

POLICIES AND PROCEDURES & REQUIRED FORMS
Standards for Children's Residential Facilities &
Regulations for Providers of Mental Health, Mental Retardation and Substance Abuse
Residential Facilities for CHILDREN

Provider Name:	Date of Review:
CEO:	Specialist:

<i>Standard</i>	Definition		Review Date	Review Date	Review Date	Review Date
22 VAC 42-11-180.A	Responsibilities of the Provider	The provider shall appoint a qualified CAO to whom it delegates in writing, the authority and responsibility for administrative direction of the facility.				
22 VAC 42-11-180.B		The provider shall develop and implement a written decision making plan that shall provide for a staff person with qualifications of the CAO or Program Director to assume temporary responsibility for operation of the facility. Each plan shall include an organizational chart.				
22 VAC 42-11-180.C		Written statement of the philosophy and the objectives of the facility including a description of the target population and the program to be offered				
22 VAC 42-11-180.D		The provider shall develop and implement written policies and procedures to monitor and evaluate service quality and effectiveness on an ongoing basis				
22 VAC 42-11-190.A.1	Fiscal Accountability	An operating statement showing revenue and expenses for the fiscal year just ended;				
22 VAC 42-11-190.A.2		A working budget showing projected revenue and expenses for the next fiscal year that gives evidence that there are sufficient funds to operate				
22 VAC 42-11-190.A.3		A balance sheet showing assets and liabilities for the fiscal year just ended.				
22 VAC 42-11-190.B		A system of financial record keeping that shows a separation of the facility's accounts from all other records				
22 VAC 42-11-190.C.		The provider shall develop and implement written policies and procedures that address the day to day handling of the facilities funds to include:				
22 VAC 42-11-190.C.1		Handling of deposits				
22 VAC 42-11-190.C.2		Writing of checks				
22 VAC 42-11-190.C.3		Handling of petty cash				
22 VAC 42-11-200.A	Insurance	Liability Insurance				
22 VAC 42-11-200.B		Vehicular Insurance				
22 VAC 42-11-200.C		Theft of Resident Funds				
22 VAC 42-11-220	Weapons policy	The provider shall develop and implement written policies and procedures governing the possession and use of firearms, pellet guns, air rifles, and other weapons on the facility's premises the policy shall provide that no firearms, pellet guns, air rifles, or other weapons shall be permitted on the premises unless the weapons are:				
22 VAC 42-11-220.1		In the possession of licensed security personnel,				
22 VAC 42-11-220.2		Kept securely under lock and key, or				

22 VAC 42-11-220.3		Used by a resident with the legal guardian's permission under the supervision of a responsible adult in accord with policies and procedures developed by the facility for the weapons' lawful and safe use				
22 VAC 42-11—280A	Job Descriptions	There shall be a written job description for each position that at a minimum includes the:				
22 VAC 42-11—280A.1		Job title				
22 VAC 42-11—280A.2		Duties and responsibilities				
22 VAC 42-11—280A.3		Job title of the immediate supervisor				
22 VAC 42-11—280A.4		Minimum knowledge skills and abilities required for entry level				
22 VAC 42-11—280B		A copy of the job description shall be given to each person assigned to a position at the time of employment or assignment				
22 VAC 42-11-340.	Chief Executive Officer	The CAO shall have the following responsibilities:				
22 VAC 42-11-340.A.1		Compliance with Interdepartmental and other applicable regulations				
22 VAC 42-11-340.A.2		Responsibility for all personnel				
22 VAC 42-11-340.A.3		Responsibility for overseeing the facilities operation in its entirety, including the approval and design of the structured program of care and its implementation				
22 VAC 42-11-340.A.4		Responsibility for the facilities financial integrity				
22 VAC 42-11-340.B	Qualifications	A CAO appointed after December 28, 2007 shall have at l				
22 VAC 42-11-340.B.1		A master's degree in social work, psychology, counseling, nursing or administration and a combination of two years of professional experience working with children and in administration and supervision				
22 VAC 42-11-340.B.2		Baccalaureate degree in social work, psychology counseling, nursing or administration and five years full time paid work experience, and three of professional experience working with children and in administration and supervision				
22 VAC 42-11-340.B.3		Baccalaureate degree and a combination of four years professional work experience in a children's residential facility and in administration and supervision				
22 VAC 42-11-340.C		Any applicant for the CAO position must submit the following to demonstrate compliance with these qualifications:				
22 VAC 42-11-340.C.1		Official transcripts from the accredited college or University of attendance within 30 days of date of hire				
22 VAC 42-11-340.C.2		Documentation of prior relevant experience				
22 VAC 42-11-350.A	Program Director	The facilities programs shall be directed by one or more qualified persons				
22 VAC 42-11-350		Persons directing programs shall be responsible for the development and implementation of the programs and services offered by the facility, including overseeing assessments, service planning, staff scheduling and supervision				
22 VAC 42-11-350.B		In facilities with 13 or more residents, Program Director is full time				
22 VAC 42-11-350.D	Qualifications	A person appointed after December 28, 2007 to direct programs shall have at least:				
22 VAC 42-11-350.D.1		Master's degree in social work, psychology, counseling , or nursing, and a combination of two years professional experience, in a residential facility for children, and in administration or supervision				
22 VAC 42-11-350.D.2		Baccalaureate degree in social work, psychology, or nursing, and a combination of three years professional experience, in a residential facility for children, and in administration or supervision				

