

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.



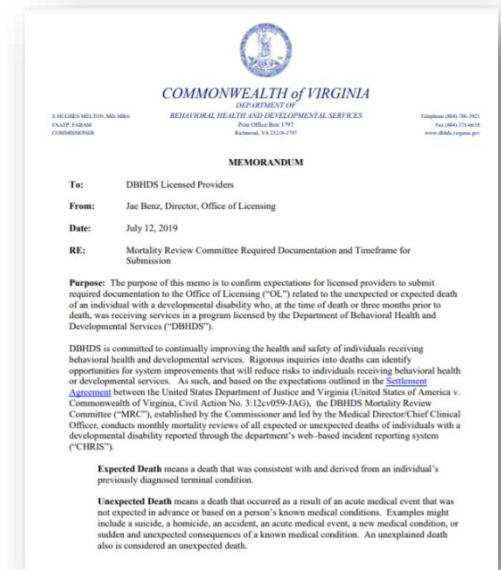
Licensing Specialists are no longer assigned to complete any DD death investigations and/or DD complaint investigations.

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, **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 Mortality Review Committee section:

MORTALITY REVIEW COMMITTEE

- [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

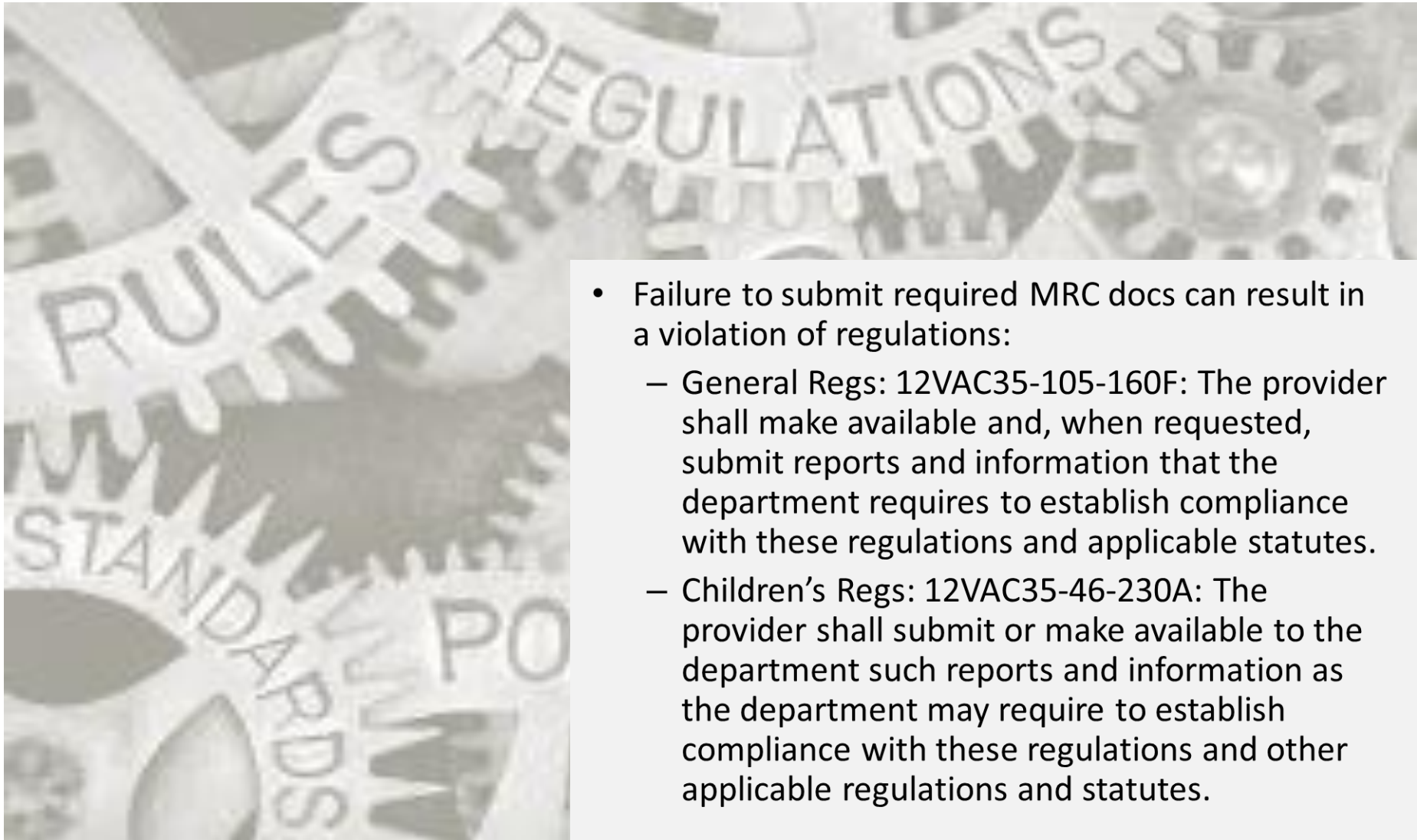
- When reporting a Level III DD Death, please remember to click on the links in CHRIS that go directly to the Mortality Review Record Submission Checklist and MRC Process memo that are on the OL website.
- Remember to select the button “By checking here, I acknowledge responsibility for providing these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

