

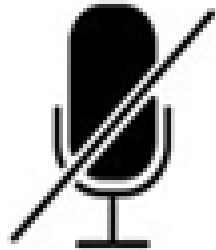


Virginia Department of
Behavioral Health &
Developmental Services

Office of Licensing Incident Management Unit (IMU)

May 2021

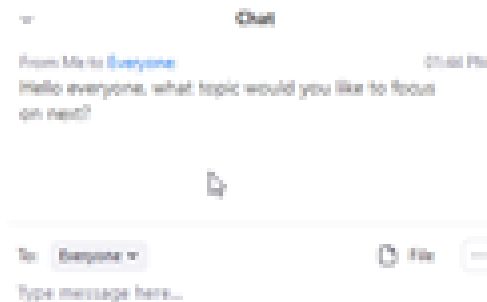
Housekeeping



Please mute your microphones



Please use the chat for all questions



Training Overview

IMU Contact Information

Care Concern Thresholds

CHRIS Reminders

Office of Human Rights Citations

Licensing Reports

Incident Management Unit Data

Specialized Investigation Unit (DD Death/MRC)

DELTA Roles

Reporting CHRIS Issues

- If a provider is unable to report a serious incident in the CHRIS system because of a CHRIS system error or a network outage, then the provider must notify the Office of Licensing's Incident Management Unit (IMU) via e-mail within 24 hours of the discovery of the incident: incident_management@dbhds.virginia.gov
- If provider is unable to access both the CHRIS system and email for reasons outside of the provider's control, then the provider may notify their regional Incident Management Unit (IMU) representative by telephone.
- Any other needed support may be requested through DELTA: deltaprod@dbhds.virginia.gov



Reporting CHRIS Issues: IMU Contact Information

- Providers are also able to contact their regional IMU Specialist.

Stella Stith	IMU Manager	804-356-4938	Incident_management@dbhds.Virginia.gov
Region	IMU Specialist	Contact Number	Email
Region #1	Brian Dempsey	804-584-0752	rr-imu_region1@dbhds.Virginia.gov
Region #2	Lisa Lingat	703-342-6521	rr-imu_region2@dbhds.Virginia.gov
Region #3	Michele Laird	804-432-4822	rr-imu_region3@dbhds.Virginia.gov
Region #4	Jakuta Williams	804-664-2452	rr-imu_region4@dbhds.Virginia.gov
Region #5	David Wampler	804-709-4844	rr-imu_region5@dbhds.Virginia.gov
Citations	Sherry Miles	804-432-6324	rr-imu_citations@dbhds.Virginia.gov
Citations/Incidents	Jessica Salvador	804-624-8081	rr-imu_citations@dbhds.Virginia.gov
Citations/Incidents	Lakesha Steele	804-584-0750	rr-imu_citations@dbhds.Virginia.gov

IMU mailboxes

- IMU has also established regional mailboxes as another means for providers to contact their IMU regional specialist if they have questions or need to provide information to them. The mailboxes' email addresses are below:
 - ❖ rr-imu_Region1@dbhds.virginia.gov
 - ❖ rr-imu_Region2@dbhds.virginia.gov
 - ❖ rr-imu_Region3@dbhds.virginia.gov
 - ❖ rr-imu_Region4@dbhds.virginia.gov
 - ❖ rr-imu_Region5@dbhds.virginia.gov
- The **incident_management@dbhds.Virginia.gov** is the only mailbox a provider should utilize for “Potential Late” entries

CARE CONCERNS THRESHOLDS - IMU's Role

- Reviews serious incidents
 - individual level
 - systematically
 - identify possible patterns/trends by individual, a provider's licensed service as well as across providers.
- Able to identify areas where there is potential risk for more serious future outcomes.
 - May be an indication a provider may need to:
 - re-evaluate
 - review root cause analysis
 - consider making more systemic changes.





Care Concern Thresholds – What it is NOT

- Doesn't necessarily mean there is a provider concern.
 - Individuals with higher needs may have a higher number of incidents
- An incident meeting a care concern threshold does not mean that there is a provider concern.
- Doesn't always equate to an investigation.



Care Concern Thresholds and Investigations

- There are times when a care concern threshold may also become a general concern for the OL
 - 517 care concerns noted in 3rd Quarter
 - 142 of them resulted in an investigation (27%)



Accessing Information about Care Concern Thresholds

- Documented in the Licensing Specialist (LSA) part of CHRIS
- Providers and CSBs are able to run a report in CHRIS
- This is to help provide some trending information for providers to use.
 - another tool providers may use
 - Probably consistent with data collected via provider RCA



Role of OHR and OIH

- OHR is copied on care concern thresholds when there is a possibility that the concern may indicate the potential for abuse/neglect.
- OIH is copied when a care concern threshold indicates a potential for a health and safety concern.
- Why?
 - Determine if it would be helpful to follow up with provider to offer information, training, resources or technical assistance.
 - Does not mean provider has done anything wrong.
 - Our way of sharing information and ensuring providers are aware of trends we are seeing at the state level.

Total Care Concerns Thresholds

Care Concerns during the time-frame of January 1, 2021 - March 31, 2021

Care Concern Thresholds Criteria

Ind-a. Three (3) or more unplanned medical hospitalizations, ER visits or psychiatric hospitalizations within a ninety (90) day time-frame for any reason.

Ind-b. Multiple (2 or more) unplanned medical hospitalizations or ER visits for the same condition or reason that occur within a thirty (30) day time-frame.

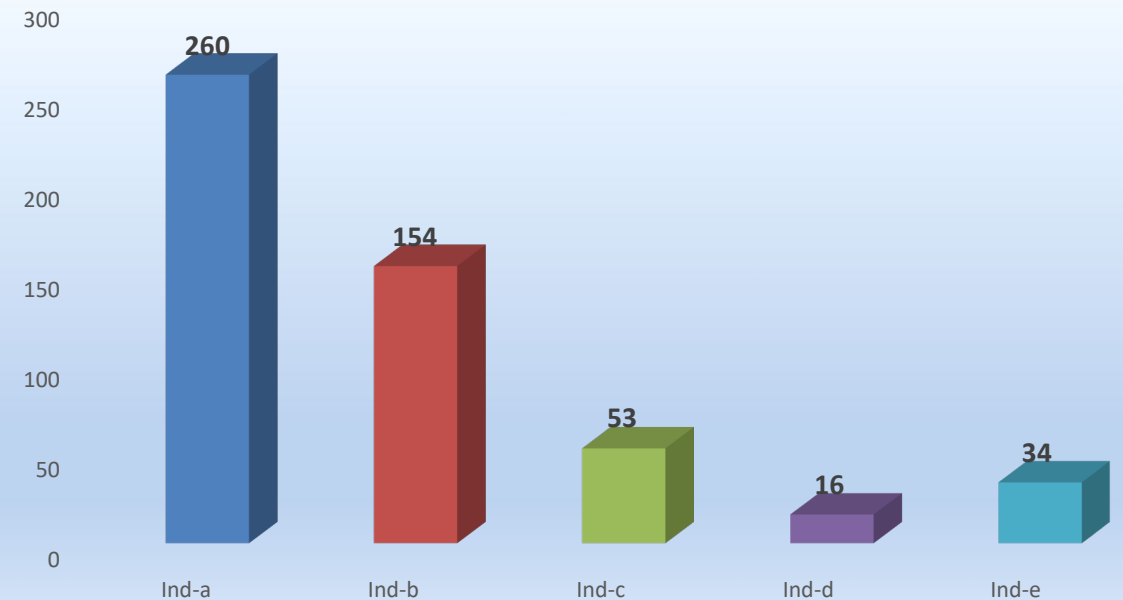
Ind-c. Any combination of 3 or more incidents of any type within a thirty (30) day time-frame.

Ind-d. Multiple (2 or more) unplanned hospital visits for a serious incident: falls, choking, bowel obstruction, urinary tract infection, aspiration pneumonia, or dehydration within a ninety (90) day time-frame for any reason.

Ind-e. Any Incidents of decubitus ulcers or medically verified cases of bowel obstruction

Care Concern Thresholds

January 1, 2021-March 31, 2021





Systematic Risk Reviews – 520.D

In the QI-RM training (slide 37) DBHDS defined risk triggers and thresholds as care concern thresholds which are identified through the IMU's review of serious incident reporting. Please note this is also a DOJ indicator.

What does this mean?

Providers' systemic risk assessment (520.D) shall include review of risk triggers (care concerns) that were met and how they were addressed.

What will licensing specialists be looking for?

- The providers' systemic risk assessment (required by 520.D) includes a review of risk triggers (care concerns) that were met and how they were addressed.
- Even if there were not any care concerns providers should include in their RM Plan how they would review/address care concerns if they do arise
- Proof that the provider made changes, if necessary, or documented why no changes to individual or programmatic services were necessary.



Office of Licensing Internal QI Process

- Collecting information for about a year
- Re-evaluate the current care concerns thresholds
- We want this to be meaningful to you and to the Commonwealth
- Important to be able to determine this process is positively affecting the overall care of individuals being served
- Will be seeking feedback

DBHDS Licensed Providers Care Concern Threshold Reports

- From the CHRIS homepage click on Serious Incident Reports (highlight) on the left hand side menu


CHRIS VERSION 5.1

LOGGED IN AS

- SS91dc4d
- Logout

NAVIGATION

- Home
- Incidents >
- Reports
 - Abuse Reports
 - Complaint Reports
 - Serious Incident Reports**
 - Death Reports
 - Case Manager Reports
- Help



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:222 , User Role: 24

☐ by Name ☐ by Abuse Case ☐ by Complaint Case ☐ by Death/Incident Case

Case Number

Name (First, Last)

DBHDS Licensed Providers Care Concern Threshold Reports

- Select report by clicking on the dropdown arrow (see below red arrow).

CHRIS VERSION 5.1


LOGGED IN AS



- SS91dc4d
- Logout


NAVIGATION


- Home
- Incidents >
- Reports
 - Abuse Reports
 - Complaint Reports
 - Serious Incident Reports
 - Death Reports
 - Case Manager Reports
- Help

Select one of the pre-defined reports below to begin.



