



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

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

Regulation/Section	Standard	Date	Date
155.5a	Prescreening & Discharge planning- applicable to CSBs ONLY		
§210.C	Fiscal accountability		
§220.1	Indemnification <i>(Quote or policy required prior to policy approval)</i>		
§220.2			
§220.3			
§220.4			
§230	Fee schedule		
§240.A	Policy on funds of individuals receiving services.		
	§240.B		
	§240.C		

Financial Information Form- expenditures and disbursement of Client's funds-§240.A

- Staff involved
- Client involved
- Amount of funds
- Date
- 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	
	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		
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	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.		

Fire Safety Drill Form-§530.E

- Date/Shift/Time
- Staff participating
- Number of Clients
- Location of Fire
- Time started; time finished
- Total time
- Head count
- Problems noted
- 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.		
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Emergency Preparedness Numbers Posted-§540.B

- Fire
- Police
- Poison control
- Administrator
- Nearest hospital,
- Ambulance service,
- Rescue squad and
- 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:		

Daily Schedule of Services -§580.B

	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.	Sshall 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>mental retardation (intellectual disability)</i> services shall be provided by a person with at least one year of documented experience working directly with individuals who have mental retardation (intellectual 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"/> <i>Daily Nutrition Monitoring Form § 600.B</i>				
§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		

Client Screening Form §645.B.1

- Date of initial contact
- Name, age, and gender of the individual
- Address and phone number, if applicable
- Reason why the individual is requesting services; and
- 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		

Initial Assessment Form-§650.E

- Diagnosis;
- Presenting needs including the individual's stated needs, psychiatric needs, support needs, and the onset and duration of problems
- Current medical problems;
- Current medications;
- Current and past substance use or abuse, including co-occurring mental health and substance abuse disorders; and
- At-risk behavior to self and others.

Comprehensive Assessment Form-§650

- Onset/duration of problems
- Social/behavioral/developmental/family history & supports
- Cognitive functioning including strengths and weaknesses;
- Employment/vocation/educational background
- Previous interventions/outcomes
- Financial resources/benefits
- Health history and current medical care needs
 - Allergies
 - Recent physical complaints & medical conditions
 - Nutritional needs
 - Chronic conditions
 - Communicable diseases
 - Restrictions on physical activities, if any
 - Past serious illness, serious injuries & hospitalizations
 - Serious illnesses & chronic conditions of individual's parents & siblings and significant others in the same household
 - Current and past substance use including alcohol, prescription and nonprescription medications, and illicit drugs
- 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;
- History of abuse, neglect, sexual, or domestic violence, or trauma including psychological trauma;
- Legal status including authorized representative, commitment, and representative payee status;
- Relevant criminal charges or convictions and probation or parole status;
- Daily living skills
- Housing arrangements
- Ability to access services including transportation needs
- 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 60 days for mental retardation (intellectual disability) and developmental disabilities services. 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 mental health and substance abuse services		

ISP Requirements Form-§665

- Relevant and attainable goals, measurable objectives, and specific strategies for addressing each need;
- 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
- The role of the individual and others in implementing the service plan;
- A communication plan for individuals with communication barriers, including language barriers;
- A behavioral support or treatment plan, if applicable
- A safety plan that addresses identified risks to the individual or to others, including a fall risk plan;
- A crisis or relapse plan, if applicable
- Target dates for accomplishment of goals and objectives;
- Identification of employees or contractors responsible for coordination and integration of services, including employees of other agencies; and
- Recovery plans, if applicable .

Reassessments and ISP Quarterly Review Form-§675.B

- Update ISP at least annually
- Review ISP at least every three months or revised assessment based on change
- Client's progress toward meeting plan objectives
- Family involvement
- Continuing needs
- Progress toward discharge
- Status of discharge planning
- Revisions, if any
- Documentation that Client, and/or LAR are participants in developing the plan

Sample Daily Progress Notes Form-§680

- Date
- Time
- Format
- 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).		