22 VAC 42-11-350.D.3		Baccalaureate degree and a combination of four years professional experience, in a residential facility for children, and in administration or supervision				
22 VAC 42-11-350.D.4		A license or certificate issued by the Commonwealth of Virginia as a drug or alcoholism counselor if the facilities purpose is to treat substance abuse				
22 VAC 42-11-350.E		Any applicant for the program director position shall submit the following to demonstrate compliance with these qualifications:				
22 VAC 42-11-350.E.1		Official transcripts from the accredited college or University of attendance within 30 days of date of hire				
22 VAC 42-11-350.E.2		Documentation of prior relevant experience				
22 VAC 42-11-360.A	Case Manager	Case managers shall have the responsibility for:				
22 VAC 42-11-360.A.1		Coordination of all services offered to each resident				
22 VAC 42-11-360.A.2		Provision of case management services as required by 22 VAC 42-11-760.A				
22 VAC 42-11-360.B	Qualifications	Case Managers shall have:				
22 VAC 42-11-360.B.1		A master's degree in social work, psychology or counseling				
22 VAC 42-11-360.B.2		A baccalaureate degree in social work, psychology or counseling with documented field work experience and must be supervised by the program director or other qualified staff employed by the provider with the same qualifications as required by 22 VAC 42-11-350.D				
22 VAC 42-11-360.B.3		A baccalaureate degree and three years of professional experience working with children				
22 VAC 42-11-370A	Child Care Supervisor	Child Care Supervisors shall have responsibility for the:				
22 VAC 42-11-370A.1		Development of the daily living program within each unit				
22 VAC 42-11-370A.2		Orientation, training and supervision of direct care workers				
22 VAC 42-11-370B	Qualifications	Child Care supervisors shall have:				
22 VAC 42-11-370B.1		A baccalaureate degree in social work, or psychology and two years of professional experience working with children, one of which must have been in a residential facility for children				
22 VAC 42-11-370B.2		A high school diploma or GED and a minimum of five years professional experience working with children with at least two years in a residential facility for children, or				
22 VAC 42-11-370B.3		A combination of education and experience working with children as approved b the lead regulatory authority				
22 VAC 42-11-380.A	Child Care Staff	The child care worker shall have the responsibility for guidance and supervision of the children to whom they are assigned including:				
22 VAC 42-11-380.A.1		Overseeing physical care				
22 VAC 42-11-380.A.2		Development of acceptable habits and attitudes				
22 VAC 42-11-380.A.3		Management of resident behavior				
22 VAC 42-11-380.A.4		Helping to meet the goals and objectives of any required service plan				
22 VAC 42-11-380.B	Qualifications	A child care worker and relief staff shall				
22 VAC 42-11-380.B.1		Have a baccalaureate degree in human services				
22 VAC 42-11-380.B.2		Have an associates degree and three months experience working with children				
22 VAC 42-11-380.B.3		Be a high school graduate or have a GED and have six				

		months of experience working with children				
22 VAC 42-11-380.C		Child care staff with a high school diploma or GED with no experience working with children many not work alone, but may be employed as long as they are directly working with the CAO, program director, case manager, child care supervisor or a child care worker with one or more years of experience working with children				
22 VAC 42-11-380.D		An individual hired, promoted demoted or transferred to a child care worker's position must be 21 years old after December 28, 2007				
22 VAC 42-11-770	Therapy	Therapy, if provided, shall be provided by an individual (i) licensed as a therapist by the Department of Health Professions or (ii) who is license eligible and working under the supervision of a licensed therapist, unless exempted by these requirements by the Code of Virginia				
22 VAC 42-11-290.A	Personnel policies	The provider shall have and implement written personnel policies which are readily accessible to staff				
22 VAC 42-11-290.B		The provider shall develop and implement written policies and procedures to assure that persons employed in or designated to assume the responsibilities of each position possess the education, experience, knowledge, skills and abilities specified in the job description for the position				
22 VAC 42-11-310	Staff Development Policies	Required initial training				
22 VAC 42-11-310.A.1	Within 7 days following their begin date	Orientation to behavior intervention regarding less restrictive measures, timeout and restraint				
22 VAC 42-11-310.A.2.a	Within 14 days following their begin date	Emergency preparedness and response training to include: alerting emergency personnel and sounding alarms				
22 VAC 42-11-310.A.2.b		Implementing evacuation procedures				
22 VAC 42-11-310.A.2.c		Using & maintaining emergency equipment				
22 VAC 42-11-310.A.2.d		Accessing emergency medical information				
22 VAC 42-11-310.A.2.e		Utilizing community support services				
22 VAC 42-11-310.A.3.a		Orientation and training to include: objectives of the facility				
22 VAC 42-11-310.A.3.b		Practices of confidentiality				
22 VAC 42-11-310.A.3.c		Decision making plan				
22 VAC 42-11-310.A.3.d		Regulations				
22 VAC 42-11-310.A.3.e		Other policies applicable to their position				
22 VAC 42-11-310.A.4	Within 30 days of their begin date	Enrolled in First Aid & CPR				
22 VAC 42-11-310.A.5		Trained in abuse & neglect & mandatory reporting & maintaining appropriate interaction with staff & residents & suicide prevention				
22 VAC 42-11-310.A.6		Trained in Universal Precautions				
22 VAC 42-		Trained in Good Neighbor & community relations				

