



OFFICE OF LICENSING

New Applicant Service Packet

(12 VAC §37.2-405)

(ALL SERVICES EXCEPT CHILDREN'S RESIDENTIAL)



*Virginia Department of
Behavioral Health &
Developmental Services*

**1220 Bank Street
Richmond, VA 23219
(804) 786 -1747**

7/2018

Updated 7/26/18

Office of Licensing

Vision

To be the regulatory authority for DBHDS licensed services delivery system through effective oversight.



Mission

The Office of Licensing will provide consistent, responsive, and reliable regulatory oversight to DBHDS licensed services by supporting high quality services to meet the diverse needs of its clients.

Table of Contents

1. DBHDS Licensing Process Overview.....	4
2. DBHDS Process of Licensing	5
3. Initial Provider Application.....	11
4. Licensing Regulation Matrix.....	17
5. Staffing Information	
• Qualified Mental Health Professional-Adult- QMHP (A).....	20
• Qualified Mental Health Professional-Children- QMHP (C)	20
• Qualified Developmental Disability Professional- QDDP.....	20
• Qualified Paraprofessional in Mental Health- QPPMH.....	21
• Staff Schedule & Information Sheet.....	22
6. OL Policy and Procedures Requirements	
• Policy and Procedures Review & Required Forms Checklist.....	23
• Policy and Procedures (Sample 1).....	35
• Policy and Procedures (Sample 2).....	38
7. Review Requirements	
• On-Site Review Preparation Checklist	40
• Physical Environment Review Form.....	41
• Non-Physical Environment Review Form	43
• Individual Record Review Form.....	45
• Personnel (Staff) Record Review Form.....	50
8. Additional Requirements	
• Annual Operation Budget Form.....	52
• Sanitation Inspection Form	54
9. Serious Incident/Injury and Death Reporting Access.....	55
10. Corrective Action Plan Form.....	56



DBHDS Licensing Process Overview

When applying for Department of Behavioral Health and Developmental Services (DBHDS), it is important for all applicants to understand the DBHDS licensing process and related issues. Due to the high volume of applications, the entire licensing process could take up to twelve months or longer to complete. The time it takes to process largely depends on the provider's response to revisions and having a completed packet with all the required attachments. This time period should be expected, unless the Department of Behavioral Health and Developmental Services (DBHDS) determines that the service and/or location of the service is addressing a priority need. However, in an effort to expedite the licensing process, we are revising the process - the initial application and attachments and the policies and procedures portions will be combined. Please be mindful that incomplete applications, applications that fail to adequately address all licensing regulations or provider delays in providing requested information can further extend the licensing process.

1. Until you are confident of being near the end of the licensing process, please **delay**:

- **buying a home for a service,**
- **renting office space,**
- **buying insurance, &**
- **hiring staff.**

However, you should be collecting and submitting resumes for prospective staff for critical positions, identifying potential property locations and getting insurance quotes because these items will be required during the application phase.

2. Review your business plan including how you expect to get referrals for your program. A License does not guarantee sufficient referrals to sustain a business. This is especially true where a large number of providers may already exist including Intensive In-Home, Day Treatment for Children, ID Group Homes and Children Residential Group Homes.

3. Be sure to provide the requested information listed on the application. Please follow the "Policy and Procedure Review Checklist" when submitting your Policies and Procedures.

The DBHDS 5-Phase Licensing Process is as follows:

PHASE ONE:

1. New applicants will submit the following information **as one packet** for review:

- A completed **Licensing Application** with the required attachments **AND**
- The **Licensing Policies and Procedures (P & Ps)** and all required forms

To expedite the licensing process, the focus of the P & P review will be on specific policies, but the applicant is required to complete and submit **ALL** policies and sign the P & P verification information confirming that all policies have been completed and submitted. The licensing specialist will determine the final approval of the Licensing Policies as part of the onsite inspection.

Please Note: All incomplete applications without the complete P&Ps will be returned to the provider and not processed.

PHASE TWO:

1. The applicant will register with the DBHDS Background Investigation Unit to initiate the **Criminal Background Check** process.
2. The applicant will contact the Virginia Department of Social Services to complete the **Central Registry Check** process.

PHASE THREE:

1. The Office of Licensing will assign a licensing specialist to the applicant.
2. The provider is required to contact the licensing specialist for an onsite inspection within 12 months of being assigned to a licensing specialist. The provider shall only contact the licensing specialist for an onsite inspection when everything is completed on the Onsite Checklist. The licensing specialist will complete the **Onsite Inspection Process**, when contacted by the provider within 12 months. During the inspection, the Licensing Specialist will review the physical facility or administrative office and conduct knowledge based interviews with the Service Director, CEO, licensed staff, etc. to determine if the staff has a working knowledge of the service. The licensing specialist will determine the final approval of the Licensing policies and procedures as part of the onsite inspection. Once the onsite inspection is completed, the licensing specialist will make a licensing recommendation to the Office of Licensing management staff for review, who then, will forward the recommendation to the DBHDS Commissioner for the final approval.

Please Note: If the provider fails to contact the licensing specialist, within 12 months of being assigned a licensing specialist, the provider's application will be closed.

3. The provider must develop policies that are in compliance with *The Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded or Operated by the Department of Department of Behavioral Health and Developmental Services*. Then the provider must submit the "[human rights compliance verification checklist](#)" to Human Rights at OHRpolicy@dbhds.virginia.gov

PHASE FOUR:

1. While the applicant is waiting for the licensing recommendation's approval from the DBHDS Commissioner, the applicant may request a **Pending Letter** from the specialist. The licensing specialist will initiate the pending letter and will submit it to the applicant via email. The pending letter will serve as the **authorized license** until the finalized license is received. Medicaid can be notified via the pending letter, so the new Provider may begin providing services, if the provider is providing Medicaid reimbursable services.

PHASE FIVE:

1. The finalized license is mailed to the provider.

Department of Behavioral Health and Developmental Services [DBHDS]
Office of Licensing
PROCESS FOR LICENSING

APPLICANTS: Please review this document carefully. It explains the process for DBHDS licensing, the documents required, and the steps involved in the process.

To be licensed by DBHDS the applicant must:

1. Submit and receive preliminary approval of the initial application, [and required attachments]; and required licensing policies, procedures and forms;
2. Set up an account and request criminal history and central registry background investigations for identified staff as required by Virginia Code § 37.2-416, and submit Child Protective Services reference checks.
3. Have an on-site review to include; interviewing applicants, inspect the physical plant, discuss the content of their service description, policies and procedures, as well as compliance with other regulations. Review copies of forms and sample client and personnel records.

INITIAL APPLICATION

1. The prospective applicant obtains an “**Initial Application Packet.**” All of the required documents are available to be downloaded from the DBHDS website: <http://www.dbhds.virginia.gov/professionals-and-service-providers/licensing/licensing-application> . Downloading the application is free. Applicants may request the package, for a \$35 fee paid via money order made out to “Treasurer of Virginia, by telephone, (804) 786-1747, by facsimile, (804) 692-0066, by email at licensingadmins@dbhds.virginia.gov, or in writing to:
The Office of Licensing
DBHDS
P.O. Box 1797
Richmond, Virginia 23218.
2. The **Initial Application Packet** consists of the following:
 - a. A copy of the “Initial Application;”
 - b. A copy of the *Rules and Regulations for the Licensing of Providers* of the Department of Behavioral Health and Developmental Services;
 - c. A “matrix” of which Regulations generally apply to the services licensed by the Department;
 - d. A staffing pattern schedule sheet
3. The applicant submits the completed application, along with all required attachments to the Office of Licensing.

Please Note: **INCOMPLETE APPLICATIONS without all required attachments WILL NOT BE REVIEWED AND WILL BE RETURNED TO THE APPLICANT.**

4. The policy review specialist reviews the application materials to determine if the application is complete, including the submission of all attachments. If the application is complete, the policy

review specialist will review the application to determine if the service described by the applicant is licensed by the DBHDS. This is referred to as “subjectivity.” When the Office of Licensing has a waitlist, the application is placed on the waiting list, which can be viewed on the DBHDS website. When the application is up for review it is assigned to a policy review specialist.

5. The policy review specialist will determine subjectivity by reviewing the applicant’s service description to determine what services will be provided to individuals who are diagnosed with mental illness, substance abuse, brain injury or developmental disabilities. Virginia Code **§37.2-405**, defines “service” to “mean individually planned interventions intended to reduce or ameliorate mental illness, developmental disability or substance addiction or abuse through care, treatment, training, habilitation, or other supports that are delivered by a provider to individuals with mental illness, developmental disability or substance addiction or abuse...”
6. If the policy review specialist determines that the service to be provided by the applicant is NOT SUBJECT to licensing by DBHDS, the application will be returned to the applicant with a letter explaining that determination.
7. If the application is complete, and determined to be subject to licensing by the DBHDS, but there are questions about the application, the policy review specialist will contact the applicant by **email/mail**. **While the Office of Licensing is happy to answer applicant questions regarding how the applicable regulations are interpreted, the policy review specialist is unable to provide “consulting services” to assist applicants in writing their program descriptions, policies, procedures or to develop forms.**
8. Once determined to be subject to licensing, the policy review specialist will notify the applicant regarding subjectivity and the completeness of the application.
9. The **Background Investigation Unit** should be contacted, by the provider, at 804-786-6384 or malinda.roberts@dbhds.virginia.gov to set up an account and request applicable background checks.
10. Working with the Office of Human Rights, the applicant must:
 - ❑ Develop policies that are in compliance with *The Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded or Operated by the Department of Department of Behavioral Health and Developmental Services*, which can be found at [Human Rights Regulations](#).
 - ❑ The provider will complete the “human rights compliance verification checklist” which can be found at [Human Rights Verification Checklist](#). The provider must send in the compliance verification checklist and their complaint resolution policy to OHRpolicy@dbhds.virginia.gov.
 - ❑ Within 5 working days of receipt of the “human rights verification checklist” the Office of Human Rights will notify the provider of the status of the provider’s complaint resolution policy. If approved, the provider will be referred via email to your assigned advocate . If not approved, guidance for compliance will be provided.
 - ❑ The provider’s assigned advocate will assign the provider to a Local Human Rights Committee (LHRC). The human rights advocate will schedule a visit to the program within 30 days of the initial license to review the provider’s human rights policies for compliance and provide training on CHRIS reporting.

POLICIES AND PROCEDURES

Policies and procedures must be submitted at the same time as the initial application.

The applicant develops and submits policies, procedures, and forms, as required by regulation. Either the policy review specialist or a licensing specialist may review these policies and procedures. The applicant should also register for criminal background checks with DBHDS Background Investigation Unit and central registry checks to the DSS Background Investigation, for the owner and **all** identified staff. **All copies of service descriptions, policies, procedures and forms should have a footer noting the date they were developed (or revised) and page numbers.**

WHAT ARE ACCEPTABLE POLICIES AND PROCEDURES?

Applicants should carefully read the regulations to determine when a written policy or procedure is required. A written policy is required when the regulation calls for a “written policy,” “written documentation,” “procedure,” or “plan.” “Policy” defines what the plan, or guiding principle of the organization is, as related to the required regulation; “procedures” are the process (or steps) the applicant takes to ensure the policy is carried out. Procedures should answer the questions of who, where and how a policy will be implemented. **Policies and procedures are not the re-statement of a regulation. When policies that are submitted, are a re-statement of regulations they will not be accepted.** Applicants may also need to develop other policies to guide the delivery of services even when not required by the regulations.

REVIEW LETTERS

The Licensing Review Specialist will inform the applicant, through a review letter, of needed revisions citing the specific regulation that is not yet in compliance, with a brief narrative explaining why the regulation has not been met. The applicant makes the required corrections and submits a written description of the action taken to the assigned Licensing Review Specialist.

Please Note: If the provider does not respond to the review letter within 12 months, the provider’s application will be closed from further action.

CRIMINAL HISTORY AND CENTRAL REGISTRY BACKGROUND CHECKS

Virginia Code § 37.2-416 requires that staff are subject to criminal background check and central registry checks to determine their eligibility to work in services licensed by the DBHDS. **After** the determination of subjectivity, the applicant should contact the Background Investigations Unit to obtain the procedures for completion of these background checks. Ms. Malinda Roberts is the contact in that office and can be reached by calling (804) 786-6384 or emailing at malinda.roberts@dbhds.virginia.gov . The applicant does not need to have completed background checks prior to being licensed; however, they must be registered with that office and have submitted background checks for all staff prior to onsite inspection. (The applicant must maintain copies of all paperwork submitted in separate confidential personnel records for each employee).

The provider will need to conduct central registry background checks directly through the Department of Social Services. [Required forms](#) can be obtained from the VDSS website.

ON-SITE REVIEW

When the policies, procedures, and forms have been reviewed and pre-approved by the review policy specialist, the provider will be assigned to a licensing specialist. The provider will be notified of pre-approval and given the onsite checklist. It is then the provider's responsibility to complete all the items on the checklist and contact their assigned licensing specialist for an onsite review. **Please Note: If the provider does not contact the licensing specialist for an onsite review within 12 months then the application will be closed from further action.** This on-site visit verifies compliance with several regulations pertaining to:

1. The physical plant,
2. Personnel: personnel records must be complete for all personnel, and include evidence of completed applications for employment, evidence of required training and orientation, reference checks, and evidence of requests for background investigations (copies of paperwork completed and sent),
3. Evidence of insurance as required under §12 VAC 35-105-220,
4. Client records, (a sample client record).
5. The applicant's knowledge of and ability to implement the service description and policies and procedures,
6. Staffing, as evidenced by the applicant having trained, submitted criminal background and central registry (DSS) checks, and oriented enough staff to begin service operation, (to include relief staff).
7. Submission for the OL files, a COMPLETE and FINAL copy of the service description, policies, and procedures to the assigned licensing specialist during the on-site visit.
Please Note: The incompleteness or non-compliance with all required regulations will result in a delay in receiving a license or possibly being denied a license.
8. Ensure that provider has received approval of Human Rights Complaint Resolution Policies.

FINAL STEPS

1. Achieving compliance with Licensing and Human Rights Regulations are generally concurrent processes. However, while the applicant must be in compliance with the regulations of both offices prior to being issued a license, they are separate processes. Each office independently reviews compliance with its own regulations.
2. When the applicant is deemed to be in compliance with all applicable regulations [both Licensing and Human Rights], the Office of Licensing makes a recommendation to issue a license to the Commissioner. Only the Commissioner can issue a license.
3. Providers may not begin service operation until they have received written notification that they are licensed via a "pending letter".
4. All new applicants are issued conditional licenses for a period not to exceed six (6) months, for one service and one location.

