

**Office of Licensing (OL)**

**Frequently Asked Questions**

**12VAC35-105-520 - Risk Management**

**1. Does a provider need to complete the Risk Management Attestation only once?**

The training required for the person designated as the risk manager only needs to be completed once, unless a provider is found to be non-compliant with risk management or Root Cause Analysis (RCA) requirements for reasons that are related to a lack of knowledge. In that case, the provider may be required to demonstrate that they have completed additional training offered by the Commonwealth as part of their corrective action plan (CAP).

By signing the Attestation, providers attest that the risk manager participated in live/recorded trainings and/or reviewed the training power point presentations posted on the Office of Licensing webpage. The document is to be signed and dated by the person designated as the risk manager and their supervisor.

If the provider has a change in staff (resignation or changes in responsibilities), the person assigned the risk management function (as evidence by their job description) would need to complete the training and complete the Attestation. The completed Attestation should be kept on file and available upon request by the Licensing Specialist. Example – the risk manager resigns and the organization delegates another staff member to be the risk manager or hires a new person. That staff member would need to complete the training and complete the Attestation. That person’s job description should reflect this responsibility.

The Crosswalk was updated in August 2021 to include the Office of Human Rights YouTube video on conducting investigations as well as the June 2021 Office of Licensing webinar.

[Crosswalk of DBHDS Approved Risk Management Training and Attestation](#)

**2. Are we supposed to complete the new updated attestation if we completed the original version? When in 2022 should the updated attestation be completed? Is the Attestation updated annually?**

If the provider’s current attestation includes proof that all required trainings were completed, and your Risk Manager remains the same as last year, the attestation does not need to be updated.

If you did not include documentation of the Human Rights Training on your attestation form last year, then your attestation should be updated to include proof that ALL trainings were completed as required. This should occur as soon as possible. The Crosswalk was updated August 2021 and was posted to the OL webpage (includes link to Office of Human Rights training on conducting investigations).

**3. Can the risk attestation be written or must it be typed?**

The attestation form can be typed or handwritten.

**4. How long after hire is a risk manager supposed to have the trainings completed? The regulations do not specify.**

12VAC35-105-440 states that new employees, contractors, volunteers, and students shall be oriented commensurate with their function or job-specific responsibilities within 15 business days. The provider shall document that the orientation covers each of the following policies, procedures, and practices. If the provider has an employee that transitions to the Risk Management position, that employee they must be oriented commensurate with their job-specific responsibilities within 15 business days.

**5. Where is the attestation on the webpage?**

The attestation is part of the document titled Crosswalk of DBHDS Approved Risk Management Training on the Office of Licensing webpage and can be found at the following link:

[Crosswalk of DBHDS Approved Risk Management Training and Attestation](#)

**6. If a new person is hired as the Risk Manager and completed these trainings while working at a previous job, will it be acceptable to have a copy of that form in the personnel file at the new place of employment?**

A provider may accept a completed/signed attestation from another provider, if their Risk Manager completed the training/attestation while working for another provider. However, the current supervisor should sign/date the attestation indicating review and approval of the already completed attestation which should be maintained within the risk manager's personnel file.

**7. Often multiple unplanned hospital visits occur because the hospitals prematurely discharge despite our advocacy and when the individual continues to need medical attention and we take them back to appropriately seek care, it seems we are dinged for doing exactly what we should be doing. We are often 'answering for' the hospital's lack of appropriate care. Are there conversations happening about how to better join providers in advocacy for appropriate medical care rather than always approaching this from a 'care concern' perspective?**

Thank you for bringing your concern to our attention.

When care concern thresholds are met, it may be an indication that a provider needs to re-evaluate an individual's needs and supports, review the results of their root cause analysis or even consider making more systemic changes.

However, the OL realizes that providers who take individuals with higher needs may have a higher number of incidents. Therefore, just because an incident meets a care concern threshold does not mean that a provider is not doing what they are supposed to be doing or that the OL has concerns. As we have stated before, serious incident reports are not punitive.

Please feel free to contact our office directly with additional systemic concerns.

**8. Can the systemic assessment be added to the QIP or should it be separate?**

A systemic risk assessment is a tool for proactively identifying systemic risks and should inform the Risk Management plan. The assessment may be a part/addendum to the RM plan but should be clearly delineated as such and include all components as required in the regulations

(12VAC35-105-520-C.1-5 and 12VAC35-105-520.D). The risk assessment process is focused on identifying both existing and potential harms and risks of harm.

However, a provider's risk management plan may be a standalone risk management plan or it may be integrated into the provider's overall quality improvement plan. Risk management plans and overall risk management programs should reflect the size of the organization, the population served, and any unique risks associated with the provider's business model.

