



January 8, 2018

Senator Robert Cowles, Co-Chair
Joint Committee on Audit
State Capitol, Room 118 South
Hand Delivered

Representative Samantha Kerkman, Co-Chair
Joint Committee on Audit
State Capitol, Room 315 North
Hand Delivered

Dear Co-Chairs Cowles and Kerkman,

Thank you for the opportunity to discuss Legislative Audit Bureau (LAB) reports 17-8 and 17-14. The LAB audit has been invaluable and the LAB staff's thoroughness and professionalism was greatly appreciated. The Department of Veterans Affairs (DVA) has taken great care to thoroughly address each LAB recommendation and also attached significant background data for added clarity.

1. VA 6 Rate Setting

"We again recommend the Department of Veterans Affairs amend ch. VA 6, Wis. Adm. Code, to include a formula for calculating private pay rates for nursing home and assisted living care at the Wisconsin Veterans Homes and to clearly define rate-setting terms, such as "costs of care."

After significant delay in the code amendment process that began in 2011, DVA is using this update as an opportunity to conduct a full review of its long-standing private pay rate procedures to provide maximum clarity and transparency. The department's statement of scope was approved in September 2017. The rule will include clear terminology definitions and a formula that ensures rates are fair and based on costs of care. The rule is in a preliminary draft form. The Board of Veterans Affairs will be provided the draft rule for review, as required by statute, at its next meeting. Once reviewed, DVA will conduct the required public hearing and then submit the rule to the Legislative Council Rules Clearinghouse for its review prior to submission to the Legislature.

2. Cash Balance

"We recommend the Department of Veterans Affairs determine the cash balance in its account for operation of the Wisconsin Veterans Home at King that it believes is appropriate to maintain."

"We recommend the Department of Veterans Affairs develop, and routinely update, a detailed plan for the management and proposed use of the cash balance in the account."

Setting an appropriate balance for King's operational fund first requires an understanding of how the fund functions. The fund is truly "operational" – meaning that the account continuously incurs expenditures and receives revenues, large and small. The balance continually changes. The goal throughout the year is to ensure expenditures do not exceed revenues within the Department's approved spending authority, which for this fiscal year is \$74,567,000.

Account revenues are member-related – Medicare, Medicaid, VA per diem, private pay, etc. These are reimbursements directly related to member care. Thus, the higher the member census, the higher the revenues from reimbursements. If the member census is depressed, expenditures could exceed revenues. In

such a case, DVA only has authority to spend up to the amount of revenues received in that fiscal year. To cover the remainder of the expenditures, DVA would submit a request under s. 13.10, Stats., to the Joint Finance Committee (JFC) asking for an alternate funding source. JFC could direct the use of the Homes account's surplus, accumulated over previous years, until that account balance is expended.

A number of factors impact member census, reimbursements, and operational costs: federal and state policies and funding such as the Trump Administration's focus to increase age-at-home opportunities; changes in the aging demographic such as the growing prevalence of Alzheimer's and other dementias; associated higher member acuity that drives an increased nurse hours per patient day (PPD) ratio; and general trends in the long-term care industry. Considering all these factors, best practice is to manage the fund using member census targets as we currently do.

A useful management tool is to establish a reserve – a minimum cash balance in the fund. To determine the reserve amount, DVA uses the state's rainy day fund methodology. State law requires that the state's general fund maintain a balance of at least two percent of expenditures as a rainy day fund. Adopting that existing practice, based on King's current operating budget of \$74,567,000, the department has set aside \$1.4 million in reserve.

Once the operational and capital needs of the Homes are satisfied, as approved in each biennial and capital budget, the remaining cash balance may be used to support the Veterans Trust Fund (VTF) in order to provide many of the benefits offered by the State of Wisconsin. A detailed plan for management of the cash balance is found in the biennial capital budget, the biennial budget, and the operating budget.

Capital Budget: DVA has established a comprehensive process for identifying the capital projects for the Homes and the entire Department. A detailed explanation of the capital projects process is addressed in section 3 below.

