

## Human Rights CHRIS Changes

### Individual (Select Individual) Tab

The **SSN** is now required. **Note:** If the individual does not have a SSN or the SSN is unknown, enter 999999999. **This requirement will also apply to serious incident reports made to the Office of Licensing.** The enhancement will assist the department in identifying duplicate entries and contribute to the development of a unique identifier.

<p><b>* Legal Name (First, MI, Last)</b></p>	<input style="width: 100%;" type="text" value="Bugs"/> <input style="width: 100%;" type="text" value="Bunny"/>
<p><b>*SSN (no dashes)</b> Don't have SSN Please enter (999999999)</p>	<input style="width: 100%;" type="text" value="012345678"/> (999999999)

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. This will assist the department in knowing when certain notifications and decisions intended for the Substitute Decision Maker are applicable.

### **DEMOGRAPHICS**

<p><b>*Date of Birth</b> (format: 99/99/9999)</p>	<input style="width: 100%;" type="text" value="01/23/1900"/>
<p><b>*Race</b></p>	<input style="width: 100%;" type="text" value="Other"/>
<p><b>*Gender</b></p>	<input style="width: 100%;" type="text" value="Male"/>
<p><b>Medicaid Number</b></p>	<input style="width: 100%;" type="text" value="111122223333"/>
<p><b>* Substitute Decision Maker</b></p>	<input type="radio"/> No <input checked="" type="radio"/> Yes
<p><b>Relationship to Individual</b></p>	<input style="width: 100%;" type="text" value="Parents"/>
<p><b>Name</b></p>	<input style="width: 100%;" type="text" value="Bugs Bunny, Sr."/>

## Allegation Tab

When entering the Location, the FIPS code will now automatically populate. This enhancement is intended to save time for the end-user as well as prevent end user error in selecting the wrong FIPS code.

<b>Provider:</b>	<b>Richmond Behavioral Health Authority</b>		
<b>Location:</b>	REACH Adult Transition Home <span>▼</span>		
	<i>(Entry of Street, City, State and Zip are required for CSB and private provider individuals.)</i>		
<b>Street</b>	107 S. Fifth Street		
<b>City,</b>	Richmond	VA	23219
<b>State, Zip</b>	760	Richmond (city)	
<b>*FIPS</b>			

Types of abuse and neglect have been added and expanded to assist in identifying complaints involving abuse, neglect, and exploitation.

- Four new abuse types have been added – **Psychological**; **Neglect: Missing Individual, Elopement, AWOL**; **Neglect: Medication Related**; and **Neglect: Failure to provide services necessary for health, safety and welfare**. Multiple types of abuse may still be selected.
  - **Psychological** – individual is alleged to have experienced emotional harm that may be evidenced by changes in the individual’s behavior (i.e. becoming withdrawn, avoidance of specific people or situations)
  - **Neglect: Medication Related** - a mistake by the provider in administering medication to an individual and includes when any of the following occur: wrong medication is given to an individual, wrong dosage of a medication is given to an individual, the wrong method is used to give the medication to the individual and/or the medication is given to an individual at the wrong time or not at all.
  - **Neglect: Missing/Elopement/AWOL** refers to when an individual is not physically present when and where they should be and their absence cannot be accounted for or explained by their supervision need, and the individual has been determined to lack capacity or their capacity is currently in doubt. This option may be selected when it is not clear that the provider followed their internal policy regarding supervision and support at the time the individual left or was discovered to have left the program/service.
  - **Neglect: Failure to provide nourishment, treatment, care, goods or services** – failure to provide what is necessary for the individual’s health, safety and welfare in accordance with their identified needs (ISP) and the level of service, (i.e. failure

to provide food, clothing, support or appropriate supervision). This option may be selected when the identified failure could be the result of inaction by one or more staff or possibly the result of a programmatic failure (i.e. inadequate policy or infrastructure).

- **Seclusion and Restraint** have been made their own type of abuse.

**DETAILS**

* Type: (Select All that apply)	<input type="checkbox"/> Physical	<input type="checkbox"/> Sexual	<input type="checkbox"/> Verbal	<input type="checkbox"/> Seclusion	<input type="checkbox"/> Restraint	<input type="checkbox"/> Exploitation
	<input type="checkbox"/> Psychological	<input type="checkbox"/> Neglect: peer on peer aggression	<input type="checkbox"/> Neglect: Missing Individual, Elopement, AWOL	<input type="checkbox"/> Neglect: Medication Related	<input type="checkbox"/> Neglect: Failure to provide services necessary for health, safety and welfare	
*Describe the Abuse						
<input type="button" value="Check Spelling"/>						

The “**Print Abuse**” or “**Print Complaint**” button allows the user to view the record prior to printing or saving.