**9. What date will the 2022 Attestation Training be offered?**

The Office of Licensing is not offering a 2022 Attestation Training. However, the hyperlink to the pre-recorded trainings required by the person responsible for the Risk Management function are included within the Crosswalk of DBHDS Approved Risk Management Training. The Office of Licensing will utilize Constant Contact to notify providers when live trainings are being offered.

**10. How often does the systemic risk assessment need to be completed?**

The provider shall conduct systemic risk assessment reviews at least annually to identify and respond to practices, situations, and policies that could result in the risk of harm to individuals receiving services.

The risk assessment review shall address at least the following:

1. The environment of care;
2. Clinical assessment or reassessment processes;
3. Staff competence and adequacy of staffing;
4. Use of high risk procedures, including seclusion and restraint; and
5. A review of serious incidents

**11. The company completes risk assessments at least quarterly. Are there any samples or guidance for the annual risk report?**

Yes, a sample risk management plan can be found on our website: [SAMPLE Risk Management Plan](#)

**12. Is the Root Cause Analysis (RCA) supposed to be done monthly, every quarter, or yearly?**

RCA related to serious incidents shall be conducted by the provider within 30 days of discovery of Level II serious incidents and any Level III serious incidents that occur during the provision of a service or on the provider's premises.

The provider shall also develop and implement a root cause analysis policy for determining when a more detailed root cause analysis should be conducted (12VAC35-105-160.E.2).

RCA also be conducted as part of a provider's quality improvement or risk management program as RCA is considered a standard quality improvement tool to identify the underlying causes of a problem. The focus of a root cause analysis is on systems, processes, and outcomes that require change to reduce the risk of harm.

**13. If providers have already updated QIP's and completed risk assessment before this training is the expectation providers update it if before their annual assessment.**

The provider only needs to update their QI plan and RM assessment if:

1. The provider was non-compliant during last year's inspection; or
2. After completion of this webinar, the provider determines themselves that they are not in compliance with the regulations.

**14. What's an example of a more detailed RCA?**

12VAC35-160.E.2 - the provider shall develop and implement a root cause analysis policy for determining when a more detailed root cause analysis, including convening a team, collecting and analyzing data, mapping processes and charting causal factors, should be conducted.

**15. Can you briefly explain key differences between risk management plan vs quality improvement plan?**

A quality improvement (QI) plan is a detailed work plan developed by a provider that defines steps the provider will take to review the quality of services it provides and to manage initiatives to improve quality. A quality improvement plan consists of systematic and continuous actions that lead to measurable improvement in the services, supports, and health status of the individuals receiving services. A QI plan includes measurable goals and objectives as well as progress toward meeting those goals.

A written risk management plan focuses on identifying, monitoring, reducing, and minimizing harms and risk of harm through a continuous, comprehensive approach. The risk management plan should include identifying year-over-trends and patterns and the use of baseline data to assess the effectiveness of risk management systems.

**16. How do providers receive feedback regarding the identified issues noted? The reason for the question is it may be helpful if providers knew especially what their identified issues are as it applies to the regulations.**

Providers may reach out to their Licensing Specialist to ask questions and seek regulatory technical assistance. In addition, an exit interview should occur as part of the annual inspection and this provides an opportunity to discuss areas of non-compliance as well as recommendations for coming into compliance with the regulations.

**17. Do Supportive In-home Providers have to turn in a policy and procedures that address HCBS rights for the QSR? Does it apply to just group homes?**

If a provider is billing in-home residential (meaning a staff coming into the home of the individual/family) a specific HCBS policy is not required. If the provider is billing sponsored residential (meaning an individual lives with a paid sponsor in the sponsor's home) a specific HCBS policy is required.

**18. Should the agency have a separate Risk Manager for each service provided? Or one Risk Manager for all services?**

Each licensed service is required to designate a qualified person with responsibility for the risk management function. The same person could serve as risk manager for multiple services. The designated person should be familiar with the day-to-day operations of the service as well as familiar with the individuals served. The regulations do not require the person to be onsite. The

provider may assign additional roles related to risk management depending on the size and scope of services of the provider.

**19. Initially it was stated that previous job experience would be accepted in place of training. Has that changed? How would one document that?**

The Crosswalk of DBHDS Approved Risk Management Training should be reviewed and DBHDS Attestation completed (previous training does not apply).

**20. When the supervisor (of the person responsible for the risk management function) signs the attestation, they are attesting that they have reviewed the document signed by the risk manager or does their signature means they [supervisor] have also attending the various trainings, etc.?**

The person responsible for the risk management function (per their job description needs to complete the training). The supervisor attests that the person has completed it.