Biennial Budget: DVA's internal biennial budget processes, as they relate to the Homes, begin with each commandant and their chosen representatives, with input from each facility's workforce, identifying requirements for the upcoming biennium. Once those requirements are identified they are put into a template form called "Issue Identification" and included in the entire department's list of requirements. (Attachment 1) DVA's management team (including the Office of the Secretary, division administrators, and commandants) prioritizes the requirements. Priorities are given numeric values with all Life Safety projects completed first. The selected "Issue Identification" summaries are then converted into comprehensive issue papers. (Attachment 2)

Operating Budget: The Bureau of Budget, Policy and Facilities (BBPF) meets quarterly with each Division, including the Division of Homes and each Veterans Home individually to review their budgets. During these meetings the Division Administrators and commandants identify needs and areas of concern by reviewing analytical tools created to assess budgets vs. expenditures, applying a straight line projection and a separate tool to review salary lines. (Attachment 3) Needs that arise outside the biennial budget can be met via multiple methods such as moving spending authority within the fund that is shared by all Homes or making requests to the Joint Finance Committee under s. 16.505/515, Stats.

3. Capital-related projects

"We recommend the Department of Veterans Affairs establish a systematic process for comprehensively identifying and assessing the capital-related project needs for all Wisconsin Veterans Homes."

"We recommend the Department of Veterans Affairs use this information to complete a ten-year facilities plan for the Wisconsin Veterans Homes and to help develop its required six-year facilities plans in the future."

DVA's internal systematic capital projects process is articulated in an in-depth manual with detailed instructions that drives capital-related project identification. (Attachment 4) Each of the three Homes campuses has access to a "Project Request Form." (Attachment 5) The form is used by the entire agency for any project above \$5,000. Proposed projects are categorized using the following general descriptions:

- General maintenance.
- Remedy a survey citation.
- Life safety.
- New construction.

An estimated construction cost is determined, and, as needed, aided by the department's Architect and Engineer on-call (a vendor contracted by the Division of Facilities Management (DFM) within the Department of Administration (DOA)). The request must be approved by a commandant, the Division Administrator of Homes and finally by the Division Administrator for Enterprise Services.

Monthly, central office capital budget staff, including the Budget Director, and the Homes staff (commandants, directors of maintenance, and maintenance supervisors) review in detail the statuses of current and future projects.

The Homes assist the Secretary's office in prioritizing projects. The Division of Enterprise Services works with the U.S. Department of Veterans Affairs (USDVA) to determine whether USDVA will finance up to 65% of a project. The attached project list identifies projects completed in the last six years, as well as current, enumerated, and all-agency projects. (Attachment 6)

Every agency is required by law to complete a six-year facilities investment plan, a plan that is part of the capital budget submission. The purpose of the plan is to affirm that facilities are aligned with programmatic plans and requirements of the agency. DVA's standardized internal process feeds the six-year plan and the biennial capital budget. The Department has developed a number of other tools to help ensure forward progress in facilities planning, development, and maintenance. Because DVA's facilities projects often rely heavily on USDVA monetary support, obtaining such requires significant lead time thus plans must cover a more expansive period than what state law requires. Therefore, DVA has also developed a working-draft 13-year plan which is updated as the priorities of the state, departments, Veterans or federal agencies change. (Attachment 7) In addition to the 13-year plan, the department completed its six-year facilities investment plan in 2016 and a 10-year facilities plan in 2012. (Attachments 8-9)

In developing the long-term plan for the Homes, it is important to note the many external factors that might impact a plan between its initial inception and final disposition. Changes at the federal level or regulatory changes can result in delay of a project in progress. For example, in late 2016 DVA completed and submitted to USDVA a 35% design plan (mechanical, electrical and plumbing plans as well as the architectural drawings) for Moses Hall, a new state-of-the-art skilled nursing facility at our King campus. In January 2017, USDVA released new Community Living Center (CLC) guidelines and directed DVA to re-design Moses Hall to meet the new requirements. DVA's design team, working with USDVA, began the re-design of the building to meet the new requirements. Subsequently, in April 2017, a Presidential Executive Order made changes to the CLC program and five days later DVA's original 35% design submission was approved. The four month delay changed the completion timeline and subsequently increased project costs.

4. Staffing

"We recommend the Department of Veterans Affairs work with the Department of Health Services to ensure King is able to benefit from the federally funded initiative to recruit and train nursing assistants."

"We recommend the Department of Veterans Affairs work with the Department of Health Services to ensure that nursing assistants at King receive the retention bonuses for which they are eligible."

“We recommend the Department of Veterans Affairs report to the Joint Legislative Audit Committee by January 8, 2018, on its progress in these areas; the vacancy rates and overtime hours of registered nurses, licensed practical nurses, and nursing assistants; and whether it intends to pursue options to further reduce the number of residents it serves.”