Begin Date  End Date 

Waiver Type 



DBHDS Licensed Providers Care Concern Threshold Reports

- Select one the care concern report from the list.
 - There will be two reports available in Excel format to download.
 - Provider Care Concern
 - Individual Care Concern

CHRIS VERSION 5.1

LOGGED IN AS

- SS91dc4d
- Logout


NAVIGATION

- Home
- Incidents >
- Reports
 - Abuse Reports
 - Complaint Reports
 - Serious Incident Reports
 - Death Reports
 - Case Manager Reports
- Help

Select one of the pre-defined reports below to begin.

- DSI-12-Provider Care Concerns LSA Notification
- DSI-13-Individual Care Concern LSA Notification
- SI-01-Status of Serious Incident Cases by Death/Incident Discovery Date
- SI-02-Status of Serious Incident Cases by Date DBHDS Notified

Waiver Type



DBHDS Licensed Providers Care Concern Threshold Reports

- Click on the calendar to select the data entry date for the begin date and end date text box.

CHRIS VERSION 5.1

LOGGED IN AS

- SS91dc4d
- Logout

NAVIGATION

- Home
- Incidents >
- Reports
 - Abuse Reports
 - Complaint Reports
 - Serious Incident Reports
 - Death Reports
 - Case Manager Reports
- Help

Select one of the pre-defined reports below to begin.


DSI-13-Individual Care Concern LSA Notification

Begin Date
09/01/2020

End Date
09/21/2020

Waiver Type
All Waiver and Non-Waiver Records

Preview Report



DBHDS Licensed Providers Care Concern Threshold Reports

- Report displays on a new tab (circled). To close the report, click on the x on the new tab

Abuse/Complaint/Death & Ser... deltadev.dbhds.virginia.gov

1 of 1 100% Find | Next

Provider Care Concerns (Case Management Provider)

Provider Care Concern Licensing Specialist Action (LSA) Notification

Based on current serious incident as well as a review of other recent incidents occurring within this licensed service, the Office of Licensing you may want to review your trend analysis for serious incidents as well as root-cause analyses completed on behalf of individuals receiving this service. Please take this time to determine review the need for systemic changes such as revisions to policies or procedures and/or re-evaluating and updating your risk management and/or quality improvement plan. In addition, this information is shared with the Office of Integrated Health and the Office of Human Rights who may follow-up to provide technical assistance as appropriate

Enter date 09/01/2020 to 09/21/2020 from

Provider Name	Agency Cd	Provider IDText	Service IDText	Program IDText	Service Program	Program Name	Street	City	State	Zip	Death Serious Injury Ctr ID	DOB	Gender	Medicaid Num	Death Incident Date	Discovery Date	Enter Date	LSA	Remarks
---------------	-----------	-----------------	----------------	----------------	-----------------	--------------	--------	------	-------	-----	-----------------------------	-----	--------	--------------	---------------------	----------------	------------	-----	---------

DBHDS Licensed Providers Care Concern Threshold Reports

- To save the report. Click on the export button (highlight) and select Excel. Save excel file.

The screenshot shows a web application interface for generating reports. At the top, there's a browser tab for 'deltadev.dbhds.virginia.gov'. Below the browser window, there's a navigation bar with a 'Find | Next' search bar and a '100%' zoom level. The main content area is titled 'Provider Care Concerns (Case Management Provider)'. It contains a text block explaining the report's purpose: 'Based on current serious incidents, analyses completed on behavior management and/or quality of care. For recent incidents occurring within this licensed service, the Office of Licensing you may want to review your trend analysis for serious incidents as well as root-cause analysis. Please take this time to determine review the need for systemic changes such as revisions to policies or procedures and/or re-evaluating and updating your risk management plan. This information is shared with the Office of Integrated Health and the Office of Human Rights who may follow-up to provide technical assistance as appropriate.' Below this text, there's a date range selector: 'Enter date from 09/01/2020 to 09/21/2020'. A table with 15 columns is visible, including 'Provider Name', 'Agency Cd', 'Provider IDText', 'Service IDText', 'Program IDText', 'Service Program', 'City', 'State', 'Zip', 'Death Serious Injury Ctr ID', 'DOB', 'Gender', 'Medicaid Num', 'Death Incident Date', 'Discovery Date', 'Enter Date', 'LSA', and 'Remarks'. An export menu is open, showing options: Word, Excel (highlighted), PowerPoint, PDF, TIFF file, MHTML (web archive), CSV (comma delimited), and XML file with report data.

Abuse/Complaint/Death & Ser... deltadev.dbhds.virginia.gov

1 of 1 100% Find | Next

Provider Care Concerns (Case Management Provider)

Provider Care Concern Licensee Notification

Based on current serious incidents, analyses completed on behavior management and/or quality of care. For recent incidents occurring within this licensed service, the Office of Licensing you may want to review your trend analysis for serious incidents as well as root-cause analysis. Please take this time to determine review the need for systemic changes such as revisions to policies or procedures and/or re-evaluating and updating your risk management plan. This information is shared with the Office of Integrated Health and the Office of Human Rights who may follow-up to provide technical assistance as appropriate

Enter date from 09/01/2020 to 09/21/2020

Provider Name	Agency Cd	Provider IDText	Service IDText	Program IDText	Service Program	City	State	Zip	Death Serious Injury Ctr ID	DOB	Gender	Medicaid Num	Death Incident Date	Discovery Date	Enter Date	LSA	Remarks
---------------	-----------	-----------------	----------------	----------------	-----------------	------	-------	-----	-----------------------------	-----	--------	--------------	---------------------	----------------	------------	-----	---------

Word
Excel
PowerPoint
PDF
TIFF file
MHTML (web archive)
CSV (comma delimited)
XML file with report data



Case Management Care Concern Threshold Report

- From the CHRIS homepage click on Case Manager Reports (highlight) on the left hand side menu

LOGGED IN AS

- hl5b47c1
- Logout

NAVIGATION

- Home
- Incidents >
- Reports
 - Abuse Reports
 - Complaint Reports
 - Serious Incident Reports
 - Death Reports
 - Case Manager Reports**
- Help



CHRIS VERSION 5.1

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:224 , User Role: 24

<input type="radio"/> by Name	<input type="radio"/> by Abuse Case	<input type="radio"/> by Complaint Case	<input type="radio"/> by Death/Incident Case
Case Number	<input type="text"/>		
Name (First, Last)	<input type="text"/>		
<input type="button" value="Search"/>	<input type="text"/>		



Case Management Care Concern Threshold Report

- Select case management report by clicking on the dropdown arrow (see below red arrow).

CHRIS VERSION 5.1

LOGGED IN AS


- SS91dc4d
- Logout



NAVIGATION


- Home
- Incidents >
- Reports
 - Abuse Reports
 - Complaint Reports
 - Serious Incident Reports
 - Death Reports
 - Case Manager Reports
- Help

CHRIS

Select one of the pre-defined reports below to begin.



Begin Date  **End Date** 

Waiver Type 

Preview Report



Case Management Care Concern Threshold Report

- Select one of the care concern threshold reports from the list.
 - There will be two reports available in Excel format to download.
 - CM Report - Provider Care Concern
 - CM Report - Individual Care

LOGGED IN AS

› hl5b47c1
› Logout

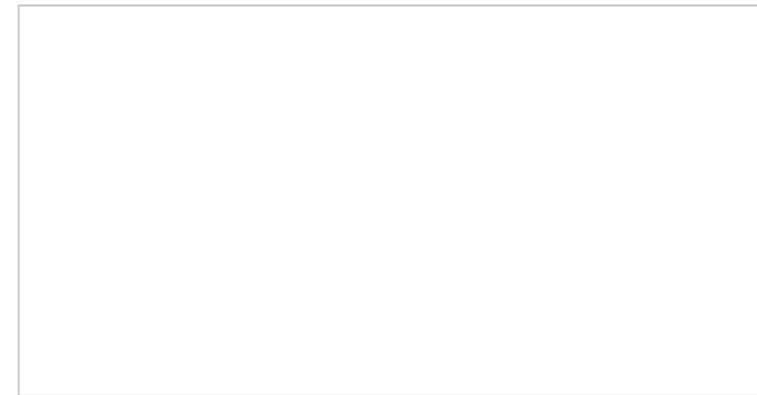
NAVIGATION

› Home
› Incidents >
› Reports

- Abuse Reports
- Complaint Reports
- Serious Incident Reports
- Death Reports
- Case Manager Reports

› Help

CHRIS VERSION 5.1



Select one of the pre-defined reports below to begin.

▼

- CM_01A-Case Manager Report - Abuse, Neglect and Exploitation
- CM_01A_EXCEL-Case Manager Report - Abuse, Neglect and Exploitation(EXCEL FORMAT)
- CM_01D-Case Manager Report - Death/Serious Injuries
- CM_01D_EXCEL-Case Manager Report - Death/Serious Injuries(EXCEL FORMAT)
- CM_02_Excel-CM Report - Provider Care Concern LSA Notification
- CM_03_Excel-CM Report - Individual Care Concern LSA Notification



Case Management Care Concern Threshold Report

- Click on the calendar to select the data entry date for the begin date and end date text box.

CHRIS VERSION 5.1

LOGGED IN AS

- hl5b47c1
- Logout

NAVIGATION

- Home
- Incidents >
- Reports
 - Abuse Reports
 - Complaint Reports
 - Serious Incident Reports
 - Death Reports
 - Case Manager Reports
- Help

Select one of the pre-defined reports below to begin.

CM_02_Excel-CM Report - Provider Care Concern LSA Notification


Begin Date

09/01/2020

End Date

09/21/2020

Preview Report



Case Management Concern Threshold Report

- Report displays on a new tab (circled). To close the report, click on the x on the new tab

Abuse/Complaint/Death & Ser... deltadev.dbhds.virginia.gov

1 of 1 100% Find | Next

Provider Care Concerns (Case Management Provider)

Provider Care Concern Licensing Specialist Action (LSA) Notification

Based on current serious incident as well as a review of other recent incidents occurring within this licensed service, the Office of Licensing you may want to review your trend analysis for serious incidents as well as root-cause analyses completed on behalf of individuals receiving this service. Please take this time to determine review the need for systemic changes such as revisions to policies or procedures and/or re-evaluating and updating your risk management and/or quality improvement plan. In addition, this information is shared with the Office of Integrated Health and the Office of Human Rights who may follow-up to provide technical assistance as appropriate

Enter date 09/01/2020 to 09/21/2020 from

Provider Name	Agency Cd	Provider IDText	Service IDText	Program IDText	Service Program	Program Name	Street	City	State	Zip	Death Serious Injury Ctr ID	DOB	Gender	Medicaid Num	Death Incident Date	Discovery Date	Enter Date	LSA	Remarks
---------------	-----------	-----------------	----------------	----------------	-----------------	--------------	--------	------	-------	-----	-----------------------------	-----	--------	--------------	---------------------	----------------	------------	-----	---------

Case Management Concern Threshold Report

- To save the report. Click on the export button (highlight) and select Excel. Save excel file.