**21. We are a group day service. We have an individual in day support who came to program and reported chest pain within 20 minutes of arrival. We called 911 individual was taken to the hospital. This happened again several weeks later. We received a care concern CAP. Should we have received that CAP?**

The Office of Licensing does not issue citations for care concerns. If the provider received a citation from the Incident Management Unit, it was due to the incident not being reported within the 24-hour timeframe.

**22. Do you need to fill out incident reports on chronic UTI's that are not going to the ER?**

A UTI that does not require medical attention likely does not need to be reported as a serious incident however should be tracked as Level I Serious incident. Providers should maintain records of any Level I incident. Only incidents that meet the requirement of a Level II or Level III incident must be reported in CHRIS.

Please refer to our regulations as well as our Serious Incident Reporting guidance documents and trainings. The OL has specific ribbons on the webpage for serious incident documentation as well as CHRIS training documents.

[Guidance for Serious Incident Reporting](#)

[Guidance on Incident Reporting Requirements](#)

## **SERIOUS INCIDENT REPORTING AND CHRIS TRAINING**

- [Serious Incident Reporting COVID19 \(January 2021\)](#)
- [Memo – Revoking A User Access \(February 2020\)](#)
- [CHRIS System Training \(May 2021\)](#)
- [Creating A New Serious Incident Case \(August 2019\)](#)
- [Creating A New Death Case \(August 2019\)](#)
- [Updating A Serious Incident \(August 2019\)](#)
- [Updating A Death Record \(August 2019\)](#)


**23. Once the attestation is completed, will the provider receive a certificate and how will DBHDS know that the provider participated in the training?**

The provider is attesting to the fact that they completed the training. There are no certificates.

**24. Looking at the attestation, I don't see where the information regarding the Office of Human Rights training on conducting investigations is located, please advise.**

The Office of Human Rights has a YouTube video related to conducting investigations and the link is on the Crosswalk.

[Crosswalk of DBHDS Approved Risk Management Training and DBHDS Risk Management Attestation](#)

 <p>Virginia Department of Behavioral Health &amp; Developmental Services</p>	<p>Office of Licensing (OL)</p> <p><b>Crosswalk of DBHDS Approved Risk Management Training</b></p> <p>Office of Human Rights "Investigating Abuse &amp; Neglect: An Overview for Community Providers"</p>	<p>Conducting Investigations</p> <p>The risk manager may register for an Office of Human of Rights webinar or watch the video. The training calendar is posted on the Office of Human Rights webpage and the youtube link for the training is pasted below:  <a href="https://dbhds.virginia.gov/assets/doc/QMD/human-rights/ohr-2021-statewide-training-calendar_current1.docx">https://dbhds.virginia.gov/assets/doc/QMD/human-rights/ohr-2021-statewide-training-calendar_current1.docx</a>   <a href="https://www.youtube.com/watch?v=4wB4dx-olyk">https://www.youtube.com/watch?v=4wB4dx-olyk</a></p>
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**25. Where do we send the completed attestation?**

The provider should keep the completed document in the risk manager's personnel file. The Licensing Specialist will request the attestation during their review.

**26. Does the person designated as the Risk Manager need to be onsite or could this be a corporate person that assists with reporting in CHRIS and with the organization?**

The person designated as the risk manager has training pursuant to 12VAC35-105-520.A so that person may lead the team or ensure that the team completes its work in compliance with the provider's policy. The designated person should be familiar with the day-to-day operations of the service as well as familiar with the individuals served. The regulations do not require the person to be onsite.

**27. Risk Management has become a primary focus when licensing specialists review annually. Can providers receive review and follow-up on the progress of plan and whether the plan is meeting regulations prior to annual licensing review?**

If the provider received a citation related to risk management and their pledged Corrective Action Plan (CAP) was approved, the provider should be implementing the CAP and ensuring it is effective (refer to [Guidance for a Quality Improvement Program](#) and [Guidance on Corrective Action Plans](#) for more information on implementing a CAP).

If a provider reviews the [Guidance for Risk Management](#), the sample documents: [SAMPLE Provider Risk Management Plan](#), [SAMPLE Provider Systemic Risk Assessment](#), and other information posted to the OL webpage, this will assist providers in being compliant.

**28. Is the Center for Developmental Disabilities Evaluation and Research (CDDER) the only approved training for the person responsible for risk management?**

The Office of Licensing has a Crosswalk of DBHDS Approved Risk Management Training required pursuant to 12VAC35-105-520.A and the approved trainings. The crosswalk is posted on the Office of Licensing webpage.