DVA places great value on the King workforce. Their dedication, sometimes spanning multiple generations within a family, enables the department to provide the top-rated care King consistently delivers. Both prior to the publication of the LAB reports and as a result of, DVA has been working to make improvements related to staffing levels, scheduling, and other factors to promote a safe and positive work environment where employees are able to achieve their fullest potential in their career field. We’ve explored and begun implementing such tools as:

- Technology (scheduling/timekeeping programs).
- Staff incentive programs.
- Consolidation of vacant beds to better allocate nursing resources.
- Development of an on-site childcare center.

Additionally, DVA has realigned its Bureau of Human Resources to more effectively provide HR services and increase HR management oversight of recruitment and staffing operations for the entire agency, details of which are attached. (Attachment 10)

DVA has also enacted a number of initiatives to address the largest personnel-related challenge facing King – an industry-wide shortage of nursing staff. These efforts include:

- Exempting new hires from mandatory overtime.
- Increasing the number of weekends off for certified nursing assistants.
- Hiring a nurse recruiter.
- Protecting days surrounding vacation from extra hours worked.

Since publication of Report 17-14 DVA has continued to look at additional tools and is planning to include nurse recruiting as part of our nationwide talent-recruitment campaign.

Of note, the report suggested the department should participate in the federally-funded Department of Health Services (DHS) WisCaregiver Program’s payment of a \$500 cash bonus retention incentive for new CNAs after six months of employment. In order to participate in the program the department would need authority to provide sign-on bonuses which is currently prohibited under the 2015-2017 State of Wisconsin Compensation Plan. However, DVA has requested this authority be included in the 2017-2019 Compensation Plan. Assuming this inclusion, DVA has applied to the DHS WisCaregiver Program.

King’s vacancy rates and overtime hours for nursing positions have been reduced. (Attachment 11) Additionally, in competing with the private sector for employees, King continuously recruits nursing staff using a variety of tools. In 2017 DVA:

- Participated in approximately 30 job fairs.
- Conducted three social media campaigns targeting certified nursing assistants.
- Conducted three mass mailings targeting certified nursing assistants in late 2016 – 2017.
- Participated in six employer panels and conducted mock interviews for nursing students at local colleges.
- Conducted more than 10 lunch-time recruitments at college campus locations.
- Published regular radio, newsprint and social media ads.
- Conducted three recent social media campaigns.
- Developed and implemented the High School Student CNA Program.
- Met with local high schools to generate interest in nursing as a career and to highlight the High School Student CNA Program.
- Joined Chambers and Steering Committees like the Waupaca Area Chamber of Commerce and the Fox Cities Steering Committee.
- Placed billboard and other employment signs.

- Distributed employment materials throughout the local communities.

DVA has also begun a program to use currently vacant positions to make part-time positions whole and anticipate the number of direct care vacancies will decrease as a result. Additionally, the Secretary directed member care beds be reduced by 59 at King and empty beds consolidated in order to promote a more effective use of staff and to ensure exclusively private rooms in its dementia units. Reviews are ongoing to determine whether additional adjustments to bed counts and locations statewide are needed.

5. Addressing Complaints

“We recommend the Department of Veterans Affairs review King’s informal processes for addressing resident concerns to ensure outcomes of these processes are appropriate and to ensure residents are aware of the option of submitting formal complaints.”

“We recommend the Department of Veterans Affairs document for each formal complaint any action taken in response to the complaint or an explanation of why no action was taken.”

“We recommend the Department of Veterans Affairs ensure that all individuals who submit suggestions through the suggestion boxes at King and have disclosed their identity are sent a notice of receipt.”

“We recommend the Department of Veterans Affairs document for each suggestion received through a suggestion box any actions taken in response to the suggestion received, including documenting instances in which no action was taken.”

“We recommend the Department of Veterans Affairs report to the Joint Legislative Audit Committee by January 8, 2018, on its progress and on the actions taken by King in response to the formal complaints it received in 2017.”

“We recommend the Department of Veterans Affairs review the concerns expressed by residents, such as improving access to doctors and nurse practitioners and improving communication regarding changes to residents’ care plans.”

Nursing home residents are provided with certain rights and protections under State and Federal law to help ensure they get the care and services they need. For example, residents have the right to be informed, make their own decisions, and have their personal information kept private. Additionally, a nursing home must inform residents about these rights and explain them in writing in a language the resident understands before or at the time of admission.

