

OFFICE OF LICENSING

New Applicant Service Packet

(12 VAC §37.2-405)

(ALL SERVICES EXCEPT CHILDREN'S RESIDENTIAL)



& Developmental Services

1220 Bank Street

Richmond, VA 23219

(804) 786 -1747

9/2014

DBHDS's Mission

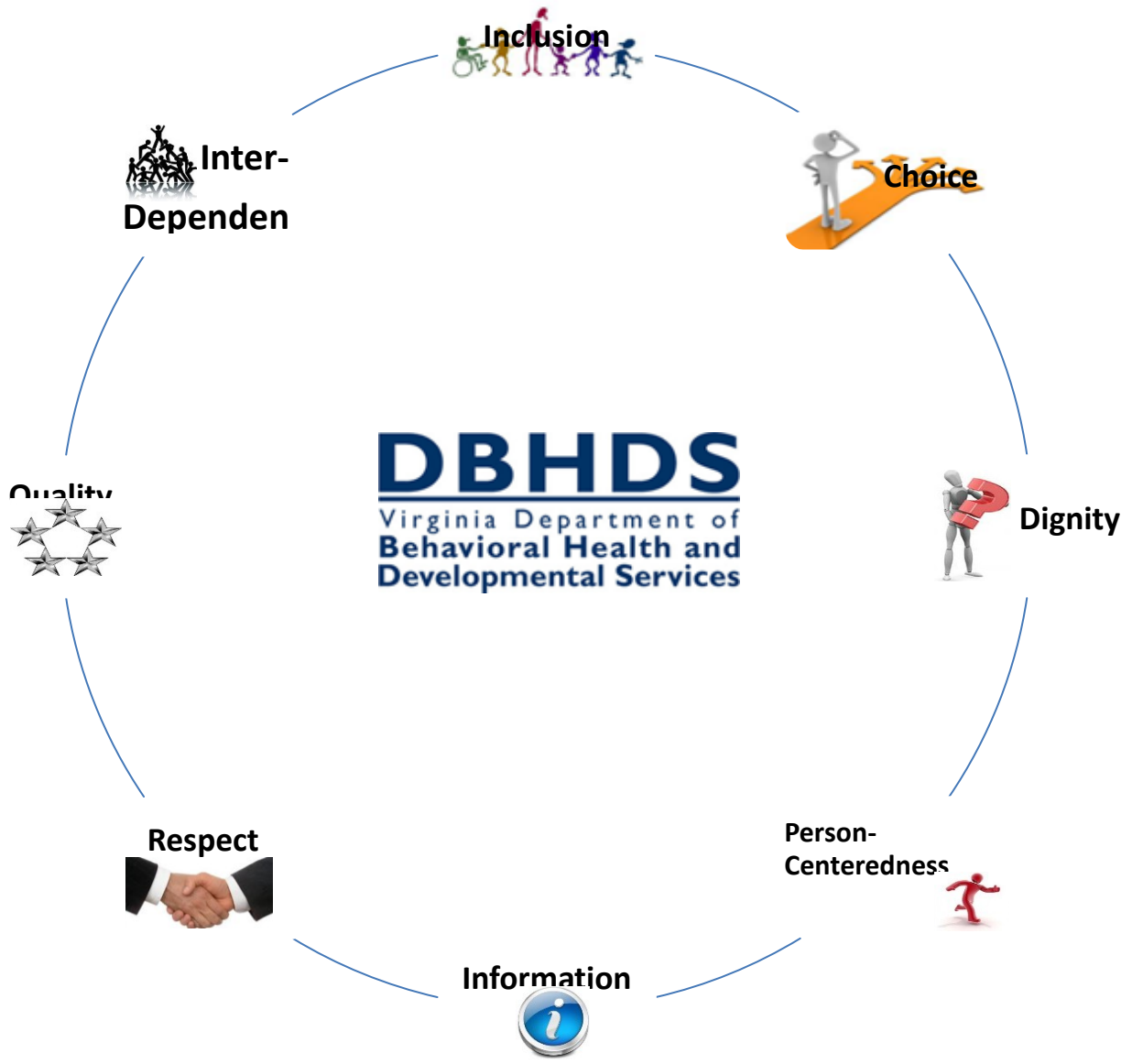


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DBHDS Licensing Process Overview

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

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

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

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

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

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

The DBHDS 5-Phase Licensing Process is as follows:

PHASE ONE:

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

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

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

PHASE TWO:

1. The applicant will complete the **Human Rights Policies and Procedures**/Human Rights Affiliation process. The applicant is issued a letter from the Office Human Rights directing the applicant to pursue a human rights affiliation with the local human committee.
2. The applicant will register with the DBHDS Background Investigation Unit to initiate the **Criminal Background Check** process.
3. The applicant will contact the Virginia Department of Social Services to complete the **Central Registry Check** process.

PHASE THREE:

1. The Office of Licensing will assign a licensing specialist to the applicant.
2. The licensing specialist will complete the **Onsite Inspection Process**. During the inspection, the Licensing Specialist will review the physical facility or administrative office and conduct knowledge based interviews with the Service Director, CEO, licensed staff, etc. to determine if the staff has a working knowledge of the service. The licensing specialist will determine the final approval of the Licensing Policies and procedures as part of the onsite inspection. Once the onsite inspection is completed, the Licensing specialist will make a licensing recommendation to the Office of Licensing management staff for review, who then, will forward the recommendation to the DBHDS Commissioner for the final approval.

PHASE FOUR:

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

PHASE FIVE:

1. The finalized license is mailed to the provider.

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

PROCESS FOR LICENSING

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

To be licensed by DBHDS the applicant must:

1. Submit and receive preliminary approval of the initial application, [and required attachments]; and required licensing policies, procedures and forms;
2. Submit and receive approval of required Human Rights Policies and Procedures process/verification form;
3. Affiliate with a Local Human Rights Committee, (LHRC),
4. Request the LHRC to approve the applicant's Human Rights Policies and Procedures;
5. Set up an account and request criminal history and central registry background investigations for identified staff as required by Virginia Code § 37.2-416, and submit Child Protective Services reference checks.
6. Have an on-site review of the physical plant, to include interviews with applicants over the content of their service description and policies and procedures, as well as compliance with other regulations, and copies of forms and sample client and personnel records,