The screenshot shows a web application interface for generating a report. At the top, there are browser tabs for 'Abuse/Complaint/Death & Ser...' and 'deltadev.dbhds.virginia.gov'. Below the browser tabs is a toolbar with navigation icons, a search bar, and a 'Find | Next' button. The main content area is divided into two columns. The left column contains the text 'Provider Care Concerns (Case Management Provider)' and 'Provider Care Concern License'. The right column contains the text 'Notification' and a paragraph about reviewing trend analysis for serious incidents. Below the text is a date range selector with 'Enter date from 09/01/2020 to 09/21/2020'. A table with 15 columns is visible, including 'Provider Name', 'Agency Cd', 'Provider IDText', 'Service IDText', 'Program IDText', 'Service Program', 'City', 'State', 'Zip', 'Death Serious Injury Ctr ID', 'DOB', 'Gender', 'Medicaid Num', 'Death Incident Date', 'Discovery Date', 'Enter Date', 'LSA', and 'Remarks'. An export menu is open, showing options: Word, Excel (highlighted), PowerPoint, PDF, TIFF file, MHTML (web archive), CSV (comma delimited), and XML file with report data.

Abuse/Complaint/Death & Ser... deltadev.dbhds.virginia.gov

1 of 1 100% Find | Next

Provider Care Concerns (Case Management Provider) Provider Care Concern License

Based on current serious incidents analyses completed on behavior management and/or quality

Notification

For recent incidents occurring within this licensed service, the Office of Licensing you may want to review your trend analysis for serious incidents as well as root-cause service. Please take this time to determine review the need for systemic changes such as revisions to policies or procedures and/or re-evaluating and updating your risk this information is shared with the Office of Integrated Health and the Office of Human Rights who may follow-up to provide technical assistance as appropriate

Enter date from 09/01/2020 to 09/21/2020

Provider Name	Agency Cd	Provider IDText	Service IDText	Program IDText	Service Program	City	State	Zip	Death Serious Injury Ctr ID	DOB	Gender	Medicaid Num	Death Incident Date	Discovery Date	Enter Date	LSA	Remarks
---------------	-----------	-----------------	----------------	----------------	-----------------	------	-------	-----	-----------------------------	-----	--------	--------------	---------------------	----------------	------------	-----	---------

Word
Excel
PowerPoint
PDF
TIFF file
MHTML (web archive)
CSV (comma delimited)
XML file with report data

CHRIS Reminders

CHRIS



Date Fields in CHRIS

- The date fields in CHRIS **will only accept regular time** (01:30 PM). CHRIS **will not accept military** time (13:30 PM)

❖ The main **difference between regular and military time** is how hours are expressed. **Regular time** uses numbers 1 to 12 to identify each of the 24 hours **in a day**. In **military time**, the hours are numbered from 00 to 23.



YES



NO

Normal Time	Military Time
12:00 PM	1200
1:00 PM	1300
2:00 PM	1400
3:00 PM	1500
4:00 PM	1600
5:00 PM	1700
6:00 PM	1800
7:00 PM	1900
8:00 PM	2000
9:00 PM	2100
10:00 PM	2200
11:00 PM	2300

Date Fields in CHRIS

<p>Date/Time of Death/Incident (hh:mm AM or PM)</p>	<input type="text"/> <input type="text"/> <small>Enter 00:00 if time is unknown</small>	<p>*Date/Time of Discovery of Death/Incident</p>	<input type="text"/> <input type="text"/>
---	---	--	--

- The Date/Time of the Death/Incident is the actual date/time that the reportable (Level II or Level III) incident occurred.
- The Date/Time of Discovery of the Death/Incident is the date/time that the reporting provider or any agent of the provider found or learned of the reportable (Level II or Level III) incident

*****The Date/Time of Discovery is when any representative of the agency learns of the incident. Not when it is reported to management.**



Date Fields in CHRIS Scenario

- Individual fell on 2/1/2021 at 11 PM with no observable injuries and/or complaint with first aid completed (Level I incident). On 2/2/2021 at 8 AM, individual complained of left wrist pain and upon examination; bruising and swelling are present. The Sponsor immediately transports the individual to the ED for evaluation and treatment. An X-ray revealed sprain of left wrist. The Sponsor notifies the Provider of the incident on 2/2/2021 at 8 PM when they return home.
- In this example, the Level II reportable incident is the ER Visit and the cause of the incident is the fall. Therefore, both the incident and discovery date and time are the same. The provider shall document both as 2/2/2021 at 8 AM. The Provider will be required to report the incident by 2/3/2021 at 8 AM in order to meet regulatory compliance.



External Notifications

- Document everyone who was notified outside of your organization and DBHDS. When selecting a check box, a narrative field will appear that requests a **specific** agency or contact person that applies. It is imperative that this information is filled out so the IMU knows who to contact, if needed.
- If there are not any external notifications, provider **must** check the N/A box

* External notifications made
(Check all that apply)

☐ DSS

☐ Local Law Enforcement Agency

☐ State Police

☐ Department of Health Professionals

☐ Department of Health

☐ Non-Applicable

☒ Substitute Decision Maker/Legal Guardian

☒ Support Coordinator

☒ Support Coordinator Agency's Name

☐ Other

Substitute Decision Maker/Legal Guardian: Homer Simpson

Support Coordinator: Ned Flanders

Support Coordinator Agency's Name: Springfield CSB

Other (please specify):



Updating CHRIS Reports

- When a Death/Serious Incident has all necessary information please select “**Death/Serious Incident Complete and no further updates will be provided.**”
- If there is additional information that needs to be added to the incident, please select “**Updates to death/serous incident report will be provided**”, the provider may have **two additional business days** to update the report with any remaining information that might have been unknown at the time the report was written
- At the bottom of the CHRIS report go under “**Please indicate which Fields have been updated**” and list the name(s) of each section that has new information
- Once the information has been updated, scroll down to the bottom of the screen to the area titled ‘**Required. Please select one from the following**’ and check the box titled ‘**An update to the death/serious incident report has been provided**’ then hit the save button.

CHRIS Reports Expectations

- Providers have 24 hours to submit serious incident reports into CHRIS
- The serious incident report submitted within 24 hours must include information specified by the department as required in its web-based reporting application. For serious injuries and deaths, the provider should complete the following: ***Description/Circumstances; Medical Treatment Provided and/or Finding; Identified solutions to mitigate recurrence of incident when applicable, External notifications made; and Provider's Corrective Action.***
 - Is there enough information to support the reporting of the level II or level III serious incident?
 - Is there enough information to assure the health, safety and welfare of individual is being addressed?
 - Does the narrative present a clear and complete picture of the incident and the provider's response? This includes ensuring the appropriate external notifications were made depending on the type of incident (i.e., law enforcement, Adult Protective Services (APS), or Child Protection Services (CPS)).
 - Is the narrative consistent with the boxes that are checked?
 - If medical attention was sought, is there a clear description of the medical treatment provided & any preliminary findings?
 - Has the provider documented at least preliminary corrective actions taken or to be taken to address any potential concerns raised by the incident and/or to reduce the risk of a recurrence of the incident
 - Is the appropriate contact name/information provided?





Office of Human Rights Citations



OL and OHR Centralized Citation Process

- OHR Only Citations
 - Centralized process began on 2/1/21.
 - All OHR only citations generated from the Human Rights Advocates/Managers.
 - All OHR only Licensing Reports/Corrective Action Plans (CAP) will come from CAP Specialist, Tonya Carr.
- OL-OHR Citations
 - Joint citation will continue to come from the primary Licensing Specialist (LS)

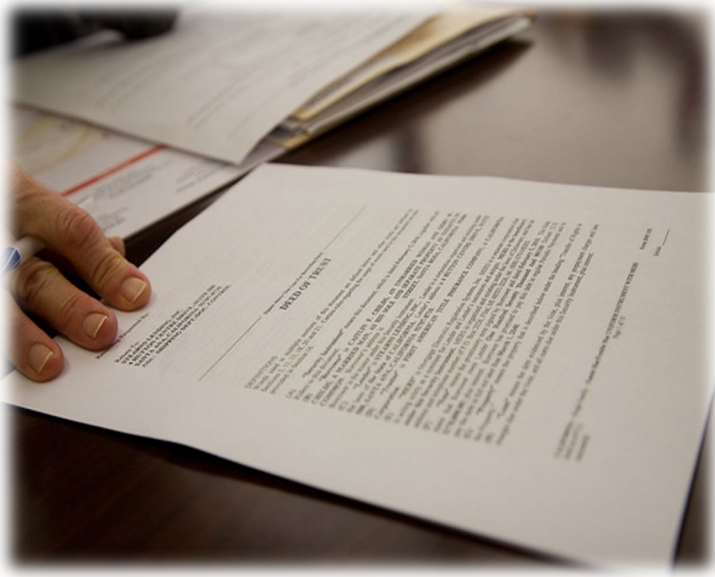
OL and OHR Centralized Citation Process Cont'd

- Timelines remain the same for submitting OHR Only CAPs
 - Providers have **15** days to respond with CAP
 - One **10** day extension may be granted if requested prior to the due date with OHR-OL consultation
 - Immediate CAPs can be required if OL-OHR determines that violations pose imminent danger to individuals served

OL and OHR Citations

- Providers may receive **2** citations for **1** incident
 - Citations are **NOT** duplicative
 - OHR generates a citation based on their requirements and OL does the same
- Violations of the same incident may also be cited in ***more*** than one licensing report as the OHR and OL have different systems processes (timeframes for reporting, investigation deadlines, etc.)

