



COMMONWEALTH of VIRGINIA

NELSON SMITH
COMMISSIONER

DEPARTMENT OF
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Post Office Box 1797
Richmond, Virginia 23218-1797

Telephone (804) 786-3921
Fax (804) 371-6638
www.dbhds.virginia.gov

MEMORANDUM

To: DBHDS Licensed Providers of Developmental Services

From: Jae Benz, Director, Office of Licensing

Date: October 6, 2023

Re: **Incident Management Unit Look Behind process and responsibilities related to timely, appropriate corrective action plans implemented by the provider when indicated**

Purpose: The purpose of this memorandum is to inform providers of developmental services about the Incident Management Look Behind process and clarify responsibilities. The Department of Behavioral Health and Developmental Services (DBHDS) Office of Licensing (OL) takes very seriously the obligation to assure the health and well-being of citizens who receive services from the providers licensed by DBHDS in Virginia. The goal of the Look Behind process is to: 1) Validate the reliability of the Incident Management Unit's (IMU) triaging of incidents, 2) Ensure the IMU reviews incidents consistently, 3) Confirm appropriate action was taken including follow up from the OL IMU, and 4) Ensure protocols were followed. This process assists DBHDS with improving the quality of the triage process. In addition, the Risk Management Review Committee reviews trends at least quarterly, recommends quality improvement initiatives when necessary, and tracks implementation of initiatives approved for implementation.

The Virginia Commonwealth University (VCU) IMU Review Team is the business associate responsible for providing the IMU Look Behind process as directed within the compliance indicators for the Department of Justice Settlement Agreement. This includes a review of a statistically valid, random sample of DBHDS serious incident reviews and follow-up process. In addition to evaluating the IMU triaging of incidents, the review evaluates: 1) The provider's documented response to ensure the recipient's safety and well-being, Outcome 2. 2) Timely, appropriate corrective action plans are implemented by the provider when indicated, Outcome 4.

For the look behind process, VCU randomly generates a sample of 100 serious incidents each quarter. Any serious incident in the sample, where the Individual Care Concern threshold was met, will be analyzed under the Outcome 4 criteria for compliance determination. Corrective action plans for purposes of Outcome 4 are defined as action(s) taken by a provider as a result of an occurrence of a serious incident. Action steps are either immediate (reactive) or preventative (proactive) in nature. Immediate actions fix an existing problem or deviation from acceptable risk. Preventative actions prevent a potential problem from happening or limits future risk. This includes an analysis of the occurrence of the serious incidents. Provider's may find and document that the analysis indicates no changes are warranted.

DBHDS has recommended examination of documentation to support any evidentiary finding of a positive response for questions related to Outcome 4. All serious incident reports offer licensed providers an opportunity to document their corrective actions. VCU may request supporting documentation for review as indicated in the provider's corrective action of the serious incident report. In April 2023, the Office of Licensing developed the [Serious Incident Review and Root Cause Analysis Template \(April 2023\)](#) which providers may choose to use when completing their report.

VCU will evaluate if the Root Cause Analysis (RCA) of the incident that generated the Care Concern included consideration of the other incidents that contributed to the Care Concern or if the provider has other documentation that demonstrates review of the Care Concerns to identify contributing causes. DBHDS expects that a provider would review the incident(s) that generated the Care Concern to determine whether changes to the individual's ISP or other corrective actions are necessary. If changes are indicated, VCU will review and determine if there is evidence that any changes were implemented. Providers can submit documentation that supports the tracking of Death and Serious Incident (DSI) per regulation, 12VAC35-105-160.C. **Note: (see sample tools provided by DBHDS) [Individual Risk Tracking Tool \(April 2023\)](#), [Monthly Risk Tracking Tool \(April 2023\)](#), and [Instructional Video-Risk Tracking Tool \(April 2023\)](#)**

In addition, the provider can submit documentation that demonstrates that action was taken based on technical assistance/recommendations that were provided by any of the following offices: Office of Licensing, Office of Integrated Health, and/or the Office of Human Rights. Technical assistance/recommendations from these offices result from the IMU review and referral of Individual Care Concerns to these offices. Actions may be completed after the serious incident has been closed by the IMU; therefore, not specifically documented on the DSI.

Other acceptable documentation would include a Corrective Action Plan (CAP) in CONNECT in response to an investigation completed by the Licensing Specialist/Investigator associated with the DSI. The provider could submit additional documentation to demonstrate completion of actions taken not otherwise identified.

The VCU Quality Assurance Reviewer (QAR) will determine if the provider has already indicated action in the provider's corrective action section of the DSI and/or if a corrective action plan has been submitted by the provider in response to citations issued during an investigation. If there are no documents in the provider's corrective action section of the DSI, the QAR will email the specified provider contact as identified on the Death/Serious Incident (DSI).

QAR will give the provider this memo about the IMU Look Behind process and request documentation to verify that the follow-up action noted in the provider's corrective action on the DSI in CONNECT were completed timely; including but not limited to, the outcome of the RCA and/or recommendations made by the Office of Licensing, Office of Integrated Health and/or the Office of Human Rights, when applicable. QAR will also supply a short list of documents that could be provided to VCU based on the Provider's Corrective Action notes documented with the associated incident.

QAR will provide a seven-day deadline to submit documentation along with a link to a secure REDCap form to upload requested documentation. VCU REDCap is a HIPAA compliant secure web platform that is accessed by using unique VCU login credentials. The Documentation of Individual Care Concern Review and Follow-up Actions REDCap form can only be accessed by individuals associated with VCU that have been given permission to access to the form. Users of the form cannot access any data submitted by other users. For example, Provider A would not be able to access any documents submitted by Provider B. The following VCU staff members can request and have access to this documentation: Project Manager, Project Coordinator, and Project Principal Investigator.

Please submit these documents via RedCap to **the VCU Look Behind Project Team who has sent you this memorandum for the identified serious incident**. Please follow the naming convention when sending documents so that it is clear to VCU that you have submitted all requested documents. The naming convention is Provider name_ title of document as listed below.

Example: ABCGroupHome_Root Cause Analysis

Please submit the documents no later than seven days following written request for information.

Following receipt of the documents, a member of the VCU Project Team who will be conducting the Look Behind and will contact you or your designated staff member on an as needed basis to follow up on any questions they may have after completing the document review process.

All documentation related to the provider's corrective action and/or CAP will be reviewed to determine if Outcome 4 has been met and answer all associated questions on the Incident Management Look Behind form. If the associated action or a CAP was not completed or the provider cannot supply related documentation, the provider must give a justification to VCU. The justification will be submitted to DBHDS for review and approval.

VCU will maintain a record of all contact attempts associated with each incident identified as needing corrective action/follow-up. If a provider is deemed nonresponsive because they have not responded to email communications and/or returned requested documentation, the provider information along with a record of all the communication attempts will be forwarded to the OL.

Results from the IMU Look Behind process will be shared with providers during IMU trainings. In the meantime, if you have any questions related to the content of this memorandum, please do not hesitate to reach out directly to your Incident Management Specialist. For additional information related to the Commonwealth's settlement agreement with the United States Department of Justice please visit the [DBHDS DOJ Settlement Agreement webpage](#).

Thanking you in advance for your prompt response.