DENIAL OF A LICENSE

An application may be denied by the Commissioner if an applicant:

1. The provider or applicant has violated any provisions of Article 2 (§ 37.2-403 et seq.) of Chapter 4 of Title 37.2-403 of the Code of Virginia or these licensing regulations;
2. The provider's or applicant's conduct or practices are detrimental to the welfare of any individual receiving services or in violation of human rights identified in § 37.2-400 of the Code of Virginia or the human rights regulations (12VAC35-115);
3. The provider or applicant permits, aids, or abets the commission of an illegal act;
4. The provider or applicant fails or refuses to submit reports or to make records available as requested by the department;
5. The provider or applicant refuses to admit a representative of the department who displays a state-issued photo identification to the premises;

6. The provider or applicant fails to submit or implement an adequate corrective action plan; or
7. The provider or applicant submits any misleading or false information to the department.

NOTE: Should an application be denied, applicants may have to wait at least six months before they can re-apply pursuant to Virginia Code § 37.2-418.



REQUIRED INITIAL APPLICATION ATTACHMENTS

A complete application for licensing by the Department of Behavioral Health and Developmental Services, [DBHDS}, includes **all of** the following

	REQUIRED ATTACHMENTS	Regulations Reference
1.	The Completed Application form,	§35-105-40(A)
2.	Applicant's proposed working budget for the year,	§35-105-40(A)
3.	Evidence of financial resources or a line of credit sufficient to cover estimated operating expenses for ninety-days,	§35-105-40(A)(2), 210(A)
4.	A copy of the organizational structure, showing the relationship of the management and leadership to the service,	§35-105-40 & §190(B)
5.	A description of the applicant's program that addresses all the requirements, including admission, exclusion, continued stay, discharge/termination criteria, and a copy of the proposed program schedule, descriptions of all services or interventions proposed,	§35-105-40(B)(3) & 580(C) §570
6.	The applicant's Records Management policies addressing all the requirements of regulation,	§35-105-40 & §390, §870(A)
7.	A schedule of the proposed staffing plan, relief staffing plan, comprehensive supervision plan,	§35-105-590
8.	Resumes of all identified staff, particularly, Service Director, QMHP, QDDP, and Licensed Staff required for the service, if applicable.	§35-105-420
9.	Copies of all position (job) descriptions that address all the requirements (Position descriptions for Case management, ICT and PACT services must address additional regulations),	§35-105-410
10.	Evidence of the applicant's authority to conduct business in the Commonwealth of Virginia. Generally this will be a copy of the applicant's State Corporation Commission Certificate,	§35-105-40(A)(3) and §190(A)(2)
11.	A certificate of occupancy for the building where services are to be provided, except home based services	§35-105-260
	And for Residential Services	
12.	A copy of the building floor plan, outlining the dimensions of each room,	§35-105-40 (B)(5)
13.	A current health inspection, and	§35-105-290
14.	A current fire inspection for residential services serving over eight (8) residents	§35-105-320

All copies of service descriptions, policies, procedures, and forms should have page numbers and a "header" or "footer" indicating the date it was created or revised.

Please DO NOT submit materials in plastic cover sheets or permanent binders.
INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT



Virginia Department of Behavioral Health and Developmental Services
INITIAL PROVIDER APPLICATION FOR LICENSING
Code of Virginia §37.2-405 & §35-46

Please type or print legibly using permanent, black ink. The chief executive officer, director, or other member of the governing body who has the authority and responsibility for maintaining standards, policies, and procedures for the service may complete this application.

1. APPLICANT INFORMATION: Identify the person, partnership, corporation, association, or governmental agency applying to lawfully establish, conduct, and provide service:

Organization Name: _____

Mailing Address _____

City: _____ County _____ State: _____

Zip: _____ Phone: () _____ Email: _____

Names of all Owners and the percentage (%) of the organization owned by each _____

Chief Executive Officer or Director. Identify the person responsible for the overall management and oversight of the service(s) to be operated by the applicant.

Name: _____ Title: _____

Phone : () _____ Fax Number : () _____ E-mail: _____

All Residential Services: (The community liaison is the staff that shall be responsible for facilitating cooperative relationship with neighbors, the school system, local law enforcement, local government officials and the community at large.)

Community Liaison Name: _____ Phone () _____ E-mail _____

2. ORGANIZATIONAL STRUCTURE: Identify the organizational structure of the applicant's governing body.

Check one of the following:

☐ Non-Profit ☐ For-Profit

Check one of the following:

☐ Individual (proprietorship) ☐ Partnership
☐ Corporation ☐ Unincorporated Organization or Association

Public agency:

☐ State ☐ Community Services Board ☐ Other _____

Identify accrediting or certifying organization from the following:

☐ Accreditation Council for Services for People with Developmental Disabilities ☐ Virginia Association of Special Education Facilities
☐ Joint Commission on Accreditation of Health Care Organizations ☐ Other association or organization: _____
☐ Commission on Accreditation of Rehabilitation Facilities

3. APPLICANT PARENT COMPANY INFORMATION: Identify the parent company of person, partnership, corporation, association, or governmental agency applying to lawfully establish, conduct, and provide service:

Company Name: _____

Mailing Address: _____ City: _____ County: _____ State: _____

Zip: _____ Phone: () _____ E-mail: _____

Name: _____ Title: _____

SERVICE TYPE:

Place a check to identify the service type. Please note new applicants (no independent service operation experience) are permitted to apply for **ONE** service on the initial application. If the service population is not listed, please identify the population served, when required, as –Adults, Adolescents, or Children in the "Licensed As Statement" section

Check one	Service	Pgm	Description	Licensed As Statement
	01	001	DD Group Home Service	A developmental disability residential group home service for adults.
	01	003	MH/SA Group Home Service	A mental health and/or substance abuse residential group home service for adults
	01	004	DD Group Home -REACH	A residential group home with crisis stabilization REACH service for adults with co-occurring diagnosis of developmental disability and behavioral health needs.
	01	005	ICF-IID Group Home Service	An intermediate care facility for individuals with a developmental disability (ICF-ID) residential group home service for adults
	01	006	SA Residential Treatment Service	A substance abuse residential treatment service for adults
	01	007	Brain Injury Group Home Service	A brain injury residential treatment center for adults
	01	011	DD Supervised Living Service	A developmental disability supervised living residential service for adults.
	01	012	MH Supervised Living Service	A mental health supervised living residential service for adults
	01	013	SA Supervised Living Service	A substance abuse supervised living residential service for adults.
	01	019	MH Crisis Stabilization Service	A mental health residential crisis stabilization service for adults
	01	020	MH Crisis Stabilization Service	A mental health residential crisis stabilization service for children and adolescents
	01	025	Managed w'drawal - Medical Detox	A substance abuse residential managed withdrawal medical detox service for adults
	01	033	Residential Txt SA Women w/Children Service	A substance abuse residential treatment service for women and women with their children
	01	036	DD Residential Respite Service	A developmental disability residential respite service for adults
	01	037	DD Residential Respite Service	A developmental disability residential respite service for children and adolescents
	02	001	SA Intensive Outpatient Service	A substance abuse intensive outpatient service for adults
	02	003	SA Intensive Outpatient Service	A substance abuse intensive outpatient service for adolescents
	02	004	DD Center-Based Respite Service	A developmental disability centered-based respite service for adults
	02	005	DD Center-Based Respite Service	A developmental disability centered-based respite service for children and adolescents.
	02	006	DD Day Support Service	A developmental disability center-based day support service for adults.
	02	007	DD Day Support Service	A developmental disability center-based day support service for children and adolescents
	02	008	DD Day Support Service	A developmental disability non center-based day support service for adults.
	02	009	DD Day Support Service	A developmental disability non center-based day support service for children and adolescents
	02	010	DD Day Support Service	A developmental disability day support service for (population served)
	02	011	MH Psychosocial Rehabilitation	A mental health psychosocial rehabilitation service for adults
	02	014	Therapeutic Afterschool MH Service	A mental health therapeutic afterschool service for children with serious emotional disturbance
	02	019	MH Partial Hospitalization Service	A mental health partial hospitalization service for adults with serious mental illness
	02	021	SA Partial Hospitalization Service	A substance abuse partial hospitalization service for adults with substance use disorders
	02	023	Partial Hospitalization Service	A partial hospitalization service for children and adolescents (<i>specify MH or SA</i>)

	02	029	Therapeutic Day Treatment Service for Children and Adolescents	A mental health school based day treatment service for children with serious emotional disturbance
	03	001	Mental Health Skill Building Service	A mental health community support service for (<i>population served</i>) with serious mental illness
	03	004	Mental Health Supportive In-Home Service	A mental health supportive in-home service for children and adolescents
	03	011	DD Supportive In-Home Service	A developmental disability supportive in-home service for (children, adolescents and/or adults)
	04	001	Psychiatric Unit Service	A (mental health and/ or substance abuse) inpatient psychiatric service for adults
	04	005	Psychiatric Unit Service - Children	A (mental health and/or substance abuse) inpatient psychiatric service for children and adolescents
	04	011	Medical Detox/Chemical Dependency Unit Service	A substance abuse medical detox/chemical dependency service for adults
	05	001	Intensive In-Home Service for children and adolescents	A mental health intensive in-home service for children and adolescents and their families
	06	001	Medication Assisted Treatment/Opioid TX Service	A substance abuse medication assisted treatment/opioid service for adults
	07	001	Emergency Services/Crisis Intervention Service	A mental health emergency service/crisis intervention service for(children, adolescents and/or adults)
	07	002	Emergency Services/Crisis Intervention Service	A mental health emergency service/crisis intervention service for (children, adolescents and/or adults)
	07	003	Outpatient MH Service	A mental health outpatient service for (<i>specify population served</i>)
	07	004	Outpatient MH/SA Service	A mental health and substance abuse outpatient service for (<i>specify population served</i>)
	07	005	Outpatient SA Service	A substance abuse outpatient service for adults (<i>specify population served</i>)
	07	006	Outpatient Service /Crisis Stabilization	A mental health non-residential crisis stabilization service for (adults, children and/or adolescents)
	07	007	MH Outpatient Service/Crisis Stabilization - REACH	A non-residential crisis stabilization REACH service for (children, adolescent, and/or adults) with a co-occurring diagnosis of developmental disability and behavioral health needs
	07	009	DD Crisis Stabilization- Non-Residential Service	A developmental disability non-residential crisis stabilization service
	07	011	Outpatient Managed w'drawal - Medical Detox Service	A substance abuse outpatient managed withdrawal medical detox service for adults
	08	011	Sponsored Residential Homes Service	A developmental disability sponsored residential home service for adults
	08	013	Sponsored Residential Homes Service	A developmental disability sponsored residential home service for children and adolescents
	08	014	MH Sponsored Residential Homes Service	An mental health sponsored residential home service for (<i>specify population served</i>)
	09	001	Out-of-Home Respite Service	An out-of-home respite service for adults
	09	002	Out-of-Home Respite Service	An out-of-home respite service for children and adolescents
	09	003	Out-of-Home Respite Services	An out-of-home respite crisis stabilization service for (<i>specify population served</i>)
	10	001	In-Home Respite Service	An in-home respite crisis stabilization service for adults
	10	002	In-Home Respite Service	An in-home respite crisis stabilization service for children and adolescence
	10	003	In-Home Respite Service	An in-home respite crisis stabilization service for (<i>specify population served</i>)
	11	001	Correctional Facility RTC Service	A mental health service in a correctional facility
	14	001	Level C MH Children Residential Service	A Level C mental health children's residential service for children with serious emotional disturbance
	14	004	MH Children Residential Service	A mental health children's residential service for children with serious emotional disturbance
	14	007	SA Children Residential Service	A substance abuse children's residential service for children
	14	008	MH Children Group Home Residential Service	A mental health group home residential service for children with serious emotional disturbance
	14	033	SA Children Group Home Residential Service	A substance abuse group home residential service for children
	14	035	DD Children Group Home Residential Service	A developmental disability group home residential service for children
	14	048	ICF-IDD Children Group Home Residential Service	An intermediate care facility for individuals with a developmental disability (ICF-IDD) group home residential service for children

	14	59	REACH Children's Residential Service	A residential group home with crisis stabilization REACH service for children and adolescents with a co-occurring diagnosis of developmental disability and behavioral health needs
	16	001	Case Management Service	A (MH, DD, SA)case management services for(children, adolescents and/ or adults)
	16	002	DD Case Management Service	A developmental disability case management service f or (children, adolescents and/ or adults)
	16	003	SA Case Management Service	A substance abuse case management service for (children, adolescents and/ or adults)
	16	004	MH Case Management Service	A mental health case management service for adults with serious mental illness
	16	005	Children and Adolescents MH Case Management Service	A mental health case management service for children and adolescents
	17	001	Intensive Community Treatment (ICT) Service	A mental health intensive community treatment (ICT) service for adults with serious mental illness
	18	001	Program of Assertive Community Treatment (PACT) Service	A mental health program of assertive community treatment (PACT) service for adults with serious mental illness

5. SERVICE INFORMATION: Complete for the organization to be licensed by the Department of Behavioral Health and Developmental Services.

Service Director: _____

Phone: () _____ **E-mail:** _____

Client Demographics (check all that apply):

☐ Male ☐ Female ☐ Both ☐ Adult ☐ Child/Adolescent (Min. & Max. Age Range) _____

Accreditation/Certification by: _____

LOCATION

6. Location Name: _____ **# of beds:** _____

Address: _____

City: _____ **County** _____ **State:** _____ **Zip:** _____

Location Manager: _____ **Phone:**() _____ **E-mail:** _____

Directions: _____

7. NAME AND ADDRESS OF OWNER OF PHYSICAL PLANT

Name	
Address	

8. RECORDS: IDENTIFY THE LOCATION OF THE FOLLOWING RECORDS

Financial Records	Address: _____ City: _____ County _____ State: _____ Zip: _____
Personnel Records	Address: _____ City: _____ County _____ State: _____ Zip: _____
Residents' Records	Address: _____ City: _____ County _____ State: _____ Zip: _____

Current/Past Provider Services

Please identify:

- 1) The legal names and dates of any services licensed in Virginia or other states that the applicant currently holds or has held,
- 2) Previous sanctions or negative actions against any licensed to provide services that the holds or has held in any other state or in Virginia, and
- 3) The names and dates of any disciplinary actions involving the applicant's current or past licensed services. If none, please indicate, "NONE" in the space below.

Current Services: _____

Past Services: _____

Sanctions/Negative Actions/Disciplinary Actions: _____

Certificate of Application

This certificate is to be read and signed by the applicant. The person signing below must be the individual applicant in the case of a proprietorship or partnership, or the chairperson or equivalent officer in the case of a corporation or other association, or the person charged with the administration of the service provided by the appointing authority in the case of a governmental agency.

I am in receipt of and have read the applicable rules and regulations for licensing. It is my intent to comply with the statutes and regulations and to remain in compliance if licensed.

I grant permission to authorized agents of the Department of Behavioral Health and Developmental Services to make necessary investigations into this application or complaints received.