Licensing Reports



Licensing Reports





Licensing Report Response Guidance

Every email sent with a licensing report contains guidance on how to complete the corrective action plan. Below is a section of the actual email sent to providers.

Please ensure that you include the following elements in your response to each violation which will aid with ensuring acceptance of your CAP:

1. Please begin your responses with PR, which stands for Provider Response and state the specific issue that led to the late reporting and how you corrected the deficient practice in the "Actions to be Taken" column.
2. Include a plan of action to address systematic changes (process/protocols, etc.) within your business to help ensure compliance to regulation in the future and to help minimize the same violation in the future. **THIS IS IMPORTANT TO INCLUDE IN YOUR RESPONSE AS IF THIS IS NOT INCLUDED THE CAP WILL NOT BE FULLY ACCEPTED.**
3. Include staff by title who will monitor your new procedures to ensure these violations will not occur again and the frequency for monitoring the plan, including how it will be monitored.
4. By what date you will have that completed should be entered in the "Planned Comp. Date" column.



Licensing Report Response Guidance

Every email sent with a licensing report contains guidance on how to complete the corrective action plan. Below is a section of the actual email sent to providers.

- Please ensure your responses to the CAP do not violate HIPAA practices and privacy by sending documents via secure encrypted email.
- Please email your CAP via word format to me at on or before the due date of ...
- Upon receipt of your CAP, it will be reviewed to determine acceptance, partial acceptance, or not accepted for the violations and you will be notified. Once the CAP has been completely accepted, the final accepted CAP will be sent back to you for your records.



Licensing Report Response Guidance

Please ensure that you include the following elements in your response to each violation which will aid with ensuring acceptance of your CAP:

1. Please begin your responses with PR, which stands for Provider Response and state the specific issue that led to the late reporting and how you corrected the deficient practice in the "Actions to be Taken" column.

- Details include the following:
 - May include who you trained, when they were trained, and by whom
 - Meeting with staff to review new/updated process

For example: A late reporting may have occurred because a user was locked out. However, every organization should have at least 3 Delta Roles, one of which includes the Delta Security Officer. The Security Officer can reset passwords for anyone within the organization. Your response may include Staff (using title not the name) did not report on time due to being locked out of CHRIS. We assigned the QDDP as the Security Officer. Trained new Security Officer on how to reset passwords using the video on password resets located on the DBHDS website.



Licensing Report Response Guidance

Please ensure that you include the following elements in your response to each violation which will aid with ensuring acceptance of your CAP:

2. Include a plan of action to address systematic changes (process/protocols, etc.) within your business to help ensure compliance to regulation in the future and to help minimize the same violation in the future.

THIS IS IMPORTANT TO INCLUDE IN YOUR RESPONSE AS IF THIS IS NOT INCLUDED THE CAP WILL NOT BE FULLY ACCEPTED.

- Develop a systemic plan of action, ask yourself, does this require updating policies, procedures, or forms, or conducting any needed training or retraining for staff, or other steps that could alleviate the problem and minimize the possibility that the violation will occur again
- List the staff title who is back up with their own Delta Credentials

For example: A late reporting may have occurred because the individual who enters incidents in CHRIS was sent the incident on Saturday at 4 pm. They did not get the incident until Monday because they do not work on weekends. Your response may include staff (using title and not name) who will enter incidents in CHRIS on nights, weekends, and holidays or whenever primary person is not available. *We assigned our Clinical Director as Back up to the QA. Delta Credentials were assigned to Clinical Director. Clinical Director was trained on CHRIS Reporting.*

Licensing Report Response Guidance

Please ensure that you include the following elements in your response to each violation which will aid with ensuring acceptance of your CAP:

- 3. Include staff by title who will monitor your new procedures to ensure these violations will not occur again and the frequency for monitoring the plan including how it will be monitored.**
- Every CAP response must include Staff by Title who will monitor the new process, plan, or procedure and frequency of review.
 - Only include positions of employees and not specific staff names.
 - Examples of frequency include: daily checks, weekly case note review, monthly audits, weekly chart reviews, quarterly checklist).

For example: Owner will perform a daily audit to ensure incidents have been entered during the required timeframe. This will occur for a period of 3 months to ensure new process is being successfully implemented. If there are no further incidents of failure to report on time, the owner will perform the check monthly on an ongoing basis.

Licensing Report Response Guidance

Please ensure that you include the following elements in your response to each violation which will aid with ensuring acceptance of your CAP:

4. By what date you will have that completed should be entered in the "Planned Comp. Date" column.

- Please enter the date you will have the corrective action steps completed in the far right column.
- Planned completion date must not exceed 60 calendar days from CAP due date.



Licensing Report Response Guidance

- Other Recommendations
- Please....
 - ❖ **Begin your responses with PR, which stands for Provider Response.**
 - ❖ **Keep the Subject line the same when replying to emails with your attached CAP document**
 - ❖ **Hit Reply ALL when responding to ensure your licensing specialist is included in your response**
 - ❖ **Ensure your responses to the CAP do not violate HIPAA practices and ensure staff and client privacy. Be sure to only include positions of employees and never include the names of individuals served or staff.**
 - ❖ **Email your CAP response back in a WORD document by the due date listed on the CAP if not sooner.**
 - ❖ **DO NOT send the CAP response back in a pdf file. A pdf file cannot be processed. A pdf file will be sent at the end of the process when we have accepted the CAP.**
 - ❖ **If your response was determined to be CAP NOT ACCEPTED, we need additional information, which is noted in the document under the Office of Licensing Response (OLR).**

Corrective Action Plan "Do's"

- Remove all identifiable health information (HIPAA)
 - Names, telephone numbers, record numbers, emails, etc.
- Use neutral references for individuals
 - They, them, their
 - His/her is acceptable
- Ensure you comment in the “Actions to be Taken” field for each citation
- Spellcheck, grammar check, re-read to ensure continuity



IMPORTANT

Corrective Action Plan "Don'ts"

- Forget to spell out all acronyms the first time it's used to ensure clarity and understanding
- Forget to consistently use Individual #1, #2 etc. and not C#1. Don't switch back and forth between individual and client
- Return CAPS in PDF format
- Forget to spellcheck, grammar check and re-read
 - Are words missing? Is everything written in the appropriate tense?



CHRIS Reporting Information

OCTOBER 1, 2020 – MARCH 31, 2021

Total number of late reports for serious incidents per CHRIS	946
Total number of late reports that were “excused” consistent with guidance document	226
Total number of late reports for serious incidents minus those excused in accordance with SIR Guidance Document	720
Number of providers with citations for late reporting of serious incidents	253
Number of licensed services with citations for late reporting of serious incidents	398 *referenced in next slide
Number of providers with multiple citations late reporting of serious incidents	25
Number of licensed services with multiple citations late reporting of serious incidents	30 *referenced in next slide
Number of providers placed on provisional license for the above the reasons	None

CHRIS Reporting Information Cont'd

- During the time frame this data was collected all citations had not been issued for incidents reported in March. As of today, all incidents from March has been submitted.
- A IMU has 7 business day to process incidents not reported within required timeframe
- Per internal protocol, the triggering event for progressive citations is the occurrence of a regulatory violation after a licensing report has already been issued for the same regulatory violation. If several violations of a regulation are noted at one time or at separate times prior to the issuance of a licensing report, all of the violations should be documented within one report for **one** regulatory violation. If a separate violation of the regulation is identified after a licensing report has already been issued, then the provider should be issued an additional licensing report with a citation detailing the identified deficiency.
- For example, if it is discovered that a provider submitted multiple late incident reports over a single weekend, the provider would be cited one time for late reporting, and this would not trigger progressive citation. But if the Licensing Specialist issues a licensing report for late reporting and the provider has submitted their CAP on time and it has been accepted and then the provider submits another late incident report two weeks later, then a new licensing report would be issued for this violation. This would be a second citation and could trigger a progressive citation. The IMU will issue a licensing report within seven business days of determining an incident was submitted late, therefore it's possible all violations identified over a seven day span may be included within one licensing report.



Rolling 12 Month Period

A 12-month rolling year means a period of 12 consecutive months determined based on the date of the last citation issued.

Rolling 12 Month Period -Example

2020			2021									2022				
Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb
	1							1								1

- The progressive citation period began on October 1, 2020.
- In the example, the provider received their first licensing report in November 2020. The provider then received another licensing report in June of 2021 and one in February 2022.
- The 12-month rolling total from October 2020-September 2021 = 2 licensing reports issued (**yellow** bar)
- The 12-month rolling total from December 2020-November 2021 = 1 licensing report (**purple** bar)
- The 12-month rolling total from March 2020-February 2021 = 2 licensing reports (**green** bar)

Incident Examples



EXAMPLES

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Examples of Reportable and Non-reportable Incidents

DD Sponsored Residential Homes Services

- **Reportable:** Individual was on a family outing and upon returning home was noted with rashes on his chest and arms; a possible allergic reaction to lobster that the individual ate at the outing. Provider sought medical attention.
- **Non-reportable:** if an individual receiving services is temporarily away from a provider's services for a visit or trip with family, and the individual experiences a Level II serious incident, the incident does not need to be reported to the Office of Licensing.
 - An individual who receives sponsored home services has a choking incident which requires direct physical intervention while on a family trip to the beach. When the individual returns, their parent informs the provider of the incident. The provider does not need to report the choking incident requiring physical intervention as a Level II serious incident. However, the provider should internally document the report made by the family and based on the specific details surrounding the incident, the provider may need to evaluate individual supports to determine if they are still appropriate.

Examples of Reportable and Non-reportable Incidents

In-Home Residential Support

- **Reportable:** Individual is being supported in their home by DSP. Individual has a series of seizures and DSP calls 911; individual is taken to ER for treatment.
- **Non-reportable:** An individual with DD lives at home with his parents and receives in-home residential supports through a private provider. He receives 40 hours/week of support, M-F. Over the weekend, parents call the provider to let them know that they took him to the ER following a fall and it turns out he has a broken wrist.

Examples of Reportable and Non-reportable Incidents

Psychiatric Unit Services and SA Residential Treatment Services

- **Reportable:** Patient reports to the nurse's station and complains of chest pain and shortness of breath. Per protocol, 911 is called and individual is taken to the ER for evaluation.
- **Reportable:** Individual is receiving inpatient psychiatric treatment and attempts suicide. The doctor is called and provides medical treatment on the unit. This is reportable as a suicide attempt by an individual admitted for services, other than licensed emergency services, that results in a hospital admission. Just because an individual is already in the hospital does not mean this is not reportable.
- **Non-Reportable:** Patient stood from wheelchair, lost his footing and fell to one knee. The nurse completed an assessment and provided first aid.