**29. Is there a cost to providers to take the CDDER training?**

The two hour webinar provided by CDDER Providers was offered free of charge and the recording and PowerPoint presentation are posted to the Office of Licensing webpage. In addition, licensed providers of developmental disability services will receive one free enrollment per course provided by CDDER.

**30. Will the CDDER training be offered routinely on an ongoing basis?**

Person responsible for the risk management function may change within the organization so future training opportunities will be needed. The CDDER training has been recorded and posted to the DBHDS website. If the person responsible for risk management changes within the organization, the recorded training and PowerPoint presentation will be available to access online.

**31. Will DBHDS provide the attestation form for risk management training or can the provider create their own attestation?**

DBHDS has created an attestation form for providers to complete and maintain as evidence that training has been completed.

**32. Does having a CPHRM credential meet training requirements? How about VA Risk Control Institute completion?**

The person designated for the risk management function must complete department approved training in individual risk screening, conducting investigations, root cause analysis, and the use of data to identify risk patterns and trends. These are minimum qualifications. There are certainly many excellent certification programs and additional training opportunities that a provider may encourage the person responsible for the risk management function to avail themselves of but this training is currently not on the list of approved trainings that meet the requirements of 520.A. Providers are encouraged to refer to the Crosswalk of DBHDS Approved Risk Management Training.

**33. What will the risk assessment process look like for In-Home Support providers?**

An assessment of the environment of care for community based services should include an analysis of the risks associated with the provision of services in the community, and any risks unique to the community locations where services are expected to be provided. While providers may not have direct control over these risks, analysis of such risks will help the provider develop a plan to mitigate those risks.

**34. How does environmental safety in a risk management plan apply for community engagement providers that do not own, rent, or lease the community volunteer location?**

An assessment of the environment of care for community based services should include an analysis of the risks associated with the provision of services in the community, and any risks unique to the 5 community locations where services are expected to be provided. While providers may not have direct control over these risks, analysis of them will help the provider develop a plan to mitigate those risks.

**35. Does the risk management function have to be handled by one person or can there be two people within an agency that handle this function together?**

The regulatory requirement is that the provider must have “a person” designated by the provider to be responsible for the risk management function. This person may oversee other persons who carry out risk management activities, but it is the designated person who is ultimately responsible for the function. Only the designated person is required by the regulation to complete the required training.

**36. Somewhere in the regulations it says that RCAs should be done by someone with investigation training. Does everyone involved in the RCA team have to have investigation training as well? What are the specific requirements for the staff in charge of RCA?**

The regulations do not require that the RCA should be done by someone with investigation training. 12VAC35-105-520.A states that the provider shall designate a person responsible for the risk management function who has completed department approved training, which shall include training related to risk management, understanding of individual risk screening, conducting investigations, root cause analysis and the use of data to identify risk patterns and trends. The person responsible for risk management function has training in RCA so that person may lead the team or give guidance and an overview of the RCA process to the team.

**37. Is that one risk manager per company office or company; for those companies with multiple offices?**

Each licensed service is required to designate a qualified person with responsibility for the risk management function. The provider may assign additional roles related to risk management depending on the size and scope of services of the provider.

**38. How does environment of care apply to community based services? Are we completing a risk analysis for the physical office or to address risks in the community (many of which are outside of our control)?**

An assessment of the environment of care for community based services should include an analysis of the risks associated with the provision of services in the community, and any risks unique to the community locations where services are expected to be provided. While providers may not have direct control over these risks, analysis of them will help the provider develop a plan to mitigate those risks.

**39. Liability insurance carrier and Worker’s Comp insurance carrier annually conducts risk assessments. Can we use those results to satisfy the risk assessment?**

Risk assessments conducted for the purposes of liability insurance and worker’s comp insurance can be used to inform quality improvement/risk management planning activities. However, the regulations requirements are that the provider conduct a risk assessment which includes: 1. The environment of care; 2. Clinical assessment or reassessment processes; 3. Staff competence



and adequacy of staffing; 4. Use of high risk procedures, including seclusion and restraint; and 5. A review of serious incidents.

**40. What are the differences required per provider? For instance, an in-home provider versus a group home. It would be helpful if the department could break it down so the different providers understand more specifically what applies to their setting (specifically referring to risk assessment).**

All regulations apply to all licensed services unless specifically stated otherwise. For suggestions on what to include in the systemic risk assessment (520.C and 520.D) please review the Guidance for Risk Management and the trainings related to Quality Improvement-Risk Management on the Office of Licensing webpage.

**41. What is considered a high risk medication in terms of an example used in the systemic risk assessment?**

A high risk medication is a medication that carries a greater than typical risk of serious side effects or other complications. When conducting a risk assessment, a provider shall consider the use of high risk procedures. More information on systemic risk assessment can be found in Guidance for Risk Management.