

DBHDS 

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



	12VAC35-115-175 (C)(B)	<ol style="list-style-type: none"> <li>1. The <b>results</b> of the investigation, including any applicable action plan, <b>must be reported to the individual and authorized representative</b> (if applicable) <b>within 10 working days</b>, and <b>entered into CHRIS</b>.</li> <li>2. <b>Results</b> of abuse, neglect, or exploitation investigations must be provided to the director and human rights advocate, in a written report, <b>within 10 working days of the date the investigation began</b>, unless an extension was granted [12VAC35-115-175 (F)(S)].             <ul style="list-style-type: none"> <li>• <b>Extensions may be requested through the assigned advocate no later than the 6th day of the investigation</b>. 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.</li> <li>• The director must submit the final decision and action plan to the individual, authorized representative (if applicable), <b>in writing, within 10 working days from completion</b>.                 <ul style="list-style-type: none"> <li>o The date of notification must be documented in CHRIS on the Investigation tab.</li> <li>o The written notification is typically provided in the form of a <b>director's decision letter and must include</b> [12VAC35-115-175 (E)(7)(b)]:                     <ul style="list-style-type: none"> <li>▪ <b>The individual's right to appeal.</b></li> <li>▪ <b>The process to appeal.</b> <ul style="list-style-type: none"> <li>• <b>This should include the Regional Advocate's name and phone number.</b></li> </ul> </li> </ul> </li> </ul> </li> </ul> </li> </ol>
<p><b>Provider Requirements for Reporting</b></p>	12VAC35-115-230 (A)(1)	<p><b>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.</b></p>
	12VAC35-115-230 (B)(1)	<p>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.</p>
	12VAC35-115-230 (C)(1)	<p>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.</p>

Any act, or failure to act, that was or was not performed knowingly, recklessly, or intentionally



Any action, or failure to act, that caused or might have caused physical or psychological harm, injury, or death



**ABUSE**

## 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.

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

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

- **Physical or psychological harm**
- **Injury**
- **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](mailto: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.

[Log In](#)

[Forgot Password](#)

(▶) *Denotes required fields*

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**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	<input type="text"/>	<input type="text"/>
Name (First, Last)	<input type="text"/>	<input type="text"/>
<input type="button" value="Search"/>		

➤ 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 5.2**

**\* 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 (999999999)  
 999999999 (999999999)

**Current Address where individual is living**

**^ Street**  
 777 Bi-Frost Way

**^ City, ^State, ^Zip**  
 Asguard VA 77777

**Phone**  
 (540) 777-7777  
 Phone (###) ###-####

**Provider Primary Address**

**Street**  
 \_\_\_\_\_

**City, State, Zip**  
 \_\_\_\_\_ VA \_\_\_\_\_

**DEMOGRAPHICS**

**\*Date of Birth (format: 99/99/9999)**  
 01/01/1981

**\*Race**  
 Other

**\*Gender**  
 Male

**Medicaid Number**  
 \_\_\_\_\_

**\*Substitute Decision Maker**  
 No  Yes  
 Name: Odin Odinson

**Relationship to Individual**  
 Parents

**Save** **Cancel** **Delete**

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### 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 “Name” and “Relationship to Individual” fields must be completed.
- **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
<a href="#">129903</a>	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

The screenshot shows a web-based form for reporting an allegation. The form is divided into several sections, each highlighted with a numbered callout:

- 1 (Green circle):** Overview section containing fields for Name, Address, Date, and Location.
- 2 (Blue circle):** Details section containing a large text area for describing the incident.
- 3 (Yellow circle):** Injuries section containing checkboxes for reporting injuries and a text area for describing them.
- 4 (Grey circle):** Reporting section containing fields for the reporter's name, contact information, and reporting date.

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
<a href="#">129903</a>	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: [Empty Field]

Location: [Dropdown Menu]

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

Street [Empty Field]  
City [Empty Field]  
State, Zip [Empty Field] VA [Empty Field]  
\*FIPS [Empty Field]

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

\* Individual receiving a waiver service?  No  Yes

\* Waiver: [Dropdown Menu] Required if receiving waiver service.

\* Case Management Provider: [Dropdown Menu] Required if receiving waiver service. If not receiving waiver service, Case Management Provider is optional.

\* Medicaid Number: [Empty Field] Required if receiving waiver service.