INITIAL APPLICATION

1. The prospective applicant obtains an “**Initial Application Packet**.” All of the required documents are available to be downloaded from the DBHDS website: <http://www.dbhds.virginia.gov/OL-Application.htm>. Using the website is a faster way to obtain these documents. Applicants who experience problems may request the package by telephone, (804) 786-1747, by facsimile, (804) 692-0066, or in writing to: The Office of Licensing, DBHDS, P. O. Box 1797, Richmond, Virginia 23218.
2. The **Initial Application Packet** consists of the following:
 - a. A copy of the “Initial Application;”
 - b. A copy of the *Rules and Regulations for the Licensing of Providers* of the Department of Behavioral Health and Developmental Services;
 - c. A copy of Human Rights Regulations, *the Rules and Regulations to Assure the Rights of Individuals Receiving Services* from Providers of the Department of Behavioral Health and Developmental Services;
 - d. A “matrix” of which Regulations generally apply to the services licensed by the Department;
 - e. A staffing pattern schedule sheet; and
 - f. A listing of the Human Rights Regional Advocates with a map of each Advocate's area of responsibility
3. The applicant submits the completed application, along with all required attachments to the Office of Licensing in Richmond. **It is important to note here that these materials are not all that will be required of the applicant.**
4. The application is assigned to a Review Staff (RS). The RS reviews the application materials to determine if the application is complete, including the submission of all attachments. **INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED AND WILL BE RETURNED TO THE APPLICANT.** If the applicant is unable to submit some part of the application, the applicant should contact the Office of Licensing to discuss this.
5. If the application is complete, the RS will review the application to determine if the service described by the applicant is licensed by the DBHDS. This is referred to as “subjectivity.” The RS will determine subjectivity by reviewing the applicant's service description to determine

what services will be provided to individuals who are diagnosed with mental illness, substance abuse, developmental disabilities, or who are mentally retarded. Virginia Code **§37.2-405**, defines “service” to “mean individually planned interventions intended to reduce or ameliorate mental illness, intellectual disability or substance addiction or abuse through care, treatment, training, habilitation, or other supports that are delivered by a provider to individuals with mental illness, intellectual disability or substance addiction or abuse...”

6. If the RS determines that the service to be provided by the applicant is NOT SUBJECT to licensing by DBHDS, the application will be returned to the applicant with a letter explaining that determination.
7. If the application is complete, and determined to be subject to licensing by the DBHDS, but there are questions about the application, the RS will contact the applicant by **email/mail**. **While the Office of Licensing is happy to answer applicant questions regarding how the applicable regulations are interpreted, it is unable to provide “consulting services” to assist applicants in writing their program descriptions, polices, procedures or to develop forms.**
8. Once determined to be subject to licensing, the RS will notify the applicant regarding subjectivity and the completeness of the application.
9. The **Background Investigation Unit** should be contacted at 804-786-6384 or Malinda.roberts@dbhds.virginia.gov to set up an account and request applicable background checks.
10. Once the applicant has been notified that the application is subject to licensing, they should begin developing policies and procedures in compliance with *The Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded or Operated by the Department of Behavioral Health and Developmental Services* (human rights regulations).
11. Working with the Office of Human Rights, the applicant must:
 - a. Develop policies that are in compliance with The Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded or Operated by the Department of Department of Behavioral Health and Developmental Services Submit verification of provider compliance with the human rights regulations, using the Human Rights Compliance Verification form (enclosed), the Office of Human Rights. By submitting this form the provider is verifying that it has written all policies, developed all documents and has knowledge and understanding as required by the human rights regulations.
 - b. Once the verification form is received and confirmed, the applicant may then:
 - c. Contact the Regional Human Rights Advocate to pursue an affiliation with a Local Human Rights Committee (LHRC); and
 - d. Receive LHRC review and/or approval of required policies and procedures.

Additional copies of the Human Rights Regulations and the Human Rights Compliance Verification Form as well as other information about the Office of Human Rights can be found on the DBHDS website: <http://www.dbhds.virginia.gov/OHR-default.htm>. The Office of Human Rights can also tell the applicant who their Regional Advocate will be. Deborah Lochart and the Office of Human Rights can be contacted by phone at 804-786-3988, by mail to 1220 Bank Street, Richmond VA 23218, via fax at 804-371-2308 or email at Deborah.lochart@dbhds.virginia.gov.

POLICIES AND PROCEDURES

The applicant develops and submits policies, procedures, and forms, as required by regulation. Either the RS or a licensing specialist may review these policies and procedures. The applicant should also register for criminal history and central registry checks to the DBHDS Office of Human Resources Management and Development, for the owner and all identified staff. **All copies of service descriptions, policies, procedures and forms should have a footer noting the date they were developed (or revised) and page numbers.**

WHAT ARE ACCEPTABLE POLICIES AND PROCEDURES?

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

COMPLIANCE PLANS

The Office of Licensing will inform the applicant of needed revisions through a “compliance plan.” Compliance plans cite the specific regulation with which the applicant is not yet in compliance and provide a brief narrative explaining why the regulation has not been met. The applicant makes the required corrections and submits a written description of the action taken to the Office of Licensing by the due date indicated on the compliance plan. This is a “plan of corrective action.” The Office of Licensing determines if the plan of corrective action is acceptable and in compliance with the regulations.

CRIMINAL HISTORY AND CENTRAL REGISTRY BACKGROUND CHECKS

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

You will need to conduct central registry background checks directly through the Department of Social Services. Required forms can be obtained from the VDSS website, http://www.dss.virginia.gov/files/division/licensing/lcpa/intro_page/background_investigations/foster_adoptive_homes/forms/032-02-0151-11-eng.pdf or contact Ms. Kim Davis, 804-726-7549, or Ms. Betty Whittaker at 804-726-7567.

ON-SITE REVIEW

When the policies, procedures, and forms have been reviewed and approved, an on-site review of the facility where services will be delivered will be scheduled. This on-site visit verifies compliance with several regulations pertaining to:

1. The physical plant,

2. Personnel: personnel records must be complete for all personnel, and include evidence of completed applications for employment, evidence of required training and orientation, reference checks, and evidence of requests for background investigations,
3. Evidence of insurance as required under §12 VAC 35-105-220,
4. Client records, (a sample client record).
5. The applicant's knowledge of and ability to implement the service description and policies and procedures,
6. Staffing, as evidenced by the applicant having trained, submitted criminal background and CPS checks, and oriented enough staff to begin service operation, (to include relief staff).
7. Submission, for the OL files, of a COMPLETE and FINAL copy of the service description, policies, and procedures.

FINAL STEPS

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

DENIAL OF A LICENSE

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

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

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

REQUIRED INITIAL APPLICATION ATTACHMENTS

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

	REQUIRED ATTACHMENTS	Regulations Reference
1.	The Completed Application form,	§35-105-40(A)

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

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

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

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

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

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

Organization Name: _____

Mailing Address _____

City: _____ County _____ State: _____

Zip: _____ Phone:() _____ Email: _____

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

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

Name: _____ Title: _____

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

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

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

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

Check one(1) of the following:

Non-Profit For-Profit

Check one(1) of the following:

Individual (proprietorship) Partnership
 Corporation Unincorporated Organization or Association

Public agency:

State Community Services Board Other

Identify accrediting or certifying organization from the following:

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

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

Company Name: _____

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

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

Name: _____ Title: _____

SERVICE TYPE:

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

Check one	Service	Pgm	Description	Licensed As Statement
	01	001	ID Group Home Service	An intellectual disability residential group home service for adults.
	01	003	MH/SA Group Home Service	A mental health and/or substance abuse residential group home service for adults
	01	004	Group Home Service - REACH	An intellectual disability residential group home service for adults-REACH
	01	005	ICF-IID Group Home Service	An intermediate care facility for individuals with an intellectual disability (ICF-IID) residential group home service for adults
	01	006	SA Residential Treatment Service	A substance abuse residential treatment service for adults
	01	007	Brain Injury Group Home Service	A brain injury residential treatment center for adults
	01	011	ID Supervised Living Service	An intellectual disability supervised living residential service for adults.
	01	012	MH Supervised Living Service	A mental health supervised living residential service for adults
	01	013	SA Supervised Living Service	A substance abuse supervised living residential service for adults.
	01	016	SA Halfway House	A substance abuse halfway house for adults
	01	019	MH Crisis Stabilization Service	A mental health residential crisis stabilization service for adults
	01	020	MH Crisis Stabilization Service	A mental health residential crisis stabilization service for children and adolescents
	01	021	MH Crisis Stabilization Service- REACH	A mental health crisis stabilization service for adults-REACH
	01	025	Managed w'drawal - Medical Detox	A substance abuse residential managed withdrawal medical detox service for adults
	01	033	Residential Txt SA Women w/Children Service	A substance abuse residential treatment service for women and women with their children
	01	036	ID Residential Respite Service	An intellectual disability residential respite service for adults
	01	037	ID Residential Respite Service	An intellectual disability residential respite service for children and adolescents
	02	001	SA Intensive Outpatient Service	A substance abuse intensive outpatient service for adults
	02	003	SA Intensive Outpatient Service	A substance abuse intensive outpatient service for adolescents
	02	004	ID Center-Based Respite Service	An intellectual disability centered-based respite service for adults
	02	005	ID Center-Based Respite Service	An intellectual disability centered-based respite service for children and adolescents.
	02	006	ID Day Support Service	An intellectual disability center-based day support service for adults.
	02	007	ID Day Support Service	An intellectual disability center-based day support service for children and adolescents
	02	008	ID Day Support Service	An intellectual disability non center-based day support service for adults.
	02	009	ID Day Support Service	An intellectual disability non center-based day support service for children and adolescents
	02	010	DD Day Support Service	A developmental disability day support service for (population served) ()
	02	011	MH Psychosocial Rehabilitation	A mental health psychosocial rehabilitation service for adults
	02	014	Therapeutic Afterschool MH Service	A mental health therapeutic afterschool service for children with serious emotional disturbance
	02	019	MH Partial Hospitalization Service	A mental health partial hospitalization service for adults with serious mental illness
	02	021	SA Partial Hospitalization Service	A substance abuse partial hospitalization service for adults with substance use disorders

02	023	Partial Hospitalization Service	A partial hospitalization service for children and adolescents
02	029	Therapeutic Day Treatment Service for Children and Adolescents	A mental health school based day treatment service for children with serious emotional disturbance
03	001	Mental Health Skill Building Service	A mental health community support service for (<i>population served</i>) with serious mental illness ()
03	004	Mental Health Supportive In-Home Service	A mental health supportive in-home service for children and adolescents
03	011	ID Supportive In-Home Service	An intellectual disability supportive in-home service for children, adolescents and adults
03	013	REACH ID Supportive In-Home Service	A REACH intellectual disability supportive in-home service for children, adolescents and adults
04	001	Psychiatric Unit Service	A mental health and substance abuse inpatient psychiatric service for adults
04	005	Psychiatric Unit Service - Children	A mental health and substance abuse inpatient psychiatric service for children and adolescents
04	011	Medical Detox/Chemical Dependency Unit Service	A substance abuse medical detox/chemical dependency service for adults
05	001	Intensive In-Home Service for children and adolescents	A mental health intensive in-home service for children and adolescents and their families
06	001	Medication Assisted Treatment/Opioid TX Service	A substance abuse medication assisted treatment/opioid service for adults
07	001	Emergency Services/Crisis Intervention Service	A mental health emergency service/crisis intervention service for children, adolescents and adults
07	002	Emergency Services/Crisis Intervention Service	A mental health emergency service/crisis intervention service for children, adolescents and adults
07	003	Outpatient MH Service	A mental health outpatient service for (<i>population served</i>) ()
07	004	Outpatient MH/SA Service	A mental health and substance abuse outpatient service for (<i>population served</i>) ()
07	005	Outpatient SA Service	A substance abuse outpatient service for adults (<i>population served</i>) ()
07	006	Outpatient Service /Crisis Stabilization	A mental health non-residential crisis stabilization service for adults/children/adolescents
07	007	MH Outpatient Service/Crisis Stabilization - REACH	A mental health crisis stabilization outpatient service for adults - REACH
07	009	ID Crisis Stabilization- Non-Residential Service	An intellectual disability NON-residential crisis stabilization service
07	010	Outpatient Service.-ABA	A mental health outpatient community-based applied behavioral analysis service
07	011	Outpatient Managed w'drawal - Medical Detox Service	A substance abuse outpatient managed withdrawal medical detox service for adults
08	011	Sponsored Residential Homes Service	An intellectual disability sponsored residential home service for adults
08	013	Sponsored Residential Homes Service	An intellectual disability sponsored residential home service for children and adolescents
08	014	MH Sponsored Residential Homes Service	An mental health sponsored residential home service for (<i>population served</i>) ()
09	001	Out-of-Home Respite Service	An out-of-home respite service for adults
09	002	Out-of-Home Respite Service	An out-of-home respite service for children and adolescents
09	003	Out-of-Home Respite	An out-of-home respite crisis stabilization service for (<i>population served</i>) ()
10	001	In-Home Respite Service	An in-home respite crisis stabilization service for adults
10	002	In-Home Respite Service	An in-home respite crisis stabilization service for children and adolescence
10	003	In-Home Respite Service	An in-home respite crisis stabilization service for (<i>population served</i>) ()
11	001	Correctional Facility RTC Service	A mental health service in a correctional facility
14	001	Level C MH Children Residential Service	A Level C mental health children's residential service for children with serious emotional disturbance
14	004	MH Children Residential Service	A mental health children's residential service for children with serious emotional disturbance
14	007	SA Children Residential Service	A substance abuse children's residential service for children
14	008	MH Children Group Home Residential Service	A mental health group home residential service for children with serious emotional disturbance

	14	033	SA Children Group Home Residential Service	A substance abuse group home residential service for children
	14	035	ID Children Group Home Residential Service	An intellectual disability group home residential service for children
	14	048	ICF-IID Children Group Home Residential Service	An intermediate care facility for individuals with an intellectual disability (ICF-IID) group home residential service for children
	16	001	Case Management Service	A MH, ID, SA case management services for children, adolescents and adults
	16	002	ID Case Management Service	An intellectual disability case management service
	16	003	SA Case Management Service	A substance abuse case management service
	16	004	MH Case Management Service	A mental health case management service for adults with serious mental illness
	16	005	Children and Adolescents MH Case Management Service	A mental health case management service for children and adolescents
	16	006	Intensive Care Coordination Service	An intensive care coordination service for children and adolescents
	17	001	Intensive Community Treatment (ICT) Service	A mental health intensive community treatment (ICT) service for adults with serious mental illness
	18	001	Program of Assertive Community Treatment (PACT) Service	A mental health program of assertive community treatment (PACT) service for adults with serious mental illness

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

Service Director: _____

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

Client Demographics (check all that apply):