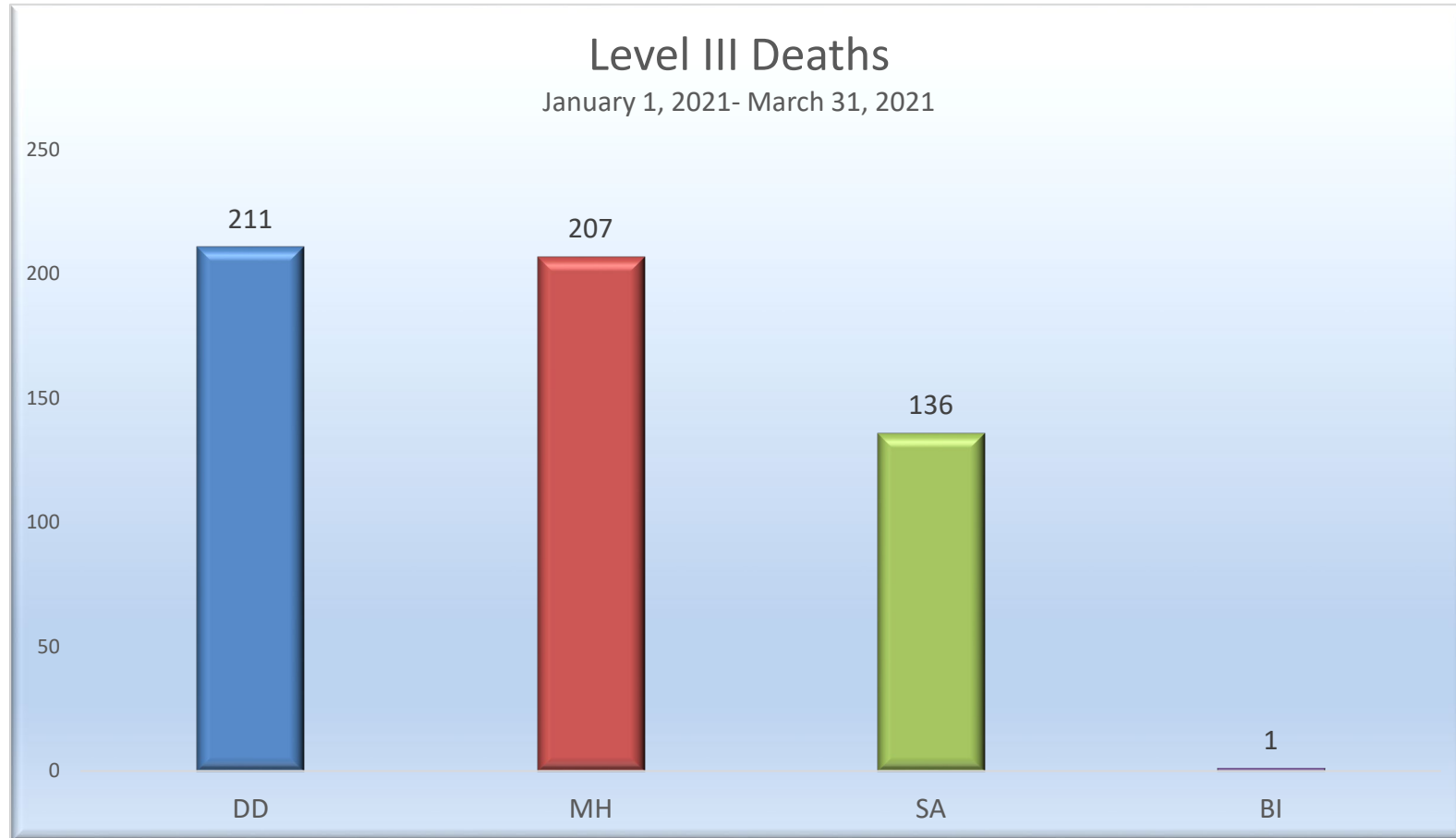
Incident Management Unit (IMU) Data

Incident Management Unit Data



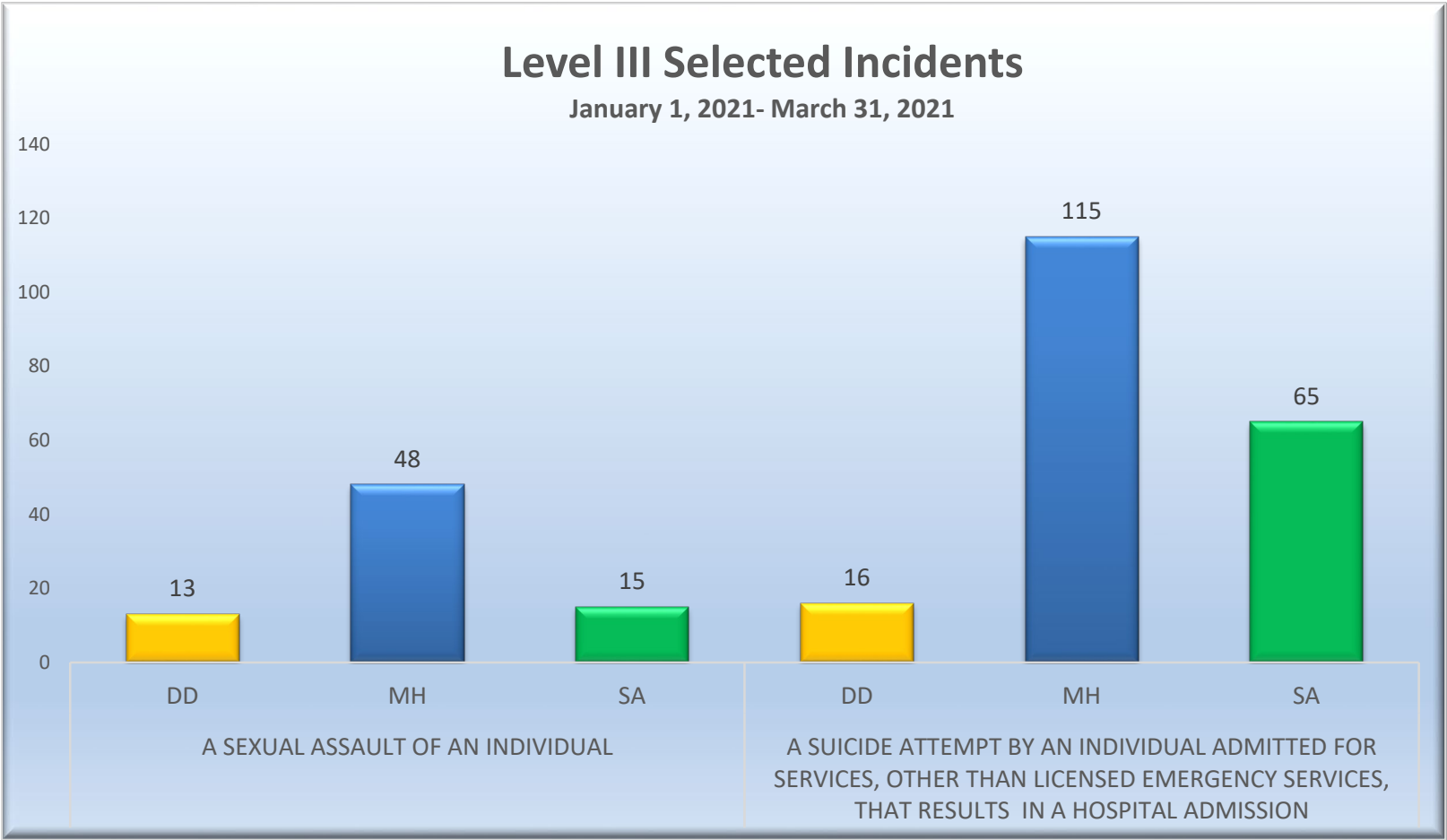


Level III Deaths

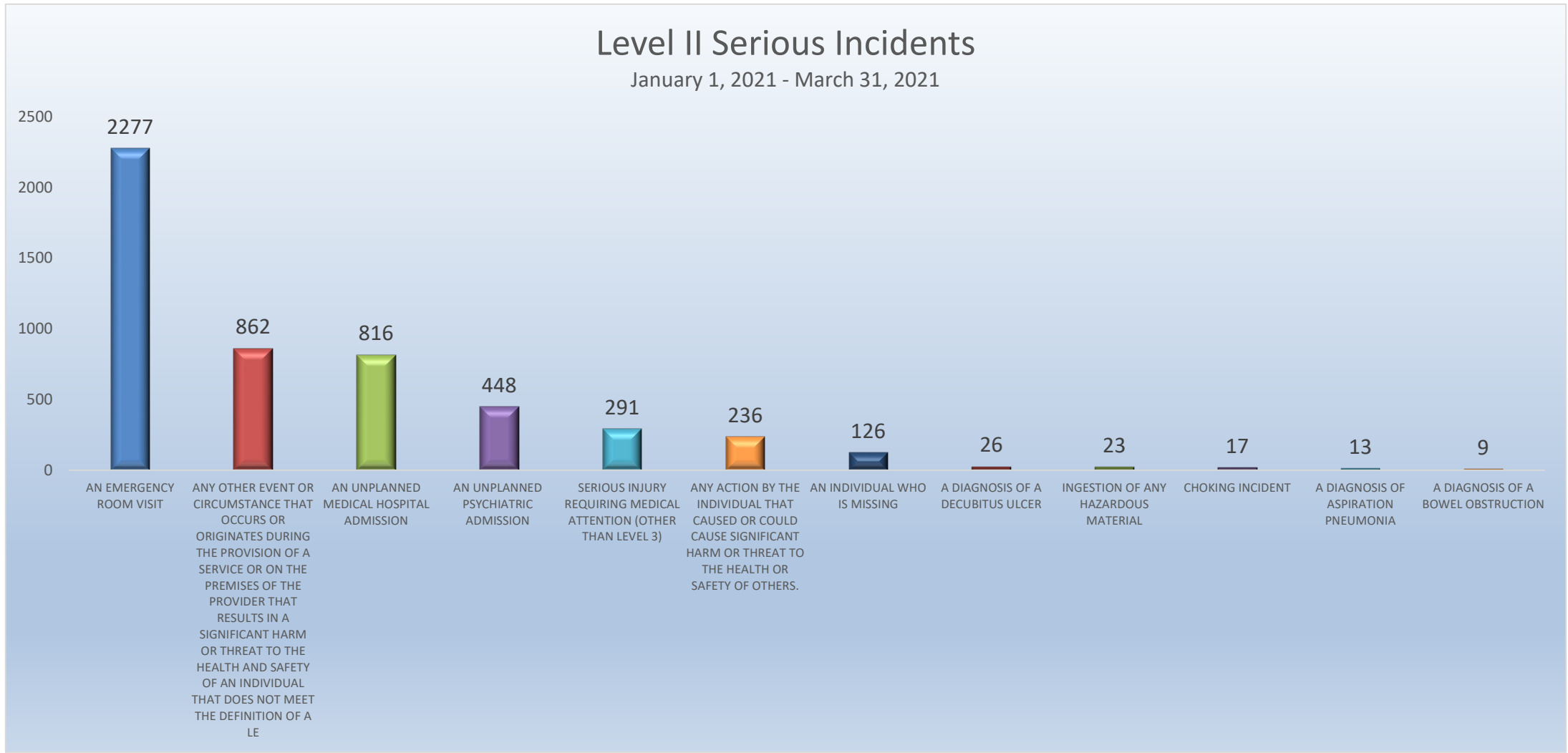




Level III Serious Incidents



Level II Serious Incidents



Specialized Investigation Unit: “SIU”

The Specialized Investigation Unit or “SIU”

- Phase 1: Jan 2020: SIU completes investigations for all DD deaths reported to the department.
- Phase 2: Sept 2020: SIU completes investigations for all DD complaints reported to the department.

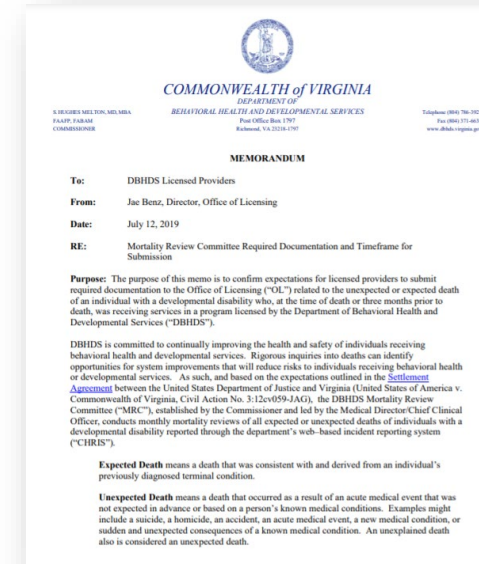


Licensing Specialists are no longer assigned to complete any DD death investigations and/or DD complaint investigations

- Note SIU began to pilot completing DD complaint investigations in Region #2 on 5/14/2021.

DD Deaths-MRC Memo on DBHDS Website

- Per Office of Licensing Memo dated July 12, 2019 titled *Mortality Review Committee Required Documentation and Timeframe for Submission*:
 - As of August 1, 2019, providers who are serving an individual with a developmental disability at the time of his/her death, **as well providers who were serving an individual with a developmental disability within 3 months prior to an individual's death** must submit required documentation, via encrypted email, within 10 business days following a death to mrc_documents@dbhds.virginia.gov.



The Memo along with the Mortality Review Committee "MRC" checklist can be found on the DBHDS Office of Licensing website under More Information section:

MORE INFORMATION

- [Mortality Review Committee Document Submission Memorandum](#)
- [Mortality Review Committee Submission Checklist For Required Documents](#)



Reminders Regarding Level III DD Death Reporting

- When reporting a Level III DD Death, please remember to click on the links in CHRIS that go directly to the Mortality Review Record Submission Checklist and MRC Process memo that are on the OL website.
- Remember to select the button “By checking here, I acknowledge responsibility for providing these documents”

* For cases of DD death, providers are responsible for submitting the required documentation listed on the [Mortality Review Record Submission Checklist](#), within 10 business days following a death. By checking here, I acknowledge responsibility for providing these documents per the [Process](#) instituted by DBHDS for all cases of DD Death. I further acknowledge that any documentation containing the Protected Health Information of the deceased individual will be submitted in a secure fashion to ensure compliance with federal and state privacy laws.