**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**

<p><b>* Type:</b> (Select All that apply)</p>	<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**

-Snapshot of allegation reported: Who, What, When, Where, and How

-Use language provided by the individual in "quotes"

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 style="border: 1px solid gray; height: 150px; width: 100%;"></div> <div style="text-align: right; margin-top: 5px;"> <input type="button" value="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

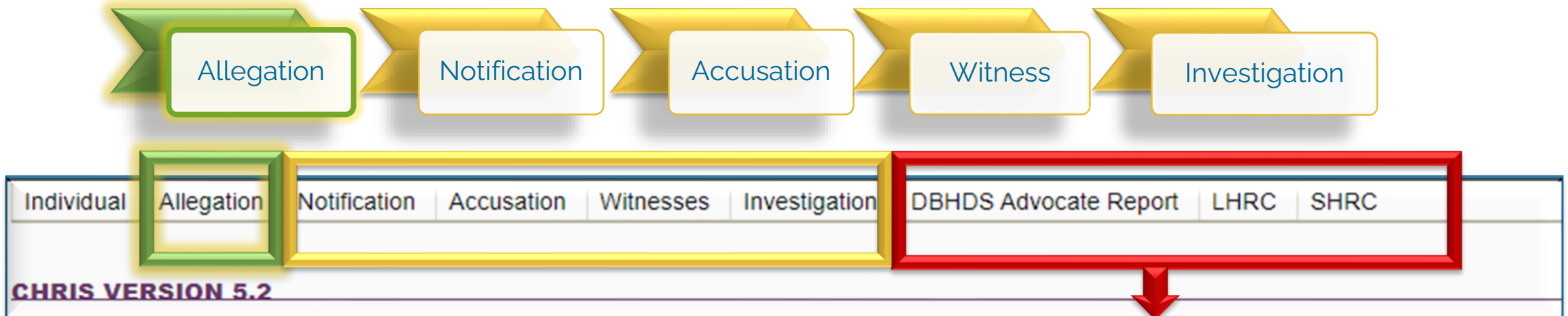
**REPORTING**

<b>Who made the allegation?</b>	
Name (First, MI, *Last)	Thor Odinson
Title	<b>**Read Only**</b>
*Entity	Individual <div style="border: 1px solid blue; padding: 2px; font-size: 0.8em; margin-top: 2px;">                     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>	
* Date Allegation made (format: 99/99/9999)	01/10/2024
<b>To whom did they report it?</b>	
Name (First, MI, *Last)	Care Bear
Title	
<b>Who reported it to the Director?</b>	
Name (First, MI, *Last)	Care Bear
*Date/Time Reported (format: 99/99/9999)	01/10/2024
* (hh:mm AM or PM)	01:30 AM
<b>Who entered report in CHRIS?</b>	
Name (First, MI, *Last)	Whoever Enters it in CHRIS
*Phone	(540) 857-6309 <small>Phone(###) ###-####</small>

Save
Cancel
Delete
Print Abuse

[Back to top](#)

- ❖ 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

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

**CHRIS VERSION 5.2**

\* Details are 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 1/17/2024 1:30:00 AM

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

DBHDS Advocate Bureau 01/17/2024 12:03:34 PM 05:03 PM

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

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

Other Bureau 00:00:0000 (Between AM or PM)

If Other, who else?

**DEPARTMENT OF SOCIAL SERVICES**

Name (First, MI, Last)

Date/Time Notified (Format: 00:00:0000) (Between AM or PM)

Method of Notification

DSS Findings

**POLICE**

Suspected Critical activity

**Local Police**

Name

Department

Case Notified

**State Police**

Name

Department

Case Notified

**DEPARTMENT OF HEALTH PROFESSIONALS**

Name (First, MI, Last)

Date/Time Notified (Format: 00:00:0000) (Between AM or PM)

Method of Notification

Save

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

**CHRIS VERSION 5.2**

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**

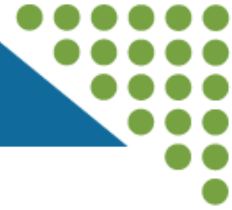
\* denotes a required field

**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 style="width: 100%;" type="text"/>
Date/Time Notified (format: 99/99/9999) (hh:mm AM or PM)	<input style="width: 45%;" type="text"/> <input style="width: 45%;" type="text"/>
Method of Notification	<div style="border: 1px solid gray; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">▼</span> </div> <div style="border: 1px solid gray; padding: 2px; margin-top: 2px; display: inline-block;">             Phone Email           </div>
DSS Findings	<div style="border: 1px solid gray; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">▼</span> </div> <div style="border: 1px solid gray; padding: 5px; margin-top: 2px; display: inline-block;">             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>



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

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



#### 4 Department of Health Professions (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"/>	<input type="text"/>
Method of Notification	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

[Back to top](#)

**"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
<a href="#">Select</a>	143866	Accused		Assaulter
<a href="#">Select</a>	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

CHRIS VERSION 5.2

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

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

- ✓ **Name:** List the employee's/individuals name(s) (if name us 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
<a href="#">Select</a>	123414	Interview		Alleged Victim
<a href="#">Select</a>	123415	Interview		Alleged "Assaulter"
<a href="#">Select</a>	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