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

Accreditation/Certification by: _____

LOCATION

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

Address: _____

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

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

Directions: _____

7. NAME AND ADDRESS OF OWNER OF PHYSICAL PLANT

Name	
Address	

8. RECORDS: IDENTIFY THE LOCATION OF THE FOLLOWING RECORDS

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

<u>REQUIRED ATTACHMENTS</u>	<i>Children's Residential Service Regulations</i>	<i>All Other Services Regulations</i>
1. ↑ The Completed Application form	§12 VAC 35-46-20 (D)(1)	§35-105-40(A)
2. ↑ A Working Budget (appropriated revenues and projected expenses for one year –a 12-month period)	§12 VAC 35-46-20 (D)(1) §12 VAC 35-46-190 (A)(2)	§35-105-40(A)(1)
3. ↑ Evidence of financial resources or line of credit sufficient to cover estimated operating expenses for ninety days (and must be maintained on an ongoing basis)	§12 VAC 35-46-180	§35-105-210(A) & §35-105-40(A)(2)
4. ↑ A copy of the Organizational Structure , showing the relationship of the management and leadership to the service	§12 VAC 35-46-20 (D)(1) & §12 VAC 35-46-20 A	§35-105-190(B)
5. ↑ Complete Service Description (including philosophy and objectives of the organization, comprehensive description of population to be served, admission, exclusion, continued stay, discharge/termination criteria, a description of services or interventions to be offered, brochures, pamphlets distributed to the public, a copy of the proposed program schedule, etc)	§12 VAC 35-46-20 (D)(1)	§35-105-40 & §580(C), §570
6. ↑ Record Management Policy addressing all the requirements of the regulation	§12 VAC 35-46-20 B [1-5] §12 VAC 35-46-180. C	§35-105-40 & §870(A), 390
7. ↑ Staffing Schedule & Written Staffing plan (use staff information sheet to list potential staff members with designated positions & qualifications, etc.), relief staffing plan, & comprehensive supervision plan	§12 VAC 35-46-180	§35-105-590
8. ↑ Resumes of all Identified Staff, particularly services director, QIDP, QMHP, and licensed personnel.	§12 VAC 35-46-270 (B)(1)	§35-105-420(A)
9. ↑ Position Descriptions - copies of all position(job) descriptions that address all the requirements (position descriptions for case management, ICT and PACT services must address the additional regulations for those services).	§12 VAC 35-46-20 (D)(1) §12 VAC 35-46-280, §12 VAC 35-46-340 & §12 VAC 35-46-350	§35-105-40 & §410(A)
10.↑ Evidence of Authority to conduct Business in Virginia. Generally this will a copy of the applicant's State Corporation Commission Certificate.	§12 VAC 35-46-20 (D)(1) & §12 VAC 35-46-320	§35-105-40(A)(3) and §190(B)
11.↑ Certificate of Occupancy – for the building where services are to be provided (except home-based services),	§12 VAC 35-46-20 (D)(1)	§35-105-260
And for residential services:		
1. ↑ Copy of the Building floor plan, with dimensions	§12 VAC 35-46-20 (D)(1)	§35-105-40 (B)(5)
13.↑ Current Health Inspection	§12 VAC 35-46-20 B	§35-105-290
14.↑ Fire Inspection, if over eight residents	§12 VAC 35-46-20 (D)[1-4]	§35-105-320
Children's Residential Service Only		
15.↑ Articles of Incorporation, By- laws, & Certificate of Incorporation	§12 VAC 35-46-20 (D)(1)	Facility operated by a VA corporation
16. Articles of Incorporation, By- laws, & Certificate of Authority	§12 VAC 35-46-20 (D)(1)	Facility operated by a out of state corporation
6. ↑ Listing of board members, the Executive Committee, or public agency all members of legally accountable governing body	§12 VAC 35-46-20-170	Facilities with a Governing Board
7. ↑ References for three officers of the Board including President, Secretary and Member-at-Large	§12 VAC 35-46-20 D	Facility operated by Corp., an unincorporated Organization, or an Association

Current/Past Provider Services

Please identify:

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

Current Services: _____

Past Services: _____

Sanctions/Negative Actions/Disciplinary Actions: _____

Certificate of Application

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

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

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

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

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

Signature of Applicant: _____ Title: _____ Date: _____

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

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

Licensing Regulations MATRIX

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

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

	response plan.																									
\$540	Access to telephone in emergencies; emergency telephone numbers.		X	X	X	X	X	X			X			X	X	X	X		X		X	X	X	X	X	
\$550	First aid kit accessible.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
\$560	Operable flashlights or battery lanterns.	X	X	X	X	X	X	X			X			X	X	X	X		X		X	X	X	X		
PART IV: SERVICES AND SUPPORTS																										
Article 1: Service Description And Staffing																										
\$570	Mission statement.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
\$580	Service description requirements.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
\$590	Provider staffing plan.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
\$600	Nutrition.		X	X	X	X	X	X			X					X	X		X	X	X		X	X	X	
\$610	Community participation.	X	X	X	X	X	X	X	X	X	X			X	X	X	X	X	X	X	X	X	X	X	X	X
\$620	Monitoring and evaluating service quality.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Article 2: Screening, Admission, Assessment, Service Planning And Orientation																										
Article 3: Crisis Intervention And Clinical Emergencies																										
Article 4: Medical Management																										
Article 5: Medication Management Services																										
Article 6: Behavior Management																										
\$800	Policies and procedures on behavior management techniques.	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X
\$810	Behavior treatment plan.	X	X	X	X	X	X	X	X	X	X			X	X	X	X	X	X	X	X	X	X	X	X	X
\$820	Prohibited actions.	X	X	X	X	X	X	X	X	X	X			X	X	X	X	X	X	X	X	X	X	X	X	X
\$830	Seclusion, restraint, and time out.	X	X	X	X	X	X			X	X			X	X	X		X	X	X	X	X	X	X		
\$840	Requirement for seclusion room.	X	X	X	X	X	X			X	X			X	X	X		X	X	X	X	X	X	X		
Article 7: Continuity of Services and Discharge																										
PART V: RECORDS MANAGEMENT																										
PART VI: ADDITIONAL REQUIREMENTS FOR SELECTED SERVICES.																										
Article 1: Medication Assisted Tx Services (Opioid Treatment Services)																										
Article 2. Medically Managed Withdrawal Services																										
Article 3. Services in Department of Corrections Correctional Facilities																										

Department of Behavioral Health and Developmental Services
Office of Licensing

QMHP/QIDP/QPPMH DEFINITIONS:

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

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

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

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

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

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

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

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

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

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

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

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

QIDPs (Formerly QMRPs) must have at least one year of documented experience providing direct services (*i.e., developing, conducting, and approving assessments and individual service plans*) with individuals with a diagnosis of an intellectual disability (mental retardation) or other developmental disabilities.

