

COMMONWEALTH OF VIRGINIA

*Behavioral Health and Developmental
Services Unit*

Provider Manual Overview

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State Inspector General*

OFFICE OF THE STATE INSPECTOR GENERAL

OSIG's HISTORY AND MISSION

The Office of the State Inspector General was established on July 1, 2012, to investigate waste and identify inefficiencies in executive branch state government. During the General Assembly's 2011 Session, two bills — SB 1477 and HB 2076 — resulted in legislation that created OSIG.

OSIG's Mission:

- Facilitate good stewardship of resources.
- Deter fraud, waste, abuse and corruption.
- Advocate efficiency and effectiveness.
- Promote integrity and ethical conduct.

BHDS CODE AND MISSION

Pursuant to Code of Virginia § 2.2 – 309.1,

The Office of the State Inspector General shall inspect, monitor and review the quality of services provided in state facilities and by DBHDS-licensed providers, including DBHDS-licensed mental health treatment units in state correctional facilities.

BHDS Mission:

- To ensure that patients in state mental health facilities or those being served by DBHDS-licensed providers are free from abuse, neglect and inadequate care.
- To provide protective oversight. It is OSIG's intent to listen to, review and address concerns of abuse, neglect and inadequate care.
- To prevent the escalation of identified concerns and eliminate the potential for any future occurrences. To identify and address systemic issues.

TYPES OF COMPLAINTS

- **ABUSE**
- **NEGLECT**
- **INADEQUATE CARE**

ABUSE

Examples may include (but are not limited to):

- Rape or sexual assault.
- Other criminal sexual behavior.
- Use of language that demeans, threatens, intimidates or humiliates the person.
- Use of excessive force when placing a person in physical or mechanical restraints.
- Use of physical or mechanical restraints on a person that does not comply with federal and state laws, regulations and policies, professionally accepted standards of practice or the person's individualized services plan.
- Use of more restrictive or intensive services or denial of services to punish the person or that is not consistent with his/her individualized services plan.

“Any act or failure to act by an employee or other person responsible for the care of an individual in a facility or program operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, that was performed or was failed to be performed knowingly, recklessly, or intentionally, and that caused or might have caused physical or psychological harm, injury, or death to a person receiving care or treatment for mental illness, intellectual disability, or substance abuse.”

(12VAC35-115-30)

NEGLECT

Examples may include (but are not limited to):

- Failure to provide medications ordered by a practitioner.
- Failure to provide treatments ordered by a practitioner.
- Failure to follow individual support plans.
- Failure to follow supervision/safety requirements.
- Failure to follow programming guidelines.
- Failure to provide for an individual's personal hygiene needs.
- Misuse of an individual's funds or personal property.
- An act or omission that endangers or places at risk an individual's physical or psychological health or safety, or fails to respond to an obvious need of the individual without reasonable justification.

“Failure by a person, program or facility operated, licensed or funded by the department, excluding those operated by the Department of Corrections, responsible for providing services to do so, including nourishment, treatment, care, goods or services necessary to the health, safety or welfare of an individual receiving care or treatment for mental illness, intellectual disability or substance abuse.”

(12VAC35-115-30)

INADEQUATE CARE

Examples may include (but are not limited to):

- Failure to follow practitioners' orders.
- Failure to render necessary medical attention.
- Failure to identify adverse drug interactions.
- Failure to follow dietary restrictions.
- Failure to follow an individual's toileting plan.
- Failure to follow a physical management plan.
- Failure to mitigate risks such as falls and deep vein thrombosis.
- Failure to provide medical or psychiatric care in accordance with established standards of care.

Care that falls below established standards of care.

BHDS COMPLAINT CATEGORIZATION

CRITICAL

A complaint that is life threatening in nature and requires immediate reporting/intervention. This level includes harm to self or others or threats thereof.

Examples:

- Any threat to harm self or others (family, peers, staff or strangers).

In most cases, OSIG notifies the facility director, administrator or designee immediately.

Due to the serious nature of this complaint, the facility director, administrator or designee may be required to provide information confirming that the incident was addressed, rectified or ruled improbable.

