if receiving waiver service.				
State, Zip	<input type="text"/> VA <input type="text"/>							
*FIPS	<input type="text"/>							
*Medicaid Number	<input type="text"/> Required if receiving waiver service.		* Case Management Provider	Required if receiving waiver service. If not receiving waiver service, Case Management Provider is optional.				

2

Details

- Select type(s) of abuse alleged. More than one selection can be chosen.

Describe:

- ✓ "Who" is the alleged assaulter /victim
- ✓ "What" type of alleged abuse is reported/denied, and by whom
- ✓ "When" did the alleged abuse occur
- ✓ "Where" specifically in the service area did the alleged abuse occur
- ✓ "How" was the alleged abuse perpetrated or happened.

DETAILS						
* Type: (Select All that apply)	<input type="checkbox"/> Physical	<input type="checkbox"/> Sexual	<input type="checkbox"/> Verbal	<input type="checkbox"/> Seclusion	<input type="checkbox"/> Restraint	<input type="checkbox"/> Exploitation
	<input type="checkbox"/> Psychological	<input type="checkbox"/> Neglect: peer on peer aggression	<input type="checkbox"/> Neglect: Missing Individual, Elopement, AWOL	<input type="checkbox"/> Neglect: Medication Related	<input type="checkbox"/> Neglect: Failure to provide services necessary for health, safety and welfare	
*Describe the Abuse	<div>-Snapshot of allegation reported: Who, What, When, Where, and How</div> <div>-Use language provided by the individual in "quotes"</div>					
<div>Check Spelling</div>						

3

Injuries

- Indicate injuries that are observed, that meet the definition of serious injury (section 30) - by selecting yes or no
- Specify the type of injury - more than one type of injury can be selected
- Select yes or no if the individual receive medical attention, and the *type* of care provided
 - ❖ *Emergency (i.e., ambulance or taken out of the facility) / Non-emergency (i.e., appointment made)
- Lastly describe the treatment provided and findings. *If taken out of the facility use hospital records to report the treatment received / diagnosis or cause.
- If specifying “NO” to injury, a notation of a “medical review” and/or verbal denial of injury noted from individual.




INJURIES	
*Individual Injured?	<input type="radio"/> No <input type="radio"/> Yes
Type of Injury: (Select All that apply)	<input type="checkbox"/> Bruises <input type="checkbox"/> Fractures <input type="checkbox"/> Lacerations <input type="checkbox"/> Death <input type="checkbox"/> Burns <input type="checkbox"/> Other Injury
Medical Attention provided?	<input type="radio"/> No <input type="radio"/> Yes
Medical Attention Type	<input type="radio"/> NonEmergency <input type="radio"/> Emergency
Description of Medical Treatment Provided & Finding	<div></div> <div>Check Spelling</div>

4 Reporting: Persons reporting /Report "Trail"

- Begin by noting the person making the allegation, followed by their title (if applicable) and "Entity" (i.e. is the person reporting the individual, the parent or the AR, staff, etc.)
- Allegations from the Office of the State Inspector General (OSIG) will have a 'complaint number' associated with the allegation, which must be listed next.
- The person to whom and when the allegation was reported is noted next, as well as their title.
- Next is noting whom reported the allegation to the Facility Director (FD) and date/time when the FD was notified.
- Lastly, enter the name and the telephone number for the person entering the information into CHRIS ***allegations of ANE must be entered in CHRIS as soon as possible, but no later than *24 hrs.**

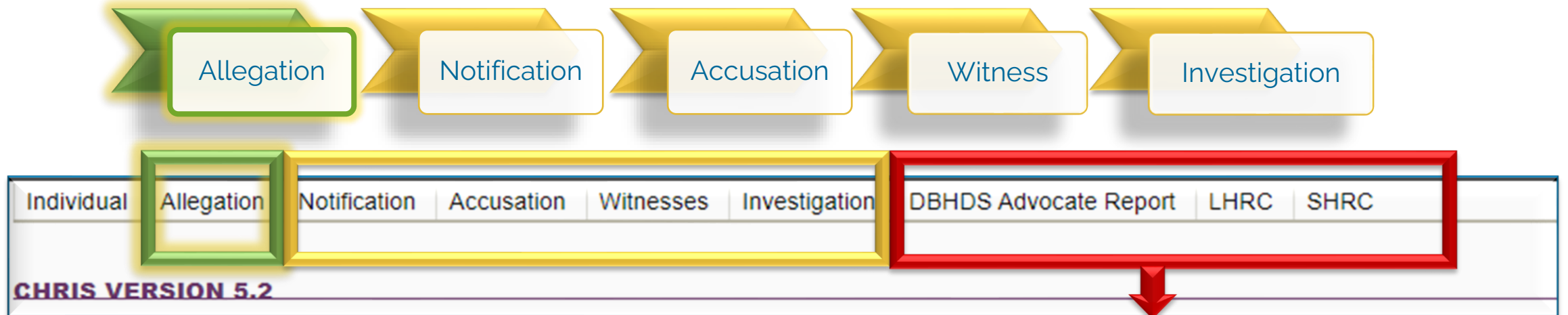
SAVE record – This completes the Allegation Tab

REPORTING

Who made the allegation?	
Name (First, MI, *Last)	Thor <input type="text"/> <input type="text"/> Odinson <input type="text"/>
Title	<input type="text"/> **Read Only**
*Entity	Individual <input type="text"/>  <div> Individual Legal Guardian/AR Family Member Provider Staff OHR/Advocate APS/CPS OSIG dLCV Unknown Other </div>
OSIG complaint # <small>Required if selected OSIG on entity.</small>	<input type="text"/>
* Date Allegation made <small>(format: 99/99/9999)</small>	01/10/2024 
To whom did they report it?	
Name (First, MI, *Last)	Care <input type="text"/> <input type="text"/> Bear <input type="text"/>
Title	<input type="text"/>
Who reported it to the Director?	
Name (First, MI, *Last)	Care <input type="text"/> <input type="text"/> Bear <input type="text"/>
*Date/Time Reported <small>(format: 99/99/9999)</small>	01/10/2024 
* (hh:mm AM or PM)	01:30 AM <input type="text"/>
Who entered report in CHRIS?	
Name (First, MI, *Last)	Whomever <input type="text"/> <input type="text"/> Enters it in CHRIS <input type="text"/>
*Phone	(540) 857-6309 <input type="text"/> Phone(###) ###-####

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- ❖ After clicking “Save” for the individual on the **Allegation** tab, a series of **additional tabs** will become visible (*or will already be visible if accessing a previously entered case.)