11-310.A.7		policies				
22 VAC 42-11-310.A.8	Prior to Administering medications	All staff will successfully complete medication administration program				
22 VAC 42-11-310.A.9		Trained in quality improvement plan				
22 VAC 42-11-310.B.1.a	Required annual retraining	Emergency preparedness and response training to include: alerting emergency personnel and sounding alarms				
22 VAC 42-11-310.B.1.b		Implementing evacuation procedures				
22 VAC 42-11-310.B.1.c		Using & maintaining emergency equipment				
22 VAC 42-11-310.B.1.d		Accessing emergency medical information				
22 VAC 42-11-310.B.1.e		Utilizing community support services				
22 VAC 42-11-310.B.2		Annual retraining in medication administration				
22 VAC 42-11-310.B.3		Annual retraining in behavior intervention				
22 VAC 42-11-310.B.4		Annual retraining in abuse & neglect & mandatory reporting & maintaining appropriate interaction with staff & residents & suicide prevention				
22 VAC 42-11-310.B.5		Annual retraining in Universal Precautions				
22 VAC 42-11-320	Staff supervision	The provider shall develop and implement written policies and procedures regarding the supervision of staff, volunteers, contractors and students/interns. These policies shall include:				
22 VAC 42-11-320.1		Type of supervision				
22 VAC 42-11-320.2		Frequency of supervision				
22 VAC 42-11-320.3		How supervision will be documented				
22 VAC 42-11-390	Relief staff	Qualified relief staff shall be employed as necessary to meet the needs of the programs and services and to maintain a structured program of care				
22 VAC 42-11-400.A	Volunteers and students/interns	A facility that uses volunteers or students/interns shall develop and implement written policies and procedures governing their selection and use				
22 VAC 42-11-400.B		The facility shall not be dependent upon volunteers and students/interns to provide basic services				
22 VAC 42-11-400.C		Responsibilities of volunteers students/interns shall be clearly defined in writing				
22 VAC 42-11-400.D		Volunteers and students/interns shall have qualifications appropriate to the services they render				
22 VAC 42-11-630A	Admission	Criteria for admission which shall include:				
22 VAC 42-11-630.A1		A description of the population to be served;				
22 VAC 42-11-630.A.2		A description of the types of services offered;				
22 VAC 42-11-630.A.3		Intake and admission procedures.				
22 VAC 42-11-630.A.4		Exclusion criteria to define those behaviors or problems that the facility does not have the staff with the training or experience to manage, and				
22 VAC 42-11-630.A.5		A description of how educational services will be provided				

12 VAC 35-45-70.B (Mental Health Module)	Service description; required elements.	B. Each provider shall have a written service description that accurately describes its structured program of care and treatment consistent with the treatment, habilitation, or training needs of the residential population it serves. Service description elements shall include:				
12 VAC 35-45-70.B (Mental Health Module)		1. The mental health, substance abuse or mental retardation population it intends to serve;				
		2. The mental health, substance abuse or mental retardation interventions it will provide;				
		3. Provider goals;				
		4. Services provided; and				
		5. Contract services, if any.				
22 VAC 42-11-780	Structured Program of Care	There shall be a structured program of care designed to:				
22 VAC 42-11-780.A.1		Meet the resident's physical and emotional needs				
22 VAC 42-11-780.A.2		Provide protection, guidance and supervision				
22 VAC 42-11-780.A.3		Meet the objectives of any required service plan				
22 VAC 42-11-780.H		The structured daily routine shall comply with any facility or locally imposed curfews				
<input type="checkbox"/> Daily Schedule of Services-§70.B						
12 VAC 35-45-80.B (Mental Health Module)	Minimum service requirements	B. The provider shall have and implement written policies and procedures that address the provision of:				
		1. Psychiatric care;				
		2. Family therapy; and				
		3. Staffing appropriate to the needs and behaviors of the residents served.				
		C. The provider shall have and implement written policies and procedures for the on-site provision of a structured program of care or treatment of residents with mental illness, mental retardation, or substance abuse. The provision, intensity, and frequency of mental health, mental retardation, or substance abuse interventions shall be based on the assessed needs of the resident. These interventions, applicable to the population served, shall include, but are not limited to:				
		1. Individual counseling;				
		2. Group counseling;				
		3. Training in decision making, family and interpersonal skills, problem solving, self-care, social, and independent living skills;				
		4. Training in functional skills;				
		5. Assistance with activities of daily living (ADL's);				
		6. Social skills training in therapeutic recreational activities, e.g., anger management, leisure skills education and development, and community integration;				
		7. Providing positive behavior supports;				
		8. Physical, occupational and/or speech therapy; and				
		9. Substance abuse education and counseling.				
		D. Each provider shall have formal arrangements for the evaluation, assessment, and treatment of the mental health needs of the resident.				

22 VAC 42-11-670.1	Emergency or self-admissions	Providers accepting emergency or self admissions shall develop and implement policies and procedures governing such admissions that shall include procedures to make and document prompt efforts to obtain (i) written placement agreement signed by the legal guardian or a copy of the court order				
22 VAC 42-11-670.2		Place in each residents record a copy of the court order, written request for care, or documentation of an oral request for care and justification of why the resident had to be admitted on an emergency basis				
22 VAC 42-11-670.3		Clearly document in written assessment information gathered for the emergency admission that the individual meets the facilities criteria for admission				
22 VAC 42-11-850	Education	Each facility shall have an education plan for residents				
		850.F. Each facility shall develop written policies to ensure each resident has adequate study time				
22 VAC 42-11-680.D	Admission policy	D. Each facility shall develop and implement written policies and procedures to assess each resident as part of the application to ensure:				
22 VAC 42-11-680.D.1		The needs of the prospective resident can be addressed by the facility				
22 VAC 42-11-680.D.2		The facilities staff are trained to meet the residents prospective needs				
22 VAC 42-11-680.D.3		The admission of the resident would not pose any significant risk to the prospective resident, the facilities residents or staff				

Resident Screening FORM w/admit and deny notification sample letters-§630, 680 & 12 VAC 35-45-90

- Basic demographics
- Presenting needs
- Checklist for admission/exclusion criteria
- Referral source information
- Action taken
- Acceptance letter
- Denial letter

22 VAC 42-11-680.D

Applications for Admission:

B. Providers shall develop, and fully complete prior to acceptance for care, an application for admission which designed to compile information necessary to determine:

- The educational needs of the prospective resident;
- The mental health, emotional and psychological needs prospective resident;
- The physical health needs of the prospective resident, including immunization needs;
- The protection needs of the prospective resident;
- The suitability of the prospective resident's admission;
- The behavior support needs of the prospective resident, and
- Information necessary to develop a service plan.

