



# COMMONWEALTH of VIRGINIA

DEPARTMENT OF

BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

S. HUGHES MELTON, MD, MBA  
FAAFP, FABAM  
COMMISSIONER

Post Office Box 1797  
Richmond, VA 23218-1797

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

## MEMORANDUM

**To:** All licensed providers

**From:** Jae Benz, Director of Licensing  
Department of Behavioral Health and Developmental Services (DBHDS)

**Date:** July 1, 2019

**RE:** Mortality Review Committee Required Documentation and timeframe for submission

**Purpose:** The purpose of this memo is to confirm expectations for licensed providers to submit required documentation to the Office of Licensing (“OL”) related to the unexpected or expected death of an individual with a developmental disability 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”).

DBHDS is committed to continually improving the health and safety of individuals receiving behavioral health and developmental services. Rigorous inquiries into deaths can identify opportunities for system improvements that will reduce risks to individuals receiving behavioral health or developmental services. As such, and based on the expectations outlined in the [Settlement Agreement](#) between the United States Department of Justice and Virginia (United States of America v. Commonwealth of Virginia, Civil Action No. 3:12cv059-JAG) (“Settlement Agreement”), the DBHDS Mortality Review Committee (“MRC”), established by the Commissioner and led by the Medical Director/Chief Clinical Officer, conducts monthly mortality reviews of all expected or unexpected deaths of individuals with a developmental disability reported through the department’s web-based incident reporting system (“CHRIS”).

**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 suicide, a homicide, an accident, 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

At a minimum, the MRC will review the medical records (including physician case notes and nurses notes), CHRIS reports, residential provider progress notes, and case management notes for the three months preceding the individual's death; the most recent individualized service plan and physical examination records; the death certificate and autopsy report; and any evidence of maltreatment related to the death. The purpose of such a review is to identify trends, patterns, and problems at the individual service-delivery and systemic levels that may have resulted in or contributed to the death, and implement quality improvement initiatives to reduce mortality rates to the fullest extent practicable.

All deaths are required to be reported within 24 hours of discovery using the department's web-based reporting application as indicated in 12 VAC 35-105-160 D.2. Furthermore, a provider is required to submit, or make available, reports and information that the department requires to establish compliance with the Licensing Regulations and applicable statutes.

Currently, OL specialists are contacting providers upon notification of an individual's death to request the required documents. Documents are accepted electronically, via encrypted email, or through the United States Postal Service (USPS).

As of **July 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 as outlined below, **via encrypted email**, within 10 business following a death to [MRC\\_Documents@dbhds.virginia.gov](mailto:MRC_Documents@dbhds.virginia.gov). As of **August 1, 2019**, required documents for mortality review will no longer be accepted via USPS or via fax.

Please refer to the below list of required documentation. Required documents should be submitted with a completed **MRC submission checklist**. The checklist can also be found on the **DBHDS website**.

- Most recent **annual Individual Support Plan/Plan of Care** (all sections, all providers and updates)
- Last quarterly **Individual Support Plan review**
- Most recent 3 months of **case manager notes**
- Most recent 3 months of **provider progress notes**
- Most recent **physical examination**
- **Medical records** including:
  - **physician case notes** for the three months preceding the individual's death;
  - **nurses** notes for the three months preceding the individual's death; and
  - **MARs**
- **Discharge Summary**

There may be occasions when the MRC has additional questions or requires additional documents from the provider. When this occurs, the licensing specialist will contact the provider to request the additional information. Please note that the department may also conduct announced and unannounced onsite reviews at any time as part of an investigation of complaints or incidents. Thank you for your cooperation with these revised expectations and your commitment to reducing risks for individuals benefitting from your services. If you have any additional questions please feel free to contact the licensing specialist for your area.

Respectfully,

Jae Benz  
Director, Office of Licensing