The remaining tabs are for the Advocate to complete. However, Providers may observe entries on these tabs.

- **DBHDS Advocate Report:** progress of the Advocate review of information entered by the provider.
- **LHRC:** Will be completed when appeals to the director decision are made/requested.
- **SHRC:** Will be completed when appeals of the LHRC are made/requested.

Virginia Department of Behavioral Health and Developmental Services

Home > DBHDS > CHRIS

Individual | Allegation | **Notification** | Accusation | Witnesses | Investigation | DBHDS Advocate Report | LHRC | SHRC

CHRIS VERSION 5.2

* Denotes a required field

Please use this form to enter all the information about who was notified and when.

NOTIFICATION DATES & TIMES

Case / Time (mm/dd/yyyy between AM or PM)

Director [1/15/2024 5:30:00 AM]

Licensing Bureau [00:00:0000] [00:00:0000] (Between AM or PM)

DBHDS Advocate Bureau [01/15/2024] [05:00 PM] [1/15/2024 9:00:04 PM] (Between AM or PM)

Substitute Decision Maker Bureau [00:00:0000] [00:00:0000] (Between AM or PM)

DBHDS Bureau [00:00:0000] [00:00:0000] (Between AM or PM)

Officer Bureau [00:00:0000] [00:00:0000] (Between AM or PM)

If Other, who was it?

DEPARTMENT OF SOCIAL SERVICES

Name (First, MI, Last) [] [] []

Date/Time Notified (Format: mm/dd/yyyy between AM or PM) [] [] [] [] [] []

Method of Notification []

DSS Findings []

POLICE

☐ Suspected Criminal activity

Local Police

Name []

Department []

Date Notified [] [] [] []

State Police

Name []

Department []

Date Notified [] [] [] []

DEPARTMENT OF HEALTH PROFESSIONALS

Name (First, MI, Last) [] [] []

Date/Time Notified (Format: mm/dd/yyyy between AM or PM) [] [] [] [] [] []

Method of Notification []

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1

Notification: Time/Date /Persons notified of allegation

2

Department of Social Services (DSS) Notification

3

Police Notification

4

Department of Health Professionals

1

Notification: Time/Date/Persons notified of allegation

- ❖ Director notification date and time auto-populates from previous entry on allegation tab.
- Note the date and times of additional notification to appropriate additional parties:
 - ✓ Advocate
 - ✓ Substitute Decision Maker:
 - Authorized Representative (AR)
 - Legal Guardian (LG)
 - Power of Attorney (POA)
- Other: Any other person notified. Use the text field to note who was notified.

CHRIS VERSION 5.2

* denotes a required field

Thor Odinson


Please use this form to enter all the information about who was notified and when.

NOTIFICATION DATES & TIMES

	Date / Time (mm/dd/yyyy hh:mm AM or PM)
Director	1/10/2024 1:30:00 AM
Licensing (format: 99/99/9999) (hh:mm AM or PM)	<input type="text"/> <input type="text"/>
*DBHDS Advocate (format: 99/99/9999) (hh:mm AM or PM)	01/10/2024 05:03 PM 1/10/2024 5:03:54 PM
Substitute Decision Maker (format: 99/99/9999) (hh:mm AM or PM)	<input type="text"/> <input type="text"/>
DMAS (format: 99/99/9999) (hh:mm AM or PM)	<input type="text"/> <input type="text"/>
Other (format: 99/99/9999) (hh:mm AM or PM)	<input type="text"/> <input type="text"/>
	If Other, who was it: <input type="text"/>

2 Department of Social Services (DSS) Notification



- Note any communications with DSS in this section:
- Name, Date, and Time of person notified
- Method of Communication via drop down Menu: Phone or Email (*for faxes, use email as well)
- Any participation, communication, or finding by DSS can be identified/updated via drop down menu

DEPARTMENT OF SOCIAL SERVICES	
Name (First, MI, Last)	<input type="text"/> <input type="text"/> <input type="text"/>
Date/Time Notified (format: 99/99/9999) (hh:mm AM or PM)	<input type="text"/>  <input type="text"/>
Method of Notification	<div><div>▼</div><div>Phone Email</div></div>
DSS Findings	<div><div>▼</div><div>Chose not to participate Founded In need of protective services Letter re: abuse findings No longer in need of protective services Not founded/does not need protective services Other Phone call Reason to suspect</div></div>

3

Police Notification

- When there is suspected or reported criminal activity, note this by checking the box indicating this concern.
- When contacting the **State Police**, provide:
 - ✓ Name of person contacted
 - ✓ Department
 - ✓ Date Contacted

POLICE	
	<input type="checkbox"/> Suspected Criminal activity
	Local Police
Name	<input type="text"/>
Department	<input type="text"/>
Date Notified	<input type="text"/> 
	State Police
Name	<input type="text"/>
Department	<input type="text"/>
Date Notified	<input type="text"/> 

4 Department of Health Professionals (DHP)

- ❖ Complete the section **only** when an alleged assaulter who is licensed by the DHP has been **determined** in the investigation findings and Director's decision as having conducted abuse.
- Name, Date, and Time of person notified
- Identify the method of Communication via drop down Menu: (Phone or Email)
 - *if faxed, use email as notification type

DEPARTMENT OF HEALTH PROFESSIONS

Name (First, MI, Last)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date/Time Notified (format: 99/99/9999) (hh:mm AM or PM)	<input type="text"/>		<input type="text"/>
Method of Notification	<input type="text"/>	<div>Phone Email</div>	
<div>Save</div>			

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"Save" record - This completes the Notification Tab

CHRIS VERSION 5.2

* denotes a required field

Thor Odinson

Select an existing record below or [here](#) to add a new Alleged Against Person

	ID	First	MI	Last
Select	143866	Accused		Assaulter
Select	143867	Additional		Individual