King has taken measures to build on the strong foundation of multiple methods by which Members can informally issue their concerns, complaints, and suggestions. The following are the methods DVA has in place and the measures taken to improve the tracking of and follow-up associated with the informal process, as recommended in the report.

- Member Council: The Member Council is comprised of member representatives elected by their peers from each residential hall. The Member Council meets monthly and minutes from the meetings are posted for all campus members within the halls and at the Marden Center. The Council follows up on issues raised in previous meetings and those outcomes are included in the posted minutes. Non-Council members attend the monthly meetings as well.
- Residential Hall Member Meetings: Each of the four residential halls holds a monthly meeting led by social services and the hall’s leadership staff. These meetings include reports by the hall’s Member Council representatives who discuss the agenda items from the larger campus Member Council meetings. All hall members and staff can attend these meetings.
- Member Care Planning Conferences: Member Care Conference meetings occur at least quarterly for each Member. Family members are invited to attend these meetings. The Member’s plan of care, as well as concerns or complaints, are addressed with the Member, family, and the interdisciplinary team.
- Encounters with Staff: Members often verbalize a concern to staff during the course of regular care, at which point appropriate staff are involved in problem solving and may require a care conference to work

through the issue. When there is a care conference, the issue is documented by the social worker who records the issue, the meeting attendants, and resolution.

Some Members may wish to avoid raising their concerns in a public setting and may choose to use one of the several suggestion boxes posted on campus. The boxes are checked frequently as described in the policy, with three required to be checked daily by staff. Staff strives to include the suggestion maker in the implementation when possible and appropriate, and regardless of outcome, the person making the suggestion is notified if they have identified themselves. DVA has revised the procedures to require a notice-of-receipt be sent to any individual who identifies themselves. In updating the procedures DVA has also improved the tracking spreadsheet to record notices sent and actions taken or not taken. Both the policy (Policy 01-00-11) and spreadsheet are attached. (Attachments 12-13)

Every Member or representative is afforded the right and ability to submit a formal complaint. As a matter of policy, upon admission Members and their representatives are informed of the processes available by which they may exercise this right. (Attachments 14-15) Additionally, notices posted on each member care unit in each building advertise the contact information of the appropriate individuals to receive a formal complaint. (Attachment 16)

In accordance with new federal guidelines and following the auditors' review of King, policies, forms, and processes have been revised for compliance with the CMS Rules of Participation, also referred to as the Mega Rule¹. Changes include new definitions to align with the Mega Rule, updates to outside entities' contact information (Ombudsman, DHS, DQA, WI Bureau of Nursing Home Resident Care), and appeal process updates.

Under the updated grievance policy the Executive Director of each residential hall is designated as the Grievance Officer to which individuals may issue a complaint. King created a new grievance form that requires feedback from the Executive Director documenting the resolution and satisfaction level of the complainant. (Attachment 17) As requested, a summary of the formal complaints received in 2017 is attached. (Attachment 18)

Report 17-14 showed that some Members expressed dissatisfaction with communication related to their care plans, or with access to primary care providers. In addition to the full-time, on-site medical director employed by King, DVA contracts with ThedaCare to provide primary care for Members. The contract requires its medical providers to:

- Conduct daily sick rounds by both physicians and nurse practitioners, to ensure members have daily on-site access to a provider for non-emergent exam matters.
- Visit their assigned members on a regular maintenance care schedule.
- Be on-call 24/7 via a designated provider for King Members.
- Provide emergency care through Waupaca Hospital.

Mental health services are provided by King which employs four full-time, on-site mental health nurse practitioners/prescribers. Most dental care is provided by the full-time, on-site dentist employed by King, although invasive dental procedures are obtained through providers in the community. In addition to the extraordinary level of on-site primary care access provided Members, King also contracts with specialty providers, including audiology, psychiatry, psychology, podiatry, orthopedics, prosthetics and orthotics, and urology, to provide services on site. Members also have access to the USDVA's health care system at USDVA facilities, with support from the VA Hospital in Madison and its subordinate clinics. King arranges the transportation for Members to attend appointments off-site.

¹ The [updated Mega Rule](#) is the first comprehensive amendment to the conditions required for long-term care facilities since 1991. The update focuses on reducing unnecessary re-hospitalizations, readmissions, and infections, while improving quality of care and increasing safety for residents. The Mega Rule changes the overall recertification survey process for long-term care facilities with phased effective dates: November 28, 2016, November 28, 2017, and November, 2018.