I understand that unannounced visits will be made to determine continued compliance with regulations.

**TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL INFORMATION CONTAINED HEREIN IS CORRECT AND COMPLETE.
I FURTHER DECLARE MY AUTHORITY AND RESPONSIBILITY TO MAKE THIS APPLICATION.**

Signature of Applicant: _____ Title: _____ Date: _____

If you have any questions concerning the application, please contact this office at (804) 786-1747. Please return the completed application to:

**Office of Licensing
Department of Behavioral Health and Developmental Services
Post Office Box 1797
Richmond, Virginia 23218-1797**

Licensing Regulations MATRIX

Regulations with an "X" are required to be addressed by the applicable service.
Every effort has been made to assure the accuracy of this guide. However, the Rules and Regulations for the Licensing of Providers of Behavioral Health and Developmental Services is the final authority.

REGULATION	REGULATION SECTION	CASE MGMT	GERO-PSYCH	ICF-MR	DAY SUPPORT	DAY TREATMENT	GROUP HOME	INPATIENT	ICT	INTENSIVE IN-HOME	MANAGED WITHDRAWAL (MEDICAL DETOX)	MH COMM SUPPORT	MH CORRECTIONAL FACILITIES	MEDICATION ASSISTED OPIOID TREATMENT	NONRES CRISIS STABILIZATION	OUTPATIENT	PARTIAL HOSPITALIZATION	PACT	PSYCHOSOCIAL REHAB	RES CRISIS STABILIZATION	RESIDENTIAL TREATMENT	RESIDENTIAL RESPITE	SPONSORED RES HOME	SA INTENSIVE OUTPATIENT	SA RES TX WOMEN & CHILDREN	SUPERVISED LIVING	SUPPORTIVE IN -HOME
Part I. GENERAL PROVISIONS		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Part II. LICENSING PROCESS		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Article 1: Management and Admin.		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Article 2: Physical Environment																											
§260	Building inspection and classification.		X	X	X	X	X	X			X			X		X	X		X	X	X	X	X	X	X	X	
§270	Building modifications.		X	X	X	X	X	X			X					X			X	X	X	X	X	X	X	X	
§280	Physical environment.		X	X	X	X	X	X			X		X	X		X	X		X	X	X	X	X	X	X	X	
§290	Food service inspections.		X	X	X			X			X		X			X			X	X	X	X	X		X	X	
§300	Sewer and water inspections.		X	X	X	X	X	X			X		X	X		X	X		X	X	X	X		X	X	X	
§310	Weapons.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
§320	Fire inspections.		X	X	X	X	X	X			X			X		X	X		X	X	X	X	X	X	X	X	
Article 3: Physical Environment of Residential/Inpatient Service																											
	Beds.		X	X			X	X			X		X							X	X	X	X		X	X	
§340	Bedrooms.		X	X			X	X			X									X	X	X	X		X	X	
§350	Condition of beds.		X	X			X	X			X		X							X	X	X	X		X	X	
§360	Privacy.		X	X			X	X			X									X	X	X	X		X	X	
§370	Ratios of toilets, basins and showers or baths.		X	X			X	X			X									X	X	X	X		X	X	
§380	Lighting.		X	X			X	X			X		X							X	X	X	X		X	X	
Article 4: Human Resources		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Article 5: Health And Safety Mgmt.																											
§520	Risk management.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
§530	Emergency preparedness and		X	X	X	X	X	X		X	X	X		X	X	X	X		X	X	X	X	X	X	X	X	

[illegible]



Department of Behavioral Health and Developmental Services
Office of Licensing

QMHP/QDDP/QPPMH DEFINITIONS:

"Qualified Mental Health Professional-Adult (QMHP-A)" means a person in the human services field who is trained and experienced in providing psychiatric or mental health services to individuals who have a mental illness; including:

- (i) a doctor of medicine or osteopathy licensed in Virginia;
- (ii) a doctor of medicine or osteopathy, specializing in psychiatry and licensed in Virginia;
- (iii) an individual with a master's degree in psychology from an accredited college or university with at least one year of clinical experience;
- (iv) a social worker: an individual with at least a bachelor's degree in human services or related field (social work, psychology, psychiatric rehabilitation, sociology, counseling, vocational rehabilitation, human services counseling or other degree deemed equivalent to those described) from an accredited college and with at least one year of clinical experience providing direct services to individuals with a diagnosis of mental illness;
- (v) a person with at least a bachelor's degree from an accredited college in an unrelated field that includes at least 15 semester credits (or equivalent) in a human services field and who has at least three years of clinical experience;
- (vi) a Certified Psychiatric Rehabilitation Provider (CPRP) registered with the United States Psychiatric Rehabilitation Association (USPRA); (vii) a registered nurse licensed in Virginia with at least one year of clinical experience; or
- (viii) any other licensed mental health professional.

"Qualified Mental Health Professional-Child (QMHP-C)" means a person in the human services field who is trained and experienced in providing psychiatric or mental health services to children who have a mental illness.

To qualify as a QMHP-C, the individual must have the designated clinical experience and must either:

- (i) be a doctor of medicine or osteopathy licensed in Virginia;
- (ii) have a master's degree in psychology from an accredited college or university with at least one year of clinical experience with children and adolescents;
- (iii) have a social work bachelor's or master's degree from an accredited college or university with at least one year of documented clinical experience with children or adolescents;
- (iv) be a registered nurse with at least one year of clinical experience with children and adolescents;
- (v) have at least a bachelor's degree in a human services field or in special education from an accredited college with at least one year of clinical experience with children and adolescents, or
- (vi) be a licensed mental health professional.

"Qualified Mental Health Professional-Eligible (QMHP-E)" means a person who has:

- (i) at least a bachelor's degree in a human service field or special education from an accredited college without one year of clinical experience or
- (ii) at least a bachelor's degree in a nonrelated field and is enrolled in a master's or doctoral clinical program, taking the equivalent of at least three credit hours per semester and is employed by a provider

that has a triennial license issued by the department and has a department and DMAS-approved supervision training program.

"Qualified Developmental Disability Professional (QDDP)" means a person who possesses at least one year of documented experience working directly with individuals who have developmental disability or other developmental disabilities and one of the following credentials:

- (i) a doctor of medicine or osteopathy licensed in Virginia,
- (ii) a registered nurse licensed in Virginia, or
- (iii) completion of at least a bachelor's degree in a human services field, including, but not limited to sociology, social work, special education, rehabilitation counseling, or psychology.

"Qualified Paraprofessional in Mental Health (QPPMH)" means a person who must, at a minimum, meet one of the following criteria:

- (i) registered with the United States Psychiatric Association (USPRA) as an Associate Psychiatric Rehabilitation Provider (APRP);
- (ii) has an associate's degree in a related field (social work, psychology, psychiatric rehabilitation, sociology, counseling, vocational rehabilitation, human services counseling) and at least one year of experience providing direct services to individuals with a diagnosis of mental illness; or
- (iii) has a minimum of 90 hours classroom training and 12 weeks of experience under the direct personal supervision of a QMHP-Adult providing services to individuals with mental illness and at least one year of experience (including the 12 weeks of supervised experience).

QMHPs must have with at least one year of clinical experience providing direct services (developing, conducting, and approving assessments and individual service plans or treatment plans) to persons with a diagnosis of mental illness.

QDDPs must have at least one year of documented experience providing direct services (i.e., developing, conducting, and approving assessments and individual service plans) with individuals with a diagnosis of a developmental disability or other developmental disabilities.

CMS HOME AND COMMUNITY-BASED SERVICES (HCBS) REGULATIONS: DEVELOPMENTAL DISABILITY (DD) WAIVERS

This handout is for providers of the following services available in the DD Waivers: group home, sponsored residential, supported living, group day services and group supported employment services.

The Centers for Medicare and Medicaid Services (CMS) established new Home and Community Based Services (HCBS) regulations that include requirements for Medicaid HCBS settings. These regulations were developed to ensure that individuals receiving services under Medicaid waiver authorities have full access to benefits of community living and the opportunity to receive services in the most integrated setting appropriate. *Settings that were operating when the regulations were implemented have a transition period for compliance with the settings requirements as described in Virginia's Statewide Transition Plan.*

NEW group home, sponsored residential, supported living, group day and group supported employment settings MUST be fully compliant with the HCBS settings requirements prior to providing Medicaid HCBS.

➤ **How does this impact providers going through the DBHDS licensing process?**

If you are....	And,	Then,
1) A currently licensed provider of group home, sponsored residential, supported living and/or group day services...	...You/your agency plan to open a new setting/location to provide one or more of these services to individuals with developmental disabilities...	...The new setting/location must be fully compliant with all HCBS settings requirements prior to providing Medicaid HCBS waiver services.
2) Planning to become a DBHDS licensed provider...	...You plan to provide group home, sponsored residential, supported living and/or group day services to individuals with developmental disabilities in a setting being newly licensed...	...The new setting/location must be fully compliant with all HCBS settings requirements prior to providing Medicaid HCBS waiver services.
NOTE: Meeting DBHDS licensing standards does not mean that the setting is HCBS compliant. Additional documentation will be needed to be determined full compliance with HCBS settings requirements.		

➤ **How does a new provider/setting get additional information?**

Email hcbcomments@dmas.virginia.gov and provide the following information:

- Provider Name
- Waiver service/type of setting
- Setting Address (street, city, state, zip code)
- Contact Name
- Contact Phone Number
- NPI/API Number

You/Your Agency will receive additional resources, guidance and technical assistance for the completion and submission of a provider self-assessment of the setting. With the self-assessment you/your agency will be required to submit evidence that demonstrates the setting's compliance with the requirements.

➤ **How long does it take to be found compliant and receive the HCBS compliance verification letter?**

The time frame varies. If the self-assessment and evidence submitted clearly reflect the HCBS settings requirements, and that they are fully integrated into the operations and culture of the setting and services provided, it could take up to four weeks. If there are many areas that need to be brought into compliance, it could take up to six months. For a setting to be fully compliant, HCBS requirements need to be fully integrated into the setting, for example, its policies, staff training, person-centered practices and ensure individualized supports and access to the greater community.

➤ **What are the HCBS settings requirements?**

Per federal regulations ([42 CFR 441.301](#)), individuals enrolled in HCBS waivers are permitted specific rights. For individuals receiving Medicaid DD waiver services in group home, sponsored residential, supported living and/or group day settings, the setting must:

- Be integrated in and support full access to the greater community
- Ensure an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint
- Optimize, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact
- Facilitate individual choice regarding services and supports, and who provides them.

Furthermore, individuals living in provider owned or operated residential settings must:

- Have a signed lease or other legally enforceable agreement providing similar protections
- Have access to privacy in their sleeping units including lockable doors, choice of roommates, and freedom to furnish or decorate their unit
- Have the ability to control their daily schedules and activities and have access to food at any time
- Have the ability to have visitors at any time
- Be able to physically maneuver within the residential setting (e.g., setting is physically accessible).

For a provider owned or operated residential setting, any modifications made to any of the above criteria must be the result of identified specific needs discovered through an independent (re)assessment, and then documented and justified in a **person-centered service plan**.

INFORMATION & RESOURCES

- Virginia-Specific Information: <http://www.dbhds.virginia.gov/individuals-and-families/developmental-disabilities/home-community-based-services-settings-regulations>

- Virginia DMAS HCBS Website: http://www.dmas.virginia.gov/Content_pgs/hcbs.aspx
- Federal Regulation: <http://www.gpo.gov/fdsys/pkg/FR-2014-01-16/pdf/2014-00487.pdf>
- A [summary of the regulatory requirements](#) of fully compliant HCB settings and those settings that are excluded.
- Additional technical guidance on regulatory language regarding [settings that isolate](#).
- Exploratory questions that may assist states in the assessment of:
 - [Residential Settings](#)
 - [Non-Residential Settings](#)
 - [Questions and Answers Regarding Home and Community-Based Settings](#)
 - [Frequently Asked Questions Regarding the Heightened Scrutiny Review Process and Other Home and Community-Based Settings Information](#)
 - [Planned Construction of Presumed Institutional Settings](#)
 - DBHDS [Community Resource Consultants' contact information for general questions](#)



OFFICE OF LICENSING
DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

STAFF INFORMATION SHEET

NAME OF SERVICE: _____

DATE: _____

LOCATION: _____

Position (use * to denote position vacancy)	Name	Staff Member Education Level and Credentials	Service Assigned	SCHEDULED HOURS						
				MON	TUES	WED	THURS	FRI	SAT	SUN

Use @ to indicate staff having current certification in First Aid. Use # to indicate staff who have received a certificate in Cardiopulmonary Resuscitation (CPR).



Department of Behavioral Health and Developmental Services
POLICY AND PROCEDURES REVIEW & REQUIRED FORMS
 Office of Licensing

All copies of policies, procedures, and forms should have regulation and page numbers and a "header" or "footer" indicating the date it was created or revised.

Please DO NOT submit materials in plastic cover sheets or permanent binders.

INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT

PROVIDER:		LICENSE #:		
SERVICE:		MANAGER:		
# OF LOCATIONS:		DATE OF REVIEW:		

Regulation/Section	Standard	Date	Date
§155.5a	Prescreening & Discharge planning-applicable to CSBs ONLY	Develop policies and procedures that include identification of employee or services responsible for prescreening & discharge planning	
§210.C	Fiscal accountability	The provider shall have written internal controls to minimize the risk of theft or embezzlement of provider funds	
§220.1	Indemnification <i>(Quote or policy required prior to policy approval)</i>	Indemnity Coverage: General liability;	
§220.2		Indemnity Coverage: Professional liability;	
§220.3		Indemnity Coverage: Vehicular liability;	
§220.4		Indemnity Coverage: Property damage.	
§230	Fee schedule	Written schedule of rates and charges available upon request	
§240.A	Policy on funds of individuals receiving services.	Addresses handling funds of individuals receiving, including providing for separate accounting of individual funds, addresses payees and assistance with money management	
	§240.B	Documented financial controls to minimize theft	
	§240.C	Surety bond or other assurance for security of funds	
<input type="checkbox"/> <i>Financial Information Form- expenditures and disbursement of Client's funds-§240.A</i> <input type="checkbox"/> Staff involved <input type="checkbox"/> Client involved <input type="checkbox"/> Amount of funds <input type="checkbox"/> Date <input type="checkbox"/> Purpose			
§270.	Building modifications.	Addresses safety and continue service delivery if new construction or conversion, structural modifications or additions to existing buildings	
§310.	Weapons Policy.	Addresses use and possession of firearms, pellet guns, air rifles and other weapons on the facility's premises. Procedure for ensuring individuals' safety, contacting police, consequences for staff/consumers who have weapons in possession during services. Weapons must be:	
	310.1	In the possession of licensed security or sworn law-enforcement personnel;	
	310.2	Kept securely under lock and key; or	
	310.3	Used under the supervision of a responsible adult in accordance with policies and procedures developed by the facility for the weapons' lawful and safe use	
§400.A	Background checks	Policy for criminal history & central registry checks for employees, contractors, students & volunteer; submission of requests to state departments within 15 working days, procedures for CPS/central registry abuse/neglect findings for staff and conviction not classified as barrier crimes, addresses reporting staff convictions after employed	

§ 410	Job Descriptions	Each employee shall have a written job description that includes:		
	.A.1	Job Description includes job title		
	410.A.2	Job Description includes duties & responsibilities		
	410.A.3	Job Description includes title of supervisor		
	410.A.4	Job Description includes minimum KSAs, training, education, & background screenings, CPR, first aid, & behavioral intervention training, if warranted		
§450.	Employee training and development.	Addresses retraining for:		
	450.1	Medication administration,		
	450.2	Behavior management, and		
	450.3	Emergency preparedness.		
		Training and development documented in employee personnel records.		
<input type="checkbox"/> <i>Staff Orientation Form for Employees, Contractors, Volunteers and Students -§440 (include space for staff/supervisor signatures)</i> <input type="checkbox"/> Objectives and philosophy of the provider; <input type="checkbox"/> Confidentiality <input type="checkbox"/> Human rights regulations <input type="checkbox"/> Applicable personnel policies; <input type="checkbox"/> Emergency preparedness procedures; <input type="checkbox"/> Person-centeredness <input type="checkbox"/> Infection control practices and measures; and <input type="checkbox"/> Other policies and procedures that apply to specific positions and specific duties and responsibilities.				
<input type="checkbox"/> <i>Staff Training and Development Form -§450 .6</i> Retraining in: <input type="checkbox"/> ER preparedness, <input type="checkbox"/> Medication administration, <input type="checkbox"/> CPR/First Aid, <input type="checkbox"/> Infection control, including flu epidemics, <input type="checkbox"/> Behavior intervention, <input type="checkbox"/> Human Rights				
§470.	Employees notification of policy changes	Addresses process used to advise employees or contractors of policy changes		
§480.	Employee or contractor performance evaluation.	Addresses evaluation of employee or contractor performance		
<input type="checkbox"/> <i>Performance Evaluation Form--§480</i> <input type="checkbox"/> Core Duties and Responsibilities <input type="checkbox"/> Addresses Continued Training needs <input type="checkbox"/> Staff Developmental Needs				
§490.	Written grievance policy.	Addresses method use to inform employees of grievance procedures		
<input type="checkbox"/> <i>Grievance Procedure Form-§490</i>				
§500.A	Students and volunteers.	Defines and communicates use and responsibilities for students and volunteers including selection and supervision. Does not include students and volunteers as staff.		
§520.	Risk management.	Risk management policy:		
	520.A	Designates a person responsible for risk management.		
	520.B	Identifies, monitors, reduces and minimize risks associated with personal injury, property damage or loss and other sources of potential liability (include missing individuals/clients procedures)		
	520.C	Conducts and documents at least annually own safety inspections of all service locations owned, rented or leased. Recommendations for safety improvement shall be documented and implemented.		

<input type="checkbox"/> <i>Facility Inspection Checklist Form §520.C</i> (also for offices of community-based services, indicate N/A for items not used at the site)		<input type="checkbox"/> Cleanliness <input type="checkbox"/> Safety hazards <input type="checkbox"/> Washer/dryer <input type="checkbox"/> Furniture <input type="checkbox"/> Refrigerator/freezer <input type="checkbox"/> Windows/screens <input type="checkbox"/> Locks <input type="checkbox"/> Laundry supplies <input type="checkbox"/> Personal hygiene supplies <input type="checkbox"/> Emergency food/water <input type="checkbox"/> OSHA Kit <input type="checkbox"/> Security alarms	
<input type="checkbox"/> Smoke detectors <input type="checkbox"/> Fire extinguishers <input type="checkbox"/> ER lighting <input type="checkbox"/> First Aid Kit <input type="checkbox"/> Needed repairs <input type="checkbox"/> Extension cords <input type="checkbox"/> Outside grounds <input type="checkbox"/> Outside lighting <input type="checkbox"/> Building exterior <input type="checkbox"/> Floors <input type="checkbox"/> Restrooms			
	520.D	Documents serious incidents/injuries to employees, contractors, students, volunteers and visitors. References use of the required "Serious Incidents/Injury/Death Report Form", which must be submitted to Licensing within 24 hours. Documentation kept on file for three years. Evaluate incidents/injuries at least annually. Recommendations for improvement shall be documented and implemented.	
§530.	Emergency preparedness and response plan.	Policy addresses:	
	530.A	Written emergency preparedness and response plan for all services and community locations (community outings included)	
	530.A.1	Specific procedures describing mitigation, preparedness, response, and recovery strategies, actions, and responsibilities for each emergency	
	530.A.2	Documentation of contact with local emergency coordinator	
	530.A.3	Analysis of capabilities & hazards that would disrupt services	
	530.A.4	Policies outlining responsibilities of administration & management of response activities	
	530.A.5	Written emergency response procedures for initiating the response and recovery phase of the plan including a description of how, when, and by whom the phases will be activated. This includes assessing the situation; protecting individuals receiving services, employees, contractors, students, volunteers, visitors, equipment, and vital records; and restoring services. Emergency procedures shall address:	
	530.A.5.a	Warning and notifying individuals receiving services;	
	530.A.5.b	Communicating with employees and , contractors, and community responders;	
	530.A.5.c	Designating alternative roles and responsibilities of staff during emergencies including to whom they will report in the provider's organization command structure and when activated in the community's command structure	
	530.A.5.d	Providing emergency access to secure areas and opening locked doors;	
	530.A.5.e	Conducting evacuations to emergency shelters	
	530.A.5.f	Relocating individuals in inpatient or residential services	
	530.A.5.g	Notifying family members or guardians	
	530.A.5.h	Alerting emergency personnel & sounding alarms	
	530.A.5.i	Locating & shutting off utilities	
	530.A.5.j	Maintaining a 24 hour telephone answering capability to respond to emergencies for individuals receiving services	
	530.B	Periodic emergency preparedness and response training for all employees contractors, students and volunteers	
	530.C	Annual review of ER plan and revisions	
	530.G	Providers of residential services shall implement process to have at all times a three-day supply of emergency food and water for all residents and staff. Emergency food supplies should include foods that do not require cooking. Water supplies shall include one gallon of water per	

		person per day.		
<input type="checkbox"/> <u>Fire Safety Drill Form-§530.E</u> <input type="checkbox"/> Date/Shift/Time <input type="checkbox"/> Staff participating <input type="checkbox"/> Number of Clients <input type="checkbox"/> Location of Fire <input type="checkbox"/> Time started; time finished <input type="checkbox"/> Total time <input type="checkbox"/> Head count <input type="checkbox"/> Problems noted <input type="checkbox"/> Dated/signed				
§540.B	Access to telephone in emergencies	Providers shall have instructions for contacting emergency services and telephone numbers shall be prominently posted near the telephone including how to contact provider medical personnel, if appropriate.		
<input type="checkbox"/> <u>Emergency Preparedness Numbers Posted-§540.B</u> <input type="checkbox"/> Fire <input type="checkbox"/> Police <input type="checkbox"/> Poison control <input type="checkbox"/> Administrator <input type="checkbox"/> Nearest hospital, <input type="checkbox"/> Ambulance service, <input type="checkbox"/> Rescue squad and <input type="checkbox"/> Other trained medical personnel				
§570.	Mission Statement	Clearly defines services, philosophy, purpose, and goals.		
	Service description requirements.			
§580.	580.A	Ensures services are consistent with mission and available for public review		
	580.B	Offers structured program of care to meet the individuals' physical and emotional needs; provide protection, guidance and supervision; and meet the objectives of any required service plan to include:		
<input type="checkbox"/> <u>Daily Schedule of Services -§580.B</u>				
	580.C.1	Services goals;		
	580.C.2	A description of care, treatment, training, habilitation, or other supports provided;		
	580.C.3	Characteristics and needs of the individuals served;		
	580.C.4	Contract services, if any		
	580.C.5	Eligibility requirements of admission, continued stay and exclusion criteria		
	580.C.6	Service termination of treatment and discharge or transition criteria; and		
	580.C.7	Type and role of employees or contractors.		
	580.D	Revision of written service description whenever the service description changes		
	580.E	Provider does not implement services that are inconsistent with its most current service		
	580.F	The provider shall admit only those individuals whose service needs are consistent with the service description, for whom services are available, and for which staffing levels and types meet the needs of the individuals served.		
	580.G	In residential and inpatient services, addresses physical separation of children and adults in residential quarters and programming.		
	580.H	In SA services, addresses the timely and appropriate tx of SA abusing pregnant women		
	580.I	If the provider plans to serve individuals as of a result of a temporary detention order to a service, prior to admitting those individuals to that service, the provider shall submit a written plan for adequate staffing and security measures to ensure the individual can be served safely within the service to the department for approval. If the plan is approved, a stipulation will be displayed on license authorizing		

		provider to serve individuals who are under temporary detention orders.		
§590.	Provider staffing plan.	Includes the type and role of employees and contractor that reflect:		
	590.A.1	Needs of the population served		
	590.A.2	Types of services offered		
	590.A.3	Service description		
	590.A.4	Number of people served at a given time		
	590.B	Transition staffing plan for new services, added locations, and changes in capacity.		
	590.C	Will meet the following staffing requirements related to supervision:		
	590.C.1.	Shall describe how employees, volunteers, contractors, and student interns will be supervised in the staffing plan and how that supervision will be documented.		
	590.C.2	Supervision of employees, volunteers, contractors, and student interns shall be provided by persons who have experience in working with individuals receiving services and in providing the services outlined in the service description.		
	590.C.3.	Supervision shall be appropriate to the services provided and the needs of the individual. Supervision shall be documented.		
	590.C.4.	Supervision shall include responsibility for approving assessments and individualized services plans, as appropriate. This responsibility may be delegated to an employee or contractor who meets the qualification for supervision as defined in this section.		
	590.C.5.	Supervision of <i>mental health, substance abuse, or co-occurring services</i> that are of an acute or clinical nature such as <i>outpatient, inpatient, intensive in-home, or day treatment</i> shall be provided by a licensed mental health professional or a mental health professional who is license-eligible and registered with a board of the Department of Health Professions.		
	590.C.6.	Supervision of <i>mental health, substance abuse, or co-occurring services</i> that are of a supportive or maintenance nature, such as <i>psychosocial rehabilitation, mental health supports</i> shall be provided by a QMHP-A. An individual who is QMHP-E may not provide this type of supervision		
	590.C.7	Supervision of <i>developmental disability</i> services shall be provided by a person with at least one year of documented experience working directly with individuals who have developmental disability or other developmental disabilities and holds at least a bachelor's degree in a human services field such as sociology, social work, special education, rehabilitation counseling, nursing, or psychology. Experience may be substituted for the education requirement.		
	590.C.8	Supervision of <i>individual and family developmental disabilities support (IFDDS)</i> services shall be provided by a person possessing at least one year of documented experience working directly with individuals who have developmental disabilities and is one of the following: a doctor of medicine or osteopathy licensed in Virginia; a registered nurse licensed in Virginia; or a person holding at least a bachelor's degree in a human services field such as sociology, social work, special education, rehabilitation counseling, or psychology. Experience may be substituted for the education requirement.		
	590.C.9.	Supervision of <i>brain injury services</i> shall be provided at a minimum by a clinician in the health professions field who is trained and experienced in providing brain injury services to individuals who have a brain injury diagnosis including: (i) a doctor of medicine or osteopathy licensed in Virginia; (ii) a psychiatrist who is a doctor of medicine or osteopathy specializing in psychiatry and licensed in Virginia; (iii) a psychologist who has a master's degree in psychology from a college or university with at least one year of clinical experience; (iv) a social worker who has a bachelor's degree in human services or a related field (social work, psychology, psychiatric evaluation, sociology, counseling, vocational rehabilitation, human services counseling, or other degree deemed equivalent to those described) from an accredited college or university with at least two years of clinical experience providing direct services to individuals with a diagnosis of		

		brain injury; (v) a Certified Brain Injury Specialist; (vi) a registered nurse licensed in Virginia with at least one year of clinical experience; or (vii) any other licensed rehabilitation professional with one year of clinical experience.		
	590.D	Employs or contracts with persons with appropriate training, to meet the specialized needs- medical or nursing needs, speech, language or hearing problems or other needs, where specialized training is necessary		
	590.E.	Providers of brain injury services shall employ or contract with a neuropsychologist or licensed clinical psychologist specializing in brain injury to assist, as appropriate, with initial assessments, development of individualized services plans, crises, staff training, and service design.		
	590.F.	Direct care staff who provide brain injury services shall have at least a high school diploma and two years of experience working with individuals with disabilities or shall have successfully completed an approved training curriculum on brain injuries within six months of employment		
§600.	Nutrition.			
	600.A.1	Written plan that for the provision of food services that ensures access to nourishing, well-balanced, healthful meals		
	600.A.2	Makes reasonable efforts to prepares foods that considers cultural background, personal preferences, and food habits and that meet the dietary needs of the individuals served; and		
	600.A.3.	Assists individuals who require assistance feeding selves in a manner that effectively addresses any deficits.		
	600.B.	For residential and inpatient services, monitors each individual's food consumption		
§610.	Community participation.	Individuals receiving residential and day support services shall be afforded opportunities to participate in community activities that are based on their personal interests or preferences. The provider shall have written documentation that such opportunities were made available to individuals served.		
<input type="checkbox"/> <u>Daily Nutrition Monitoring Form § 600.B</u>				
§620	Monitoring & evaluating quality	Shall implement written policies and procedures to monitor and evaluate service quality and effectiveness on a systematic and ongoing basis. Input from individuals receiving services and their authorized representatives, if applicable, about services used and satisfaction level of participation in the direction of service planning shall be part of the provider's quality assurance system. The provider shall implement improvements, when indicated .		
§645.	Screening admission and referrals			
	645.A.	Written policies and procedures for initial contacts and screening, admissions, and referral of individuals to other services and designate staff to perform these activities.		
	645.B.	Written documentation of an individual's initial contact and screening prior to his admission including the:		
	645.B.1	Date of contact;		
	645.B.2	Name, age, and gender of the individual;		
	645.B.3	Address and telephone number of the individual, if applicable		
	645.B.4	Reason why the individual is requesting services; and		
	645.B.5	Disposition of the individual including his referral to other services for further assessment, placement on a waiting list for service, or admission to the service.		
	645.C	Shall assist individuals who are not admitted to identify other appropriate services		
	645.D	Shall retain documentation of the individual's initial contacts and screening for six months. Documentation shall be included in the individual's record if the individual is admitted to the service		