Name (First, MI, *Last)

Position/Relation

Birthdate

Actions Taken

<input type="checkbox"/> Terminated	<input type="checkbox"/> Written Counseling
<input type="checkbox"/> Transferred	<input type="checkbox"/> Monitoring
<input type="checkbox"/> Suspended	<input type="checkbox"/> Referral to Judicial System
<input type="checkbox"/> Resigned	<input type="checkbox"/> Accused Not Employee
<input type="checkbox"/> Remedial Training	<input type="checkbox"/> No Action
<input type="checkbox"/> Verbal Counseling	<input type="checkbox"/> Other

Remarks about Actions

Note actions to staff: (EXAMPLE)
-Staff no longer working with individual
-Staff supervised with individual

Save

Delete

Individual Allegation Notification **Accusation** Witnesses Investigation DBHDS Advocate Report LHRC SHRC

CHRIS VERSION 5.2

❖ Note the alleged employee(s) accused of abuse; and additional individuals involved as accused.

- ✓ **Name:** List the employee's/individuals name(s) (if name is unknown – list “staff” until discovered).
- ✓ **Position/Relation:** Note the title or relationship to the accused – if known (*will appear in drop down menu).
- ✓ **Action Taken:** indicate what steps are taken regarding the accused employee
- ✓ **Remarks:** describe what the “actions taken” (from above) included

➤ **Save record** – This completes the Accusation tab

Individual ✓ Allegation ✓ Notification ✓ Accusation ✓ **Witnesses** Investigation DBHDS Advocate Report LHRC SHRC

CHRIS VERSION 5.2

* denotes a required field

The record is saved.
Thor Odinson

Select an existing witness below or [here](#) to add a new witness.

	ID	First	MI	Last
Select	123414	Interview		Alleged Victim
Select	123415	Interview		Alleged "Assaulter"
Select	123416	Interview		Any Person Necessary

Witness

Name First, MI * Last

Interview ☐ Any Person Necessary ☐

Save **Delete**

➤ Note the individuals who were interviewed as part of the investigation.

❖ Include the ***alleged victim*** on this tab, as they should also be interviewed as part of the investigative process.

Save record -
This completes the Witness tab

CHRIS VERSION 5.2

1

2

3

4

5

INVESTIGATION BEGIN DATE, TRAINED INVESTIGATOR, FINAL DATE OF INVESTIGATION

DIRECTOR OR INVESTIGATOR AUTHORITY DISPOSITION

NOTIFICATION OF DECISION AND RIGHT TO APPEAL

RESPONSIBLE DBHDS ADVOCATE

CASE STATUS

Individual **Allegation** **Notification** **Accusation** **Witnesses** **Investigation** **DBHDS Advocate Report** **LHRC** **SHRC**

CHRIS VERSION 5.2

1. Investigation Begin date, Trained Investigator, Final Date of Investigation
2. Director or Investigator Authority Disposition
3. Notification of Decision and Right to Appeal
4. Responsible DBHDS Advocate
5. Case Status

1

**Notification:
Time/Date /Persons
notified of allegation**

- Note when the investigation began – Date and Time
- Note the **trained** investigator assigned to the case
- Note the date of the close of the **investigation**.
10 days, unless an extension has been granted

Individual	Allegation	Notification	Accusation	Witnesses	Investigation	DBHDS Advocate Report	LHRC	SHRC
------------	------------	--------------	------------	-----------	---------------	-----------------------	------	------

CHRIS VERSION 5.2

Thor Odinson

Investigation Begin Date (hh:mm AM or PM)	01/10/2024	01:35 AM
Trained Investigator's Name (First Name, MI, Last Name)	Name trained staff	
	Who did interviewing	

Important: To prevent loss of data on this Investigation tab, ensure that the accused staff person(s) name has been entered and saved on the Accusation tab. If the accused staff person(s) name (or unknown, if not known) is not entered and saved, you will be unable to save your investigation report and lose any data you enter on this tab.

Date of Investigator's Final Report	1/10/2024 5:19:00 PM
-------------------------------------	----------------------

2

**Director or Investigator
Authority Disposition**

- Use this section to identify the type of ANE determined via the investigation findings – you may select as many that may apply.
- ❖ If attempting to select “Other,” reach out to the Advocate for guidance regarding a selection.

DIRECTOR OR INVESTIGATION AUTHORITY'S DISPOSITION			
What type of Abuse/Neglect occurred? (check all that apply)			
Physical	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Undo	Psychological	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Undo
Verbal	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Undo	Neglect: peer on peer aggression	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Undo
Sexual	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Undo	Neglect: Missing Individual, Elopement, AWOL	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Undo
Seclusion: Not in compliance with standards	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Undo	Neglect: Medication Related	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Undo
Restraint Not in compliance with standards	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Undo	Neglect: Failure to provide services necessary for health, safety and welfare	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Undo
Exploit	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Undo	*Other (Explain on below textbox)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Undo

2

Director or Investigator Authority Disposition – cont.

- **Rationale:** identify how information in the investigation finds were obtained.
 - ✓ Improbable Allegation can be noted here
 - ❖ other rationale pertains to **video footage**:
Note time, date, location, and actions observed on the footage in text field.
- **Decision Date:** Note the date the Director made determination regarding if ANE occurred.
- **Reason for Corrective Actions:** In the investigation findings, select what was the identified concern/why corrective action is necessary (*select all that are found to apply).

Rationale	<input type="checkbox"/> Eyewitness Statements <input type="checkbox"/> Staff Admissions <input type="checkbox"/> Failure to Follow Behavior/Mgmt Plan <input type="checkbox"/> Failure To Follow Policy <input type="checkbox"/> Witness Credibility <input type="checkbox"/> Other (e.g., video footage)
Other Rationale	<input type="text"/>
Decision Date	<input type="text"/>
Reason for Corrective Action (Check all that apply)	<input type="checkbox"/> Documentation of individual's activities <input type="checkbox"/> Unauthorized use of restraint techniques <input type="checkbox"/> Policy & Procedures Don't Exist <input type="checkbox"/> Policy & Procedures in Conflict with Requirement <input type="checkbox"/> Failure To Report Abuse/Neglect Allegation <input type="checkbox"/> Clinical Issue <input type="checkbox"/> Environmental/Physical Plant Issue <input type="checkbox"/> Inappropriate Behavior/ Verbal Exchange w/individuals <input type="checkbox"/> Duplicate Issue/Cases <input type="checkbox"/> Performance Issue - Substantiated <input type="checkbox"/> Performance Issue - Unsubstantiated <input type="checkbox"/> Systemic - Substantiated <input type="checkbox"/> Systemic - Unsubstantiated

2 Director or Investigator Authority Disposition - cont.

- Identify all actions taken as result of the findings of the investigation (*select all that apply)

★ Should “**Appropriate staff action taken**” be selected, use the corresponding text field to specify what the actions taken included

- ❖ **Appropriate staff action taken** signifies corrective actions taken against staff appropriately; *not* if accused staff acted appropriately.

