#### Specialized Investigation Unit: "SIU"

The Specialized Investigation Unit or "SIU"

- Completes investigations for all DD deaths reported to the department.
- 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.

SIU and Licensing Specialists may consult on investigations as needed.



#### 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, <u>as well providers who were serving</u> <u>an individual with a developmental disability within</u> <u>3 months prior to an individual's death</u> must submit required documentation, via encrypted email, within 1

Purpose: The purpose of this memo is to confirm expectations for licensed providers to submit required documentation to the Office of Licensing (PCU). Fretefacto to the uncepteed or expected death of an individual with a developmental diability who, at the time of death or three months prior to death, was receiving services in a program licensed by the Department of Behavioral Health and Developmental Services ("DBHDS").

DBIDDS is committed to continually improving the health and aftey of individuals receiving babwreah health and developmental everces. Regrosse imprises into death, can identify opportanities for system improvements that will reduce risks to individuals receiving behavioral health or developmental arcsives. As such, and based on the expectations outlind in the Settiment <u>Accessment</u> between the United States Department of Justice and Virginia (United States of America v. Commonveida fU Virginia, Civil Action 80. 312:e099-JAAG, the DBIDDS Moreling Review Committee (VMRC<sup>+</sup>), established by the Commissioner and led by the Medical Director/Chief Clinical Officer, conducts monthly mortily reviews of all expected on unexpected data hor individuals with developmental disability reported through the department's web-based incident reporting system (°CHRG<sup>+</sup>).

Expected Death means a death that was consistent with and derived from an individual's previously diagnosed terminal condition.

Unexpected Death means a death that occurred as a result of an acute medical event that was not expected in advance or based on a person's known medical conditions. Examples might include a suiside, a homicide, an acute medical event, a new medical condition, or sudden and unexpected consequences of a known medical condition. An unexplained death also is considered an unexpected death.

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 Mortality Review Committee section:

- Mortality Review Committee Submission Checklist (July 2022)
- Mortality Review Document Submission Process (May 2021)
- Mortality Review Committee Document Submission Memorandum (July 2019)
- Contacting 911 Emergency Services (December 2019)



#### 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 <u>MortalityReview Record Submission</u> <u>Checklist</u>, within 10 business days following a death. By checking here, I acknowledge responsibility for providing these documents per the <u>Process</u> instituted by DBHDS for all cases of DD Death. I further acknowledge that any documentation containing the Protected Health Infection 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.

 Submission of MRC docs is required for <u>ALL</u> deaths of individuals with developmental disabilities, regardless if the individual has a waiver or not.



#### 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. Providers may cc SIU investigators when emailing the MRC email, but it is not required.
- 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.



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

	Partof		
MORTALITY REV	Office Of licensing - DBH /IEW SUBMISSION CHECKLIST		
(PLEAS	SE READ PRIOR TO SENDI	NG RECORDS)	
Provider Name:	Date of Death:	CHRIS #:	
Individual's Last Name:	<u>First Name:</u>	Admission Date:	
<ul> <li>Provider name_Last name_First name_Example: ABCGroupHome_Doe_Jan</li> <li>Each completed packet must incompleted packet must incompleted packet must incompleted packet must incompleted packet must are inclusion.</li> </ul>	ne_MedicalRecords	CORD SUBMISSION CHEC	CKLIST to
<ul> <li>To verify the number of scanned r size of the individual's record), co listed below as applicable) is inclu multiple scanned submissions are with each submission and the sect received the complete record subm</li> </ul>	mplete Partof If a did in one scanned submission required for one individual's ion should indicate Part <u>1</u> of <u>2</u>	an individual's complete recor on; this section should indicate record, then this checklist shou	d (all documents Part <u>1</u> of <u>1</u> . If 11d be completed
Submit scanned records for all identi <u>MRC_Documents@dbhds.virginia.g</u>			



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

	MOR	Partof <u>Office Of licensing</u> TALITY REVIEW SUBMISSION CHEC (PLEASE READ PRIOR TO S	CKLIST FOR REQUIRED RECORDS		
	Provider Name:	Date of Death:	CHRIS #:		
Provider name_	Last name_First nar	should be scanned and ne_Title of document o ne_MedicalRecords	U	ow naming conve	ntion:
• Each comple	ted packet must in	clude the <u>INDIVIDU</u>	AL RECORD SUBM	AISSION CHEC	KLIST 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 <u>1</u> of <u>1</u>. 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 <u>1</u> of <u>2</u>, Part <u>2</u> of <u>2</u> etc., to ensure that we have received the complete record submission.