The screenshot shows the 'Investigation' tab of the DBHDS system. It includes a navigation menu at the top with options like 'Individual', 'Allegation', 'Notification', 'Accusation', 'Witnesses', 'Investigation', 'DBHDS Advocate Report', 'LHRC', and 'SHRC'. The 'Investigation' tab is highlighted with a green box. Below the navigation is a header for 'CHRIS VERSION 5.2'. The main form area contains several sections: 'INVESTIGATION BEGIN DATE, TRAINED INVESTIGATOR, FINAL DATE OF INVESTIGATION' (callout 1), 'DIRECTOR OR INVESTIGATOR AUTHORITY DISPOSITION' (callout 2), 'NOTIFICATION OF DECISION AND RIGHT TO APPEAL' (callout 3), 'RESPONSIBLE DBHDS ADVOCATE' (callout 4), and 'CASE STATUS' (callout 5). The form also includes a table for 'STATE OF INVESTIGATION AUTHORITY'S DISPOSITION' and various input fields for case details.

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**

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

*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.*

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 decision 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:

Appropriate Notification to Office of Licensing Description:






### 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 style="width: 150px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 150px;" 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

CASE STATUS	
Status	Pending/other
Date Case Closed	<input type="text"/> 
Point of Resolution	Director
Individual Decision	Agrees with directors decision or action plan
Closed by	
Name (First, MI, Last)	<input type="text"/> <input type="text"/> <input type="text"/>
<input type="button" value="Save"/>	
<a href="#">Back to top</a>	

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:

**COMMISSIONER**

Date Notified:

Date of Response/Action:

Response/Action:

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.






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Virginia Department of Behavioral Health and Developmental Services

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**Login**

▶ Username:  Username is required.

▶ Password:  Password is required.

[Log In](#)

[Forgot Password](#)

(▶) Denotes required fields

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**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	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name (First, Last)	<input type="text"/>	<input type="text"/>	
<input type="button" value="Search"/>			

➤ 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
<a href="#">42439</a>	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



Individual Complaint Accusation Witnesses Findings DBHDS Advocate Report LHRC SHRC

**CHRIS VERSION 5.2**  
\* denotes a required field

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

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

Complaint ID: 42439 Complaint Counter: 20240001 \*Complaint DateTime (format: MM/DD/YYYY) 01/10/2024 00:00 AM  
Enter 00:00 if time is unknown.

Provider: Alexandria Community Services Board

Location:  \* Specific Site of Complaint (Hallway, E.g. "Bathroom")

Street, City, State, Zip \*FIPS:  VA  \* Individual receiving a waiver service?  No  Yes

\*Medical Number:  \*Required if receiving waiver service. \*Waiver Type:  Required if 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

**REPORTING**

Who made the allegation?

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

Title:  \*\*Read Only\*\*

\*Entity:  Individual

OSIG complaint if Required if selected OSIG 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(999) 888-8888

[Back to top](#)

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

## CHRIS VERSION 5.2

1

Complaint overview

2

Complaint type

3

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
<a href="#">42439</a>	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")

\* Individual receiving a waiver service?  
 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 is only able to be accessed based on the category 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"/>

Check Spelling

Dignity | 12 VAC 35-115-50

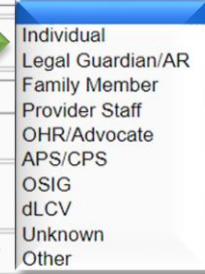


★

- 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) |

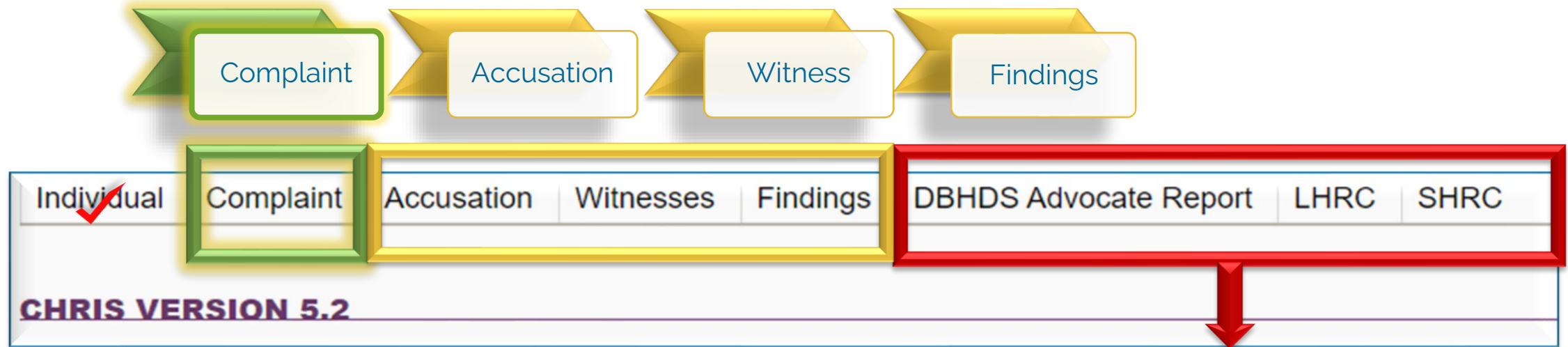
**3 Reporting: Persons reporting / Report "Trail"**