Corrective Actions Taken (Check all that apply)	<input type="checkbox"/> Reinforce policy and procedure	
	<input type="checkbox"/> Train individual staff	
	<input type="checkbox"/> Train all staff	
	<input type="checkbox"/> Increase supervision (change patterns of supervision)	
	<input type="checkbox"/> Increase staffing	
	<input type="checkbox"/> Supervisory/Administrative staff change/action	
	<input type="checkbox"/> Environmental modification	
	<input type="checkbox"/> Support plan modification	
	<input type="checkbox"/> Individual(s) were moved	
	<input type="checkbox"/> Improve QA	
	★ <input type="checkbox"/> Appropriate staff action taken	
	<input type="checkbox"/> Appropriate notification to Office of Licensing made	
Appropriate Staff Action Taken Description: <input type="text"/>		
Appropriate Notification to Office of Licensing Description: <input type="text"/>		

3 Notification of Decision & Right to Appeal

- Note the date the Advocate, individual, and Substitute Decision Maker (if applicable) were notified of the Director's decision and appeals information provided
 - Date Investigation Tab is completed.
 - Date decision letter provided

4 Responsible DBHDS Advocate

- Note the name of the assigned Advocate

NOTIFICATION OF DECISION AND RIGHT TO APPEAL	
	Date
DBHDS Advocate	<input type="text"/> 
Individual	<input type="text"/> 
Substitute Decision Maker	<input type="text"/> 
RESPONSIBLE DBHDS ADVOCATE	
Name (First, MI, Last)	<input type="text"/> <input type="text"/> <input type="text"/>

5 Case Status

➤ Complete this section as shown:

From the drop-down menu(s), only select the following:

- ✓ **"Pending Other"** as Status
- ✓ **"Director"** as Point of Resolution
- ✓ **"Agrees with..."** as Individual Decision

The Advocate completes the remainder of the fields; and closes the case or updates case statuses drop-down menus.

❖ **Closed by:** Should always be completed by the Advocate only

Save record – This completes the Investigations Tab

The screenshot shows a web form titled "CASE STATUS". It contains several input fields and dropdown menus. The "Status" dropdown is set to "Pending/other". The "Date Case Closed" field has a calendar icon. The "Point of Resolution" dropdown is set to "Director". The "Individual Decision" dropdown is set to "Agrees with directors decision or action plan". Below these fields is a "Closed by" section with a label "Name (First, MI, Last)" and three input boxes. At the bottom, there is a "Save" button highlighted with a yellow border, and a "Back to top" link.

Status	Pending/other
Date Case Closed	
Point of Resolution	Director
Individual Decision	Agrees with directors decision or action plan
Closed by	
Name (First, MI, Last)	
Save	

[Back to top](#)

Individual Allegation Notification Accusation Witnesses Investigation **DBHDS Advocate Report** LHRC SHRC

CHRIS VERSION 5.2

* denotes a required field

Thor Odinson

Select an existing Report below or [here](#) to add a new Action

There are no records to display.

*Action Date: / /

Action:

*Remarks: ****Advocate will note review facts here...**

This tab is only completed by the assigned Advocate; however, may be observed by the provider.

- AIM Visit
- Citation of Violation sent to Office of Licensing
- Communication with Individual/AR/LG
- Communication with Provider
- Community Violation Letter
- Facility Violation Letter
- Lookbehind
- Met with Individual/AR/LG
- Monitored investigation
- Ok to close case
- OL CAP Correspondence
- Other Correspondence
- Recommendations for corrective action
- Recommendations for resolution
- Referral to the Office of Licensing
- Reviewed individual record
- Reviewed investigation report
- Verified Corrective Action

The Advocate will **Date** and select **Actions** or participation taken during the investigation; and describe the actions and participation in the **Remarks** field.

Individual Allegation Notification Accusation Witnesses Investigation DBHDS Advocate Report LHRC SHRC

CHRIS VERSION 5.2

Thor Odinson

Request/Review Date

LHRC Review Requested By

Hearing Date

☐ Review Request Withdrawn

☐ Extension Granted

DECISION

Decision (Check all that apply)

☐ Violation

☐ No Violation

☐ Made Recommendation

☐ Other

Decision Date

Appeal SHRC ☐ No ☐ Yes

REMARKS

Remarks

Check Spelling

Save

[Back to top](#)

Individual Allegation Notification Accusation Witnesses Investigation DBHDS Advocate Report LHRC SHRC

CHRIS VERSION 5.2

The Advocate completes this tab when a LHRC Hearing is needed or requested, noting the following:

- ✓ Date LHRC hearing was requested or reviewed
- ✓ Whom requested the LHRC Hearing
- ✓ Date of the hearing
(or indicating if the hearing request was withdrawn; or an extension for the investigation was granted)

Decision: The decision of the LHRC will noted, the date the decision was made by the LHRC, and if there is an appeal of the LHRC decision

Remarks: The Advocate will note remark pertaining to the hearing/Recommendations from the hearing

Individual Allegation Notification Accusation Witnesses Investigation DBHDS Advocate Report LHRC **SHRC**

CHRIS VERSION 5.2

Thor Odinson

Request Date

SHRC Review Requested By (Check all that apply)

☐ DBHDS Advocate
☐ Individual
☐ Authorized Representative
☐ Director
☐ Other

Hearing Date

☐ Individual Review Request Withdrawn
☐ Extension Granted
☐ Director's Review Request Denied

DECISION

Decision (Check all that apply)

☐ Violation
☐ No Violation
☐ Concurred with LHRC
☐ Made Recommendation
☐ Other

Decision Date

☐ De Novo

Remarks

Check Spelling

COMMISSIONER

Date Notified

Date of Response/Action

Response/Action

Check Spelling

Save

Individual Allegation Notification Accusation Witnesses Investigation DBHDS Advocate Report LHRC **SHRC**

CHRIS VERSION 5.2

The Advocate completes this tab when an SHRC request/review is requested (via appeal of LHRC decision), noting the following:

- ✓ Date the SHRC review/hearing was made
- ✓ Whom made the SRCH review/hearing request
- ✓ The date of the hearing
 - *Or if the review/hearing request was withdrawn, denied, or an extension granted it will be selected

Decision: The SHRC decision, the decision date, and remarks from the hearing will be noted here.