Placement Agreement FORM-§690

- Authorizes resident placement
- Addresses acquisition & consent for medical treatment
- Rights & responsibilities of each party
- Financial responsibility for placement
- Addresses visitation,
- Addresses the education plan for the resident, and responsibilities for each parties

12 VAC 35-45-90 (Mental Health Module)	Assessment	In addition to the requirements of the <i>Standards for Regulation of Children's Residential Facilities</i> (22 VAC 42-11), the provider will complete an assessment of each resident that addresses:				
		1. Family history and relationships;				
		2. Social and development history;				
		3. Current behavioral functioning and social competence;				
		4. History of previous treatment for mental health, mental retardation, substance abuse, and behavior problems; and				
		5. Medication and drug use profile, which shall include:				

		a. History of prescription, nonprescription, and illicit drugs that were taken over the six months prior to admission;				
		b. Drug allergies, unusual and other adverse drug reactions; and				
		c. Ineffective medications.				

Resident Orientation FORM-§900.B & §1050.H & §40.B (2) & §100.C (5) (c)Human Rights)

- Fire Plan
- Program services and policies
- Human Rights
- Rules of Conduct
- Behavior Management

Assessment FORM -§630 & §90 (MH Module)

- Resident's physical needs
- Educational needs
- Mental health, emotional, and Psychological needs
- Protection needs
- Evaluation of whether resident's admission would pose a risk to resident, existing residents, staff
- Family history & relationships
- Social & developmental history
- Current behavioral functioning & social competence
- History of previous treatment;
 - Mental health
 - Substance Abuse
 - Mental retardation
 - Behavioral problems
- Medication & drug profile
- History of all medications previous six months
- Drug allergies/adverse reactions
- Ineffective medications
- Brief Health/medical history

Resident Face Sheet FORM -§700

- Resident's full name
- Last known address
- Birth date
- Birthplace
- Gender
- Race
- SSN
- Religious preference
- Admission date
- Name Address & phone number of legal guardian
- Name Address & phone number of placing agency
- Name Address & phone number of emergency contact

Sample Daily Progress Note FORM -§720.D & §100 [Mental Health Module]

- Date
- Time
- Format
- Staff signature

Therapies-Individual/Group NOTE FORM -§720.D

- Date
- Time
- Format
- Staff signature

Sample ISP FORM -§710 & 720

- Strengths & needs
- Current level of functioning
- Goals
- Objectives
- Strategies
- Projected family involvement
- Projected date to achieve objectives
- Status of discharge planning
- Documentation that resident, placing agency & LAR are participants in developing the plan

Sample Quarterly Progress Note FORM-§720.C

- Resident's progress toward meeting plan objectives
- Family involvement
- Continuing needs
- Progress toward discharge
- Status of discharge planning
- Revisions, if any
- Documentation that resident, placing agency & LAR are participants in developing the plan

22 VAC 42-11-760	Case Management	The program shall be designed to provide case management services. Case management shall address:				
		Helping the resident, parents or legal guardians to understand the effects of separation from the family				
		Assisting the resident and family to maintain their relationship for future care				
		Utilizing appropriate community resources to provide services and maintain contact with such resources				
		Helping the resident to strengthen his capacity to function productively in interpersonal relationships				
		Conferring with the child care staff to help them understand the resident's needs in order to promote adjustment to group living				
		Working with the resident and family or placing agency that may be involved in planning for the resident's future				
22 VAC 42-11-740.A	Discharge Criteria	The provider shall have written criteria for discharge that shall include:				
22 VAC 42-11-740.A.1		Criteria for a resident's completing the program which are consistent with the facility's programs and services;				
22 VAC 42-11-740.A.2		Conditions under which a resident may be discharged before completing the program; and				
22 VAC 42-11-740.A.3		Procedures for assisting placing agencies in placing the residents should the facility cease operation				

Transfer FORM-§730

- Written confirmation of the admission decision to the legal guardian
- Receipt from sending facility of a written summary of residents progress, strengths & needs

22 VAC 42-11-740.H	Discharge Summaries	No later than 30 days after discharge a comprehensive discharge summary shall be placed in the resident's record and sent to the person or agency making the placement. The discharge summary shall review:				
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Discharge FORM -§740.H

- Services provided to resident
- Resident's progress toward meeting objectives
- Resident's continuing needs, & recommendations for further services
- Reasons for discharge, and the names of the person the resident was discharged to
- Dates of Admission & discharge
- Date discharge summary prepared & signature of preparing it
- Documentation that resident, placing agency & LAR are participants in developing the plan

22 VAC 42-11-790.A	Health care procedures	The provider shall have and implement written procedures for promptly:				
22 VAC 42-11-790.A.1		Providing or arranging for the provision of medical and dental services for health problems identified at admission;				
22 VAC 42-11-790.A.2		Providing or arranging for the provision of routine ongoing and follow-up medical and dental services after admission;				
22 VAC 42-11-790.A.3		Providing emergency services for each resident as provided by statute or by the agreement with the resident's legal guardian, and				
22 VAC 42-11-790.A.4		Providing emergency services for any resident experiencing or showing signs of suicidal or homicidal thoughts, symptoms of mood or thought disorders, or other mental health problems				
22 VAC 42-11-790.A.5		Ensuring the required information in subsection B of this section is accessible and up to date				

Health FORM

- Allergies
- Recent physical complaints & medical conditions
- Chronic conditions
- Communicable diseases
- Handicaps & restrictions, if any
- Past serious illness, injuries & hospitalizations
- Past serious illness, injuries & hospitalizations of parents & siblings
- Current & past medications
- Current & past substance abuse history
- Immunizations
- Communication problems
- Sexual health & reproductive history

Resident Physical Examination FORM -§800.E

- Immunizations administered, at time of the exam
- Vision exam
- Hearing exam
- General physical condition
- Free of communicable disease, including TB
- Allergies
- Chronic conditions
- Handicaps
- Nutritional requirements, special diets
- Restrictions on physical activities
- Recommendations for further treatments, immunizations, or other examinations
- Date
- Signature of physician, designee, or health dept