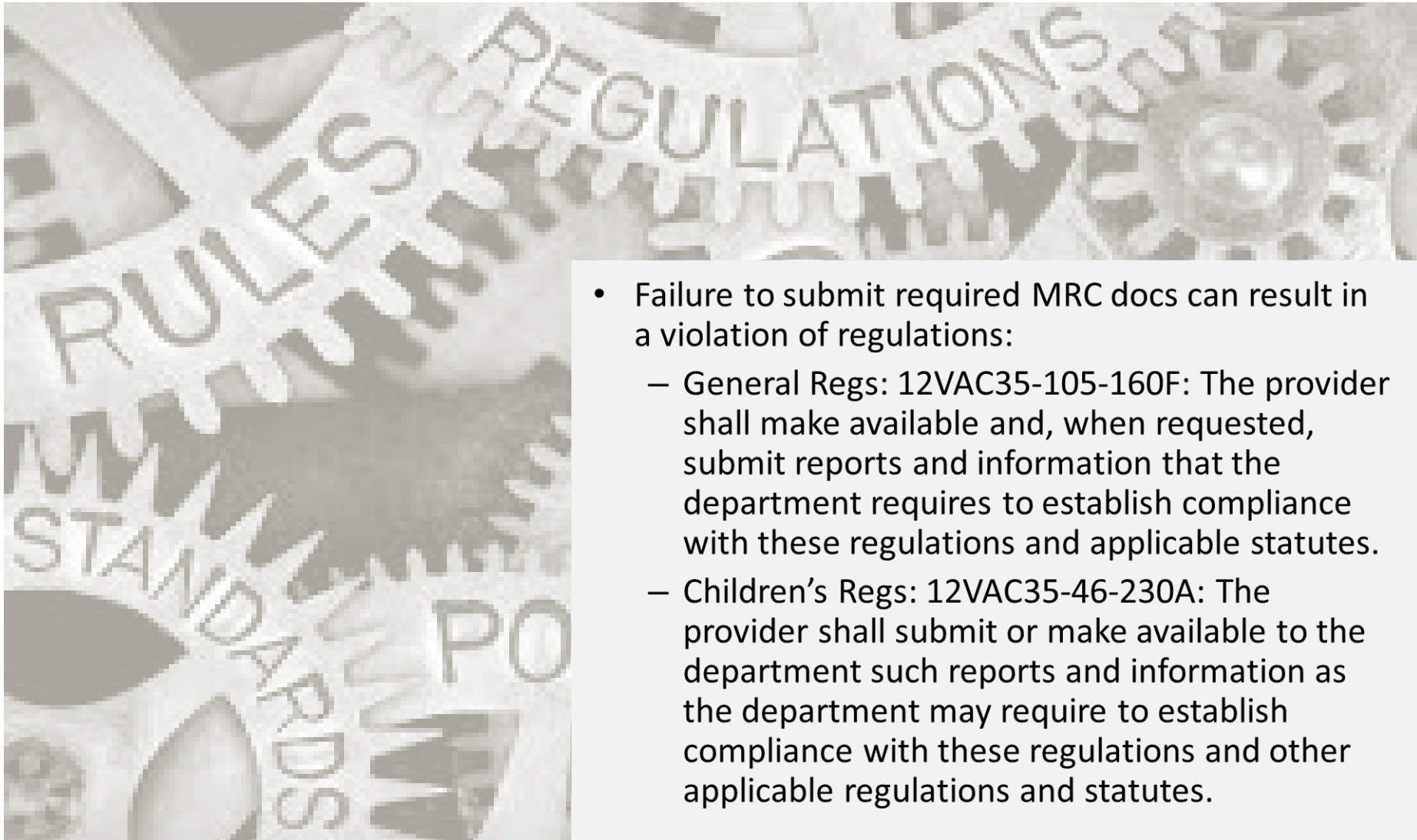
☒ By checking here, I acknowledge responsibility for providing these documents.

☐ This was not a DD death and therefore the regulation does not apply.

Reminders Regarding Level III DD Death Reporting

- Submission of MRC docs is required for ALL deaths of individuals with developmental disabilities if an active admission to a DBHDS license service, regardless if the individual has a waiver or not.
 - Note; For DDCM services, only report in CHRIS if the individual was an “active” admission to DDCM services at time of death.
 - Individuals who were not considered an “active” admission to DDCM services should NOT be reported in CHRIS.
 - For example, some CSBs have services called “consumer monitoring services” or “follow up services.” Different CSBs might classify those individuals who are not an active admission to DDCM service differently.
 - Often these are cases where the individual does not have a waiver yet, no other DBHDS license services and is monitored at minimum annually; however there is no formal ISP, no quarterly reports, no routine progress notes, etc. These cases should NOT be reported in CHRIS.

DD-Deaths: Submission of MRC Docs



- Failure to submit required MRC docs can result in a violation of regulations:
 - General Regs: 12VAC35-105-160F: The provider shall make available and, when requested, submit reports and information that the department requires to establish compliance with these regulations and applicable statutes.
 - Children’s Regs: 12VAC35-46-230A: The provider shall submit or make available to the department such reports and information as the department may require to establish compliance with these regulations and other applicable regulations and statutes.



DD-Deaths: Submission of MRC Docs

- Providers have **10 business days** from date of discovery of the death to submit all required MRC documents to the MRC email address:
 - mrc_documents@dbhds.virginia.gov (note there is an underscore “_” between mrc_documents)
 - No MRC documents should be sent directly to any licensing specialist and/or SIU investigator.
- SIU Investigators may reach out to providers to schedule interviews with staff and may ask for additional documents to be submitted as part of the investigation. In those cases, providers can send those additional documents directly to the requesting investigator.



DD-Deaths: Submission of MRC Docs: Encrypted Emails Only

- Providers must ensure that all instructions are followed on the MRC checklist for submission of MRC documents.