Commissioner: notification, date of response, or actions/remarks will be noted here.




Virginia.gov Online Services | Commonwealth Sites | Help | Governor Search Virginia.gov GO

Virginia Department of Behavioral Health and Developmental Services

Home Contact Us | Search this Site GO

Resources

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- About
- Contact Us
- Privacy Policy



Login

▶ Username: Username is required.

▶ Password: Password is required.

[Forgot Password](#)

[Log In](#)

(▶) Denotes required fields

The security of your personal information is important to us!

Diligent efforts are made to ensure the security of Commonwealth of Virginia systems. Before you use this Web site to conduct business with the Commonwealth, please ensure your personal computer is not infected with malicious code that collects your personal information. This code is referred to as a [keylogger](#). The way to protect against this is to maintain current [Anti-Virus](#) and [security patches](#).

For more information on protecting your personal information online, refer to the [Citizens Guide to Online Protection](#). [Online Protection Glossary](#)

- Select a “search type”:
 - ✓ Name
 - ✓ Complaint Case Number
- ❖ Individual is found via AVATAR, entered by HIM staff
- ❖ If Individual not found:
 - May not show on same day of admission
 - Ensure name is spelled correctly
- ❖ If individual requires entering or if Individual name incorrect, this must be fixed in AVATAR by HIM staff

CHRIS VERSION 5.2

Select a Record by Clicking

By Name-You must enter the individual's first and last names
(This search will display all records that 'sound like' the name you entered.)

By Abuse Case - you must enter the abuse allegation case number

By Complaint Case - you must enter the complaint case number

To report changes to your operating service status related to the state of emergency, please click [HERE](#)

Agency CD:016 , User Role: 22

☒ by Name ☐ by Abuse Case ☒ by Complaint Case **Select one**

Case Number

Name (First, Last)

➤ You **must** select a record search type to access ability to enter existing case numbers or name

Next: Click the "**Complaint Information**" Tab:

Select Individual

Abuse Information

Complaint Information

Death/Incident

Next: Click the "**Complaint**" Tab:

Individual ☒ Complaint ☐

CHRIS VERSION 5.2

* denotes a required field

Thor Odinson

Select an existing complaint case below or [here](#) to add a new incident.

	Counter	ComplaintDate	Description
42439	20240001	01-10-2024	-Specify complaint details -Relief/Resolution requested by individual

On the "**Complaint**" tab, any existing cases for the individual will be shown

- Add updates by clicking the hyperlink to the case in CHRIS
- New incidents can also be added at this time by clicking the hyperlink stating "here" to add new incidents

CHRIS VERSION 5.2
* denotes a required field

Select an existing complaint case below or [here](#) to add a new incident.

Counter	Complaint Date	Description
42430	20240001	01-10-2024 - Specify complaint details - Relief/Resolution requested by individual

Complaint ID: 42430 Complaint Counter: 20240001

*Complaint Date/Time (format: MM/DD/YYYY) 01/10/2024 00:00 AM
Enter 00:00 if time is unknown

Provider: Alexandria Community Services Board

Location: (Entry of Street, City, State and Zip are required for CSE and private provider individuals)

Street City State, Zip *FIPS VA 510 Alexandria (city)

*Medicaid Number Required if receiving waiver service.

*Specific Site of Complaint (Hallway (e.g. "Bathroom"))

*Waiver Individual receiving a waiver service? No Yes

*Waiver Type receiving waiver service.

*Case Management Provider Required if receiving waiver service. If not receiving waiver service, Case Management Provider is optional.

COMPLAINT

*Category

*Sub Category

*Description of Complaint/Relief Requested Specify complaint details Relief/Resolution Requested by individual

Check Spelling

REPORTING

Who made the allegation?

Name (First, MI, Last) Person / AR Reporting

Title "Read Only"

*Entity Individual

OSG complaint if Required if selected OSG on entity.

*Date Complaint made (format: MM/DD/YYYY) 01/10/2024

To whom did they report it?

Name (First, MI, Last) Staff Reported too

Title

Who reported it to the Director?

Name (First, MI, Last) Person Notifying

*Date Reported (format: MM/DD/YYYY) 01/10/2024

Who entered report in CHRIS?

Name (First, MI, Last) Person Filling out CHRIS

*Phone (540) 666-6666 Phone(800) 888-8888

Save Cancel Delete Print Complaint

[Back to top](#)

Individual

Complaint

Accusation

Witnesses

Findings

DBHDS Advocate Report

LHRC

SHRC

CHRIS VERSION 5.2

Complaint overview

Complaint type

Persons Reporting / Reporting "trail"

1 Complaint overview

- ❖ Cases previously entered will appear at the beginning, along with the ability to enter a new complaint
- ❖ To access a previously entered case, click the complaint ID hyper link
- To add a new complaint, enter the complaint Date/Time
 - If time is unknown – enter 00:00
- The Provider will auto populate from location selected previously.
- Specify where the complaint was alleged to occur in the facility.

Individual **Complaint** Accusation Witnesses Findings DBHDS Advocate Report LHRC SHRC

CHRIS VERSION 5.2

* denotes a required field

Record is saved

Thor Odinson

Select an existing complaint case below or [here](#) to add a new incident.

