



# COMMONWEALTH of VIRGINIA

MIRA E. SIGNER  
ACTING 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](http://www.dbhds.virginia.gov)

## MEMORANDUM

**To:** DBHDS Licensed Providers  
**From:** Jae Benz, Director, Office of Licensing  
**Date:** October 1, 2019  
**RE:** CHRIS Updates

Please see the attached memoranda containing important information about the Office of Licensing's expectations related to serious incident reporting and minor modifications to the Computerized Human Rights Information System (CHRIS).

If you have any questions or concerns regarding the information contained within this memo, please contact your assigned licensing specialist.

Sincerely,

*Jae Benz*

Jae Benz  
Director, Office of Licensing  
DBHDS



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## MEMORANDUM

**To:** DBHDS Licensed Providers  
**From:** Jae Benz, Director, Office of Licensing  
**Date:** October 1, 2019  
**RE:** CHRIS Reporting Expectations

**Purpose:** The purpose of this memorandum is to reinforce the reporting requirements set forth in the Rules and Regulations for Licensing Providers by the Department of Behavioral Health (“DBHDS”) and Developmental Services regulation 12VAC35-105-160 D.2 as well as the [DBHDS Office of Licensing \(“OL”\) Guidance for Serious Incident Reporting](#).

**Overview:** An incident management process is currently being piloted in Region Four (4) by the [OL Incident Management Unit \(“IMU”\)](#) and is being phased into the other four regions. This memo serves as a notification of the importance for licensed providers to submit serious incident reports in a timely manner.

### Incident Reporting Expectations:

OL regulation 12VAC35-105-160 D.2 states that Level II and Level III serious incidents shall be reported using the department’s web-based reporting application and by phone to anyone designated by the individual to receive such notice and to the individual’s authorized representative within 24 hours of discovery. Reported information shall include the information specified by the department as required in its web-based reporting application but at least the following: the date, place, and circumstances of the serious incident. For serious injuries and deaths, the reported information shall also include the nature of the individual's injuries or circumstances of the death and any treatment received. For all other Level II and Level III serious incidents, the reported information shall also include the consequences or risk of harm that resulted from the serious incident. Deaths that occur in a hospital as a result of illness or injury occurring when the individual was in a licensed service shall be reported.

A Level II serious incident is defined as a serious incident that occurs or originates during the provision of a service or on the premises of the provider that results in a significant harm or threat to the health and safety of an individual that does not meet the definition of a Level III serious incident. 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: 1. A serious injury; 2. An individual who is missing; 3. An emergency room or urgent care facility visit when not used in lieu of a primary care physician visit; 4. An unplanned psychiatric or unplanned medical

hospital admission; 5. Choking incidents that require direct physical intervention by another person; 6. Ingestion of any hazardous material; or 7. A diagnosis of: a. A decubitus ulcer or an increase in severity of level of previously diagnosed decubitus ulcer; b. A bowel obstruction; or c. Aspiration pneumonia.

In addition, Level III serious incident means a serious incident whether or not the incident occurs while in the provision of a service or on the provider's premises and results in: 1. Any death of an individual; 2. A sexual assault of an individual; 3. A serious injury of an individual that results in or likely will result in permanent physical or psychological impairment; or 4. A suicide attempt by an individual admitted for services that results in a hospital admission.

Beginning on October 7, 2019, the IMU will begin issuing Corrective Action Plans (CAPs) statewide for all five regions for **all incidents not reported within the required 24-hour timeframe**. We are anticipating the impact of this change within the OL will be minimal as many providers work diligently to comply with the regulations. In preparation for this upcoming date, I would like to remind you of the following requirements:

- All incident reports must be submitted within 24 hours from when the incident was discovered.
- All providers are required to have a back-up person to enter incidents into CHRIS. When one individual is locked out of CHRIS the back-up individual will be able to submit the incident within the 24 hour time frame.
- All providers must notify the OL IMU at [incident\\_management@dbhds.virginia.gov](mailto:incident_management@dbhds.virginia.gov), instead of their licensing specialist, when they are unable to enter an incident into CHRIS because the system is down. .

For additional information related to serious incident reporting, please visit the [Office of Licensing Emergency Regulations Training on Serious Incident Reporting](#).

Sincerely,

*Jae Benz*

Jae Benz  
Director, Office of Licensing  
DBHDS



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## MEMORANDUM

**To:** DBHDS Licensed Providers  
**From:** Jae Benz, Director, Office of Licensing  
**Date:** October 1, 2019  
**RE:** CHRIS FIPS Code Automatically Populating

The purpose of this memorandum is to notify providers of updates made to the CHRIS system which will allow for the FIPS Code to automatically populate.

Beginning September 18, 2019 the CHRIS FIPS code and locality will automatically populate based on the service location selected by the provider. The Department of Behavioral Health and Developmental Services (DBHDS) utilizes the FIPS code to determine which region the service is being provided in and for various reports. In the previous version of CHRIS, the FIPS code was generated when the provider selected a locality from a drop down menu; this procedure resulted in reporting errors and has been discontinued. The automatic population of the FIPS Code will now correct this procedure. The FIPS code and locality will appear once the service location has been selected when submitting an incident.

If you have any questions related to this memo, please free to contact Stella Stith at [stella.stith@dbhds.virginia.gov](mailto:stella.stith@dbhds.virginia.gov) or the Incident Management team at [incident\\_management@dbhds.virginia.gov](mailto:incident_management@dbhds.virginia.gov). For additional information related to serious incident reporting, please visit the [Office of Licensing Emergency Regulations Training on Serious Incident Reporting](#).

Sincerely,

*Jae Benz*

Jae Benz  
Director, Office of Licensing  
DBHDS