* For cases of DD death, providers are responsible for submitting the required documentation listed on the [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.

- Submission of MRC docs is required for ALL 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.



DD-Deaths: MRC Checklist

- 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: MRC Checklist

- 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)

Provider Name: _____ Date of Death: _____ CHRIS #: _____

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.

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: MRC Checklist

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

Part ...

Office of:
MORTALITY REVIEW SUBMISSIONS

(PLEASE READ PRIOR TO SUBMISSION)

Provider Name: _____ Date of Death: _____

Individual's Last Name: _____ First Name: _____

Each individual's record should be scanned.

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

- Each completed packet must include the **INDEX** and verify the documents that are included in that scan.
- To verify the number of scanned record sets for the size of the individual's record, complete Part ... listed below as applicable) is included in one scan. Multiple scanned submissions are required for one individual with each submission and the section should indicate received the complete record submission.

Submit scanned records for all identified individuals to MRC_Documents@dbhds.virginia.gov **no later than** the date of the death.

Document(s)	Included: Yes/No/Not Applicable(N/A)
Most recent annual Individual Support Plan (ISP) <ul style="list-style-type: none"> All sections of ISP (Parts I-V) and protocols as identified in the ISP Updates made to the ISP during the planning year Current Decision maker/Authorized Representative/POA if known 	
Assessments: <ul style="list-style-type: none"> Current Provider Specific Assessment (ex. Fall Risk Assessment, Comprehensive Assessment if separate from the ISP, etc.); Current SIS and VIDES; (CASE MANAGEMENT ONLY): Annual Risk Assessment, On-Site Visit Tool (last 3 months); Risk Awareness Tool; Crisis Risk Assessment Tool 	
Quarterly Report: Last quarterly report (Individual Support Plan review)	

MRC Checklist Page 1 of 2 Updated 07/01/22

Document(s)	Included: Yes/No/Not Applicable(N/A)
Most recent annual Individual Support Plan (ISP) <ul style="list-style-type: none"> All sections of ISP (Parts I-V) and protocols as identified in the ISP Updates made to the ISP during the planning year Current Decision maker/Authorized Representative/POA if known 	
Assessments: <ul style="list-style-type: none"> Current Provider Specific Assessment (ex. Fall Risk Assessment, Comprehensive Assessment if separate from the ISP, etc.); Current SIS and VIDES; (CASE MANAGEMENT ONLY): Annual Risk Assessment, On-Site Visit Tool (last 3 months); Risk Awareness Tool; Crisis Risk Assessment Tool 	
Quarterly Report: Last quarterly report (Individual Support Plan review)	

DD-Deaths: MRC Checklist

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

Office of Licensing - DBHDS

MORTALITY REVIEW SUBMISSION CHECKLIST FOR REQUIRED RECORDS

Off
MORTALITY REVIEW SUB

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:

- Provider medical visit summary forms;
- Hospital discharge summaries (Please document the names of hospital(s));
- Physician case notes and nurses notes if available;
- MARs (Medication Administration Records);
- Medication orders maintained onsite;
- I/DD level (mild, moderate, severe, profound) documentation;
- Any provider specific treatment forms (bowel movement forms, nutrition/fluid tracking sheets, repositioning forms, records of vitals, etc.); and
- Task analysis/support logs

Annual Physical Exam: Most current physical exam

Emergency Medical Information: Emergency Medical Form and/or documentation inclusive of 12VAC35-105-750.A.1-9. Please submit the DNR/DDNR/DNI or other advanced directive document if available.