	Counter	ComplaintDate	Description
42439	20240001	01-10-2024	-Specify complaint details -Relief requested by individual

Complaint ID: 42439 Complaint Counter: 20240001

*Complaint Date/Time (format: 99/99/9999) 01/10/2024 00:00 AM
Enter 00:00 if time is unknown

Provider:

Location:
(Entry of Street, City, State and Zip are required for CSB and private provider individuals.)

Street:
City:
State, Zip: VA
*FIPS: 0

* Specific Site of Complaint: Hallway (e.g.: "Bathroom")

* Waiver: ☒ No ☐ Yes

* Waiver Type: Required if receiving waiver service.

* Medicaid Number: Required if receiving waiver service.

* Case Management Provider: Required if receiving waiver service. If not receiving waiver service, Case Management Provider is optional.

2 Complaint type

- **Category:** Select the complaint type. The corresponding regulation accompanies the complaint category.
- **Sub-Category:** sub-category selection options are based on the category selected above. The selections will be specified to the category selected.
- **Description:**
 - ✓ Specify complaint details
 - ✓ Note relief/resolution requested by individual (i.e. what is the individual asking to be done)

COMPLAINT

*Category	<input type="text"/>	
*Sub-Category	<input type="text"/>	
*Description of Complaint/Relief Requested	<input type="text"/>	
<input type="button" value="Check Spelling"/>		

Assurance of Legal Rights | 12 VAC 35-115-20 and 12 VAC 35-115-40
Dignity | 12 VAC 35-115-50
Participation in Decision making and consent | 12 VAC 35-115-70
Research | 12 VAC 35-115-130
Work | 12 VAC 35-115-120
Access to and amendment of services record | 12 VAC 35-115-90
Notification to individual |
Complaint Review Process | 12-VAC 35-115-150-210
Services in Accordance with Sound Therapeutic Practices | 12 VAC 35-115-60
Confidentiality | 12 VAC 35-115-80
Restrictions on freedoms of everyday life | 12 VAC 35-115-100
Use of Seclusion, restraint and time out | 12 VAC 35-115-110
Determination of capacity to give consent or authorization | 12 VAC 35-115-145
Authorized representatives | 12 VAC 35-115-146
Behavioral Treatment Plans | 12 VAC 35-115-105
Complaint and Fair Hearing - Inactive as of February 8, 2017 | 12 VAC 35-115-140




Dignity | 12 VAC 35-115-50

Staff action and attitudes (A) | Respect, dignity, supported
Legal name (B,1) | Respond to needs and preferences and are person-centered
Diet |
Physical Environment | Safe, sanitary and humane:storage,plumbing,air,temperatures
Clothing |
Mail (C,6) |
Telephone (C, 7) |
Private Communication (B,4) |
Religion (C,4) |
Services (A) |
Protect from Harm (B,2) |
Help in applying for service (B,3) |
Information about services (B 5) |
Paper, pencil and stamps (C,5) |
Visitors (C,8) |
Abuse and Neglect Investigation (D,3) |

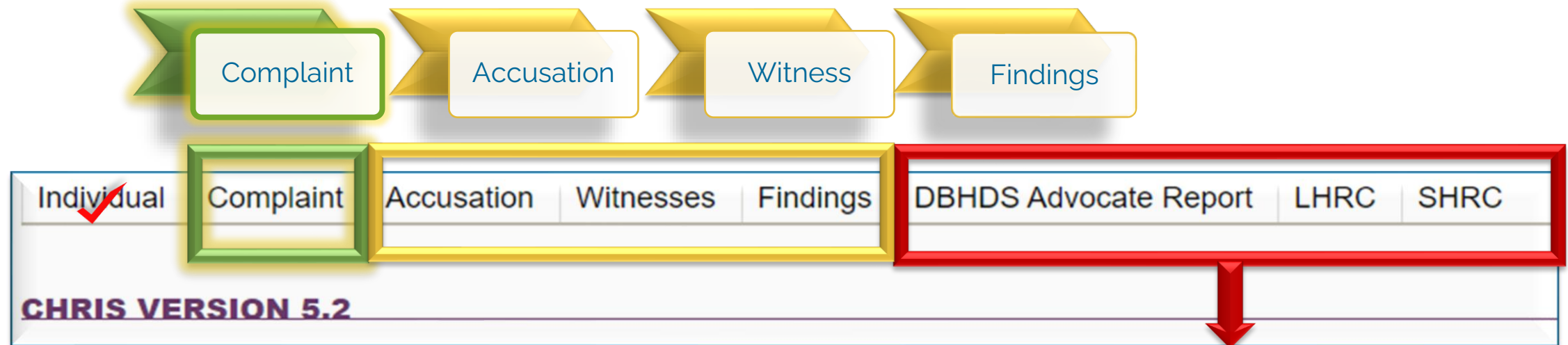
3 Reporting: Persons reporting / Report "Trail"

- Begin by noting the person making the allegation, followed by their title (if applicable) and "Entity" (i.e. is the person reporting the individual, the parent or the AR, staff, etc.)
- Allegations from the Office of the State Inspector General (OSIG) will have a 'complaint number' associated with the allegation, which must be listed next.
- The person to whom and when the allegation was reported is noted next, as well as their title.
- Next is noting whom reported the allegation to the Facility Director (FD) and date/time when the FD was notified.
- Lastly, enter the name and the telephone number for the person entering the information into CHRIS

SAVE record – This completes the Accusation Tab

REPORTING	
Who made the allegation?	
Name (First, MI, *Last)	Person / AR <input type="checkbox"/> Reporting <input type="checkbox"/>
Title	<input type="text"/> **Read Only**
*Entity	Individual <input checked="" type="radio"/>  Individual Legal Guardian/AR Family Member Provider Staff OHR/Advocate APS/CPS OSIG dLCV Unknown Other
OSIG complaint # <small>Required if selected OSIG on entity.</small>	<input type="text"/>
*Date Complaint made(format: 99/99/9999)	01/10/2024 
To whom did they report it?	
Name (First, MI, *Last)	Staff <input type="checkbox"/> Reported too <input type="checkbox"/>
Title	<input type="text"/>
Who reported it to the Director?	
Name (First, MI, *Last)	Person <input type="checkbox"/> Notifying <input type="checkbox"/>
*Date Reported (format: 99/99/9999)	01/10/2024 
Who entered report in CHRIS?	
Name (First, MI, *Last)	Person <input type="checkbox"/> Filling out CHRIS <input type="checkbox"/>
*Phone	(540) 666-6666 Phone(###) ###-####
<input type="button" value="Save"/> <input type="button" value="Cancel"/> <input type="button" value="Delete"/> <input type="button" value="Print Complaint"/>	

After clicking “Save” for the individual on the **Complaint** tab, a series of **additional tabs** will become visible
*or will already be visible if accessing a previously entered case.