22 VAC 42-11-700.B	Health care procedures	The following written information concerning each resident shall be readily accessible:			
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Emergency Room (ER) Medical Information FORM §790.B

- Name, address, & phone number of physician
- Name, address, & phone number of dentist
- Name, address, & phone number of relative or other person to be contacted
- Medical insurance information
- Use of medications`
- All allergies, including Medication allergies
- Substance abuse and use
- Significant past and present medical problems
- Communication problems, if any

12 VAC 35-45-130 (Mental Health Module)	Medication administration.	A. The provider shall develop and implement written policies and procedures regarding the delivery and administration of prescription and nonprescription medications used by residents. At a minimum these policies will address:			
		1. Identification of the staff member responsible for routinely communicating to the prescribing physician:			
		a. The effectiveness of prescribed medications; and			
		b. Any adverse reactions, or any suspected side effects.			
		2. Storage of controlled substances;			
		3. Documentation of medication errors and drug reactions;			

Medication Administration Record Form (MAR) FORM §810.F

- Date Prescribed
- Drug Name
- Schedule for administration
- Strength
- Route
- Actual time administered
- Identity of person administering
- Date discontinued or changed

22 VAC 42-11-810.I	Medication	J. The provider shall develop policies and procedures for documenting medication errors, reviewing medication errors and reactions and making necessary improvements, the disposal of medications, the storage of controlled substances, and the distribution of medication off campus. The policy must be approved by a healthcare professional.			
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Medication error Reporting FORM-§130 (MH Module)

- Resident name
- Name of staff
- Date/Time
- Type of error
- Medication
- Actions taken
- Notifications
- Signature

12 VAC 35-45-150. (Mental Health Module)	Written policies and procedures for a crisis or clinical emergency.	The provider shall develop and implement written policies and procedures for a crisis or clinical emergency that shall include:			
		1. Procedures for crisis or clinical stabilization, and immediate access to appropriate internal and external resources, including a provision for obtaining physician and mental health clinical services if on-call physician back-up or mental health clinical services are not available; and			
		2. Employee or contractor responsibilities.			
12 VAC 35-45-160. (Mental Health Module)	Documenting crisis intervention and clinical emergency services.	A. The provider shall develop and implement a method for documenting the provision of crisis intervention and clinical emergency services. Documentation shall include the following:			
		1. Date and time;			
		2. Nature of crisis or emergency;			
		3. Name of resident;			
		4. Precipitating factors;			
		5. Interventions/treatment provided;			
		6. Employees or contractors involved;			
		7. Outcome; and			
		8. Any required follow-up.			
		B. If a crisis or clinical emergency involves a resident who receives medical or mental health services, the crisis intervention documentation shall become part of his record.			

Crisis-Intervention Documentation FORM-§160 (MH Module)

- Date and time
- Nature of crisis or emergency
- Name of individual
- Precipitating factors
- Interventions/treatment provided
- Employees or contractors involved
- Outcome

Emergency (Incident) Reporting FORM-§1020 & §200 (MH Module)

- Date & Time occurred
- Brief description of incident
- Action taken as a result of the incident
- Name of person completing the report
- Name of person making the report to the placing agency, parent, or legal guardian
- Name of person to whom the report was made

12 VAC 35-45-160. (Mental Health Module)	Clinical Emergencies	C. There shall be written policies and procedures for referring to or receiving residents from:			
		1. Hospitals;			
		2. Law-enforcement officials;			
		3. Physicians;			
		4. Clergy;			
		5. Schools;			
		6. Mental health facilities;			
		7. Court services;			
		8. Private outpatient providers; and			
		9. Support groups or others, as applicable.			

22 VAC 42-11-800.J	Risk Management	The provider shall develop and implement written policies and procedures that include the use of standard precautions and address communicable and contagious medical conditions. These policies and procedures shall be approved by a healthcare professional				
12 VAC 35-45-40 (Mental Health Module)	Audio and visual recordings.	Each provider shall have written policies and procedures regarding the photographing and audio or audio-video recordings of residents that shall ensure and provide that:				
		1. The written consent of the resident or the resident's legal guardian shall be obtained before the resident is photographed or recorded for research or provider publicity purposes.				
		2. No photographing or recording by provider staff shall take place without the resident or the resident's family or legal guardian being informed.				
		3. All photographs and recordings shall be used in a manner that respects the dignity and confidentiality of the resident.				
<input type="checkbox"/> Permission FORM for audio/visual recording--§40 (MH Module) <input type="checkbox"/> Written consent or resident and/or LAR <input type="checkbox"/> Requires notification to resident & LAR that photographing/recording will take place <input type="checkbox"/> Must state that they will be used in a manner respecting dignity & confidentiality						
22 VAC 42-11-640C	Records Management	The provider shall develop and implement written policies and procedures for management of all records, written and automated that shall describe confidentiality, accessibility, security and retention of records pertaining to residents, including:				
22 VAC 42-11-640.C.1		Access, duplication, dissemination and acquiring of information only to persons legally authorized according to federal and state laws				
22 VAC 42-11-640.C.2		Facilities using automated records shall address procedures that include:				
22 VAC 42-11-640.C.2a		How records will be protected from unauthorized access				
22 VAC 42-11-640.C.2.b		How records will be protected from unauthorized Internet access				
22 VAC 42-11-640.C.2.c		How records will be protected from loss				
22 VAC 42-11-640.C.2.d		How records will be protected from unauthorized alteration				
22 VAC 42-11-640.C.2.d		How records will be backed up				
22 VAC 42-11-640.C.3		Security measures to protect records from loss, unauthorized alteration, inadvertent or unauthorized access, disclosure of information and transportation of records between service sites				
22 VAC 42-11-640.C.4		Designation of person responsible for records management, and				
22 VAC 42-11-640.C.5		Disposition of records in the event the facility ceases to operate				
22 VAC 42-11-640.D		What information is available to the resident				
12 VAC 35-115-80.C (2)	Human Rights Regulations	When records may be released without consent				
<input type="checkbox"/> Release of Information FORM-§80.B (4) (Human Rights) <input type="checkbox"/> Specify what is to be released <input type="checkbox"/> Dated <input type="checkbox"/> Notification it can be revoked <input type="checkbox"/> Expiration date <input type="checkbox"/> Signatures of resident & LAR						