<input type="checkbox"/> <u>Client Screening Form §645.B.1</u> <input type="checkbox"/> Date of initial contact <input type="checkbox"/> Name, age, and gender of the individual <input type="checkbox"/> Address and phone number, if applicable <input type="checkbox"/> Reason why the individual is requesting services; and <input type="checkbox"/> Disposition of the individual including his referral to other services for further assessment, placement on a waiting list for service, or admission to the service				
§650.A	Assessment policy.	How assessments are conducted and documented ,		
	650.C	Designates employees or contractors responsible for assessments, have experience conducting assessments & experience with the assessment tool		
<input type="checkbox"/> <u>Initial Assessment Form-§650.E</u> <input type="checkbox"/> Diagnosis; <input type="checkbox"/> Presenting needs including the individual's stated needs, psychiatric needs, support needs, and the onset and duration of problems <input type="checkbox"/> Current medical problems; <input type="checkbox"/> Current medications; <input type="checkbox"/> Current and past substance use or abuse, including co-occurring mental health and substance abuse disorders; and <input type="checkbox"/> At-risk behavior to self and others.				
<input type="checkbox"/> <u>Comprehensive Assessment Form-§650</u> <input type="checkbox"/> Onset/duration of problems <input type="checkbox"/> Social/behavioral/developmental/family history & supports <input type="checkbox"/> Cognitive functioning including strengths and weaknesses; <input type="checkbox"/> Employment/vocation/educational background <input type="checkbox"/> Previous interventions/outcomes <input type="checkbox"/> Financial resources/benefits <input type="checkbox"/> Health history and current medical care needs <div style="margin-left: 20px;"> <input type="checkbox"/> Allergies <input type="checkbox"/> Recent physical complaints & medical conditions <input type="checkbox"/> Nutritional needs <input type="checkbox"/> Chronic conditions <input type="checkbox"/> Communicable diseases <input type="checkbox"/> Restrictions on physical activities, if any <input type="checkbox"/> Past serious illness, serious injuries & hospitalizations <input type="checkbox"/> Serious illnesses & chronic conditions of individual's parents & siblings and significant others in the same household <input type="checkbox"/> Current and past substance use including alcohol, prescription and nonprescription medications, and illicit drugs </div> <input type="checkbox"/> Psychiatric and substance use issues including current mental health or substance use needs, presence of co-occurring disorders, history of substance use or abuse, and circumstances that increase the individual's risk for mental health or substance use issues; <input type="checkbox"/> History of abuse, neglect, sexual, or domestic violence, or trauma including psychological trauma; <input type="checkbox"/> Legal status including authorized representative, commitment, and representative payee status; <input type="checkbox"/> Relevant criminal charges or convictions and probation or parole status; <input type="checkbox"/> Daily living skills <input type="checkbox"/> Housing arrangements <input type="checkbox"/> Ability to access services including transportation needs <input type="checkbox"/> As applicable, and in all residential services, fall risk, communication methods or needs, and mobility and adaptive equipment needs				
§660	Individualized services plan (ISP).			
	660.B	Shall develop an initial person-centered ISP for the first <i>60 days for developmental disability and developmental disabilities services</i> . This ISP shall be developed and implemented within 24 hours of admission to address immediate service, health, and safety needs and)		
	660.C	Shall implement a person-centered comprehensive ISP as soon as possible after admission based upon the nature and scope of services but no later than 30 days after admission for providers of <i>mental health and substance abuse services</i>		

<input type="checkbox"/> <u>ISP Requirements Form-§665</u> <input type="checkbox"/> Relevant and attainable goals, measurable objectives, and specific strategies for addressing each need; <input type="checkbox"/> Services and supports and frequency of services required to accomplish the goals including relevant psychological, mental health, substance abuse, behavioral, medical, rehabilitation, training, and nursing needs and supports <input type="checkbox"/> The role of the individual and others in implementing the service plan; <input type="checkbox"/> A communication plan for individuals with communication barriers, including language barriers; <input type="checkbox"/> A behavioral support or treatment plan, if applicable <input type="checkbox"/> A safety plan that addresses identified risks to the individual or to others, including a fall risk plan; <input type="checkbox"/> A crisis or relapse plan, if applicable <input type="checkbox"/> Target dates for accomplishment of goals and objectives; <input type="checkbox"/> Identification of employees or contractors responsible for coordination and integration of services, including employees of other agencies; and <input type="checkbox"/> Recovery plans, if applicable.				
<input type="checkbox"/> <u>Reassessments and ISP Quarterly Review Form-§675.B</u> <input type="checkbox"/> Update ISP at least annually <input type="checkbox"/> Review ISP at least every three months or revised assessment based on change <input type="checkbox"/> Client's progress toward meeting plan objectives <input type="checkbox"/> Family involvement <input type="checkbox"/> Continuing needs <input type="checkbox"/> Progress toward discharge <input type="checkbox"/> Status of discharge planning <input type="checkbox"/> Revisions, if any <input type="checkbox"/> Documentation that Client, and/or LAR are participants in developing the plan				
<input type="checkbox"/> <u>Sample Daily Progress Notes Form-§680</u> <input type="checkbox"/> Date <input type="checkbox"/> Time <input type="checkbox"/> Format <input type="checkbox"/> Staff signature				
§690.	Orientation.	Implement written policy orientation of individuals and LAR to services (specify timeframe) includes:		
	690.B.1.	The mission of the provider;		
	690.B.2.	Confidentiality practices for individuals receiving services;		
	690.B.3.	Human rights and how to report violations;		
	690.B.4.	Participation in treatment and discharge planning;		
	690.B.5.	Fire safety and emergency preparedness procedures;		
	690.B.6.	The grievance procedure		
	690.B.7.	Service guidelines; including criteria for admission to and discharge or transfer from services;		
	690.B.8.	Hours and days of operation; and		
	690.B.9.	Availability of after-hours service.		
	690.B.10.	Any charges or fees due from the individual		
	690.C.	Security restrictions orientation—Correctional facilities only		
	691690.D.	Document orientation has been provided to individuals and the legal guardian/authorized representative (space for signature).		
<input type="checkbox"/> <u>Client Orientation Form-§690 (include space for signatures)</u> <input type="checkbox"/> The mission of the provider or service <input type="checkbox"/> Service confidentiality practices for individuals receiving services <input type="checkbox"/> Human rights policies and procedures and how to report violations <input type="checkbox"/> Participation in service and discharge planning <input type="checkbox"/> Fire safety and emergency preparedness procedures <input type="checkbox"/> The grievance procedure <input type="checkbox"/> Service guidelines including criteria for admission to and discharge or transfer from services; <input type="checkbox"/> Hours and days of operation <input type="checkbox"/> Availability of after-hours service; and <input type="checkbox"/> Any charges or fees due from the individual				
§691.A	Transition of individuals among service.	Written procedures that define for the transition of an individual among services of the provider. At a minimum, addresses:		
	691.A.1	Continuity of service during and following transition;		
	691.A.2	Participation of the individual or his authorized representative, as applicable, in the decision to move and in the planning for transfer;		
	691.A.3	Transfer of the access to individual's record & ISP to the destination location;		

	691.A.4	Transfer summary; and		
	691.A.5	The process and timeframe for transmitting or accessing, where applicable, discharge summaries to the destination service;		
<input type="checkbox"/> <u>Transfer Form-§691.B</u> <input type="checkbox"/> Reason for the individual's transfer <input type="checkbox"/> Documentation of involvement by the individual or his authorized representative, as applicable, in the decision to and planning for the transfer <input type="checkbox"/> Reason for transfer <input type="checkbox"/> Current psychiatric and medical condition of the individual <input type="checkbox"/> Updated progress on meeting the goals and objectives of the ISP <input type="checkbox"/> Emergency medical information; <input type="checkbox"/> Dosages of all currently prescribed medications and over-the-counter medications used by the individual when prescribed by the provider or known by the case manager <input type="checkbox"/> Transfer date <input type="checkbox"/> Signature of employee or contractor responsible for preparing the transfer summary				
§693.A	Discharge.	Addresses process to discharge of individuals from the service and termination of services to include medical or clinical criteria for discharge		
<input type="checkbox"/> <u>Discharge Form-§693</u> <input type="checkbox"/> Reason for admission and discharge <input type="checkbox"/> Individual's participation in discharge planning <input type="checkbox"/> Individual's level of functioning or functional limitations <input type="checkbox"/> Recommendations on procedures, or referrals, and the status, and arrangements for future services <input type="checkbox"/> Progress made achieving the goals and objectives identified in the individualized services plan <input type="checkbox"/> Discharge date <input type="checkbox"/> Discharge medications, if applicable <input type="checkbox"/> Date the discharge summary was actually written/documented <input type="checkbox"/> Documentation that resident, placing agency & LAR are participants in developing the plan <input type="checkbox"/> Signature of person who prepared summary				
§700.A	Written policies and procedures for crisis or emergency interventions; required elements.	Written policies and procedures for prompt intervention in the event of a crisis or a behavioral, medical, or psychiatric emergency that may occur during screening and referral, at admission, or during the period of service provision		
	700.B.	The policies and procedures shall include:		
	700.B.1.	A definition of what constitutes a crisis or behavioral, medical, or psychiatric emergency;		
	700.B.2.	Procedures for immediately accessing appropriate internal and external resources. This shall include a provision for obtaining physician and mental health clinical services if the provider's or service's on-call or back-up physician or mental health clinical services are not available at the time of the emergency		
	700.B.3.	Employee or contractor responsibilities; and		
	700.B.4.	Location of emergency medical information for each individual receiving services, including any advance psychiatric or medical directive or crisis response plan developed by the individual, which shall be readily accessible to employees or contractors on duty in an emergency or crisis.		
§710.A	Documenting crisis intervention and emergency services.	The provider shall develop a policy for documenting the provision of crisis intervention and emergency services. Documentation shall include the following:		
<input type="checkbox"/> <u>710.A Documenting crisis intervention and emergency services form</u> <input type="checkbox"/> Date and time; <input type="checkbox"/> Description of the nature of or circumstances surrounding the crisis or emergency; <input type="checkbox"/> Name of individual; <input type="checkbox"/> Description of precipitating factors; <input type="checkbox"/> Interventions or treatment provided; <input type="checkbox"/> Names of employees or contractors responding to or consulted during the crisis or emergency; and <input type="checkbox"/> Outcome.				

§720.	Health care policy. (required for all services)	Written policy, appropriate to the scope and level of service that addresses provision of adequate medical care. This policy shall describe how:		
	720.A.1	Medical care needs will be assessed;		
	720.A.2	Individualized services plans address any medical care needs appropriate to the scope and level of service;		
	720.A.3	Identified medical care needs will be addressed;		
	720.A.4	Provider manages medical care needs or responds to abnormal findings;		
	720.A.5	Provider communicates medical assessments and diagnostic laboratory results to individuals and authorized representatives.		
	720.A.6	Provider keeps accessible to staff the names, addresses, phone numbers of medical and dental providers		
	720.A.7	Provider ensures a means for facilitating and arranging, as appropriate, transportation to medical and dental appointments and medical tests when services cannot be provided on site.		
	720.B	Identifies any populations at risk for falls and to develop a prevention/management program.		
<input type="checkbox"/> <u>Falls Assessment Form -§720.B</u> <input type="checkbox"/> Have a history of falls <input type="checkbox"/> Are experiencing agitation or delirium; <input type="checkbox"/> Are on medications, which may cause drowsiness <input type="checkbox"/> Have a history of Hypotension <input type="checkbox"/> Impaired mobility, <input type="checkbox"/> Impaired vision, <input type="checkbox"/> History of low or unstable blood sugar, <input type="checkbox"/> Need frequent toileting, <input type="checkbox"/> Are intoxicated, or withdrawing from alcohol or other drugs, and <input type="checkbox"/> Have an impaired mental status.				
	720.C	In residential or inpatient service; provider shall either provide or arrange for provision of appropriate medical care. In other services, defines which instances will provide or arrange for appropriate medical and dental care and which instances will be referred.		
	720.D	Develops, documents and implements infection control measures, including the use of universal precautions		
	720.E	Shall report outbreaks of infectious diseases to the Department of Health pursuant to §32.1-37 of the Code of Virginia		
§740.	Physical examination.	Physical examinations in consultation with a qualified practitioner. Residential services administer or obtain results of physical exams within 30 days of admission. Inpatient services administer physical exams within 24 hrs of admission.		
	740.B	Physical examination shall include, at a minimum:		
	740.B.1	General physical condition (history and physical);		
	740.B.2	Evaluation for communicable diseases;		
	740.B.3	Recommendations for further diagnostic tests and treatment, if appropriate;		
	740.B.4	Other examinations indicated, if appropriate; and		
	740.B.5	The date of examination and signature of a qualified practitioner.		
	740.C	C. Locations designated for physical examinations shall ensure individual privacy		
<input type="checkbox"/> <u>Client Physical Examination Form-§740</u> <input type="checkbox"/> General physical condition (history and physical) <input type="checkbox"/> Evaluation for communicable diseases <input type="checkbox"/> Recommendations for further diagnostic tests and treatment, if appropriate <input type="checkbox"/> Other examinations indicated, if appropriate <input type="checkbox"/> The date of examination and signature of a qualified practitioner				
<input type="checkbox"/> <u>Emergency (ER) Medical Information Form §750</u> <input type="checkbox"/> The name, address, and telephone number of: the individual's physician <input type="checkbox"/> The name, address, and telephone number of a relative, legally authorized representative, or other person to be notified <input type="checkbox"/> Medical insurance company name and policy or Medicaid, Medicare , or CHAMPUS number, if any; <input type="checkbox"/> Currently prescribed medications and over-the-counter medications used by the individual				

