

### Office of Licensing

Post Office Box 1797, Richmond, Virginia 23218-1797 Telephone (804) 786-1747 Fax (804) 692-0066 www.dbhds.virginia.gov

# The Report of Concerns and Incidents Process

The Department of Behavioral Health and Developmental Services (DBHDS) values the citizens of Virginia and the feedback from the community at large and service providers. As such, DBHDS is dedicated to providing the best service possible to all stake holders. Information provided by citizens and employees helps with fulfilling DBHDS' mission.

If you choose to make a complaint, we will use a formal process to ensure that your complaint is thoroughly addressed in a timely manner. We will send a letter indicating that your complaint has been received and assigned for further inquiry. When you file a complaint, we will ask for the following information in order to contact you during a possible investigation: Name, address, telephone number and detail of your complaint to include date, time, location and name of involved employee(s) or other persons, if known.

You can email all completed forms, available on the website, to <a href="OLComplaints@dbhds.virginia.gov">OLComplaints@dbhds.virginia.gov</a>. If you are mailing your complaint, please use the address listed at the top of this page. DBHDS may need to contact you for additional details or to clarify the information you have already provided. Your cooperation is appreciated and should you need further assistance, you may contact the Office of Licensing by calling our central number: 804-786-1747. The Licensing Specialist will make a decision about the complaint, based on the facts available, and a formal investigation may be conducted. Methods of investigation may include on-site inspections and/or in-office reviews.

An investigation may take up to 60 days to complete. Not all investigations will result in a finding or a citation. If there are findings, the Office of Licensing has 30 days to issue citations on a Corrective Action Plan (CAP), then the provider has 15 business days to respond to the CAP. If the response is accepted then the response will be placed on the Office of Licensing website. If the response is not accepted the provider will be issued another 10 business days until there is an appropriate response to the CAP.

Please note: Findings and a CAP that was issued to the provider is not available on the Office of Licensing website until the CAP is accepted by the Licensing Specialist. The provider also has an opportunity to <u>dispute the citations</u> on the CAP which may make the findings and CAP unavailable online until the process is complete (only if the citations are upheld).

Allegations may be formally investigated for these reasons:

- 1. To protect the citizens we serve from actual misconduct by an employee(s) or others;
- 2. To protect the department, the providers and those employees who conduct themselves appropriately;
- 3. To identify regulations and procedures that may require review and or revision;
- 4. To identify ways to improve the quality of services in the community

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The Office of Licensing uses submitted information for investigations and allegations regarding violations of DBHDS regulations. Submission of any information is voluntary, and the information you submit might be incorporated into a Freedom of Information Act (FOIA) request. Hotline complaints are reviewed by the Licensing Office Manager, Licensing Specialists, and Licensing Policy Review Specialists as conditions warrant. We may make disclosures of submitted information to other Federal and State Government agencies as necessary to complete our investigation, or as required under Federal and/or State law.

The Office of Licensing may refer your allegation to the appropriate enforcement agency if we believe that you have alleged violation within their jurisdiction.

The Office of Licensing does not provide feedback or information regarding allegations to the complainant and will not follow up with the complainant regarding the outcome of an investigation. Any information requested regarding a complaint must go through the <u>FOIA</u> process.

If an allegation is sustained, appropriate action will be taken. In accordance with the law and to respect personnel privacy and <u>patient health information</u> (PHI), we do not release what specific discipline was imposed on a particular employee or PHI.

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## **Report of Concerns and Incidents**

(Please complete this form to report any concerns for regulatory practice in the community, then send by email to <a href="https://ocentral.org/lease-complete">Ocentral.org/lease-complete this form to report any concerns for regulatory practice in the community, then send by email to <a href="https://ocentral.org/lease-complete">Ocentral.org/lease-complete this form to report any concerns for regulatory practice in the community, then send by email to <a href="https://ocentral.org/lease-complete">Ocentral.org/lease-complete</a> this community, then send by email to <a href="https://ocentral.org/lease-complete">Ocentral.org/lease-complete</a> this community is a complete this form to report any concerns for regulatory practice in the community, then send by email to <a href="https://ocentral.org/lease-complete">Ocentral.org/lease-complete</a> this complete this form to <a href="https://ocentral.org/lease-complete">Ocentral.org/lease-complete</a> this complete this comp

Reporters' Information:

Name of Complainant: Click here to enter text. Address: Click here to enter text.

Telephone #: Click here to enter text. Email Address: Click here to enter text.

Summary of Concerns:

Date of Incident: Click here to enter text. Time of Incident: Click here to enter text.

Location of the Incident: Click here to enter text.

Complainant relationship to person or agency: Click here to enter text.

Name of agency or persons involved: Click here to enter text.

Population of the program: (right click on check box, click properties, then click check or uncheck)

Mental Health Substance Abuse Intellectual & Developmental Disability

Nature of concern (include gender of victim or aggressor): Click here to enter text.

Office of Licensing Use Only: Method of delivery: email	telephone letter	fax person form
Referred to Community Support Division:	Date: Type text	Time: Type text
Referred to Licensing Specialist: Type text	Date: Type text	Time: Type text

Resolution: Type text

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Date: Type text

Time: Type text