Submit scanned records for all identified individuals via encrypted email to: <u>MRC\_Documents@dbhds.virginia.gov</u> <u>no later than 10 business days following a death.</u>



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

Part_				
Office of ) MORTALITY REVIEW SUBMISSIS (PLEASE READ PRI( Provider Name: Date of Death;		Document(s)	Included: Yes/No/Not Applicable(N/A	.)
Individual's Last Name:       First Name:         Individual's Last Name:       First Name:         Each individual's record should be scan         Provider name_Last name_First name_Title of docu         Example: ABCGroupHome_Doe_Jane_MedicalRec         • Each completed packet must include the LNDT:         verify the number of scanned record sets for e         size of the individual's record, complete Part         listed below as applicable) is included in one scar         multiple scanned submissions are required for on         with each submission and the section should individual's         MRC Documents@dbhds.virginia.gov malater the         Most recent annual Individual Support Plan (ISP)         • All sections of ISP (Parts I-V) and protocols         • Updates made to the ISP (uning the plannin	<ul> <li>All sections of I</li> <li>Updates made t</li> <li>Current Decision</li> </ul> Assessments: <ul> <li>Current Provide: Comprehensive</li> <li>Current SIS and</li> <li>(CASE MANA) Tool (last 3 morthight)</li> </ul>	dividual Support Plan (ISP) ISP (Parts I-V) and protocols as identified in the ISP o the ISP during the planning year n maker/Authorized Representative/POA if known r Specific Assessment (ex. Fall Risk Assessment, Assessment if separate from the ISP, etc.); VIDES; GEMENT ONLY): Annual Risk Assessment, On-Site Visit https); Risk Awareness Tool; Crisis Risk Assessment Tool et quarterly report (Individual Support Plan review)		
Current Decision maker/Authorized Represen Assessments:     Current Provider Specific Assessment (ex. F. Comprehensive Assessment if separate from Current SIS and VIDES:	MRC Checklist	Page 1 of 2	Updated 07	7/01/22
(CASE MANAGEMENT ONLY): Annual Rus Tool (last 3 months); Risk Awareness Tool; Cri Quarterly Report: Last quarterly report (Individual Su	sisis Risk Assessment Tool apport Plan review) Lot 2 Updated 07/0 Of			Slide

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

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MORTALITY REVIEW SUBMISSION CHECKLIST FOR REQUIRED RECORDS

	Progress Notes: Most recent <u>3 months</u> of progress notes for applicable service: case	
Off	manager notes, residential progress notes, day support progress notes, etc.	
MORTALITY REVIEW SUBM	Medical records for past 3 months preceding death:	
Progress Notes: Most recent 3 months of prog	<ul> <li>Provider medical visit summary forms;</li> </ul>	
manager notes, residential progress notes, day Medical records for past 3 months preceding	<ul> <li>Hospital discharge summaries (Please document the names of hospital(s);</li> </ul>	
<ul> <li>Provider medical visit summary forms;</li> </ul>	<ul> <li>Physician case notes and nurses notes if available;</li> </ul>	
<ul> <li>Hospital discharge summaries (<u>Please d</u></li> <li>Physician case notes and nurses notes i</li> </ul>	MARs (Medication Administration Records);	
<ul> <li>MARs (Medication Administration Rec</li> </ul>	Medication orders maintained onsite;	
<ul> <li>Medication orders maintained onsite;</li> <li>I/DD level (mild, moderate, severe, pro</li> </ul>	<ul> <li>I/DD level (mild, moderate, severe, profound) documentation;</li> </ul>	
<ul> <li>Any provider specific treatment forms</li> </ul>	<ul> <li>Any provider specific treatment forms (bowel movement forms, nutrition/fluid</li> </ul>	
<ul> <li>tracking sheets, repositioning forms, re</li> <li>Task analysis/support logs</li> </ul>	tracking sheets, repositioning forms, records of vitals, etc.); and	
Annual Physical Exam: Most current physica	<ul> <li>Task analysis/support logs</li> </ul>	
Emergency Medical Information: Emergence inclusive of 12VAC35-105-750.A.1-9. Please	Annual Physical Exam: Most current physical exam	
advanced directive document if available.		
Incident Reports: All Level I, II, and III incid the individual's death, and documentation of a	Emergency Medical Information: Emergency Medical Form and/or documentation	
incident and improvement actions taken.	inclusive of 12VAC35-105-750.A.1-9. Please submit the DNR/DDNR/DNI or other	
<ul> <li>Agency Policies: Please submit policies pursu</li> <li>12VAC35-105-700 (Crisis or Emergency Interpretation)</li> </ul>	advanced directive document if available.	
<ul> <li>12VAC35-105-720 (Health Care Policy);</li> <li>12VAC35-105-770 (Medication Management</li> </ul>	Incident Reports: All Level I, II, and III incident reports for the three months preceding	
<ul> <li>12VAC35-105-780 (Medication Errors and E</li> </ul>	the individual's death, and documentation of any analyses into the circumstances of the	
<ul> <li>12VAC35-105-790 (Medication Administrat Please circle "yes" or "no" to indicate if an aut</li> </ul>	incident and improvement actions taken.	
The following items may be submitted within	Agency Policies: Please submit policies pursuant to:	
responsible for ensuring the documentation i	<ul> <li>12VAC35-105-700 (Crisis or Emergency Interventions);</li> </ul>	
Discharge Summary from your agency	<ul> <li>12VAC35-105-720 (Health Care Policy);</li> </ul>	
Root Cause Analysis (RCA): All RCAs comp individual's death.	<ul> <li>12VAC35-105-770 (Medication Management);</li> </ul>	
individual 5 death.	<ul> <li>12VAC35-105-780 (Medication Errors and Drug Reactions); and</li> </ul>	
	<ul> <li>12VAC35-105-790 (Medication Administration and Storage or Pharmacy Operation)</li> </ul>	
	Please circle "yes" or "no" to indicate if an autopsy is planned/requested (if known).	Yes No