- 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	
<b>Who made the allegation?</b>	
Name (First, MI, *Last)	Person / AR <input type="checkbox"/> Reporting <input type="checkbox"/>
Title	<input type="text"/> <b>**Read Only**</b>
*Entity	Individual <input checked="" type="checkbox"/> 
OSIG complaint # <small>Required if selected OSIG on entity.</small>	<input type="text"/>
*Date Complaint made(format: 99/99/9999)	01/10/2024 
<b>To whom did they report it?</b>	
Name (First, MI, *Last)	Staff <input type="checkbox"/> Reported too <input type="checkbox"/>
Title	<input type="text"/>
<b>Who reported it to the Director?</b>	
Name (First, MI, *Last)	Person <input type="checkbox"/> Notifying <input type="checkbox"/>
*Date Reported (format: 99/99/9999)	01/10/2024 
<b>Who entered report in CHRIS?</b>	
Name (First, MI, *Last)	Person <input type="checkbox"/> Filling out CHRIS <input type="checkbox"/>
*Phone	(540) 666-6666 <small>Phone(###) ###-####</small>
<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
<a href="#">Select</a>	13564	Enter		Person

Add new record...

Name (First, MI, \*Last)

\*Position/Relation  

**Save**

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
<a href="#">Select</a>	11809	Thor		Odinson
<a href="#">Select</a>	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  
AR201482  
Logout

**NAVIGATION**

- Home
- Incidents >
- Reports
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  - Serious Incident Reports
  - Death Reports
  - Case Manager Reports
  - State Facility O&IO Summary Reports
  - Office of Licensing Reports
  - Consumer Listing
  - Summary Reports
  - 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
  - Accused List
  - Alleged Abuser History
- Edit Lookup Tables
- Help

**CHRIS**

**FINDINGS :**

**COMPLAINT FINDINGS**

\* Date Investigation Initiated [ / / ]

\* Point of Resolution [ v ]

\* Resolution [ v ]

\* Date Resolution offered [ / / ]

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

\* Description of Resolution Offered: -Specify what was offered OR outcome/accepts of offering (limited character info).  
[ 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 [ Pending/under investigation v ]

Date Case Closed [ / / ]

Closed by

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

[ Save ]

1

2

3

4

5

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

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

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

## 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 <span style="float: right;">▼</span>
* Resolution	<input type="text"/> <span style="float: right;">▼</span>
* Date Resolution offered	<input type="text"/>
If other:	<input type="text"/>
* Description of Resolution Offered:	<div style="border: 1px solid gray; padding: 5px;"> <p>-Who the resolution offered was made too</p> <p>-When the resolution offered was made</p> <p>-What was included in the resolution offered</p> <p>-How the resolution offered was made (in-person, phone, etc.)</p> <p><b>**Use the individual's language where able/appropriate</b></p> <p style="text-align: right;"><input type="button" value="Check Spelling"/></p> </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

### 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

Date Resolution Accepted/Declined

Unable to notify

Notification Remarks

---

**RESPONSIBLE DBHDS ADVOCATE**

Name (First, MI, Last)

---

**CASE STATUS**

Status

Date Case Closed

Closed by

Name (First, MI, Last)

**Save** record –Findings tab is complete

- Pending/under investigation
- Pending/LHRC review
- Pending/SHRC review
- Pending/other
- Closed

Individual ✓ Complaint ✓ Accusation ✓ Witnesses ✓ Findings ✓ **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.

**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

**CHRIS VERSION 5.2**

**Thor Odinson**

Request/Review Date

Request By Hearing Date

LHRC Review Requested By  Advocate  
Individual  
Authorized Representative  
Other

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

**CHRIS VERSION 5.2**

**Thor Odinson**

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**

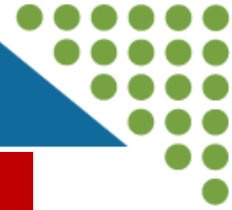
**CHRIS VERSION 5.2**

**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 (known or suspected) of 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