22 VAC 42-11-720 D	Documentation	The provider shall develop and implement written policies and procedures to document progress of the resident towards meeting the goals and objectives of the service plan that include:				
22 VAC 42-11-720 D.1		Format				
22 VAC 42-11-720 D.2		Frequency of documentation				
22 VAC 42-11-720 D.3		Person responsible				
12 VAC 35-45-110. (Mental Health Module)	Documentation policy.	A. The provider shall define, by policy, a system of documentation, which supports appropriate service planning, and methods of updating a resident's record by employees or contractors. Such system shall include the frequency and format for documentation.				
		B. Entries in a resident's record shall be current, dated and authenticated by the person making the entry. Errors shall be corrected by striking through and initialing. If records are electronic, the provider shall develop and implement a policy and procedure to identify how corrections to the record will be made.				
12 VAC 35-45-120 (Mental Health Module)	Record reviews.	Complete, written policies and procedures for record reviews shall be developed and implemented that shall evaluate records for completeness, accuracy, and timeliness of documentation. Such policies shall include provisions for ongoing review to determine whether records contain all required service documentation, and release of information documents required by the provider.				
<input type="checkbox"/> Record Review FORM-§120 (MH Module)						
<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						
22 VAC 42-11-660	Human Research	Implement a written policy stating that residents will not be used as subjects of human research; or				
		Document approval, as required by the appropriate regulatory authorities, for each research project using residents as subjects of human research.				
22 VAC 42-11-850.B	Searches	A provider that does not conduct pat down searches shall have a written policy prohibiting them				
22 VAC 42-11-850.B.1		A provider that conducts pat down searches shall develop and implement written policies and procedures governing them that shall provide:				
22 VAC 42-11-850.B.2		Pat downs shall be limited to instances where they are necessary to prohibit contraband;				
22 VAC 42-11-850.B.3		Pat downs shall be conducted by personnel of the same gender as the resident being searched				
22 VAC 42-11-850.B.4		Pat downs shall only be conducted by personnel who are specifically authorized to conduct searches by written policy				
22 VAC 42-11-850.B.5		Pat downs shall be conducted in such a way as to protect the subject's privacy and in the presence of one or more witnesses				
22 VAC 42-11-900.A	Behavior Interventions	The provider shall develop and implement written policies and procedures for behavioral interventions and for documenting and monitoring the management of resident behavior Rules of conduct shall be included in the written policies and procedures. These policies shall:				
22 VAC 42-11-900.A.1		1. Define and list techniques that are used and are available for use in the order of their relative degree of restrictiveness;				

22 VAC 42-11-900.A.2		2. Specify the staff members who may authorize the use of each technique;				
22 VAC 42-11-900.A.3		3. Specify the processes for implementing such policies and procedures;				
12 VAC 35-45-170. (Mental Health Module)	Behavior management.	Each provider shall develop and implement written policies and procedures concerning behavior management that are directed toward maximizing the growth and development of the resident. These policies and procedures shall:				
		1. Emphasize positive approaches;				
		2. Define and list techniques that are used and are available for use in the order of their relative degree of intrusiveness or restrictiveness;				
		3. Specify the staff members who may authorize the use of each technique;				
		4. Specify the processes for implementing such policies and procedures;				
		5. Specify the mechanism for monitoring and controlling the use of behavior management techniques; and				
		6. Specify the methods for documenting the use of behavior management techniques.				
22 VAC 42-11-900.D	Physical restraint	The provider shall develop and implement written policies and procedures governing the use of physical restraint which shall include:				
22 VAC 42-11-900.D.1		A.1 The staff person who will write the report and the timeframe;				
22 VAC 42-11-900.D.2		A.2 The staff person who will review the report and timeframe; and				
22 VAC 42-11-900.D.3		Methods to be followed should less restrictive interventions be unsuccessful				
22 VAC 42-11-900.D.4		B. All physical restraints shall be reviewed and evaluated to plan for continued staff development.				
<input type="checkbox"/> Monitoring Behavior Management FORM <input type="checkbox"/> Restraint Documentation FORM - §900.I						
<input type="checkbox"/> Date <input type="checkbox"/> Time <input type="checkbox"/> Staff involved <input type="checkbox"/> Justification for the restraint <input type="checkbox"/> Less restrictive measures which were unsuccessfully attempted prior to using physical restraint <input type="checkbox"/> Duration <input type="checkbox"/> Description of the method and techniques used <input type="checkbox"/> Signature of person completing the report and date <input type="checkbox"/> Reviewers signature and date						
22 VAC 42-11-870.A	Time out.	The provider shall develop and implement written policies and procedures governing the conditions under which a resident may be placed in timeout time out. The conditions and maximum period of timeout shall be based upon the resident's chronological and developmental level				
12 VAC 35-45-180. (Mental Health Module)	Timeout	Each provider shall develop and implement written policies and procedures regarding the use and application of timeout. The policy shall, at a minimum:				
		1. Comply with the Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers of Mental Health, Mental Retardation and Substance Abuse Services (12 VAC 35-115);				
		2. Specify how staff will be trained in the use and application of time out; and				
		3. Require developmentally appropriate time limits in the application of time out.				
22 VAC 42-11-1030.A	Suspected child abuse or neglect	Written policies regarding child abuse and neglect shall be distributed to all staff members. These shall include procedures for:				
22 VAC 42-11-1030.A.1		Handling accusations against staff; and				