BHDS COMPLAINT CATEGORIZATION

CRITICAL

- OSIG sends an electronic copy of the Complaint Report Form (**Exhibit A**) to DBHDS Central Office for dissemination to the appropriate DBHDS facility/CSB/licensed provider.
- OSIG may close out the complaint or request additional information from the DBHDS facility/CSB/licensed provider.
- OSIG will allow 30 calendar days for the response from the facility or provider.

BHDS COMPLAINT CATEGORIZATION

HIGH

A complaint serious in nature and may require immediate reporting/intervention. This level includes abuse, neglect or inadequate care.

Examples:

- Death (including suicide).
- Attempted suicide.
- Sexual abuse/assault .
- Physical abuse/assault.
- Serious injury from subsequent restraint or seclusion.
- Inadequate medical care.
- Acute medical injury/illness lacking appropriate intervention.

BHDS COMPLAINT CATEGORIZATION

HIGH

- In some cases, OSIG notifies the facility director, administrator or designee immediately.
- OSIG sends an electronic copy of the Complaint Report Form (**Exhibit A**) to DBHDS Central Office for dissemination to the appropriate DBHDS facility/CSB/licensed provider.
- OSIG may close out the complaint or request additional information from the DBHDS facility/CSB/licensed provider.
- OSIG will allow 30 calendar days for the response from the facility or provider.

BHDS COMPLAINT CATEGORIZATION

MEDIUM

A complaint less serious in nature (not an imminent threat), but still requiring reporting/intervention. This incident would not have a direct impact on health and safety.

Examples:

- Violation of a facility/provider policy or procedure (not dangerous in nature).
- Disagreement with treatment team decisions.
- Alleged human rights violations not involving abuse, neglect or inadequate care and not posing imminent risk.

BHDS COMPLAINT CATEGORIZATION

MEDIUM

- OSIG sends an electronic copy of the Complaint Report Form (**Exhibit A**) to DBHDS Central Office for dissemination to the appropriate DBHDS facility/CSB/licensed provider.
- OSIG may close out the complaint or request additional information from the DBHDS facility/CSB/licensed provider.
- OSIG will allow 30 calendar days for the response from the facility or provider.

BHDS COMPLAINT CATEGORIZATION

LOW

A complaint not serious in nature, but still requiring reporting/referral. This level would not have a direct impact on health and safety.

Examples:

- Under TDO, but wanting release.
- Change in privileges at facility.
- Request to change physician.
- Request to be transferred to another facility.
- Concern about personal property loss.

BHDS COMPLAINT CATEGORIZATION

LOW

- OSIG sends an electronic copy of the Complaint Report Form (**Exhibit A**) to DBHDS Central Office for dissemination to the appropriate DBHDS facility/CSB/licensed provider.
- OSIG may close out the complaint or request additional information from the DBHDS facility/CSB/licensed provider.
- OSIG will allow 30 calendar days for the response from the facility or provider.

INFORMING FACILITIES/CSB/LICENSED PROVIDERS OF A COMPLAINT

- Upon receiving a complaint, OSIG generates a Complaint Report Form (**Exhibit A**) that is sent to DBHDS Central Office for dissemination to the appropriate DBHDS facility/CSB/licensed provider.
- NOTE: OSIG will provide the information in the Complaint Report Form (**Exhibit A**).



COMMONWEALTH OF VIRGINIA

Office of the State Inspector General

BHDS Unit

Complaint Report Form (Exhibit A)

Behavioral Health Complaint Report

COMPLAINT REPORT FORM (EXHIBIT A)

BEHAVIORAL HEALTH COMPLAINT REPORT

Date of Complaint Report

Reference Number:

Report number generated by OSIG.

Title/Victim:

Person making the complaint or is the subject of the complaint.

Date of Call:

Date the call was received.

Scope (Facility):

Facility (Complaint Review).

Description:

Reason for the complaint.

COMPLAINT REPORT FORM (EXHIBIT A)

BEHAVIORAL HEALTH COMPLAINT REPORT

Date of Complaint Report

Category:

How OSIG received the complaint (call, email, form).

Type:

Abuse/Neglect/Inadequate Care.