<input type="checkbox"/> Medication and food allergies <input type="checkbox"/> History of substance abuse <input type="checkbox"/> Significant medical problems or conditions <input type="checkbox"/> Significant ambulatory or sensory problems <input type="checkbox"/> Significant communication problems <input type="checkbox"/> Advance directive, if one exists.				
§760.	Medical equipment.	Maintenance and use of medical equipment, including personal medical equipment and devices		
§770.	Medication management.	Written policies addresses:		
	770.1	Safe administration, handling, storage, and disposal of medications		
	770.2	Use of medication orders;		
	770.3	Handling of packaged medications brought by individuals from home or other residences;		
	770.4	Employees or contractors authorized to administer medication and training required		
	770.5	Use of professional samples; and		
	770.6	Window within which medications can be given in relation to the ordered time of administration.		
	770.B	Meds administered only by persons authorized by state law.		
	770.C	Meds administered only to the individuals for whom the medications are prescribed and administered as prescribed.		
	770.D	Maintained a daily log of all medicines received and refused by each individual. This log shall identify the employee or contractor who administered the medication.		
	770.E	If the provider administers medications or supervises self-administration of medication in a service, a current medication order for all medications the individual receives shall be maintained on site.		
	770.F	Promptly disposes of discontinued drugs, outdated drugs, and drug containers with worn, illegible, or missing labels according to the applicable regulations of the Virginia Board of Pharmacy.		
§800.A	Behavior interventions & supports	Describes the use of behavior interventions & supports		
	§800.A.1	Be consistent with applicable laws		
	§800.A.2	Emphasize positive approaches (specify)		
	§800.A.3	List & define behavior interventions & supports , from least to most restrictive		
	§800.A.4	Protect the safety & well-being of individuals		
	§800.A.5	Specify methods for monitoring their use (include debriefing, who monitors, use of behavioral interventions). All injuries reported to Human Rights,		
	§800.A.6	Specify methods for documenting their use		
	§800.B	Policies developed, implemented & monitored (ongoing process) by employees trained in behavior interventions & supports		
	§800.C	Policies & procedures available to individuals, families, guardians & advocates		
<input type="checkbox"/> Monitoring Behavior Interventions & Supports Form- §800.A (5) (ongoing for use for trends, issues and training needs)				
§810.	Behavioral treatment plan.	A written behavioral treatment plan may be developed as part of the individualized services plan in response to behavioral needs identified through the assessment process. A behavioral treatment plan may include restrictions only if the plan has been developed according to procedures outlined in the human rights regulations. A behavioral treatment plan shall be developed, implemented, and monitored by employees or contractors trained in behavioral treatment.		
<input type="checkbox"/> Abuse/Neglect Reporting Form-§160.C.1 <input type="checkbox"/> Date/Time of allegation <input type="checkbox"/> Name <input type="checkbox"/> Nature of allegation of abuse, neglect, or exploitation <input type="checkbox"/> Type of abuse; <input type="checkbox"/> Whether the act resulted in physical or psychological injury <input type="checkbox"/> Staff involved <input type="checkbox"/> Action taken with staff involved <input type="checkbox"/> Notifications: Human Rights; Licensing; Placing Agency; Guardians/Parents, Date & Times				

☐ Seclusion and/or Restraint Documentation Form §830

☐ Physician's order (N/A for many community program)

☐ Date and time

☐ Employees or contractors involved

☐ Circumstances and reasons for use

☐ Other behavior management techniques attempted

☐ Duration

☐ Type of technique used

☐ Outcomes, including documentation of debriefing and reports to guardians, Human Rights, or others as required.

§870.	Written records management policy.	Describes confidentiality, accessibility, security, and retention of records pertaining to individuals, including:		
	870.A.1	Access, duplication and dissemination of information only to persons legally authorized according to federal and state laws;		
	870.A.2	Storage, processing and handling of active and closed records;		
	870.A.3	Storage, processing and handling of electronic records;		
	870.A.4	Security measures to protect records from loss, unauthorized alteration, inadvertent or unauthorized access, disclosure of information and transportation of records between service sites; physical and data security controls shall exist for electronic records;		
	870.A.5	Strategies for service continuity and record recovery from interruptions that result from disasters or emergencies including contingency plans, electronic or manual back-up systems, and data retrieval systems;		
	870.A.6	Designation of person responsible for records management; and		
	870.A.7	Disposition of records in event the service ceases operation. If the disposition of records would involve a transfer to another provider, the provider shall have a written agreement with that provider.		
	870.B	The records management policy shall be consistent with state and federal laws and regulations including:		
	870.B.1	Section 32.1-127.1:03 of the Code of Virginia;		
	870.B.2	42 USC § 290dd;		
	870.B.3	42 CFR Part 2; and		
	870.B.4	The Health Insurance Portability and Accountability Act (Public Law 104-191) and implementing regulations (45 CFR Parts 160, 162, and 164).		
	12 VAC 35-115-80.C (2)	Human Rights Regulations regarding when records may be released without consent.		
§880.	Documentation policy.			
	880.A	Defines all records address an individual's care and treatment and what each record contains.		
	880.B.	Defines a system of documentation that supports appropriate service planning, coordination, and accountability. At a minimum this policy shall outline:		
	880.B.1	The location of the individual's record;		
	880.B.2	Methods of access by employees or contractors to the individual's record; and		
	880.B.3	Methods of updating the individual's record by employees or contractors including frequency and format.		
	880.C.	Entries in the individual's record shall be current, dated, and authenticated by the person making the entry. Errors shall be corrected by striking through and initialing. A policy to identify corrections of record, if electronic		

<input type="checkbox"/> <u>Client Face Sheet Form -§890.B</u> <input type="checkbox"/> Identification number unique for the individual <input type="checkbox"/> Name of individual <input type="checkbox"/> Current residence, if known <input type="checkbox"/> Social security number <input type="checkbox"/> Gender <input type="checkbox"/> Marital status <input type="checkbox"/> Date of birth <input type="checkbox"/> Name of authorized representative, if applicable <input type="checkbox"/> Name, address, and telephone number for emergency contact <input type="checkbox"/> Adjudicated legal incompetency or legal incapacity if applicable; and <input type="checkbox"/> Date of admission to service				
<input type="checkbox"/> <u>Individual's Service Record Form -§890.C :</u> <input type="checkbox"/> Screening documentation; <input type="checkbox"/> Assessments; <input type="checkbox"/> Medical evaluation, as applicable to the service; <input type="checkbox"/> Individualized services plans and reviews; <input type="checkbox"/> Progress notes; and <input type="checkbox"/> A discharge summary, if applicable				
<input type="checkbox"/> <u>Therapies- Individual/Group Form-§580.C.(2)</u> <input type="checkbox"/> Date <input type="checkbox"/> Time <input type="checkbox"/> Format <input type="checkbox"/> Staff signature				
<input type="checkbox"/> <u>Release of Information Form-§80.B (4) (Human Rights)</u> <input type="checkbox"/> Specify what is to be released <input type="checkbox"/> Specifically whom the information is being released to (specific person or position) <input type="checkbox"/> Dated <input type="checkbox"/> Notification it can be revoked <input type="checkbox"/> Expiration date <input type="checkbox"/> Signatures of resident & LAR				
§920.	Review process for records.	Review process to evaluate both current and closed records for completeness, accuracy, and timeliness of entries		
<input type="checkbox"/> <u>Record Review Form-§920</u> <input type="checkbox"/> Addresses personnel records <input type="checkbox"/> Addresses resident records <input type="checkbox"/> MAR's <input type="checkbox"/> Staff completing the review <input type="checkbox"/> Follow-up needed				
§1255	Case Management Choice.	Written policy describing how individuals are assigned case managers and how they can request a change of their assigned case manager.		

Please Note:

By submitting this form with your policies and procedures, the applicant is verifying that he/she has completed all policies including each element of the policy, developed all required forms and has knowledge and understanding as required by the licensing regulations. If policies are not complete it will delay the licensing process. The incompleteness of all required policies and procedures will result in a delay in receiving a license and possibly being denied a license.

Signature: _____ Date: _____



Department of Behavioral Health and Developmental Services
Policy and Procedures (Sample # 1)

Area:	Policy: 12 VAC 35-105-390	Page 1 of 2 pages
Title: Confidentiality and Security of Personnel Records		

Policy:

Provider will keep all employees records confidential and secure.

Procedures:

New employees, contractors, volunteers and students to this provider will have personnel record.

1. Personnel records will be kept at the office
2. Staff may access the personnel file only with permission because of confidentiality
3. Provider will not use electronic record for personnel files
4. Separate file will be kept for medical, background and registry checks and general personnel records
5. Personnel record will contain all training documents

This policy and procedures would be unacceptable because it:

- **Needed more information on the policy statement**
- **The heading is incomplete**
- **Does not give clear step as what the provider's system is for protecting the confidentiality of the personnel records**
- **Is not specific as to which office the records will be kept in.**
- **Must identifies who, how, when and why- for all staff having access to the employee records**

Note: How well the policies and procedures are developed, used to train your staff, implemented and then monitored, could determine the health and safety, life or death of the individuals you provide services and supports to.

UNACCEPTABLE



**Department of Behavioral Health and Developmental Services
Policy and Procedures (Sample # 2)**

Area: Record Management	Policy: 12 VAC 35-105-870	Page 1 of 4 pages
Title: Paper and Electronic Records Management Policy	Issued: 9/20/17	Revised:

Policy:

In order to comply with the regulation a written policy has been established for record management and includes confidentiality, accessibility, security and retention of paper and electronic records pertaining to individuals being served. This policy will cover electronic and paper documents.

Procedures:

An individual file will be maintained as a record of services delivered for all persons participating in this program. Records will be paper unless noted as electronic file.

A. Access and limitation of access, duplication, or dissemination of individual information to persons who are authorized to access such information according to federal and state laws.

1. The files cabinets containing the service record for each individual will a locked, flame retardant file cabinet which will be located in the administrative office; this office has a locked door and must be opened by the employees authorized to share the key.
2. Access to the individual's file will be limited to employees having a role in the development of the Individual Support Plan (ISP), and dependent on the level of support being provided.
3. Limited access to the individual's files will be determined by the role of the professional requesting access and having responsibilities for supports such as: assessment and admission determination, medical care, direct care, and clinical interventions etc.
 - a. Supervisor and directors or designees will determine level of employees and grant permission to access the individuals file of record
 - b. Limited access the file by the individual is dependent on their capacity as determined by a medical professional such as a psychiatrist, primary physician etc.
4. Duplication of the individual's file may only be completed by the supervisor, director or designee and the purpose of the duplication must be documented on the "Record Retrieval Form" and include the date of the duplication, and employee name and title.
5. Dissemination of the record must be with written approval of the individual when applicable, placing agent, legally authorized representative (LAR), authorized representative (AR) etc. and documented on the "Authorization to Release Information Form."
 - a. The written approval to disseminate record must be placed in the file
 - b. No general written approval will be accepted for dissemination of record
 - c. The written notice must have the name of the recipient, business name , business address, relationship to the individual, name of the person given the permission to dissemination the

Area: Record Management	Policy: 12 VAC 35-105-870	Page 2 of 4 pages
Title: Paper and Electronic Records Management Policy	Issued: 9/20/17	Revised:

record and the time frame in which the written authorization is valid

- d. Dissemination to state or federal law enforcement personnel will be completed by following their agency's guidelines and then immediately notify the placing agency, LAR or AR when it is appropriate to do so.
- e. Provider will comply with the state licensing representative and grant access, duplication and dissemination of the individuals file of records when requested and or during required agency business such as investigation, inspections and annual reviews etc.

A.2 Storage, processing, and handling of active and closed records

1. All files will be stored in a locked flame retardant cabinet, in a locked office.

Storage of the file of records will be individually for each person receiving service. There will be one record with three sections (medical, program service and financial) for easy access to the documents ; For example a program service section of the record would have assessments, initial and annual individual support plan (ISP), monthly data sheet, quarterly progress reports, documentation of special supports or revision of the ISP. The documents in the record will be filed in chronological dates with the most recent item on the top.

2. The stored file of records will be monitored and maintained by the supervisor or designee of the program.
3. Files must be checked out for specific purposes and then returned; documented of usage must be on the file in/out form.
4. Active files will be maintained separately from closed files and reviewed quarterly for quality assurance (QA); compliance with table of content will be the focus of the QA review.
5. Closed files will be stored in a separate flame retardant file cabinet labeled with the month, year (for beginning and ending dates of the content) and the alphabet of names contained in the file. For example, January 2016-March 2016 (A-C).
6. Closed files documents will be kept in storage for a minimum of ten years or as specified by state and federal requirements
7. Duplication and dissemination of the stored material from active or closed files will be documented on required agency form.

A.3 Storage, processing and handling of electronic records

1. Electronic record will not be used at this time
- #### **A.4 Security measure that protect records from loss, unauthorized alteration, inadvertent or unauthorized access, disclosure of information and transportation of records between service sites**

1. Paper Records

- a. All employee access the file cabinet must lock in after each use to protect the content from unauthorized use.
- b. Loss information must be reported to the supervisor, directors and designee who will inform the individual, family, authorized responsible agent and significant others of the loss of information. Retrieval of the loss information from other sources must be done immediately to ensure continuity of care and service.

Area: Record Management	Policy: 12 VAC 35-105-870	Page 3 of 4 pages
Title: Paper and Electronic Records Management Policy	Issued: 9/20/17	Revised:

- c. Assessment of the incident involving the loss of information must be completed within 24 hours to avoid any future incidents. Outcome of investigation may include , retraining and record security, change in storage procedures, suspension or termination (depends on severity and volume of loss information)
- d. Errors in documents must be identified by sticking through the error and writing the word “error” and the “employees initial” above the inaccurate information.
- e. Employees will be trained on monitoring where they sit /stand when working in the records and to avoid leaving the files unsupervised in public places or in places where someone can look into the record without permission.
- f. All disclosures and exchange of information must be done with permission and only to persons or facilities identified in writing on the approved agency “authorization to release information form” for each individuals.
- g. Authorization forms may not be used after the documented end date
- h. Records must be transported or shared between program and authorized persons or facility by facsimile, encrypted emails, postal services or delivered in person. Records used between services sited must be placed in locked box, briefcase or a similar case and placed in the trunk when the vehicle is unmanned.
- i. Records must be returned to the appropriate locked file cabinet when not in use or is undeliverable.
- 2. Electronic records
 - a. Electronic Records will not be used at this time.

A.5 Strategies for service continuity and record recovery from interruptions that result from disasters or emergencies including contingency plans, electronic or manual back-up system and data retrieval system.

- 1. The employees will be reminded that safety and well-being is the priority; however, services not documented (abridged or full range) means no service rendered.
- 2. In the event of service interruption the supervisor, director or designee will provide copies of paper documents/forms for the employees to use when documenting services in their temporary location or current location.
- 3. Records not immediately retrievable from file cabinets will be sought through requesting copies from placing agency, AR, LAR, or other persons who may have records due to exchange of information or service provider to a mutual individual .
- 4. Records may be recreated from the data where possible in the form reports and identified and a duplicated record due to interruption of services by disaster or emergency. The reason for the duplicated record must be identified

A.6 Designation of person responsible for records management

- 1. The supervisor, director or their designee will be tasked with monthly quality assurance review of the files of records.

Area: Record Management	Policy: 12 VAC 35-105-870	Page 4 of 4 pages
Title: Paper and Electronic Records Management Policy	Issued: 9/20/17	Revised:

2. The records will be checked against the table of content and other agency policies and procedures for completing forms, and documents for service delivered
3. All findings from the monthly QA review that requires further attention or need to be completed will be responded to by the appropriate employee within fourteen days.

A.7 Disposition of records

1. In the event that the service ceases operation the records will be returned to the placing agency. The face sheet, copies of vital records documents, health history, application for admission, discharge information will be shared with AR, LAR, placing agency representative.
2. If the provider opens another business, the face sheet, application for admission, discharge information will be stored in a secured location to be identified prior to placing the files in that location for ten years or until they cease operation of the new business. They will notify the original placing agency of this business and records stored. Records may be destroyed with permission of the placing agency and or their representative when it deemed to be no longer needed.
3. If the records will be transfer to another provider, the provider must have a written agreement with the provider whose business is ceasing. A document containing the name of both providers (sender and receiver parties) will be completed and files in the permanently stored record.
4. The transferred records receipt will be shared with the placing agency, AR, LAR and stored a copy of the transfer agreement with the archived record held by the provider.