22 VAC 42-11-1030.A.2		Promptly referring, consistent with requirements of the <i>Code of Virginia</i> , suspected cases of child abuse and neglect to the local child protective services unit; <u>other applicable agencies</u> , and cooperating with the unit during any investigation				
<input type="checkbox"/> <i>Suspected Abuse/Neglect FORM -§1030.D</i> <input type="checkbox"/> Date & Time suspected abuse occurred <input type="checkbox"/> Description of the Incident <input type="checkbox"/> Action taken as a result of incident <input type="checkbox"/> Name of person to who report was made at CPS <input type="checkbox"/> Date, Time & Name of Human Rights Advocate incident was reported to						
22 VAC 42-11-930	Religion	The provider shall have and implement written policies regarding opportunities for residents to participate in religious activities				
22 VAC 42-11-940A.	Recreation	The provider shall have a written description of its recreation program that describes activities that are consistent with the facility's total program and with the ages, developmental levels, interests, and needs of residents that includes:				
22 VAC 42-11-940A.1		Opportunities for individual and group activities				
22 VAC 42-11-940A.2		Free time for residents to pursue personal interests that shall be in addition to a formal recreation program,				
22 VAC 42-11-940A.3		Use of available community resources and facilities				
22 VAC 42-11-940A.4		Scheduling of activities so that they do not conflict with meals, religious services, educational programs or other regular events				
22 VAC 42-11-940A.5		Regularly scheduled indoor and outdoor activities that are structured to develop skills and attitudes				
22 VAC 42-11-940.B		The provider shall develop and implement written policies and procedures to ensure the safety of residents participating in recreational activities that include:				
22 VAC 42-11-940.B.1		How activities will be directed and supervised by individuals knowledgeable in safeguards required for the activities				
22 VAC 42-11-940.B.2		How residents will be assessed for suitability for an activity and the supervision provided				
22 VAC 42-11-940.B.3		How safeguards for water related activities will be provided including ensuring that a certified life guard supervises all swimming activities				
22 VAC 42-11-950.B	Community Relationships	The provider shall develop and implement written policies and procedures for evaluating persons or organizations in the community who wish to associate with residents on the premises or take residents off the premises - procedures shall cover how the facility will determine if participation in such community activities or programs would be in the residents' best interest.				
22 VAC 42-11-950.C		Each facility shall have a community liaison responsible for cooperative relationships with neighbors, the school system, local law enforcement, local government officials, and the community at large				
22 VAC 42-11-950.D		Each provider shall develop and implement written policies and procedures For promoting positive relationships with neighbors that shall be approved by the regulatory authority				
22 VAC 42-11-970.B	Allowances and spending money	There shall be a written policy regarding allowances that shall be made available to legal guardians at the time of admission				
22 VAC 42-11-970.C		The provider shall develop and implement written policies and procedures for safekeeping and for record keeping of any money that belongs to residents				

Financial Information FORM - expenditures and disbursement of resident's funds-

- Staff involved
- Resident involved
- Amount of funds
- Date
- Purpose

22 VAC 42-11-910.D	Work & pay of residents	Procedures to ensure that the work and pay of residents complies with applicable laws governing wages and hours and laws governing labor and employment of children.				
22 VAC 42-11-990	Visitation at the facility and to the residents home	The provider shall develop and implement written policies and procedures that allow reasonable visiting privileges and flexible visiting hours except as permitted by other applicable state regulations.				
22 VAC 42-11-1010.B	Vehicle and Power Equipment	There shall be written safety rules for transportation of residents appropriate to the population served that shall include taking head counts at each stop.				
22 VAC 42-11-1010.C		The provider shall develop and implement written Safety rules for use and maintenance of vehicles and power equipment.				
22 VAC 42-11-1040.A	Grievance procedures	The provider shall develop and implement written policies and procedures governing the handling of grievances by residents. If not addressed by other applicable standards, the policies and handling of grievances by children procedures shall:				
22 VAC 42-11-1040.A.1		Be written in clear and simple language;				
22 VAC 42-11-1040.A.2		Be communicated to the residents in an age or developmentally appropriate manner;				
22 VAC 42-11-1040.A.3		Be posted in an area easily accessible to residents and their parents and legal guardians;				
22 VAC 42-11-1040.A.4		Ensure that any grievance shall be investigated by an objective employee who is not the subject of the grievance; and				
22 VAC 42-11-1040.A.5		Require continuous monitoring by the licensee of any grievance to assure there is no retaliation or threat of retaliation against the child.				

Grievance Procedure FORM -§1040.B

22 VAC 42-11-1050.A	Emergency and evacuation procedures	The provider shall develop a written emergency preparedness plan. The plan shall address:				
22 VAC 42-11-1050.A.1		Documentation of contact with local emergency coordinator to determine local disaster risks, community wide plans to address different disasters and emergency situations, and assistance, if any, that the local emergency management office will provide to the facility in an emergency				
22 VAC 42-11-1050.A.2		Analysis of capabilities and potential hazards, including natural disasters, severe weather, fire, flooding, work place violence or terrorism, missing persons, severe injuries, or other emergencies that would effect the normal course of service delivery				
22 VAC 42-11-1050.A.3		Written emergency management policies outlining specific responsibilities for provision of administrative direction and management of response activities, coordination of logistics during the emergency, communications, life safety of employees, contractors, students/interns, volunteers, visitors and residents, property protection, community outreach and recovery and restoration				
22 VAC 42-11-1050.A.4		Written emergency response procedures for assessing the situation, protecting residents, employees, contractors, students/interns, volunteers, equipment and vital records, and restoring services, Emergency procedures shall address:				
22 VAC 42-11-1050.A.4.a		Communicating with employees & community responders				