Part ____ of ____

Office Of licensing - DBHDS
MORTALITY REVIEW SUBMISSION CHECKLIST FOR REQUIRED RECORDS
(PLEASE READ PRIOR TO SENDING RECORDS)

<u>Provider Name:</u>	<u>Date of Death:</u>	<u>CHRIS #:</u>
<u>Individual's Last Name:</u>	<u>First Name:</u>	<u>Admission Date:</u>

Each individual's record should be scanned and saved using the below naming convention:

Provider name_ Last name_ First name_ Title of document category
Example: ABCGroupHome_Doe_Jane_MedicalRecords

- Each completed packet must include the **INDIVIDUAL RECORD SUBMISSION CHECKLIST** to verify the documents that are included in that scanned submission.
- To verify the number of scanned record sets for each individual (multiple scanned sets may be required due to size of the individual's record), complete Part ____ of _____. If an individual's complete record (all documents listed below as applicable) is included in one scanned submission; this section should indicate Part 1 of 1. If multiple scanned submissions are required for one individual's record, then this checklist should be completed with each submission and the section should indicate Part 1 of 2, Part 2 of 2 etc., to ensure that we have received the complete record submission.

Submit scanned records for all identified individuals via encrypted email to:
MRC_Documents@dbhds.virginia.gov **no later than 10 business days following a death.**



DD-Deaths: Submission of MRC Docs: Encrypted Emails Only

- Providers must ensure that all instructions are followed on the MRC checklist for submission of MRC documents.

Part ____ of ____

Office Of licensing - DBHDS
MORTALITY REVIEW SUBMISSION CHECKLIST FOR REQUIRED RECORDS
(PLEASE READ PRIOR TO SENDING RECORDS)

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- To verify the number of scanned record sets for each individual (multiple scanned sets may be required due to size of the individual's record), complete Part ____ of _____. If an individual's complete record (all documents listed below as applicable) is included in one scanned submission; this section should indicate Part 1 of 1. If multiple scanned submissions are required for one individual's record, then this checklist should be completed with each submission and the section should indicate Part 1 of 2, Part 2 of 2 etc., to ensure that we have received the complete record submission.

Submit scanned records for all identified individuals via encrypted email to:
MRC_Documents@dbhds.virginia.gov **no later than 10 business days following a death.**



DD-Deaths: Submission of MRC Docs: Encrypted Emails Only

- Providers must ensure that all instructions are followed on the MRC checklist for submission of MRC documents.

MORTALITY REVIEW
(PLEASE PRINT)

Provider Name: _____
Individual's Last Name: _____

Each individual's record should include:

Provider name, Last name, First name, Middle initial
Example: ABCGroupHome, Doe, Jane, M.

- Each completed packet must include a cover sheet that lists and verifies the documents that are included.
- To verify the number of scanned records, the number of scanned records of the individual's record, completed below as applicable, is included. Multiple scanned submissions are required with each submission and the section received the complete record submission.

Submit scanned records for all identified individuals to:
MRC_Documents@dbhds.virginia.gov

Document(s)	Included: Yes/No/Not Applicable(N/A)
Most recent annual Individual Support Plan (ISP) <u>all sections, all providers and updates</u> <ul style="list-style-type: none">All sections of ISP (Part I, II, III, IV, etc.)	
Assessments: <ul style="list-style-type: none">Current Provider Specific Assessment;Current SIS;Current Vides; andAny other applicable current assessments (Annual Risk Assessment, On-Site Visit Tool (last 3 months), Risk Awareness Tool, Crisis Risk Assessment Tool, etc.)	
Quarterly Report: Last quarterly report (Individual Support Plan review)	

MRC Checklist Page 1 of 2 Updated 4/20/21



DD-Deaths: Submission of MRC Docs: Encrypted Emails Only

- Providers must ensure that all instructions are followed on the MRC checklist for submission of MRC documents.

Part ____ of ____

Program manager	The following items may be submitted within 30 days following the individual's death. The provider is responsible for ensuring the documentation is submitted.	
Medical	Discharge Summary from your agency	
Annua	Root Cause Analysis (RCA): All RCAs completed for the three months preceding the individual's death.	
Incide		
incide		
Please		
plann		

The following items may be submitted within 30 days following the individual's death. The provider is responsible for ensuring the documentation is submitted.

Discharge Summary from your agency	
Root Cause Analysis (RCA): All RCAs completed for the three months preceding the individual's death.	

MRC Checklist

Page 2 of 2

Updated 4/20/21



DD-Deaths: Submission of MRC Docs: Encrypted Emails Only

- All emails sent to the MRC email address with documents **MUST BE SENT VIA ENCRYPTED EMAIL.**
 - If a provider does not have an encrypted email system, a provider may submit an email to the MRC email address requesting that an encrypted email be sent to them for submission of MRC docs.
 - **Each individual file must be less than 25MB per file.** If the files are larger than 25MB, the files may be resized to be 25MB and there is no way to determine what information may have been inadvertently removed.



DD Deaths-Submission of MRC Docs Cont.

- It is **IMPERATIVE** that providers are following the file naming convention as listed on page 1 of the MRC checklist.

Each individual's record should be scanned and saved using the below naming convention:

Provider name_ Last name_First name_Title of document category

Example: ABCGroupHome_Doe_Jane_MedicalRecords

- MRC receives a high volume of MRC docs, thus it is important that each file submitted by providers follows the file naming convention.
 - Some files that may be larger in size, may have to be separated to ensure they are less than 25MB. For example progress notes may have to be split up into several files.
 - ABCGroupHome_Doe_Jane_JulyProgressNotesPart1of2
 - ABC GroupHome_Doe_Jane_JulyProgressNotesPart2of2

Specialized Investigation Unit “SIU” Contacts

- Note:** SIU staff are responsible for investigation of all DD Deaths reported and all DD complaints received by the Office of Licensing. SIU Contacts and Map will be posted on the OL website.

Region	SIU Investigator	Email	Contact Number	SIU Manager
Region #1	Jessica Wright	jessica.wright@dbhds.virginia.gov	804-432-9645	Angelica Howard 804-240-9875 MRC Email for Docs: mrc_documents@dbhds.virginia.gov MRC Doc Submission Memo MRC Checklist
Region #1	Rebekah Greenfield	rebekah.greenfield@dbhds.virginia.gov	804-382-1515	
Region #2	Kristina McCray	kristina.mccray@dbhds.virginia.gov	804-972-0577	
Region #3	Travis Nelson	travis.nelson@dbhds.virginia.gov	804-432-6470	
Region #3	Amanda Whorley	amanda.whorley@dbhds.virginia.gov	540-685-6875	
Region #4	Nanshill Wilson	nanshill.wilson@dbhds.virginia.gov	804-382-9061	
Region #4	Gregory Relaford	gregory.relaford@dbhds.virginia.gov	804-297-5107	
Region #5	Jennifer Thomasson	jennifer.thomasson@dbhds.virginia.gov	804-625-5930	
Region #5	John Turner	john.turner@dbhds.virginia.gov	804-709-4415	

- Any questions regarding SIU can be sent to SIU Manager email:
angelica.howard@dbhds.virginia.gov