Client Orientation Form-§690 (include space for signatures)

- The mission of the provider or service
- Service confidentiality practices for individuals receiving services
- Human rights policies and procedures and how to report violations
- Participation in service and discharge planning
- Fire safety and emergency preparedness procedures
- The grievance procedure
- Service guidelines including criteria for admission to and discharge or transfer from services;
- Hours and days of operation
- Availability of after-hours service; and
- Any charges or fees due from the individual

§691.A	Transition of individuals	Written procedures hat define for the transition of an individual		
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	among service.	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;		

Transfer Form-§691.B

- Reason for the individual's transfer
- Documentation of involvement by the individual or his authorized representative, as applicable, in the decision to and planning for the transfer
- Reason for transfer
- Current psychiatric and medical condition of the individual
- Updated progress on meeting the goals and objectives of the ISP
- Emergency medical information;
- 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
- Transfer date
- 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		
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Discharge Form-§693

- Reason for admission and discharge
- Individual's participation in discharge planning
- Individual's level of functioning or functional limitations
- Recommendations on procedures, or referrals, and the status, and arrangements for future services
- Progress made achieving the goals and objectives identified in the individualized services plan
- Discharge date
- Discharge medications, if applicable
- Date the discharge summary was actually written/documented
- Documentation that resident, placing agency & LAR are participants in developing the plan
- 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"/> 710. A <i>Documenting crisis intervention and emergency services form</i> <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"/> <i>Falls Assessment Form - §720.B</i> <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		

Client Physical Examination Form-§740

- General physical condition (history and physical)
- Evaluation for communicable diseases
- Recommendations for further diagnostic tests and treatment, if appropriate
- Other examinations indicated, if appropriate
- The date of examination and signature of a qualified practitioner

Emergency (ER) Medical Information Form §750

- The name, address, and telephone number of: the individual's physician
- The name, address, and telephone number of a relative, legally authorized representative, or other person to be notified
- Medical insurance company name and policy or Medicaid, Medicare , or CHAMPUS number, if any;
- Currently prescribed medications and over-the-counter medications used by the individual
- Medication and food allergies
- History of substance abuse
- Significant medical problems or conditions
- Significant ambulatory or sensory problems
- Significant communication problems
- 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"/> <i>Monitoring Behavior Interventions & Supports Form- §800.A (5)</i> (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"/> <i>Abuse/Neglect Reporting Form-§160.C.1</i> <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				
<input type="checkbox"/> <i>Seclusion and/or Restraint Documentation Form §830</i> <input type="checkbox"/> Physician's order (N/A for many community program) <input type="checkbox"/> Date and time <input type="checkbox"/> Employees or contractors involved <input type="checkbox"/> Circumstances and reasons for use <input type="checkbox"/> Other behavior management techniques attempted <input type="checkbox"/> Duration <input type="checkbox"/> Type of technique used <input type="checkbox"/> 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		

Client Face Sheet Form -§890.B

- Identification number unique for the individual
- Name of individual
- Current residence, if known
- Social security number
- Gender
- Marital status
- Date of birth
- Name of authorized representative, if applicable
- Name, address, and telephone number for emergency contact
- Adjudicated legal incompetency or legal incapacity if applicable; and
- Date of admission to service

Individual's Service Record Form -§890.C :

- Screening documentation;
- Assessments;
- Medical evaluation, as applicable to the service;
- Individualized services plans and reviews;
- Progress notes; and
- A discharge summary, if applicable

Therapies- Individual/Group Form-§580.C.(2)

- Date
- Time
- Format
- Staff signature

DBHDS

Release of Information Form-§80.B (4) (Human Rights)

- Specify what is to be released
- Dated
- Notification it can be revoked
- Expiration date
- 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		
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Record Review Form-§920

- Addresses personnel records
- Addresses resident records
- MAR's
- Staff completing the review
- 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.		
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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 forms and has knowledge and understanding as required by the licensing regulations.

Signature: _____ Date: _____