QMHP/QIDP Guidance:

The QMHP/QIDP position provides direction, development and implementation, direct supervision and monitoring (observation and evaluation of staff implementing care, service plans & interacting with clients) to the service provided. This position has responsibility for approving assessments and individual service plans or treatment plans to ensure that appropriate services are provided to meet the needs of the individuals serviced. The QMHP or QIDP must have documented experience **developing, conducting, and approving assessments and individual service plans treatment plans.**

12 VAC 35-105-590 states an individual could meet the requirements for a QMHP or QIDP if he has "equivalent experience."

Equivalent Experience is defined as ***five years of paid experience*** in providing direction, development and implementation, direct supervision and monitoring (observation and evaluation of staff implementing care, service plans & interacting with clients) to the service provided. This position has responsibility for approving assessments and individual service plans or treatment plans to ensure that appropriate services are provided to meet the needs of the individuals serviced. The QMHP or QIDP ***must have documented experience developing, conducting, and approving assessments and individual service plans or treatment plans.***

Please Note : The QMHP/QIDP POSITIONS ARE NOT INTENDED FOR INDIVIDUALS WHOSE EXPERIENCE IS LIMITED TO IMPLEMENTING AND MONITORING PLANS, ATTENDING IEP OR TEAM MEETINGS ONLY.

**Direct Care Staff in Intellectual Disability (ID) and
Developmental Disability (DD) Services**

Knowledge, Skills and Abilities

Knowledge of the some characteristics and concepts of intellectual disabilities, mental health, health disorders and related physical conditions, treatment approaches, and interventions for children, adolescents and adults.

Knowledge of simple nursing care, first-aid, behavior management, personal and hygiene.

Ability to implement and follow the policies and procedures of the department, facility or service entity.

Ability to engage or assist in the person-centered care, training and rehabilitation of clients with physical, intellectual or mental health disabilities.

Ability to provide basic person-centered self-care, personal care and hygiene.

Ability to perform or assist with established person-centered training, care and programmatic activities.

Ability to teach or assist clients with eating, bathing, dressing, grooming and other self-care skills.

Ability to participate with professional staff in the design and implementation of training and programmatic activities.

Ability to observe the rights and personal dignity of others.

Ability to observe, record and report clients' behavior, attitude and physical condition.

Ability to perform simple math and communicate effectively, both orally and written.

Ability to maintain effective working relationships with clients and other employees.

Ability to maintain healthy and safe environments clients and other employees

Minimum Qualifications Training:

Education equivalent to graduation from high school.

Experience:

One year of full-time or equivalent part-time paid or volunteer experience in the care, training, habilitation and development of the mentally retarded, developmentally disabled, physically challenged or mentally ill children.

DIRECT SUPPORT PROFESSIONAL TRAINING THROUGH THE COLLEGE OF DIRECT SUPPORT

Virginia Department of Behavioral Health and Developmental Services, Virginia Department of Business Assistance and System Stakeholders Partner for Increased Direct Support Professional Training through the College of Direct Support

The Virginia Department of Behavioral Health and Developmental Services, the Virginia Department of Business Assistance and System Stakeholders are partnering to kick-off a six-month interactive, web-based training program for direct support professionals working for community services boards, state training centers and private providers. This six-month demonstration program will provide on-line courses through the College of Direct Support, a nationally recognized, validated training program designed to enhance the knowledge and skills of direct service professionals.

A number of providers from across Virginia will participate in this demonstration program, including: Community-Based Services, Inc; NHS Mid-Atlantic, Inc.; Lumzy's Residential Services; Richmond Residential Services, Inc.; Dan-Poe-Dil, Inc.; Association for Retarded Citizens, Petersburg Area, Inc.; Virginia Baptist Children's Home & Family Services, Inc; SOC Enterprises; ServiceSource; Chesterfield Community Services Board; Henrico Area MH&R Services; Rappahannock Area Community Services Board; Region Ten Community Services Board; Valley Community Services Board; Southside Virginia Training Center; and Northern Virginia Training Center. With the assistance of the Virginia Department of Business Assistance, private providers across Virginia are afforded the opportunity to participate in this valuable program.

The College of Direct Support demonstration program offers participants an array of training modules designed to deepen and enhance the important roles of caregivers, teachers, mentors, counselors, community connectors, and friends in the lives of the people with developmental disabilities. Eleven modules, or fifty-six lessons, will be made available to employees of participating organizations. Courses will cover such topics as Developmental Disabilities, Positive Behavior Supports and Individual Rights and Choice. Over the next six months, the partnership will evaluate the feasibility of implementing this distance education learning tool on a statewide basis.

More information on the College of Direct Support can be found at www.collegeofdirectsupport.com or by contacting India Sue Ridout, Workforce Development Manager at DBHDS, at 804-786-4089 or india.ridout@co.dbdhs.virginia.gov.

OFFICE OF LICENSING
DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

STAFF INFORMATION SHEET

NAME OF SERVICE: _____ **DATE:** _____

LOCATION: _____

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

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

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

PROVIDER:		LICENSE #:		
SERVICE:		MANAGER:		
# OF LOCATIONS:		DATE OF REVIEW:		
Regulation/Section		Standard	Date	Date
155.5a	Prescreening & Discharge planning-applicable to CSBs ONLY	Develop policies and procedures that include identification of employee or services responsible for prescreening & discharge planning		
§210.C	Fiscal accountability	The provider shall have written internal controls to minimize the risk of theft or embezzlement of provider funds		
§220.1	Indemnification <i>(Quote or policy required prior to policy approval)</i>	Indemnity Coverage: General liability;		
§220.2		Indemnity Coverage: Professional liability;		
§220.3		Indemnity Coverage: Vehicular liability;		
§220.4		Indemnity Coverage: Property damage.		
§230	Fee schedule	Written schedule of rates and charges available upon request		
§240.A	Policy on funds of individuals receiving services.	Addresses handling funds of individuals receiving, including providing for separate accounting of individual funds, addresses payees and assistance with money management		
		§240.B Documented financial controls to minimize theft		
		§240.C Surety bond or other assurance for security of funds		
<input type="checkbox"/> <i>Financial Information Form- expenditures and disbursement of Client's funds-§240.A</i>				
<input type="checkbox"/> Staff involved <input type="checkbox"/> Client involved <input type="checkbox"/> Amount of funds <input type="checkbox"/> Date <input type="checkbox"/> Purpose				
§270.	Building modifications.	Addresses safety and continue service delivery if new construction or conversion, structural modifications or additions to existing buildings		
§310.	Weapons Policy.	Addresses use and possession of firearms, pellet guns, air rifles and other weapons on the facility's premises. Procedure for ensuring individuals' safety, contacting police, consequences for staff/consumers who have weapons in possession during services. Weapons must be:		
		310.1 In the possession of licensed security or sworn law-enforcement personnel;		
		310.2 Kept securely under lock and key; or		
		310.3 Used under the supervision of a responsible adult in accordance with policies and procedures developed by the facility for the weapons' lawful and safe use		
§400.A	Background checks	Policy for criminal history & central registry checks for employees, contractors, students & volunteer; submission of requests to state departments within 15 working days, procedures for CPS/central registry abuse/neglect findings for staff and conviction not classified as barrier crimes, addresses reporting staff convictions after employed		
§ 410	Job Descriptions	Each employee shall have a written job description that includes:		
		.A.1 Job Description includes job title		
		410.A.2 Job Description includes duties & responsibilities		
		410.A.3 Job Description includes title of supervisor		