Severity:

Severity Level (Critical/High/Medium/Low).

Actions:

Expected actions taken by DBHDS or community provider.

Comments:

Additional information or response instructions.

COMPLAINT RESPONSE FORM (EXHIBIT B)

SECTION ONE (MUST BE FILLED OUT FOR ALL COMPLAINTS.)

Complaint Number:

Generated by OSIG and included on the complaint form.

Location of Incident:

Location where the incident occurred.

Date/Time of Incident:

Date and time the incident occurred.

Date of Report:

Date this report is completed.

COMPLAINT RESPONSE FORM (EXHIBIT B)

SECTION ONE (MUST BE FILLED OUT FOR ALL COMPLAINTS.)

Investigator(s):

Person(s) who investigated the allegation and wrote the report.

Complainant(s):

Person(s) who made the allegation or reported the allegation on behalf of the victim.

Victim:

If different from complainant.

COMPLAINT RESPONSE FORM (EXHIBIT B)

SECTION ONE (MUST BE FILLED OUT FOR ALL COMPLAINTS.)

Subject(s):

Name(s) of the accused.

Allegation(s):

The synopsis contains a **brief** description of the incident or complaint. The basic questions of *who, what, how and why* should be answered about the primary incident or complaint. Information developed during the course of the investigation that identifies additional offenses or incidents should be described, including time, date and location.

Findings:

The outcome of the investigation supported by sufficient evidence.

COMPLAINT RESPONSE FORM (EXHIBIT B)

SECTION TWO (FOR ALLEGATIONS INVOLVING ABUSE, NEGLECT OR INADEQUATE CARE.)

1. Interview of Complainant(s):

Name/title: Include relevant information from interview and written statement(s). All statements taken from the same individual should be listed together as one exhibit (attachment). Subsequent interviews of the same person will be placed chronologically in numbered paragraphs. Any additional significant witnesses can be identified and their interviews reflected in paragraphs numbered in chronological order. Indicate it is an exhibit with a number at end of the witness summary.

2. Interview of Subject(s):

Name/title: Same as above.

COMPLAINT RESPONSE FORM (EXHIBIT B)

SECTION TWO *(FOR ALLEGATIONS INVOLVING ABUSE, NEGLECT OR INADEQUATE CARE.)*

3. Interview of Witnesses:

List witnesses interviewed and a summary of relevant information. Number each witness same as above. Be sure to identify the individuals interviewed, including those who could not provide information or the information was not significant. If they are unable to provide information, the names/titles or other identifying facts about these persons can be combined under one paragraph.

4. Physical Evidence Collected:

In numbered sections, same as above, identify evidence collected at the incident scene or indicate N/A.

COMPLAINT RESPONSE FORM (EXHIBIT B)

SECTION TWO (FOR ALLEGATIONS INVOLVING ABUSE, NEGLECT OR INADEQUATE CARE.)

5. Video Evidence Available:

Yes No

6. Injuries:

Yes No

7. Documents/Files Reviewed:

[LIST] All documentary evidence reviewed that supports or refutes the allegations will be documented in this section. This includes policies, medical records, abuse investigation data, personnel records, supervisory records or other records. ***You do not need to list every document reviewed here.**

COMPLAINT RESPONSE FORM (EXHIBIT B)

SECTION TWO (FOR ALLEGATIONS INVOLVING ABUSE, NEGLECT OR INADEQUATE CARE.)

8. Exhibits (Attachments):

[LIST]

9. Findings:

State findings here. Example: *The preponderance of the evidence indicates that the offense occurred as alleged.*

10. Status:

Show the status of the report and include any additional investigative or other action pending. Example: *This report concludes all investigation action pertaining to this matter.*

COMMONWEALTH OF VIRGINIA

Questions from Providers

Any questions related to specific complaints, correspondence with OSIG or elements contained within this provider manual should be directed to the Office of the State Inspector General Behavioral Health and Developmental Services Unit at:

Toll-free number: 833-333-OSIG (6744)

TTY users: Dial 7-1-1 (translation services available)

Email address: OSIGBHDSComplaints@osig.virginia.gov

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