The remaining tabs are for the Advocate to complete. However, Providers may observe entries on these tabs.

- **DBHDS Advocate Report:** progress of the Advocate review of information entered by the provider.
- **LHRC:** Will be completed when appeals to the director decision are made/requested.
- **SHRC:** Will be completed when appeals of the LHRC are made/requested.

Individual ✓ Complaint ✓ **Accusation** Witnesses Findings DBHDS Advocate Report LHRC SHRC

CHRIS VERSION 5.2

* denotes a required field

Thor Odinson

Select an existing Complaint below or [here](#) to add a new Alleged Against Person

	ID	First	MI	Last
Select	13564	Enter		Person

[Add new record...](#)

Name (First, MI, *Last)

*Position/Relation

Physician
Nurse
Other Resident
Human Service Care Staff Member
Teacher
Psychologist
Social Worker
Psychiatrist
Dentist
Transportation Staff Member
Kitchen Staff Member
Maintenance Staff Member
Therapist
Administrative/Support Staff Member
Security
Authorized Representative
Family
Friend/Visitor
Aide/Technician

- Enter the name of the person(s) accused and their title/relation to the individual. If unknown, enter "staff"
- ❖ Select the title/relation from the drop-down menu.
- You may enter multiple alleged individuals. **Save** after **each** entry

This completes the Accusation tab

Individual ✓ Complaint ✓ Accusation ✓ **Witnesses** Findings DBHDS Advocate Report LHRC SHRC

CHRIS VERSION 5.2

Thor Odinson

Select an existing witness below or [here](#) to add a new witness.

	ID	First	MI	Last
Select	11809	Thor		Odinson
Select	11810	My Little		Pony

Add new record...

Name (First, MI, Last)

Save **Delete**

- Note the individuals who were interviewed as part of the investigation.
- ❖ Include the ***alleged victim*** on this tab, as they should also be interviewed as part of the investigative process.

Save record - This completes the Witness tab

Virginia Department of Behavioral Health and Developmental Services

Home > > DELTA > CHRIS

Individual Complaint Accusation Witnesses Findings DBHDS Advocate Report LHRC SHRC

CHRIS VERSION 5.2
* denotes a required field

LOGGED IN AS
AR261482
Logout

NAVIGATION

- Home
- Incidents >
- Reports
 - Abuse Reports
 - Complaint Reports
 - Serious Incident Reports
 - Death Reports
 - Case Manager Reports
 - State Facility O&IO Summary Reports
 - Office of Licensing Reports
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 - Consumer Summary Reports
 - Statewide Summary Reports
 - Death/Injury By Date Range Reports
- OOB Reports
 - Waiver Reports
 - Summary Waiver Reports
 - Statewide Waiver Summary Reports
- AdHoc Reports
 - Assessed List
 - Alleged Abuser History
- Edit Lookup Tables
- Help

FINDINGS :

COMPLAINT FINDINGS

* Date Investigation Initiated

* Point of Resolution

* Resolution

* Date Resolution offered

If other: OTHER: Cannot follow-up with individual for: ?

* Description of Resolution Offered:
Check Spelling

NOTIFICATION OF RIGHT TO APPEAL

Date Individual/AR notified

Date Resolution Accepted/Declined

☐ Unable to notify

Notification Remarks
Check Spelling

RESPONSIBLE DBHDS ADVOCATE

Name (FIRST, MI, LAST)

CASE STATUS

Status

Date Case Closed

Closed by
Name (FIRST, MI, LAST)
Save

Individual Complaint Accusation Witnesses Findings DBHDS Advocate Report LHRC SHRC

CHRIS VERSION 5.2

Findings

Complaint Findings

Notification of Right to Appeal

Responsible DBHDS Advocate

Case Status

1 Findings

➤ Using the drop-down menu, select:

✓ **Violation** –

Facts support a violation

✓ **No Violation** –

Facts do not support a violation

• **Other** –

Talk with Advocate if “Other” is felt to need to be chosen

❖ Even when the complaint is able to be resolved, that doesn't mean that there isn't still a violation initially.

Individual Complaint Accusation Witnesses **Findings** DBHDS Advocate Report LHRC SHRC

CHRIS VERSION 5.2

* denotes a required field





Thor Odinson

FINDINGS :

Violation
No Violation
Other

2 Complaint Findings

- Note the date the investigation was initiated.
- **Point of Resolution:** from the drop-down menu, select “**Director**” as level complaint was offered (*as shown).
- **Resolution:** from the drop-down menu, select either:
 - ✓ **No Action required** (for unsubstantiated complaints)
 - ✓ **Individual accepts resolution.**
- ❖ Use the text field as indicated. The field has limited text capacity – be concise.
- ❖ A complaint **doesn't end** when someone's discharged. Complaints can be made post discharge

COMPLAINT FINDINGS	
* Date Investigation Initiated	<input type="text"/> 
* Point of Resolution	Director 
* Resolution	
* Date Resolution offered	<input type="text"/> 
If other:	<input type="text"/>
* Description of Resolution Offered:	<div><div>Complaint Withdrawn Individual Discharged Individual Accepts Resolution Referral to LHRC Declined LHRC Appeal No Action Required Appeal to Exec Director - Inactive as of February 8, 2017 Other</div><div><div>-Who the resolution offered was made too -When the resolution offered was made -What was included in the resolution offered -How the resolution offered was made (in-person, phone, etc.)</div><div>**Use the individual's language where able/appropriate</div><div>Check Spelling</div></div></div>

3 Notification of Right to Appeal





- Identify the date the individual or AR (if applicable) was notified of their right to appeal
- Identify the date that the resolution offered was accepted
- Unable to be notified if no address or phone number select the field to indicate this.
- Use the “**Notification Remarks**” field to indicate how the notification occurred or efforts toward notification if unable to do so.