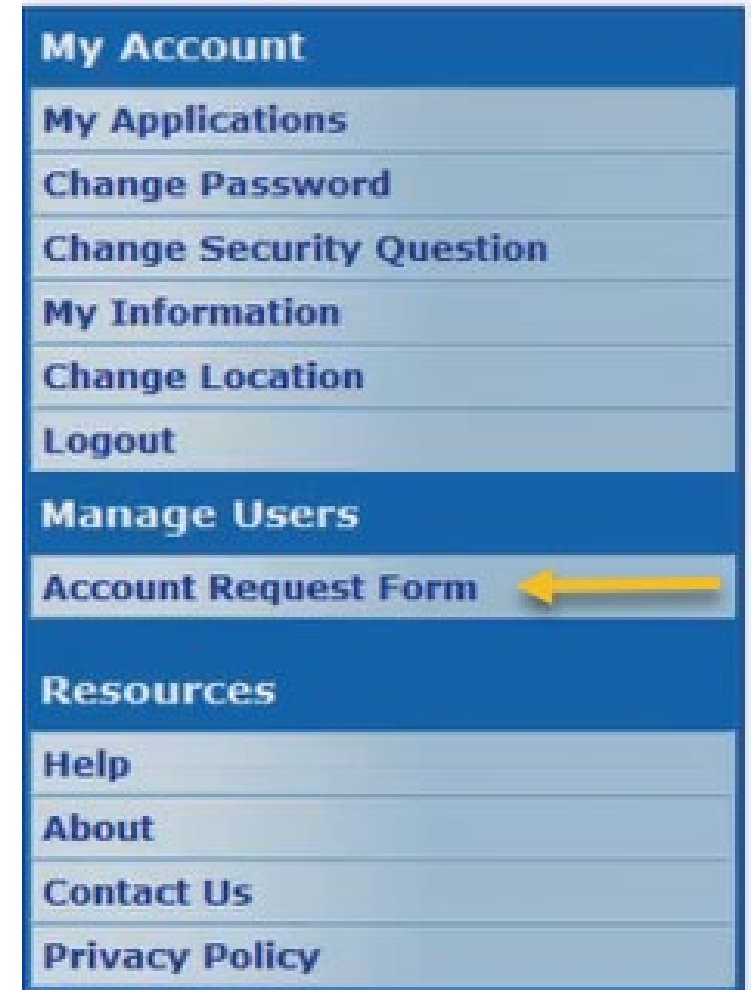


DELTA Roles



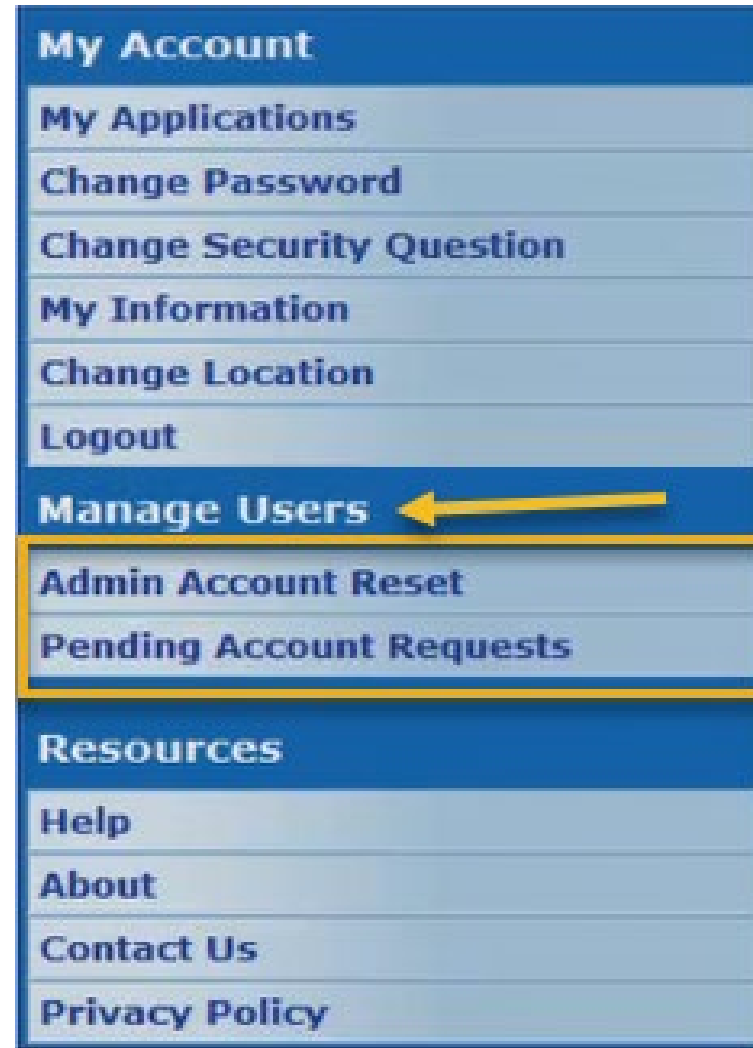
DELTA Roles: Supervisor

- DELTA Supervisor's Role only has one item under "**Manage Users**"
 - Account Request Form
- To create a user's account, the DELTA Supervisor will click on **Account Request Form** under the **Manage Users** menu.
- All of the responsibilities the DELTA Supervisor's Role has can be found under DELTA HELP



DELTA Roles: Security Officer

- DELTA Security Officer has two items under their “**Manage Users**”
 - Admin Account Reset
 - Pending Account Request
- The Security Officer will log in to DELTA and click **Pending Account Requests** under the **Manage Users** menu.



DELTA Roles: Local Administrator

- DELTA Local Administrator's Role only has one item under "**Manage Users**"
 - Pending Application Requests
- To approve a user's application account, the DELTA Local Administrator will click on **Pending Application Request** under the **Manage Users** menu.

The DELTA Local Administrators from the organization can contact DELTA Production or Help Desk to request a new account to be created or password reset when a staff is experiencing a problem.



Questions and Answers (Training)

- **Will this training be available?**
- The PowerPoint will be posted on the DBHDS Office of Licensing homepage under Serious Incidents. The presentation will be posted in a pdf format.

Questions and Answers (Training)

- **How do we know if there are trainings we have already taken? The titles sometimes change. How/who keeps track of the trainings that providers/staff have taken?**
- All Office of Licensing training sessions have a registration list of attendees. If a provider is mandated to participate in a training, the Office of Licensing tracks this information.

Questions and Answers (Serious Incidents)

- **I thought a Level I did not need to be reported? (Regarding Date Field Scenario slide #30)**
- "Level I serious incident" means a serious incident that occurs or originates during the provision of a service or on the premises of the provider and does **not** meet the definition of a Level II or Level III serious incident.
- Level I serious incidents do not result in significant harm to individuals, but may include events that result in minor injuries that do not require medical attention or events that have the potential to cause serious injury, even when no injury occurs. "
- A Level I incident does not need to be reported via the CHRIS reporting system. However, the provider shall collect, maintain, and review at least quarterly all serious incidents, including Level I serious incidents, as part of the quality improvement program in accordance with 12VAC35-105-620 to include an analysis of trends, potential systemic issues or causes, indicated remediation, and documentation of steps taken to mitigate the potential for future incidents

Questions and Answers (Serious Incidents)

- **This is confusing as the individual went to the ER later due to Level I fall and then it becomes reportable as Level II? (Regarding Date Field Scenario slide #30)**
- "Level II serious incident" includes a significant harm or threat to the health or safety of others caused by an individual. Level II serious incidents include:
- **An emergency room visit.** Therefore when the individual was taken to the ER, that was reportable regardless of the reason the individual went to the ER. In addition a serious injury is also considered a level II incident. "Serious injury" means any injury resulting in bodily hurt, damage, harm, or loss that requires medical attention by a licensed physician, doctor of osteopathic medicine, physician assistant, or nurse practitioner. Therefore when it was determined that the fall required medical attention, it also met the criteria for a level II incident

Questions and Answers (Serious Incidents)

- **What about an individual who calls 911 himself and he is taken to the hospital and while at the hospital complains of chest pain but after serious examination, he is not diagnosed with anything. Is that reportable?**
- An emergency room visit is a level II serious incident regardless of the result of the visit.
- Emergency room visits by an individual receiving services, other than licensed emergency services, shall be reported as Level II serious incidents if they occur within the provision of the provider's services or on their premises. If the provider calls first responders due to an emergency, and an emergency medical technician (EMT) recommends an ER visit but the individual declines to go, this does not need to be reported as there was no "emergency room visit" as listed within the regulations. Please note that if there was another Level II serious incident which led to the call for first responders, then that should be reported as a Level II serious incident.
- If an individual is taken to the emergency room and later refuses care while at the emergency room, this should still be reported as a Level II serious incident as an emergency room visit did occur.
- Please review guidance document located on DBHDS website
https://townhall.virginia.gov/L/GetFile.cfm?File=C:\TownHall\docroot\GuidanceDocs\720\GDoc_DBHDS_6415_v2.pdf

Questions and Answers (Serious Incidents)

- **If you don't have any incidents for the year, do you still report 0 reports for the year?**
- If you are referring to the requirement that a provider shall collect, maintain, and review at least quarterly all serious incidents, including Level I serious incidents, as part of the quality improvement program in accordance with 12VAC35-105-620, then there should still be documentation that a provider is aware there were not any serious incidents and therefore did not have any incidents to review.

Questions and Answers (Progressive Citation)

- **What does a progressive citation mean? What happens next?**
- When a licensed service was previously cited for a late citation regulatory violation, future violations of the same regulation within a one-year period, measured on a rolling basis, will result in progressive actions in accordance with the incident reporting guidance document. There is significant detailed information in this document. Please review thoroughly. https://townhall.virginia.gov/L/GetFile.cfm?File=C:\TownHall\docroot\GuidanceDocs\720\GDoc_DBHDS_6876_v2.pdf

Questions and Answers (Progressive Citation)

- **Can you provide more information about the different rolling periods (yellow, green, purple) indicated in the chart? For example, can you provide more examples on situations in which the yellow or green would be applicable? Can you explain more about the November drop off? (Regarding Rolling 12 Month Period slide #51)**
- To calculate a rolling year from the current date, you would look back 1 year, count how many late citations were received in the 1-year time span. If more than one late citation was received in that year, it goes onto the next level of the progressive citation ([Guidance on Incident Reporting Requirements](#) (August 2020)). If a provider does not have a citation for a full year, then the progressive citation process will start over

Questions and Answers (Progressive Citation)

- **Is it correct that when 4 or more late reports within the 7 business days to process that that will be 1 citation for late reporting but if a provider has 4 late reports that are spread out beyond that timeframe then that provider would receive 4 citations for the same number of late reports?**
- No, this is not correct. Currently, a 2nd citation would not be given if a licensing report has not yet been issued for the previous incident(s). The internal protocol for IMU is to try and get citations out within 7 business days. However, a citation may be issued as early as the day after the late reporting has occurred. Please note that even if only 1 citation is given for multiple late reports, a list of all late reports will be listed on the licensing report. The OL reviews a providers' licensing reports as part of the license renewal process.

Questions and Answers (RCA)

- **How do we know when we need to send the OL an RCA for an incident we completed?**
- A representative of the OL will contact a provider if a RCA is requested. RCAs are also checked during annual inspections and during investigations related to incidents.

Questions and Answers (RCA)

- **You want the RCA sent for developmental disability death as well?**
- Yes, if the developmental disability death occurred during the provision of service or while on the provider premises, an RCA is required to be completed and should be submitted within 30days of the developmental disability death incident to the MRC email at mrc_documents@dbhds.virginia.gov

Questions and Answers (RCA)

- **Is the RCA for DD deaths for unexpected deaths or all deaths?**
- A RCA for DD deaths are required to be submitted for any DD death that occurred during provision of services or on the provider premises, regardless if the death was considered unexpected or expected to the MRC email address.
- Any Non DD death, a RCA should be completed if the death occurred during the provision of services or on the provider premises, however the assigned licensing specialist may or may not directly request that RCA as part of their investigation process.

Questions and Answers (MRC)

- **For DD death MRC ... if an individual is receiving only mental health case management (MHCM) but has a DD diagnosis such as ASD, etc. Are we required to send MRC documentation?**
- Mortality Review Committee documentation is required for any individual who is an active admission to a DBHDS developmental disability license service. MHCM is not a developmental disability license service. A SIU investigator would directly contact a provider if there are any exceptions as part of their investigation process.

Questions and Answers (MRC)

- **Can we submit MRC documents via fax or drop it off?**
- No, per the MRC memo, MRC documents as of August 1, 2019 have been required to be submitted electronically to the MRC email address at mrc_documents@dbhds.virginia.gov. MRC documents can not be faxed or manually dropped off.

Questions and Answers (Non-DD Deaths)

- **Does non-DD death need to be reported with the Office of Licensing?**
- Yes, deaths are considered a Level III incident and should be reported in CHRIS. Deaths that do not involve individuals with developmental disabilities will be reviewed and may be investigated by the assigned primarily licensing specialist, not SIU investigators. The assigned licensing specialist may request documents as part of their investigation, however non-DD death documents are NOT to be emailed to the MRC email address but rather to the primary licensing specialist assigned to the provider. The MRC email address is specific to individuals admitted to a DBHDS developmental disability license service.

Questions



THANK YOU