22 VAC 42-11-1050.A.4.b		Warning and notification of residents				
22 VAC 42-11-1050.A.4.c		Providing emergency access to locked areas				
22 VAC 42-11-1050.A.4.d		Conducting evacuations to emergency shelters or alternative sites and accounting for all residents				
22 VAC 42-11-1050.A.4.e		Relocating residents, if necessary				
22 VAC 42-11-1050.A.4.f		Notifying family members and legal guardians				
22 VAC 42-11-1050.A.4.g		Alerting emergency personnel and sounding alarms				
22 VAC 42-11-1050.A		Locating and shutting off utilities, if necessary				
22 VAC 42-11-1050.A.4.h		Supporting documents that would be needed in an emergency				
22 VAC 42-11-1050.A.4.6		Schedule for conducting emergency preparedness drills				
<input type="checkbox"/> Emergency Preparedness Numbers Posted-§840 <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						
22 VAC 42-11-1050.B	Emergency Preparedness Staff Training Plan	The Provider shall develop emergency preparedness and response training for all employees, contractors, students/interns, and volunteers that shall include responsibilities for:				
22 VAC 42-11-1050.B.1		Altering emergency personnel & Sounding of an alarm;				
22 VAC 42-11-1050.B.2		Implementing evacuation procedures, including handling of residents with special needs				
22 VAC 42-11-1050.B.3		Use & maintenance of emergency equipment.				
22 VAC 42-11-1050.B.4		Accessing resident emergency information for residents including medical information				
22 VAC 42-11-1050.B.5		Utilizing community support services				
<input type="checkbox"/> Emergency Drills FORM - §1050.L <input type="checkbox"/> 970.J Evacuation drills shall include: <input type="checkbox"/> 970.J.1 Sounding of emergency alarms <input type="checkbox"/> 970.J.2 Practice evacuating the building <input type="checkbox"/> 970.J.3 Practice in altering authorities <input type="checkbox"/> 970.J.4 Simulated use of emergency equipment <input type="checkbox"/> 970.J.5 Practice in securing resident emergency information						
22 VAC 42-11-830.F.1	Staff Supervision of Residents	The provider shall develop and implement written policies and procedures that address staff supervision of children, including contingency plans for resident illness, emergencies, off campus activities and resident preferences. These policies shall be based upon the:				
22 VAC 42-11-830.F.1.a		Needs of the population served				
22 VAC 42-11-830.F.1.b		Types of services offered				

2.c2 VAC 42-11- 830.F.1.c		Qualifications of staff on duty				
22 VAC 42- 11- 830.F.1.d		Number of residents served				

Staff Orientation FORM for Employees, Contractors, Volunteers and Students - §310, §250.A.3 (Human Rights)

- Objectives & philosophy
- Confidentiality
- Human Rights
- Personnel policies
- Resident supervision
- Emergency preparedness & fire procedures
- Infection control

Staff Training and Development FORM -§310

Retraining in:

- ER preparedness,
- Human Rights,
- Behavior management
- CPR/First Aid
- Medication administration

Performance Evaluation FORM -§300.B (5)

- Core Job Responsibilities/Performance Elements
- Developmental goals
- Training needs

Facility Inspection Checklist FORM -§420

- Smoke detectors
- Fire extinguishers
- ER lighting
- First Aid Kit
- Needed repairs
- Extension cords
- Outside grounds
- Outside lighting
- Building exterior
- Floors
- Restrooms
- Cleanliness
- Safety hazards
- Washer/dryer
- Furniture
- Refrigerator/freezer
- Windows/screens
- Locks
- Laundry supplies
- Personal hygiene supplies
- Emergency food/water
- OSHA Kit
- Security alarm

INDEPENDENT LIVING SERVICES

22 VAC 42- 11-1060.A	ILP's	Each independent living program must demonstrate that a structured program using materials and curriculum approved by the regulatory authority is being used to teach independent living skills. The curriculum must include information regarding the following areas:				
22 VAC 42- 11-1060.A.1		Money management and consumer awareness				
22 VAC 42- 11-1060.A.2		Food management				
22 VAC 42- 11- 1060>A.3		Personal appearance				
22 VAC 42- 11-1060.A.4		Social skills				
22 VAC 42- 11-1060.A.5		Health/sexuality				
22 VAC 42- 11-1060.A.6		Housekeeping				

22 VAC 42-11-1060.A.7		Transportation				
22 VAC 42-11-1060.A.8		Education planning/career planning				
22 VAC 42-11-1060.A.9		Job seeking skills				
22 VAC 42-11-1060.A.10		Job maintenance skills				
22 VAC 42-11-1060.A.11		Emergency and safety skills				
22 VAC 42-11-1060.A.12		Knowledge of community resources				
22 VAC 42-11-1060.A.13		Interpersonal and social skills				
22 VAC 42-11-1060.A.14		Legal skills				
22 VAC 42-11-1060.A.15		Leisure activities				
22 VAC 42-11-1060.A.16		Housing				
22 VAC 42-11-1060.D		Each Independent Living program shall develop and implement policies and procedures to train direct care staff within 14 days of employment of the content of the ILP curriculum, the use of ILP living materials, the application of the assessment tool, and the documentation methods used. Documentation of the orientation shall be kept in the employees' staff record.				
22 VAC 42-11-1060.E		If residents age 18 years and older are to share in the responsibility for their own medication with the provider, the ILP shall develop and implement written policies and procedures that include:				
22 VAC 42-11-1060.E.1		Training for the resident in self administration and recognition of side effects				
22 VAC 42-11-1060.E.2		Method of storage and safekeeping				
22 VAC 42-11-1060.E.3		Method for obtaining approval for the resident to self administer medication from a person authorized by law to prescribe medication				
22 VAC 42-11-1060.E.4		Method for documenting the administration of medication				
22 VAC 42-11-1060.F		Each ILP shall develop and implement written policies and procedures that ensure each resident is receiving adequate nutrition as required in 22 VAC 42-11-820.				