As part of the Mega Rule implementation, and consistent with recommendations in the report, DVA has updated King's policies to emphasize increased communication with each Member and/or their representative regarding care plans, care planning, and changes to these items. (Attachments 19-20) Pertinent changes require:

- Care conferences be scheduled at least quarterly following resident assessment instrument (RAI) guidelines.
- The Member and/or representative be made aware of the care plan and be involved in its revision.
- Completion of care plan review tasks by each discipline prior to the care conference.
- The minimum data set (MDS) coordinator to lock the care plan review task after each discipline has completed its section.
- Social workers to send care conference schedules to RNs and RNs to print and post for CNAs.
- Care conference assessments be completed in the Member electronic health record (EHR) and include documentation regarding: advanced directives review, attendance, medications review, care plan discussion, and other issues or concerns discussed.
- The interdisciplinary team (IDT) to develop comprehensive individualized member plans of care.
- All care plans be reviewed at least quarterly, and a summary of the comprehensive care plan (total plan of care and order summary report) be reviewed with/provided to the member and/or representative; RNs create a care plan note to indicate that care plans with nursing goals and interventions have been reviewed and are current; and RNs document changes to the care plan in a progress note if the changes are not supported by prior documentation.
- A preliminary comprehensive care plan be developed and provided to Member and/or representative within 48 hours of admission.
- RN or designee to provide the summary of the comprehensive care plan to the Member and/or representative verbally and/or in printed copies.

6. Training

"We recommend the Department of Veterans Affairs assess the current training needs of employees at King who provide direct care or interact directly with residents."

"We recommend the Department of Veterans Affairs develop a plan to address the needs it identifies."

By law, healthcare staff must receive orientation and training on Member Rights, accident prevention and mitigation procedures and be assigned only to duties for which they are qualified. In addition, ongoing training is required for all direct-care employees to educate, develop, and improve professional skills, including rehabilitation therapy, oral healthcare and special programming for developmentally disabled Members.

King provides annual mandatory trainings and conducts annual skills review training for all levels of nursing staff through the Staff Development office. King continuously improves the training provided to all staff through a variety of methods – electronic, hands-on, large and small groups, and one-on-one. To further enhance King's ability to conduct training, the facility is developing a new training area within Stordock Hall using a floor of recently consolidated vacant beds, in order to provide a more realistic training environment. And, over the past year King added a computer training center in Central Services to accommodate the computer training needs of staff, in addition to the establishment of two classrooms in Stordock Hall.

Since Report 17-14, King has taken additional steps to improve the identification of training needs. Leadership completed a facility assessment in November 2017 that included a review of King's scope of services as well as a comprehensive identification of the most prevalent member diagnoses/conditions, which then drives the training of staff caring for and interacting with Members. Although the assessment is a snapshot in time, it will be re-evaluated annually or when there are significant changes to the member

population. Each re-evaluation of the member profile will include an evaluation of available and needed resources to ensure the ability to properly care for members.

Additionally, King's Staff Development office has implemented the use of a needs assessment tool to better identify areas where additional training is needed. Staff Development develops and implements needs assessments, which staff complete through electronic or other means, to determine gaps in knowledge or skill areas. This information is then used to develop training and education based on the identified gaps.

As dementia is an increasingly more common diagnosis for Members, King has increased the number of certified dementia train-the-trainers to ensure all staff are trained in dementia care and communication. Two additional staff were certified as dementia train-the-trainers this fall, increasing the number of dementia train-the-trainers to ten on the campus. King will increase the number of dementia train-the-trainers in 2018 to at least twelve. The increased training of staff related to dementia will be further enhanced with the opening of Moses Hall in 2020 which incorporates dementia-care in its design.

7. Employee Reporting

"We recommend the Department of Veterans Affairs report to the Joint Legislative Audit Committee by January 8, 2018, on its efforts to ensure adequate steps are taken to encourage employees of King to routinely report concerns regarding residents, including occurrences of resident abuse, neglect, and misappropriation of resident property."

"We recommend the Department of Veterans Affairs report to the Joint Legislative Audit Committee by January 8, 2018, on its efforts to ensure appropriate and adequate training is provided to all supervisors and managers in encouraging and supporting employees in reporting these occurrences."