		<b>Who entered report in CHRIS?</b>	
Name (First, MI, *Last)	<input type="text" value="Test"/>	<input type="text" value="Tester"/>	
*Phone	<input type="text" value="(804) 304-6666"/>	Phone(####) ###-####	
<input type="button" value="Save"/>	<input type="button" value="Cancel"/>	<input type="button" value="Delete"/>	<input type="button" value="Print Abuse"/>



Abuse #: 20230001 Alleged Abuse Date: 1/9/2023 Medicaid Number: 111122223333  
 Individual Name: Bugs "BB" Bunny Individual ID #: 1802022118154829 SSN: 012345678  
 Gender: M Race: Other DOB: 1/23/1900  
 Waiver Type: Other Waiver Is Individual receiving a Waiver here? Yes  
 Case Management CSB: Richmond Behavioral Health Authority  
 Service Type:  
 Location: 107 S. Fifth Street Richmond, VA 23219  
 Specific Site: cafeteria  
 Substitute Decision Maker: Bugs Bunny, Sr.  
 Relation: Parents

	Physical	Sexual	Verbal	Neglect Failure	Neglect P2P	Expl.	Seclusion	Restraint	Neglect Missing	Neglect Med.	Psych	Other
Abuse Alleged:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abuse Occurred:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain Other:

Description: Staff #1 called me stupid when I didn't get the right answer on the activity. Individual John then punched me in the face and Staff #1 didn't do anything.

## **Notification Tab**

Department of Health Professions notification has been added. This section is not required to save the record. The information should be entered when applicable, to ensure an accurate and complete CHRIS entry.

**DEPARTMENT OF HEALTH PROFESSIONS**

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

**Investigation Tab**

The Disposition section of this tab has been updated to reflect all the types of abuse and neglect on the Allegation tab.

Additionally, an “**Other (Explain on below textbox)**” category has been added. When this is checked, an explanation must be provided in the textbox. This box should be checked when a violation besides abuse, neglect or exploitation has been identified.

**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 checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Undo	Neglect: peer on peer aggression	<input checked="" 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

*Please explain Other	<input type="text"/>
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In the **Rationale** section, the “Other” checkbox has been revised to read, “**Other (e.g., video footage).**” As a reminder, this option should be checked, and the corresponding textbox completed to describe the evidence used to determine the disposition.

Rationale	<input checked="" type="checkbox"/> Eyewitness Statements
	<input checked="" 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 checked="" type="checkbox"/> Other (e.g., video footage)
Other Rationale	Review of video footage; physical evidence; other witness statements and documentary evidence

## Reports

The **Reports** option in the left side Navigation bar allows the end user to view abuse, complaint, and other reports. This option can be accessed from any tab in CHRIS.

DBHDS | Virginia Department of Behavioral Health and Developmental Services  
CHRIS - Comprehensive Human Rights Information System

**Status of Complaint Cases**

Agency Type: CSB      Date Range: 4/2/2023 - 4/27/2023      Waiver Type: None

**222 - Chesterfield Community Services Board**

Name	Complaint Number	Date of Complaint	Category / Sub-Category	Case Status
Mary Brown			Dignity Physical Environment	F

**222 - Chesterfield Community Services Board**

Total Complaint Cases:	1	Complaint Category Total: Assurance of Legal Rights:	0
Total Pending Cases:	1	Treatment with Dignity:	1
Total Closed Cases:	0	Participation in Treatment Decision-Making:	0
Complaints Resolved: Delve Director Level:	0	Research:	0
Commissioner Level:	0	Work:	0
Director Level:	0	Access to and amendment of services record:	0
LHRC Level:	0	Notification:	0
SHRC Level:	0	Review Process:	0
Not Reported:	1	Services in accordance with sound therapeutic practice:	0
		Confidentiality:	0
		Restriction on freedom of everyday life:	0
		Use of Seclusion, restraint and time out:	0
		Determination of capacity to give consent or authorization:	0
		Authorized representatives:	0