4 Responsible DBHDS Advocate

- Enter the assigned Advocates name, consulted on the investigation.

5 Case Status

- From drop-down, Select:
Pending/Under investigation or **Pending/other**
- ❖ **Only the Advocate will identify if LHRC/SHRC review is needed in the drop-down menu, or close the case**

NOTIFICATION OF RIGHT TO APPEAL	
Date Individual/AR notified	<input type="text"/> 
Date Resolution Accepted/Declined	<input type="text"/> 
	<input type="checkbox"/> Unable to notify
Notification Remarks	<div><div></div><div>Check Spelling</div></div>
RESPONSIBLE DBHDS ADVOCATE	
Name (First, MI, Last)	<input type="text"/> <input type="text"/> <input type="text"/>
CASE STATUS	
Status	<div>Pending/under investigation </div> <div><div>Pending/under investigation</div><div>Pending/LHRC review</div><div>Pending/SHRC review</div><div>Pending/other</div><div>Closed</div></div>
Date Case Closed	<input type="text"/> 
	Closed by
Name (First, MI, Last)	<input type="text"/> <input type="text"/> <input type="text"/>
	<div><div>Save</div><div>Save record –Findings tab is complete</div></div>

Individual ✓ Complaint ✓ Accusation ✓ Witnesses ✓ Findings ✓ **DBHDS Advocate Report** LHRC SHRC

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* denotes a required field

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Select an existing Report below or [here](#) to add a new Action

There are no records to display.

Add new record...

*Action Date:

Action:

*Remarks:

Check Spelling

Save Delete

AIM Visit
 Citation of Violation sent to Office of Licensing
 Communication with Individual/AR/LG
 Communication with Provider
 Community Violation Letter
 Facility Violation Letter
 Lookbehind
 Met with Individual/AR/LG
 Monitored investigation
 Ok to close case
 OL CAP Correspondence
 Other Correspondence
 Recommendations for corrective action
 Recommendations for resolution
 Referral to the Office of Licensing
 Reviewed individual record
 Reviewed investigation report
 Verified Corrective Action

❖ **This tab is only to be completed by the assigned Advocate; however, may be observed by the provider.**

➤ The Advocate will date and select actions or participation taken during the investigation; and describe the actions and participation in the remarks field.

Individual ✓ Complaint ✓ Accusation ✓ Witnesses ✓ Findings ✓ DBHDS Advocate Report ✓ **LHRC** ✓ SHRC

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Request/Review Date

Request By Hearing Date

LHRC Review Requested By

☐ Review Request Withdrawn

☐ Extension Granted

DECISION

Decision (Check all that apply)

☐ Violation

☐ No Violation

☐ Made Recommendation

☐ Other

Decision Date

Appealed to SHRC ☐ No ☐ Yes

REMARKS

Remarks

Check Spelling

Save

- **The Advocate will complete this tab** when a LHRC Hearing is needed or requested, noting the following:
- ✓ Date LHRC hearing was requested or reviewed
 - ✓ Select whom requested the LHRC Hearing from the drop-down menu
 - ✓ Date of the hearing
(or indicating if the hearing request was withdrawn; or an extension for the investigation was granted)
- **Decision:** The decision of the LHRC will be noted, the date the decision was made by the LHRC; and should there be an appeal of the LHRC decision it will be selected here.
- **Remarks:** The Advocate will note remarks pertaining to the hearing or recommendations from the hearing

Individual Complaint Accusation Witnesses Findings DBHDS Advocate Report LHRC SHRC

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Request Date

SHRC Review Requested By (Check all that apply)

☐ DBHDS Advocate
☐ Individual
☐ Authorized Representative
☐ Director
☐ Other

Review/Hearing Date

☐ Individual Review Request Withdrawn
☐ Extension Granted
☐ Director's Review Request Denied

DECISION

Decision (Check all that apply)

☐ Violation
☐ No Violation
☐ Concurred with LHRC
☐ Made Recommendation
☐ Other

Decision Date

De Novo ☐

Remarks

COMMISSIONER

Date Notified

Date of Response/Action

Response/Action

Individual Complaint Accusation Witnesses Findings DBHDS Advocate Report LHRC SHRC

CHRIS VERSION 5.2

The Advocate will complete this tab when an SHRC request/review is requested (via appeal of LHRC decision), noting the following:

- ✓ Date the SHRC review/hearing was made
- ✓ Whom made the SRCH review/hearing request
- ✓ The date of the hearing

*Or if the review/hearing request was withdrawn, denied, or an extension granted it will be selected

Decision: The SHRC decision, the decision date, and remarks from the hearing will be noted here.

Commissioner: notification, date of response, or actions/remarks will be noted here.

DO report the following:

- ✓ Only report incidents in CHRIS that are alleged to have resulted in a human rights violation [12VAC35-115](#), when that complaint is made by an individual receiving services, their surrogate decision maker, or their chosen representative. Individuals can file complaints with or without ANE *post discharge* for the time during provision of services when hospitalized. There is no statute of limitations on reporting.
- ✓ Allegations of Abuse, Neglect, and/or Exploitation (ANE)
 - "Improbable Allegations"
- ✓ Falls that are a result of alleged ANE
- ✓ Injuries that are a result of alleged ANE
 - Improper use of restraints
 - Injury sustained during restraints
- ✓ Deaths which are a result of known (or suspected) ANE
 - Deaths that occur unexpectedly
 - Deaths with "suspicious" circumstances

DO NOT report the following:

- ✗ A review of an incident where there is no complaint, identified pattern, or determination that a human rights violation may have occurred is not reportable to the Office of Human Rights (OHR) in CHRIS
- ✗ Complaints with or without ANE that does not occur during the provision of the provider's service and the alleged abuser is not an employee, contractor or volunteer of the provider is not reportable to the OHR. .
- ✗ Falls that are not result of ANE
- ✗ Injuries that are not a result of ANE
- ✗ Deaths that do not involve ANE or are "suspicious" in nature
 - Expected Deaths
 - Terminal Illnesses
 - Individuals on hospice care