Incident Reports: All Level I, II, and III incident reports for the three months preceding the individual's death, and documentation of any analyses into the circumstances of the incident and improvement actions taken.

Agency Policies: Please submit policies pursuant to:

- 12VAC35-105-700 (Crisis or Emergency Interventions);
- 12VAC35-105-720 (Health Care Policy);
- 12VAC35-105-770 (Medication Management);
- 12VAC35-105-780 (Medication Errors and Drug Reactions); and
- 12VAC35-105-790 (Medication Administration and Storage or Pharmacy Operation)

Please circle "yes" or "no" to indicate if an autopsy is planned/requested (if known).

The following items may be submitted within responsible for ensuring the documentation is complete:

Discharge Summary from your agency

Root Cause Analysis (RCA): All RCAs completed for individual's death.

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:

- Provider medical visit summary forms;
- Hospital discharge summaries (Please document the names of hospital(s));
- Physician case notes and nurses notes if available;
- MARs (Medication Administration Records);
- Medication orders maintained onsite;
- I/DD level (mild, moderate, severe, profound) documentation;
- Any provider specific treatment forms (bowel movement forms, nutrition/fluid tracking sheets, repositioning forms, records of vitals, etc.); and
- Task analysis/support logs

Annual Physical Exam: Most current physical exam

Emergency Medical Information: Emergency Medical Form and/or documentation inclusive of 12VAC35-105-750.A.1-9. Please submit the DNR/DDNR/DNI or other advanced directive document if available.

Incident Reports: All Level I, II, and III incident reports for the three months preceding the individual's death, and documentation of any analyses into the circumstances of the incident and improvement actions taken.

Agency Policies: Please submit policies pursuant to:

- 12VAC35-105-700 (Crisis or Emergency Interventions);
- 12VAC35-105-720 (Health Care Policy);
- 12VAC35-105-770 (Medication Management);
- 12VAC35-105-780 (Medication Errors and Drug Reactions); and
- 12VAC35-105-790 (Medication Administration and Storage or Pharmacy Operation)

Please circle "yes" or "no" to indicate if an autopsy is planned/requested (if known).

Yes No

DD-Deaths: MRC Checklist

- 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.

Office of Licensing - DBHDS

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 style="list-style-type: none">• Provider medical visit summary forms;• Hospital discharge summaries (<u>Please document the names of hospital(s);</u>• Physician case notes and nurses notes if available;• MARs (Medication Administration Records);• Medication orders maintained onsite;• I/DD level (mild, moderate, severe, profound) documentation;• Any provider specific treatment forms (bowel movement forms, nutrition/fluid tracking sheets, repositioning forms, records of vitals, etc.); and• Task analysis/support logs	
Annual Physical Exam: Most current physical exam	

DD-Deaths: MRC Checklist

- 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

Progress Notes: Most recent 3 months of progress notes for applicable service; case manager notes

Medical records

- Provider
- Hospital
- Physician
- MARs
- Any patient tracking
- Task assignments

Annual Physical

Incident Report: Report the individual incident and its cause

Please check if planned/requested

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

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.	



DD Deaths-Submission of MRC Docs

- Reminder that per the MRC checklist, providers have 30 days 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 review all files **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.
- <https://dbhds.virginia.gov/quality-management/office-of-licensing/> →
- Any questions regarding MRC document submission or process can be sent to mrc_documents@dbhds.virginia.gov
 - Note there is an underscore “_” between mrc and documents.

OFFICE OF LICENSING CONTACT INFORMATION

P.O. Box 1797
Richmond, VA 23218
Office (804) 786-1747

Fax (804) 692-0066

[Office of Licensing Staff Contact Information](#)

[Licensing Regional Contacts](#)

[Incident Management Unit Regional Contact](#)

[Specialized Investigation Unit Regional Contact](#)

