



COMMONWEALTH of VIRGINIA

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COMMISSIONER

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MEMORANDUM

To: All DBHDS Licensed Providers

From: Michele Laird, Incident Management Unit Manager, Office of Licensing

Date: August 31, 2023

Re: Computerized Human Rights Information System (CHRIS) Enhancement – Effective September 12, 2023

Purpose: The purpose of this correspondence is to provide updated information to licensed providers about an enhancement that will be made in the CHRIS application on September 12, 2023. Currently, the Licensed Service Location displays the Program Name. This data is entered by the provider and is a free text field and varies based on the provider input.

In reviewing Death and Serious Incident Reports and relative data, the Program Name that is currently received in CHRIS is not descriptive enough, which often results in the provider being unable to find the correct service to tie the serious incident. As a result, the wrong services are selected, creating data errors and additional administrative burdens.

To remedy this issue, the CHRIS Interface Export will be updated to send the system generated Service-Program Code and the Service Description instead of provider entered Program Name. This information accurately describes the service and is also located on the provider's service addendum(s).

The Office of Licensing is confident this enhancement in CHRIS will promote greater data integrity when analyzing data related to Deaths and Serious Incident Reports as well as Abuse and Complaint Reports entered for the Office of Human Rights. Test sessions were conducted to ensure accurate data export from CONNECT displayed in the CHRIS application as intended.

If you have additional questions related to serious incident reporting, please contact the Office of Licensing's Serious Incident Management Unit at incident_management@dbhds.virginia.gov.

Licensed Services Location in CHRIS:

This is a current screenshot of provider entered Program Names. This example displays duplicated DD Day Support Services for the provider to choose from.

<p>*Death or Serious Incident</p> <p><input type="radio"/> Death <input checked="" type="radio"/> Serious Incident</p>			
Death/Serious Incident ID:		Death/Serious Incident Counter:	
Provider:	██████████	License#	
<p>Licensed Service Location:</p> <p>Street City,State,Zip</p> <p>*FIPS</p>	<ul style="list-style-type: none"> DD Group Home Srv MH Group Home Srv DD Day Support Srv DD Day Support Srv MH Psychosocial Rehabilitation SA Intensive Outpatient SA Intensive Outpatient MH Community Support Srv DD Supportive In-Home Srv Intensive In-Home Srv MH Outpatient MH Outpatient Crisis Stab. SA Outpatient DD Sponsored Res Homes Srv DD Case Management Srv SA Case Management Srv Adult MH Case Management Srv Child & Adolescent MH Case Mgt Assertive Community Treatment 	<p>* Specific Site of Death/Incident</p> <p>(e.g.: "Bathroom")</p> <p>* Individual receiving a waiver service?</p> <p>* Waiver</p> <p><input type="radio"/> No <input type="radio"/> Yes</p> <p>* Waiver Type</p> <p>Required if receiving waiver service.</p>	<p>* Case Management Provider</p> <p>Required if receiving waiver service. If not receiving waiver service, Case Management Provider is optional.</p>
*Medicaid Number		*Date/Time of Discovery of Death/Incident Format (hh:mm AM or PM)	

This example displays the enhancement and how the Service-Program Code and the Service Description will display for these same services: 02-006-DD Day Support Service and 02-008-DD Day Support Service.

<p>*Death or Serious Incident</p> <p><input type="radio"/> Death <input checked="" type="radio"/> Serious Incident</p>			
Death/Serious Incident ID:		Death/Serious Incident Counter:	
Provider:	██████████	License#	
<p>Licensed Service Location:</p> <p>Street City,State,Zip</p> <p>*FIPS</p>	<ul style="list-style-type: none"> 01-001 DD Group Home Service 01-005 ICF-IID 01-011 DD Supervised Living Service 02-006 DD Day Support Service 02-008 DD Day Support Service 02-011 MH Psychosocial Rehabilitation 03-011 DD Supportive In-Home Service 07-003 Outpatient MH Service 07-006 Outpatient Service /Crisis Stabilization 07-013 Outpatient SA Service 07-014 Outpatient SA Service 16-002 DD Case Management Service 16-003 SA Case Management Service 16-004 Adult MH Case Management Service 16-005 Children and Adolescents MH Case Management Service 18-002 ACT Service (Small Team) 	<p>* Specific Site of Death/Incident</p> <p>(e.g.: "Bathroom")</p> <p>* Individual receiving a waiver service?</p> <p>* Waiver</p> <p><input type="radio"/> No <input type="radio"/> Yes</p> <p>Waiver Type</p> <p>Required if receiving waiver service.</p>	<p>Case management provider</p> <p>Required if receiving waiver service. If not receiving waiver service, Case Management Provider is optional.</p>
*Medicaid Number		Date/Time of Discovery of Death/Incident Format (hh:mm AM or PM)	

There will be no change to the dropdown location addresses that display for the approved licensed locations.