"We recommend the Department of Veterans Affairs report to the Joint Legislative Audit Committee by January 8, 2018, on its efforts to ensure all supervisors and managers are aware of the importance of complying with state and federal laws that prohibit retaliating against employees for engaging in legally protected activities or asserting their rights to be free from employment discrimination, including harassment."

All nursing homes are required to immediately (as soon as possible but no later than 24 hours after discovery of the incident) report all alleged violations involving the mistreatment, neglect, or abuse, including injuries of unknown source, and misappropriation of resident property to regulators. The facility must thoroughly investigate the allegations and report to regulators within five working days of an incident. If an alleged violation is verified, the facility must take appropriate corrective action.

Supervisors in 2017 began conducting random audits with staff to ensure staff understand reporting procedures and feel comfortable reporting suspected abuse, neglect, and misappropriation. In 2017 all staff received extra education to specifically address areas of concern, which will be repeated annually:

- Freedom From Abuse, Neglect, Misappropriation and Exploitation.
- Preventing, Recognizing and Reporting Abuse.
- Protecting Residents Rights in Nursing Facilities.

Further, supervisors and managers received additional training on WDVA Harassment/Discrimination Policy, training that will be repeated annually. (Attachment 21)

As a consistent reminder to all staff of their reporting obligation and the safe work environment, the following postings are prominently displayed throughout all residential halls (Attachments 22-24):

- Reporting Reasonable Suspicion of a Crime.
- Retaliation Protection for Health Care Workers.
- Policy 01-01-20D, Reporting Suspected Crimes Under the Federal Elder Justice Act.

As we continue to move forward, King is developing a policy related to mandatory postings to ensure a seamless process in maintaining current and revised postings that address reporting abuse, neglect, retaliation protection and more.

8. Employee satisfaction

"We recommend the Department of Veterans Affairs review concerns about employee morale and the perception that King's hiring practices are not fair and transparent."

"We recommend the Department of Veterans Affairs report to the Joint Legislative Audit Committee by January 8, 2018, on its efforts to address these issues, such as by contracting for a survey that provides additional information on the current status and factors affecting employee morale."

In an effort to improve the employment opportunities for staff, DVA has made changes to hiring practices in addition to the changes in Human Resources already addressed above. The department has made changes to hiring practices so that position vacancies are advertised internally before conducting an external recruitment, providing more opportunities for King's valuable employees to grow in their careers.

DVA is developing a comprehensive staff survey, using a model consistent with that of other agencies and an Inspector General-type methodology, to identify root causes and subsequently address them. DVA will administer the survey agency-wide in Spring 2018. The survey and IG-type review will determine how and why concerns exist and not simply that concerns exist. This how-and-why analysis will then drive targeted solutions.

In closing, LAB reports 17-8 and 17-14 have provided a unique perspective into the many factors that impact daily Homes operations. DVA will continue its long-standing practice of delivering top-quality care, services, and facilities to the Veterans and family members who call King home. The LAB reports and the audit process have been useful tools as we continue our pursuit of excellence.

Sincerely,



Daniel J. Zimmerman, Secretary

Cc: Members, Joint Legislative Audit Committee
Joe Chrisman, State Auditor

Attachments

1. [Issue identification form](#)
2. [Issue paper](#)
3. [Budget v. expenditures spreadsheet](#)
4. [Capital projects manual](#)
5. [Project request form](#)
6. [Project list](#)
7. [Working-draft 13-year plan](#)
8. [Six-year facilities investment plan \(2016\)](#)
9. [10-year facilities plan \(2012\)](#)
10. [Human resources realignment](#)
11. [Nursing vacancies and overtime hours worked](#)
12. [Policy 01-00-11, Facility Suggestion Boxes Guidelines](#)
13. [Suggestion box tracking spreadsheet](#)
14. [Policy 01-01-38, Member Grievance](#)
15. [Member Grievance Procedure \(WDVA 4020D\)](#)
16. [Poster, Complaint Contact Information](#)
17. [Grievance form \(WDVA 3050\)](#)
18. [Summary of formal complaints received in 2017](#)
19. [Policy 106-00-02, Care Conference](#)
20. [Policy 106-00-03, Member's Care Plan](#)
21. [Policy HR-311, WDVA Harassment/Discrimination Policy](#)
22. [Poster, Reporting Reasonable Suspicion of a Crime](#)
23. [Poster, Protection from Retaliation for Health Care Workers](#)
24. [Policy 01-01-20D, Reporting Suspected Crimes Under the Federal Elder Justice Act](#)