B Record management policy will comply with state and federal regulations including:

1. Records will comply with Section 32.1-127.1:03 of the Code of Virginia
2. 42 USC § 290dd
3. 42 CFR Part 2;
4. Records will be maintained and handled according to the Health Insurance Portability and Accountability Act (Public Law 104-191) and implementing regulation (45 CFR Parts 160, 162, and 164)

ACCEPTABLE



Department of Behavioral Health and Developmental Services
ON-SITE REVIEW PREPARATION CHECKLIST

An On-site Inspection Will Not Be Conducted or a License Will Not Be Issued Unless All Items Listed Have Been Completed

Provider Name _____

License Number _____ **Date of Site Visit is scheduled for** _____

1. Staffing Schedule: including staff names, titles/credentials, all required training, and have oriented enough staff to begin service operation, (to include relief staff); Additional requirements:
 - ☐ Resumes of applicable work experience and education,
 - ☐ Staff training completed in CPR, First Aid, Behavior Intervention, Emergency Preparedness and Infection Control and Medication Management, if applicable.
2. Criminal background checks and Central Registry (VDSS) searches **must be initiated** for all staff that will begin work. For **all services except children's residential**:
DBHDS BIU Contact:
 - ☐ **Malinda Roberts** at **804-786-6384** for all services except children's residential
 - ☐ [Central Registry](#) (VDSS) for all services:
 - o Criminal background check and Central Registry (DSS) **results must be received** by the provider prior to scheduling staff to work for **children's residential facilities only**.
 - o Contact: Timetria Turner and/or Robert Carneal at (804) 726-7092 for children's residential only
3. Licensing Policies and Procedures Approved;
4. Human Rights [Compliance Verification Form](#) submitted to OHRpolicy@dbhds.virginia.gov; Proof of verification (email) will need to be presented at on-site inspection.
5. Proof of Insurance (general liability, professional liability, vehicular liability, & property damage)
6. Proof of funds/line of credit for service provided (Updated and Current)
7. Personnel: records must be complete and include evidence of completed applications for employment, evidence of required training and orientation, reference checks, and evidence of submitted background investigations
8. Client records, (a sample client record).
9. Ready to demonstrate your knowledge of and ability to implement your service description and policies and procedures
10. Certificate of Occupancy;
11. Regulations regarding the physical plant are in compliance;
12. **Availability** of the **Final Policy Manual** (including all policies/forms) that was preliminarily approved. The licensing specialist will determine the final approval of the final policy manual.



Department of Behavioral Health and Developmental Services

PHYSICAL ENVIRONMENT REVIEW FORM

Office of Licensing

PROVIDER:		LICENSE #:
SERVICE:		SPECIALIST:
DATE:	<input type="checkbox"/> Scheduled Inspection	<input type="checkbox"/> Unannounced Inspection

Regulation	DESCRIPTION	Service Score	Service Score	Service Score
§140	License is Available			
§150.4	Abbreviated Statement of Human Rights Posted			
§220.1	Indemnity Coverage: General liability;			
§220.2	Indemnity Coverage: Professional liability;			
§220.3	Indemnity Coverage: Vehicular liability;			
§220.4	Indemnity Coverage: Property damage.			
§240.C	Individual handling resident funds is indemnified/surety bonds			
§260	Certificate of Occupancy			
§265	Floor plan with room dimensions			
§280.A	Physical environment appropriate to population & services			
§280.B	Furnishings clean, dry, free of odors, safe & maintained			
§280.C	Environment design, structure, furnishings & lighting appropriate to population & services			
§280.D	Floor surfaces & coverings promote mobility, and maintaining sanitary conditions			
§280.E	Physical Environment well ventilated			
§280.F	Adequate hot/cold water between 100°-110°			
§280.G	Lighting sufficient for activities & all areas lighted for safety			
§280.H	Recycling, composting & garbage shall not create nuisance, permit disease transmission or breed insects/rodents			
§280.I	Smoke free areas			
§280.J	After 9/19/02 minimum room height 7½ feet			
§290	Services that prepare food—annual food service inspection			
§300.A	If not on public water, annual Sewer & Water Inspections			
§300.B	Locations not on public water, annual water system inspections			
§310	Written weapons policy that requires no weapons, unless			
§310.1	In possession of licensed security or sworn law enforcement			
§310.2	Kept securely under lock & key			
§310.3	Used under the supervision of a responsible adult in accordance with policy			
§320	Residential facilities over eight beds annual certification of maintenance under Virginia Statewide Fire-Safety Code			
§325	Community Liaison shall be designated by provider			
§330.A	Provider not operate more beds than licensed for			
§330.B	ICF/MR facility limited to twelve (12) beds at any one location			
§340.A.1	Single occupancy >80 square feet			
§340.A.2	Multiple occupancy at least >60 square feet per person			
§340.B	No more than four individuals share a room, expect in group homes where no more than two (2) shall share a bedroom in all homes opened after 12/7/11.			
§340.C	Adequate storage space accessible to bedroom for each individual			

Regulation	DESCRIPTION	Service Score	Service Score	Service Score
§350	Beds shall be clean, comfortable, mattress, pillow, blanket, & linens. Soiled linen changed with staff assistance if necessary			
§360.A	Bedrooms & bathrooms windows provide privacy			
§360.B	Bathrooms not intended for individual use shall provide for privacy			
§360.C	No path of travel to a bathroom through a bedroom			
§370	After 1/13/1995, one toilet, hand basin, shower or bath for every 4 individuals			
§380	Adequate lighting in halls & bathrooms at night			
§520.C	At least annual safety inspections at all service locations			
§530.8	Supporting documents that may be needed in an emergency: locations of utilities, designated escape routes, list of major resources such as shelters			
§530.9	Schedule for testing implementation of emergency plan & conducting emergency preparedness drills			
§540.A	Telephones available for emergencies			
§540.B	Posted ER telephone numbers near to telephones to include: nearest hospital, ambulance service, rescue squad, trained medical personnel, poison control & police			
§550	First aid kit to include: thermometer, bandages, saline, band-aids, sterile gauze, tweezers, instant ice pack, adhesive tape, first aid cream, & antiseptic soap			
§560	Operable flashlights			
§740.C	Locations for physical exams ensure privacy			
§750.B	Emergency medical information readily available			
§790.A.1	Pharmacy/drug storage & disposal in compliance with Drug Control Act			
§790.A.2	VA Board of pharmacy regulations			
§790.A.3	VA Board of Nursing regulations & Medication Administration Curriculum			
§790.A.4	Applicable federal laws relating to controlled substances			
§840.A	Seclusion rooms meet design requirements for use for detention			
§840.B	Be at least six feet wide by six feet long, minimum ceiling height 8'			
§840.C	Free of protrusions, sharp corners, hardware or fixtures that could cause injury			
§840.D	Windows constructed to minimize breakage			
§840.E	Light fixtures recessed; controls outside room			
§840.F	Doors 32 inches wide, open outward, observation panel not exceeding 120 square inches			
§840.G	Contains only mattress & pillow			
§840.H	Temperature appropriate for season			
§840.I	All spaces visible through locked door			
§900.A	When not in use active & closed records stored in locked cabinet or room			
§900.B	Physical & Data security controls for electronic records			



Department of Behavioral Health and Developmental Services
NON-RESIDENTIAL PHYSICAL ENVIRONMENT REVIEW FORM
Office of Licensing

PROVIDER:	LICENSE #:
SERVICE:	SPECIALIST:
DATE:	<input type="checkbox"/> Scheduled Inspection <input type="checkbox"/> Unannounced Inspection

Regulation	DESCRIPTION	Service Score	Service Score	Service Score
§140	License is Available			
§150.4	Abbreviated Statement of Human Rights Posted			
§260	Certificate of Occupancy			
§265	Floor plan with dimensions			
§280.A	Physical environment appropriate to population & services			
§280.B	Furnishings clean, dry, free of odors, safe & maintained			
§280.C	Environment design, structure, furnishings & lighting appropriate to population & services			
§280.D	Floor surfaces & coverings promote mobility, and maintaining sanitary conditions			
§280.E	Physical Environment well ventilated			
§280.F	Adequate hot/cold water between 100°-120°			
§280.G	Lighting sufficient for activities & all areas lighted for safety			
§280.H	Recycling, composting & garbage shall not create nuisance, permit disease transmission or breed insects/rodents			
§280.I	Smoke free areas			
§280.J	After 9/19/02 minimum room height 7½ feet			
§290	Services that prepare food—annual food service inspection			
§300.A	If not on public water, annual Sewer & Water Inspections			
§300.B	Locations not on public water, annual water system inspections			
§310	Written weapons policy that requires no weapons, unless			
§310.1	In possession of licensed security or sworn law enforcement			
§310.2	Kept securely under lock & key			
§310.3	Used under the supervision of a responsible adult in accordance with policy			
§360.B	Bathrooms not intended for individual use shall provide for privacy			
§520.C	At least annual safety inspections at all service locations			
§530.8	Supporting documents that may be needed in an emergency: locations of utilities, designated escape routes, list of major resources such as shelters			
§530.9	Schedule for testing implementation of emergency plan & conducting emergency preparedness drills			
§540.A	Telephones available for emergencies			

§540.B	Posted ER telephone numbers near to telephones to include: nearest hospital, ambulance service, rescue squad, trained medical personnel, poison control & police			
§550	First aid kit to include: thermometer, bandages, saline, band-aids, sterile gauze, tweezers, instant ice pack, adhesive tape, first aid cream, antiseptic soap			
§560	Operable flashlights			
§740.C	Locations for physical exams ensure privacy			
§750.B	Emergency medical information readily available			
§790.A.1	Pharmacy/drug storage & disposal in compliance with Drug Control Act			
§790.A.2	VA Board of pharmacy regulations			
§790.A.3	VA Board of Nursing regulations & Medication Administration Curriculum			
§790.A.4	Applicable federal laws relating to controlled substances			
§900.A	When not in use active & closed records stored in locked cabinet or room			
§900.B	Physical & Data security controls for electronic records			



Department of Behavioral Health and Developmental Services

INDIVIDUAL RECORD REVIEW FORM

Office of Licensing

PROVIDER:		LICENSE #:							
SERVICE:		SPECIALIST:							
DATE:		<input type="checkbox"/> Scheduled Inspection				<input type="checkbox"/> Unannounced Inspection			
COMMENTS:		Name/Record Number							
§ 645 SCREENING/ADMISSION, ASSESSMENT, SERVICE PLANNING, ORIENTATION AND DISCHARGE									
§645.B.1	Date of Contact								
§645.B.2	Name, Age, Gender of Individual								
§645.B.3	Address/Phone Number								
§645.B.4	Reason for service request								
§645.B.5	Disposition of individual including referral to other services								
§645.D	Documentation retained for 6 months								
§ 650.E INITIAL ASSESSMENT OF INDIVIDUALS									
§ 650.E.1	Diagnosis								
§ 650.E.2	Presenting needs								
§ 650.E.3	Current medical problems								
§ 650.E.4	Current medication								
§ 650.E.5	Current & past substance use or abuse								
§ 650.E.6	At- risk behavior to self & others								
§ 650.F COMPREHENSIVE ASSESSMENT OF INDIVIDUALS									
§ 650.F.1	Onset/duration of problems								
§ 650.F.2	Social/behavioral/developmental/family history								
§ 650.F.3	Cognitive functioning, including strengths and weaknesses								
§ 650.F.4	Employment/vocation/educational background								
§ 650.F.5	Previous interventions/outcomes								
§ 650.F.6	Financial resources and benefits								
§ 650.F.7	Health history and current medical care needs:								
§ 650.F.7.a	Allergies								
§ 650.F.7.b	Recent Physical Complaints								
§ 650.F.7.c	Chronic Conditions								
§ 650.F.7.d	Communicable Diseases								
§ 650.F.7.e	Handicaps or Restrictions, if any								
§ 650.F.7.f	Past Serious Illness, Serious Injury and Hospitalizations								

§ 650.F.7.g	Family Medical History								
§ 650.F.7.h	Current & Past Drug Use, including alcohol, prescription, non-prescription and illicit drugs								
§ 650.F.7.i	Sexual health and reproductive history								
§ 650.F.8	Psychiatric and substance use issues including current MH or SA use needs								
§ 650.F.9	History of abuse, neglect, sexual, or domestic violence, or trauma including psychological trauma								
§ 650.F.10	Legal status; guardianship, commitment, payee status, criminal charges/convictions, probation/parole								
§ 650.F.11	Relevant criminal charges or convictions and probation or parole status								
§ 650.F.12	Daily Living skills								
§ 650.F.13	Housing arrangements								
§ 650.F.14	Ability to access services								
§ 650.F.15	Fall risks, communication needs, mobility and adaptive equipment needs								
§ 660 INDIVIDUALIZED SERVICE PLAN (ISP)									
§ 660.A	Individual served/Authorized Representative (AR) involved in decision making development, review and revision of person-centered ISP								
§ 660.B	Initial person-centered ISP shall be developed and implemented within 24 hours of admission to address immediate service, health and safety needs: For 1 st 30 days for MH/SA clients For 1 st 60 days for ID/DD clients								
§ 660.C	Comprehensive person-centered ISP completed: No later than 30 days for MH/SA clients, No later than 60 days for ID/DD clients								
§ 665 ISP REQUIREMENTS									
§ 665.A.1	Relevant and attainable goals, measureable objectives and specific strategies for addressing each need								
§ 665.A.2	Services & supports and frequency of services								
§ 665.A.3	Role of individual & others implementing ISP								
§ 665.A.4	Communication plan, if applicable								
§ 665.A.5	Behavior plan, if applicable								
§ 665.A.6	Safety plan addresses identified risks to self and other								
§ 665.A.7	A crisis or relapse plan, if applicable								
§ 665.A.8	Target dates for goals and objectives								
§ 665.A.9	Staff responsible of coordination & integration of services								
§ 665.A.10	Recovery plans, if applicable								
§ 665.B	Signed & dated by individual served & person responsible for implementation								