Please circle "yes The following iter responsible for en **Discharge Summ Root Cause Anal** individual's death

- Providers must ensure that all instructions are followed on the MRC checklist for submission of MRC documents.
  - Please ensure that documentation of I/DD level is submitted
    - This may be included with any psychological/psychiatric evaluations, medical documentation mentioning ID/DD level, CSB documentation of wavier status to include ID/DD level, etc.

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#### MORTALITY REVIEW SUBMISSION CHECKLIST FOR REQUIRED RECORDS

Progress Notes: Most recent 3 months of progress notes for applicable service: case	
manager notes, residential progress notes, day support progress notes, etc.	
Medical records for past 3 months preceding death:	
<ul> <li>Provider medical visit summary forms;</li> </ul>	
<ul> <li>Hospital discharge summaries (<u>Please document the names of hospital(s)</u>;</li> </ul>	
<ul> <li>Physician case notes and nurses notes if available;</li> </ul>	
<ul> <li>MARs (Medication Administration Records);</li> </ul>	
<ul> <li>Medication orders maintained onsite;</li> </ul>	
• I/DD level (mild, moderate, severe, profound) documentation;	
<ul> <li>Any provider specific treatment forms (bowel movement forms, nutrition/fluid</li> </ul>	
tracking sheets, repositioning forms, records of vitals, etc.); and	
<ul> <li>Task analysis/support logs</li> </ul>	
Annual Physical Exam: Most current physical exam	



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

<ul> <li>Provid</li> <li>Hospi</li> <li>Physic</li> </ul>	30 days following the individual's death. The provider is submitted.
MARe     Anyp     trackir     Task a	
Annual Phys Incident Rep the individual incident and i Please check 1 planned/reque	eted for the three months preceding the
The following       provide the documentation is submitted.         Discharge Summary from your agency       provide the documentation is submitted.         Root Cause Analysis (RCA): All RCAs completed for the three months preceding the individual's death.       provide the documentation is submitted.         MRC Checklist       Page 2 of 2       Updated 4/20/21	
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Developmental Services

## DD Deaths-Submission of MRC Docs

- Reminder that per the MRC checklist, providers have 30days following the individual's death to submit the Discharge Summary from their agency and the Root Cause Analysis (RCAs).
  - It is imperative that providers submit these required documents

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.		

• Please take time to <u>review all files</u> **BEFORE** submission to ensure they are legible and/or do not contain cut off information, etc.



#### 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

• 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 are posted on the OL website.
- <u>https://dbhds.virginia.gov/quality-</u> <u>management/office-of-licensing/</u>



- Any questions regarding MRC document submission or process can be sent to <u>mrc\_documents@dbhds.virginia.gov</u>
  - Note there is an underscore "\_" between mrc and documents.