§ 665.C	Provider designates person responsible for developing, implementing and reviewing and revising individual's ISP									
§ 665.D	Staff responsible for implementing ISP demonstrates a working knowledge of the objective and strategies in ISP.									
§ 665.E	Short- term services (e.g. inpatient and crisis stabilization) provided in less than 30 days shall develop ISP with in a timeframe consistent with length of stay									
§ 665.F	ISP shall be consistent with plan of care									
§ 665.H	When possible, the identified goals in the ISP shall be written in the words of the individual receiving services.									
§ 675 REASSESSMENT AND ISP REVIEWS										
§ 675.A	Reassessments shall be completed at least annually or sooner when there is a medical, psychiatric or behavioral status change									
§ 675.B	Update ISP at least annually; reviews at least every three months (quarterlies)									
§ 680 PROGRESS NOTES										
§ 680	Signed & dated progress notes document services provided & implementation of ISP									
§ 690 ORIENTATION										
§ 690.B.1	Mission of Provider									
§ 690.B.2	Individual Confidentiality Practices									
§ 690.B.3	Individual Human Rights & how to Report Violations									
§ 690.B.4	Participation in Services and Discharge Planning									
§ 690.B.5	Fire Safety & Emergency Preparedness Procedures									
§ 690.B.6	The Grievance Procedure									
§ 690.B.7	Service Guidelines									
§ 690.B.8	Hours & days of Operation									
§ 690.B.9	Availability of After- Hours Service									
§ 690.B.10	Any changes or fees due from individual									
§ 690.D	Documentation that orientation provided									
§691 TRANSITION OF INDIVIDUALS AMONG SERVICES										
§ 691.B.1	Reason for transfer									
§ 691.B.2	Documentation of involvement of individual or AR in the decision to move and planning for transfer									
§ 691.B.3	Current psychiatric/medical condition of individual									
§ 691.B.4	Updated progress of ISP goals and objectives									
§ 691.B.5	Emergency medical information									
§ 691.B.6	Current medications and dosages in use and over-the-counter medications									
§ 691.B.7	Transfer date									
§ 691.B.8	Signature of Transfer Summary Author									

§ 693 DISCHARGE									
§ 693.B	Written discharge instructions								
§ 693.C	Appropriate arrangements for referrals								
§ 693.D	Discharge consistent with ISP & criteria								
§ 693.E	Documented involvement								
§ 693.F	Within 30 Days of Discharge								
§ 693.F.1	Reason for admission and discharge								
§ 693.F.2	Individual's Participation in D/C Planning								
§ 693.F.3	Individual's Level of Functioning								
§ 693.F.4	Recommendations on procedures, activities, or referrals & status, arrangements and location & arrangements of future services								
§ 693.F.5	Status, location and arrangements made for future services								
§ 693.F.6	Progress made toward Goals/ Objectives								
§ 693.F.7	Discharge Date								
§ 693.F.8	Discharge Medications, if applicable								
§ 693.F.9	Date Discharge Summary was written								
§ 693.F.10	Signature of Discharge Summary Author								
§710 CRISIS INTERVENTION AND EMERGENCIES									
§710.A.1	Date and Time								
§710.A.2	Nature of crisis or emergency								
§710.A.3	Name of individual								
§710.A.4	Precipitating factors								
§710.A.5	Interventions/treatment provided								
§710.A.6	Staff involved								
§710.A.7	Outcome								
§710.B	Crisis intervention documentation is part of the record								
§ 740.B PHYSICAL EXAM:									
§ 740.A	Physical Exam within 30 days								
§ 740.B.1	General Physical Condition								
§ 740.B.2	Evaluation for Communicable Diseases								
§ 740.B.3	Recommendation for Further Treatment								
§ 740.B.4	Other Exams that might be Indicated								
§ 740.B.5	Date & Signature of a Qualified Practitioner								
§ 750 EMERGENCY MEDICAL INFORMATION									
§ 750A.1.a	Name, Address, Phone # of Physician to be called								
§ 750A.1.b	Name, Address, Phone # of Relative or Significant other to be notified								
§ 750A.2	Medical Insurance Information								
§ 750A.3	Medications Being Used								
§ 750A.4	Medication and Food Allergies								
§ 750A.5	History of Substance Abuse								
§ 750A.6	Significant Medical Problems								
§ 750A.7	Significant ambulatory or sensory problems								
§ 750A.8	Significant communication problems								
§ 750A.9	Advance Directive, if one exists								
§ 750.B	Current emergency medical information shall be readily available to staff who may respond to a medical emergency								
§770 & §780 MEDICATIONS									

§ 770.D	Medication log maintained								
§ 780. 6	Medication errors documented in individual medication record								
§ 810 BEHAVIOR TREATMENT PLANS									
§ 810	Behavior Plan developed by trained staff								
§ 830 DOCUMENTATION OF SECLUSION, RESTRAINT AND TIME OUT									
§ 830.C.1	Physician's Order (applies to seclusion & restraint)								
§ 830.C.2	Date and Time								
§ 830.C.3	Employees or Contractors Involved								
§ 830.C.4	Circumstances and Reasons for Use including other Behavior Management Techniques Attempted								
§ 830.C.5	Duration								
§ 830.C.6	Type of Technique Used								
§ 830.C.7	Outcomes, including debriefing of individual and staff following the incident								
§ 890.B IDENTIFYING INFORMATION ON ADMISSION									
§ 890.A	Single primary record								
§ 890.B.1	Unique Identifier:								
§ 890.B.2	Name of Individual:								
§ 890.B.3	Current Address (if known):								
§ 890.B.4	SSN:								
§ 890.B.5	Gender:								
§ 890.B.6	Marital Status:								
§ 890.B.7	Date of Birth:								
§ 890.B.8	Name of Legal Guardian: (if applicable)								
§ 890.B.9	Name, Address, Phone # of Emergency. Contacts								
§ 890.B.10	Legal Status:								
§ 890.B.11	Date of Admission:								
§ 890.C PRIMARY RECORD CONTENTS									
§ 890.C	Admission Form								
§ 890.C.1	Screening/Referral Documentation								
§ 890.C.2	Assessments								
§ 890.C.3	Medical Evaluation: (applicable to service)								
§ 890.C.4	Ind. Service Plan(s) and Reviews:								
§ 890.C.5	Progress Notes								
§ 890.C.6	Discharge Summary: (if applicable)								



Department of Behavioral Health and Developmental Services

PERSONNEL RECORD REVIEW FORM

Office of Licensing

PROVIDER:		LICENSE #:
SERVICE:		SPECIALIST:
DATE:	<input type="checkbox"/> Scheduled Inspection	<input type="checkbox"/> Unannounced Inspection

COMMENTS:								
DATE OF HIRE:								
§ 390.C	Separate File for Health Information							
§ 400	Separate File for Background and Registry Check							
§ 400	Criminal Background Check: State							
§ 400	Criminal Background Check: FBI							
§ 400	Central Registry Check							
§ 400.D	Prior to beginning duties							
§ 400.E.1	Provider will maintain disclosure statement							
§ 400.E.2	Provider will maintain Documentation that material was submitted & departmental transmittal results							
§ 410.A.1	Job Description includes job title							
§ 410.A.2	Job Description includes duties & responsibilities							
§ 410.A.3	Job Description includes title of supervisor							
§ 410.A.4	Job Description includes minimum KSA							
§ 420.A	Qualified for Job:							
§ 420.B	Verification of Prof. Credentials							
§ 430	Personnel Record:							
§ 430.A.1	Identifying information							
§ 430.A.2	Education & training history							
§ 430.A.3	Employment history							
§ 430.A.4	Verification of Credentials							
§ 430.A.5	Job-related references and verification of employment history.							
§ 430.A.6	Results of Criminal/Registry							
§ 430.A.7	Performance Evaluations							
§ 430.A.8	Disciplinary actions (if any)							
§ 430.A.9	Licensing org./HR adverse actions (if any)							
§ 430.A.10	Record of Employee Participation in dev. activities/orientation							
§ 440	Orientation of Staff –15 business days							
§ 440.1	Orientation: Objectives & Philosophy							

COMMENTS:								
DATE OF HIRE:								
§ 440.2	Orientation: Confidentiality							
§ 440.3	Orientation: Human Rights							
§ 440.4	Orientation: Personnel policies							
§ 440.5	Orientation: Emergency preparedness							
§ 440.6	Orientation: Person-centeredness							
§ 440.7	Orientation: Infection control							
§ 440.8	Orientation: Other applicable policies							
§ 450	Staff Training & Development:							
§ 460	Emergency Medical or First Aid Training							
§ 460	CPR							
§ 470	Written policy of staff kept informed of Policy changes							
§ 480.A	Written policy for Performance evaluations							
§ 480.B	Performance evaluation include developmental needs							
§ 480.C	Performance evaluation at least annually for each employee or contractor							
§ 510.A	Initial TB screening w/in 30 days							
§ 510.B	Annual TB (SA - OP & Residential.):							
§ 530.B.1	ER preparedness training: alerting personnel & sounding alarms							
§ 530.B.2	ER preparedness training: implementing evacuation procedures							
§ 530.B.3	ER preparedness training: using, maintaining & operating equipment							
§ 530.B.4	ER preparedness training: Accessing ER medical information							
§ 530.B.5	ER preparedness training: utilizing community supports							
§770.B&C -780.3	Medication Management Training:							
§ 800.B	Behavior Management Training							



ANNUAL OPERATING BUDGET

Service Name: _____

Type of Service: _____

Date: _____

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTALS
1. ADMINISTRATION													
Office equipment & supplies													
Accounting													
Licensing fees													
Legal fees													
Insurance(s)													
Professional liability													
General liability													
Property liability													
Commercial Vehicular liability													
Employee Bonding													
Advertising													
2. SALARIES, WAGES & BENEFITS													
Salaries: (List each separately)													
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
FICA (Social Security)													
Health Insurance													

Life Insurance													
Employee training (special)													
Other benefits													
3. OPERATIONS													
Food													
Rent/Mortgage													
Utilities:													
<i>Electricity</i>													
<i>Gas</i>													
<i>Cable</i>													
<i>Water</i>													
<i>Sewage</i>													
<i>Internet</i>													
Auto Fuel													
Auto Maintenance													
Facility Maintenance													
Equipment/Supplies													
Motor vehicles													
Laundry/Linens													
Cleaning supplies													
Toiletries													
Staff Travel													
Staff Training (routine)													
Client recreation													
Client allowances													
Office equipment													
Contractual Services													
OTHER:													
Employee taxes													
TOTALS													



REPORT OF SANITATION INSPECTION
DBHDS-RESIDENTIAL SERVICES
DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Name of Facility: _____ Licensed Capacity: _____

Name of Operator: _____ Address: _____

Building(s) Inspected (Please List): _____

I. General Sanitation

A. Approved by Health Department: _____ Yes _____ No

B. Describe Violations: _____

C. Time given to correct violations: _____

II. Sewage Disposal System _____ Public _____ Non-Public

A. Owned by: _____

B. Approved by Health Department: _____ Yes _____ No

III. Water Supply _____ Public _____ Non-Public

A. Owned by: _____

B. Approved by Health Department: _____ Yes _____ No

IV. Swimming Pool

A. Pool meets Health Department guidelines or local swimming pool ordinance, where applicable:

_____ Yes _____ No _____ No Pool

(Attach a copy of Swimming Pool Inspection Report Form LHS-182 or equivalent)

V. Food Service Operations

Apply *The Rules and Regulations of the Board of Health Governing Restaurants*

A. Type of Semi-public Restaurant Operated by Residential Facility:

_____ Semi-public restaurant serving 13 or more recipients of service

_____ Semi-public restaurant serving 12 or less recipients of service

B. Approved by Health Department: _____ Yes _____ No

C. Describe Violations: _____

D. Time given to correct violations _____

(Attach a copy of Food Service Inspection Report Form CHS-152)

VI. Summary

A. Specify any additional health hazards observed: _____

B. Time given to correct hazards: _____

C. Do you plan a follow-up inspection to verify correction of the above violation(s): _____

If yes, anticipated date _____

(Signature of Local Health Director or Designee)

(Mailing Address of Sanitarian)

(Signature of Facility Representative)

(Date of Inspection)

(Telephone Number of Sanitarian)



Accessing the Serious Injury Reporting System (CHRIS)

Resource: [Licensing Online Incident Reporting Resource Guide located on the website.](#)

This process is a requirement for all providers

DELTA is the internet portal used to access CHRIS and other DBHDS applications. Each agency may have one or more representatives from management assigned DELTA oversight depending on the size of the agency. These representatives will oversee CHRIS permissions/role assignments at the agency location and will have back-up staff identified.

These include:

- ☐ DELTA Security Officer: This role processes account requests for their agency (except for their own account) and performs CHRIS functions. This role also performs administrative resets on accounts.
- ☐ DELTA Supervisor: This role submits account and application access requests and updates for their agency (except for their own account) and performs CHRIS functions.
- ☐ Local Administrator: This role approves all application access requests for CHRIS roles in DELTA (except for their own account) and performs CHRIS functions.

The agency accounts for the DELTA Supervisors, Security Officers, and Local Administrators are set up for the agency by DBHDS IT staff from the DELTA Account Request Form (on the DELTA web site).

More details are available on the DELTA web site under DELTA User's Manual. Information Technology Services Phone Number: (804) 371-4695 Email Address: deltaprod@dbhds.virginia.gov Fax Number: (804) 786-2029 Please have your Executive send an email identifying the DELTA Supervisors, Security Officers, and Local Administrator to deltaprod@dbhds.virginia.gov on the DELTA Account Request Form prior to contact for DELTA registration. The DELTA request for agency set up should be completed on the form. A Login and a Password will be sent automatically to you once your information has been processed by your DELTA Supervisor, Security Officer, and Local Administrator (based on the roles and permissions entered). Once you have established access to DELTA, the Delta Portal can be accessed at

<https://delta.dbhds.virginia.gov> or from the main page of www.dbhds.virginia.gov . Just click on the



DELTA logo.



Corrective Action Plan (Sample)

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES CORRECTIVE ACTION PLAN

Investigation ID:

License #: XXX-XX-XXX

Organization Name:

Date of Inspection:

Program Type/Facility Name: Residential Facility

280- Physical environment	N	Both bathtubs are either, in need of a thorough cleaning or replacement. The appearance of the tubs does not meet the requirement of being well-maintained. The sink in the upstairs bathroom has an area of damage, the light fixture has uncovered bulbs, and the mirrors have areas of damage.	The bathtubs have been thoroughly cleaned. A maintenance request was submitted 04/04/09 regarding the bathroom sink, the uncovered bulbs in the bathroom, and the damaged mirror. Cleanliness of bathtubs will be added to the weekly facility review/monitoring list completed by the Program Director. ACCEPTED.	4/30/2016
----------------------------------	---	---	---	-----------

Standard(s) Cited

Comp

Description of Noncompliance

Actions to be Taken

Planned Comp. Date

General Comments / Recommendations:

I understand it is my right to request a conference with the reviewer and the reviewer's supervisor should I desire further discussion of these findings. By my signature on the Corrective Action Plan, I pledge that the actions to be taken will be completed as identified by the date indicated.

_____, Specialist

(Signature of Organization Representative)

Date

Mail to: P O Box 1797
Richmond, VA 23218

Due Date:

C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined