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

Facility Inspection Checklist Form §520.C (also for offices of community-based services, indicate N/A for items not used at the site)

- 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 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		
	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.		
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	Service description requirements.			
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§580.		580.A	Ensures services are consistent with mission and available for public review		
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		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:		
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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.	Shall describe how employees, volunteers, contractors, and student interns will be supervised in the staffing plan and how that supervision will be documented.		
	590.C.2	Supervision of employees, volunteers, contractors, and student interns shall be provided by persons who have experience in working with individuals receiving services and in providing the services outlined in the service description.		
	590.C.3.	Supervision shall be appropriate to the services provided and the needs of the individual. Supervision shall be documented.		
	590.C.4.	Supervision shall include responsibility for approving assessments and individualized services plans, as appropriate. This responsibility may be delegated to an employee or contractor who meets the qualification for supervision as defined in this section.		
	590.C.5.	Supervision of <i>mental health, substance abuse, or co-occurring services</i> that are of an acute or clinical nature such as <i>outpatient, inpatient, intensive in-home, or day treatment</i> shall be provided by a licensed mental health professional or a mental health professional who is license-eligible and registered with a board of the Department of Health Professions.		
	590.C.6.	Supervision of <i>mental health, substance abuse, or co-occurring services</i> that are of a supportive or maintenance nature, such as <i>psychosocial rehabilitation, mental health supports</i> shall be provided by a QMHP-A. An individual who is QMHP-E may not provide this type of supervision		
	590.C.7	Supervision of <i>intellectual disability</i> services shall be provided by a person with at least one year of documented experience working directly with individuals who have intellectual disability (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 <i>60 days for intellectual disability (intellectual disability) and developmental disabilities services.</i> This ISP shall be developed and implemented within 24 hours of admission to address immediate service, health, and safety needs and)		
	660.C	Shall implement a person-centered comprehensive ISP as soon as possible after admission based upon the nature and scope of services but no later than 30 days after admission for providers of <i>mental health and substance abuse services</i>		

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 among service.	Written procedures that define for the transition of an individual among services of the provider. At a minimum, addresses:		
	691.A.1	Continuity of service during and following transition;		
	691.A.2	Participation of the individual or his authorized representative, as applicable, in the decision to move and in the planning for transfer;		
	691.A.3	Transfer of the access to individual's record & ISP to the destination location;		

	691.A.4	Transfer summary; and		
	691.A.5	The process and timeframe for transmitting or accessing, where applicable, discharge summaries to the destination service;		
<input type="checkbox"/> <i>Transfer Form-§691.B</i> <input type="checkbox"/> Reason for the individual's transfer <input type="checkbox"/> Documentation of involvement by the individual or his authorized representative, as applicable, in the decision to and planning for the transfer <input type="checkbox"/> Reason for transfer <input type="checkbox"/> Current psychiatric and medical condition of the individual <input type="checkbox"/> Updated progress on meeting the goals and objectives of the ISP <input type="checkbox"/> Emergency medical information; <input type="checkbox"/> Dosages of all currently prescribed medications and over-the-counter medications used by the individual when prescribed by the provider or known by the case manager <input type="checkbox"/> Transfer date <input type="checkbox"/> Signature of employee or contractor responsible for preparing the transfer summary				
§693.A	Discharge.	Addresses process to discharge of individuals from the service and termination of services to include medical or clinical criteria for discharge		
<input type="checkbox"/> <i>Discharge Form-§693</i> <input type="checkbox"/> Reason for admission and discharge <input type="checkbox"/> Individual's participation in discharge planning <input type="checkbox"/> Individual's level of functioning or functional limitations <input type="checkbox"/> Recommendations on procedures, or referrals, and the status, and arrangements for future services <input type="checkbox"/> Progress made achieving the goals and objectives identified in the individualized services plan <input type="checkbox"/> Discharge date <input type="checkbox"/> Discharge medications, if applicable <input type="checkbox"/> Date the discharge summary was actually written/documented <input type="checkbox"/> Documentation that resident, placing agency & LAR are participants in developing the plan <input type="checkbox"/> Signature of person who prepared summary				
§700.A	Written policies and procedures for crisis or emergency interventions; required elements.	Written policies and procedures for prompt intervention in the event of a crisis or a behavioral, medical, or psychiatric emergency that may occur during screening and referral, at admission, or during the period of service provision		
	700.B.	The policies and procedures shall include:		
	700.B.1.	A definition of what constitutes a crisis or behavioral, medical, or psychiatric emergency;		
	700.B.2.	Procedures for immediately accessing appropriate internal and external resources. This shall include a provision for obtaining physician and mental health clinical services if the provider's or service's on-call or back-up physician or mental health clinical services are not available at the time of the emergency		
	700.B.3.	Employee or contractor responsibilities; and		
	700.B.4.	Location of emergency medical information for each individual receiving services, including any advance psychiatric or medical directive or crisis response plan developed by the individual, which shall be readily accessible to employees or contractors on duty in an emergency or crisis.		
§710.A	Documenting crisis intervention and emergency services.	The provider shall develop a policy for documenting the provision of crisis intervention and emergency services. Documentation shall include the following:		
<input type="checkbox"/> <i>710. A 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"/> <u>Falls Assessment Form -§720.B</u> <input type="checkbox"/> Have a history of falls <input type="checkbox"/> Are experiencing agitation or delirium; <input type="checkbox"/> Are on medications, which may cause drowsiness <input type="checkbox"/> Have a history of Hypotension <input type="checkbox"/> Impaired mobility, <input type="checkbox"/> Impaired vision, <input type="checkbox"/> History of low or unstable blood sugar, <input type="checkbox"/> Need frequent toileting, <input type="checkbox"/> Are intoxicated, or withdrawing from alcohol or other drugs, and <input type="checkbox"/> Have an impaired mental status.				
	720.C	In residential or inpatient service; provider shall either provide or arrange for provision of appropriate medical care. In other services, defines which instances will provide or arrange for appropriate medical and dental care and which instances will be referred.		
	720.D	Develops, documents and implements infection control measures, including the use of universal precautions		
	720.E	Shall report outbreaks of infectious diseases to the Department of Health pursuant to §32.1-37 of the Code of Virginia		
§740.	Physical examination.	Physical examinations in consultation with a qualified practitioner. Residential services administer or obtain results of physical exams within 30 days of admission. Inpatient services administer physical exams within 24 hrs of admission.		
	740.B	Physical examination shall include, at a minimum:		
	740.B.1	General physical condition (history and physical);		
	740.B.2	Evaluation for communicable diseases;		
	740.B.3	Recommendations for further diagnostic tests and treatment, if appropriate;		
	740.B.4	Other examinations indicated, if appropriate; and		
	740.B.5	The date of examination and signature of a qualified practitioner.		
	740.C	C. Locations designated for physical examinations shall ensure individual privacy		
<input type="checkbox"/> <u>Client Physical Examination Form-§740</u> <input type="checkbox"/> General physical condition (history and physical) <input type="checkbox"/> Evaluation for communicable diseases <input type="checkbox"/> Recommendations for further diagnostic tests and treatment, if appropriate <input type="checkbox"/> Other examinations indicated, if appropriate <input type="checkbox"/> The date of examination and signature of a qualified practitioner				
<input type="checkbox"/> <u>Emergency (ER) Medical Information Form §750</u> <input type="checkbox"/> The name, address, and telephone number of: the individual's physician <input type="checkbox"/> The name, address, and telephone number of a relative, legally authorized representative, or other person to be notified <input type="checkbox"/> Medical insurance company name and policy or Medicaid, Medicare , or CHAMPUS number, if any; <input type="checkbox"/> Currently prescribed medications and over-the-counter medications used by the individual				

- 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		

Monitoring Behavior Interventions & Supports Form- §800.A (5) (ongoing for use for trends, issues and training needs)

§810.	Behavioral treatment plan.	A written behavioral treatment plan may be developed as part of the individualized services plan in response to behavioral needs identified through the assessment process. A behavioral treatment plan may include restrictions only if the plan has been developed according to procedures outlined in the human rights regulations. A behavioral treatment plan shall be developed, implemented, and monitored by employees or contractors trained in behavioral treatment.		
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Abuse/Neglect Reporting Form-§160.C.1

- Date/Time of allegation
- Name
- Nature of allegation of abuse, neglect, or exploitation
- Type of abuse;
- Whether the act resulted in physical or psychological injury
- Staff involved
- Action taken with staff involved
- Notifications: Human Rights; Licensing; Placing Agency; Guardians/Parents, Date & Times

Seclusion and/or Restraint Documentation Form §830

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

Date and time

Employees or contractors involved

Circumstances and reasons for use

Other behavior management techniques attempted

Duration

Type of technique used

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

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

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

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 required forms and has knowledge and understanding as required by the licensing regulations.

Signature: _____ Date: _____

Policy and Procedure (Sample #1)

Area: HEALTH AND SAFETY		No: 12 VAC 35-105-700	Page 1 of 2 pages
Title: Crisis Intervention and Emergencies	Issued: 11/10/10	Revised: 1/2012	

POLICY:

It will be the policy of Hunt and Peck, LLC that all direct care staff members are trained to intervene in crisis situations that require either the use of basic first aid/CPR or psychological crisis that may respond to verbal attempts to de-escalate. Staff are also expected to be able to identify a medical or psychiatric emergency and take immediate and appropriate measures, as outlined in policy, to address such emergencies.

PROCEDURES:

Within the first thirty days (30) of employment, attempts will be made to have all direct care staff of Hunt and Peck will be certified in first aid, CPR, behavior management techniques consistent with the Hunt and Peck, LLC behavior management and human rights plans.

No staff member will be assigned to work alone at any Hunt and Peck, LLC location without another staff member who is current in First Aid/CPR, behavior management training and medication administration certification.

Staff trained in first aid will first address all injuries or illnesses involving consumers. Direct care staff members will not be required to determine if an injury or illness is “minor” or “major”. All such illnesses or injuries shall be reported to the Program Nurse or Clinical Coordinator.

Staff will document in the consumer’s Health Information Record all such injuries and illnesses, including the interventions staff applied. Staff members involved will complete incident reports.

The Program Nurse, and/or the Clinical Coordinator will determine if the consumer’s primary care physician should be contacted for further medical guidance. If required, an appointment will be scheduled with the physician and the Program Nurse will transport the consumer to the appointment, requesting the physician to complete the Medical Appointment form (Form #7).

Staff members who sustain minor injuries on the job will be directed to their primary care physician if care beyond primary first aid is required. Incident reports must be completed for staff injuries.

If any injury or illness is determined to be “minor”, but requiring urgent medical attention, staff may transport the consumer or staff member in vehicles owned by Hunt and Peck, LLC (for consumer injuries/illness) or private automobiles, for injuries or illness involving staff, to appropriate medical attention, (either primary case physician or local emergency room).

Area: HEALTH AND SAFETY		No: 23	Page 2 of 2 pages
Title: Crisis Intervention and Emergencies	Issued: 11/10/10	Revised: 1/2012	Revised:

Occasionally the behavior of consumers at Hunt and Peck, LLC may escalate into what may appear to be agitating, threatening or out of control actions. Staff members are expected to use the skill they have mastered in behavior management training to attempt to verbally de-escalate such consumers. Only in an absolute emergency, where the immediate safety of the consumer, other consumers or staff members is threatened, may Hunt and Peck staff physically intervene to physically restrain a consumer. Such physical restraint will follow the guidelines of Hunt and Peck, LLC behavior management and Human Rights Policies and Procedures and may only be used by staff trained in these procedures.

Many of the consumers at Hunt and Peck, LLC are also under a physician's care. Staff should check the Medication Administration Record (MAR) to determine if there is an existing physician order for a PRN medication for agitation. If such an order is present, the consumer should be offered this medication. As with any medication, the administration of the PRN medication must appropriately be documented on the MAR.

At all times staff are expected to protect all consumers. If attempts at de-escalation of an out of control consumer are ineffective, staff will attempt to get the consumer to separate from others around them. If possible, at least two staff members should accompany any out of control consumer.

If attempts at separation are unsuccessful, staff are to remove all other consumers for the area of threat.

UNACCEPTABLE

This policy would not be accepted BECAUSE it:

- *is not numbered according to the regulation,*
- *has not addressed all the elements of the regulation,*
- *does not define what constitutes a crisis or behavioral, medical or psychiatric emergency,*
- *does not it give clear instructions for staff to follow in the event of a Crisis or an Emergency, etc.*

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

Policy and Procedure (Sample #2)

Area: HEALTH AND SAFETY MANAGEMENT	Policy: 12 VAC 35-105-720	Page 5 of 6 pages
Title: 720 Medical Management	Issued: 1/10/2010	Revised: 1/2012
Focus: Infection Control Measures		

These universal precautions shall be provided, in writing, to all employees, interns, volunteers and resident upon association the Rion's Hope program.

In the event that potentially infectious or bodily fluids are exposed, staff will be required to clean and disinfect the area to prevent harmful effects due to direct contact with these materials. The following actions must be adhered by all staff to ensure that they are properly cleaned.

For any exposure to potential for spills or splatters of or direct contact with blood, urine, feces, semen or any other bodily fluids; Rion's Hope staff, volunteers, or students interns must use the following procedures:

- 1. Retrieve the necessary supplies from the closet in the staff's off or the closet in the kitchen to cover themselves from direct contact with potentially infectious material. Such items include **gloves, goggles, a protective gown, shoe covers and a mask.***
- 1. After properly putting the needed items on for protection, retrieve the pre-prepared bleach and water solution and towels (10 cups of water to 1 cup of bleach) for use in cleaning the exposed area. These items can be found in the closet in staff's office.*
- 2. Use a **RED trash bag** (red bags used only in such cases) to collect any exposed clothing, cleaning towels or other items, which may need to be discarded due to exposure.*
- 3. After cleaning is completed, carefully view the area to ensure that all the harmful material has been removed.*
- 4. Place any remaining towels or items including the protective gown, gloves, and facial masks into the red bag. Tie the red bag and place it inside of another red bag before placing it into the facility's dumpster.*
- 5. All persons involved **must wash their hands thoroughly** before returning to any other activity.*

The Rion's Hope program shall maintain a well-stocked first aid kit in the home at all times. This kit shall contain items that will be used to support any minor injuries and medical emergencies to residents an staff who may experience an injury or require treatment. In addition to the items in the first aid kit, the Rion's Hope program will keep a regular stock of band-aids, rubbing alcohol and peroxide to ensure that such items in the first aid kit are not depleted. The first aid kit will be monitored regularly for items that may need to be replenished. The first aid kit must accompany staff

when residents are taken any road trips; however, the console compartment of the vehicle will also house alcohol pads and band-aids on a regular basis.

ACCEPTABLE

This policy and procedure would be accepted because it:

- *is numbered according to the regulation for easy review by staff,*
- *gives very CLEAR, CONCISE instructions,*
- *identifies who, what, how, where and why of the policy- for all employees, interns, volunteers and residents relative to the infection control measures that will be used should potentially infectious or bodily fluids are exposed.*

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

Department of Behavioral Health and Developmental Services

ON-SITE REVIEW PREPARATION CHECKLIST

Note: A DBHDS License Will Not Be Issued Unless All Items Listed Have Been Completed

Provider Name _____

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

1. Staffing Schedule: including staff names, titles/credentials, all required training, and have oriented enough staff to begin service operation, (to include relief staff);

Additional requirements:

- Resumes of applicable work experience and education,
- Staff training completed in CPR, First Aid, Behavior Intervention, Emergency Preparedness and Infection Control and Medication Management, if applicable.

2. Criminal background checks and Central Registry (CPS) searches **must be initiated** for all staff that will begin work for **all services except children's residential**. Contact:

- Malinda Roberts** at 804/786-6384 for all services except children's residential

Central Registry (CPS) Contact:

- Betty Whittaker** at 804/726-7567 or
- Kim Davis** at 804/726-7549 for Central Registry Checks (CPS)

Criminal background check and Central Registry (CPS) **results must be received** by the provider prior to scheduling staff to work for **children's residential facilities only**. Contact:

- Angela Pearson** at 804/726-7099 for children's residential only

- 3. Licensing Policies and Procedures Approved;
- 4. Human Rights Policies and Procedures Approved;
- 5. Human Rights Affiliation (LHRC);
- 6. Proof of Insurance (general liability, professional liability, vehicular liability, & property damage)
- 7. Adequate Financial Backing for service provided (Updated/current)
- 8. Personnel: records must be complete and include evidence of completed applications for employment, evidence of required training and orientation, reference checks, and evidence of completed background investigations;
- 9. Client records, (a sample client record).
- 10. Ready to demonstrate your knowledge of and ability to implement your service description and policies and procedures, - random questions
- 11. Certificate of Occupancy;
- 12. Regulations regarding the physical plant are in compliance;
- 13. **Availability** of the **Final Policy Manual** (including all policies/forms) that was preliminarily approved. The licensing specialist will determine the final approval of the final policy manual.

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

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

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

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

Department of Behavioral Health and Developmental Services
Non-Residential PHYSICAL ENVIRONMENT REVIEW FORM
 Office of Licensing

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

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

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

Department of Behavioral Health and Developmental Services
INDIVIDUAL SERVED RECORD REVIEW FORM
 Office of Licensing

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

COMMENTS:	<i>Name/Record Number</i>							

§ 645 SCREENING/ADMISSION, ASSESSMENT, SERVICE PLANNING, ORIENTATION AND DISCHARGE

§645.B.1	Date of Contact								
§645.B.2	Name, Age, Gender of Individual								
§645.B.3	Address/Phone Number								
§645.B.4	Reason for service request								
§645.B.5	Disposition of individual including referral to other services								
§645.D	Documentation retained for 6 months								

§ 650.E INITIAL ASSESSMENT OF INDIVIDUALS

§ 650.E.1	Diagnosis								
§ 650.E.2	Presenting needs								
§ 650.E.3	Current medical problems								
§ 650.E.4	Current medication								
§ 650.E.5	Current & past substance use or abuse								
§ 650.E.6	At- risk behavior to self & others								

§ 650.F COMPREHENSIVE ASSESSMENT OF INDIVIDUALS

§ 650.F.1	Onset/duration of problems								
§ 650.F.2	Social/behavioral/developmental/family history								
§ 650.F.3	Cognitive functioning, including strengths and weaknesses								
§ 650.F.4	Employment/vocation/educational background								
§ 650.F.5	Previous interventions/outcomes								
§ 650.F.6	Financial resources and benefits								
§ 650.F.7	Health history and current medical care needs:								
§ 650.F.7.a	Allergies								
§ 650.F.7.b	Recent Physical Complaints								
§ 650.F.7.c	Chronic Conditions								
§ 650.F.7.d	Communicable Diseases								
§ 650.F.7.e	Handicaps or Restrictions, if any								
§ 650.F.7.f	Past Serious Illness, Serious Injury and Hospitalizations								
§ 650.F.7.g	Family Medical History								

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

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

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

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

Department of Behavioral Health and Developmental Services

PERSONNEL RECORD REVIEW FORM

Office of Licensing

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

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

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

DBHDS ANNUAL OPERATING BUDGET

Service Name: _____ Type of Service: _____ Date: _____

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

Utilities:														
<i>Electricity</i>														
<i>Gas</i>														
<i>Cable</i>														
<i>Water</i>														
<i>Sewage</i>														
<i>Internet</i>														
Auto Fuel														
Auto Maintenance														
Facility Maintenance														
Equipment/Supplies														
Motor vehicles														
Laundry/Linens														
Cleaning supplies														
Toiletries														
Staff Travel														
Staff Training (routine)														
Client recreation														
Client allowances														
Office equipment														
Contractual Services														
OTHER:														
Employee taxes														
TOTALS														

REPORT OF SANITATION INSPECTION
DBHDS-RESIDENTIAL SERVICES
TELEPHONE: (804) 786-1747
DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Name of Facility: _____ Licensed Capacity: _____

Name of Operator: _____ Address: _____

Building(s) Inspected (Please List): _____

I. General Sanitation

A. Approved by Health Department: _____ Yes _____ No

B. Describe Violations: _____

C. Time given to correct violations: _____

II. Sewage Disposal System _____ Public _____ Non-Public

A. Owned by: _____

B. Approved by Health Department: _____ Yes _____ No

III. Water Supply _____ Public _____ Non-Public

A. Owned by: _____

B. Approved by Health Department: _____ Yes _____ No

IV. Swimming Pool

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

_____ Yes _____ No _____ No Pool

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

V. Food Service Operations

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

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

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

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

B. Approved by Health Department: _____ Yes _____ No

C. Describe Violations: _____

D. Time given to correct violations _____

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

VI. Summary

A. Specify any additional health hazards observed: _____

B. Time given to correct hazards: _____

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

If yes, anticipated date _____

(Signature of Local Health Director or Designee)

(Mailing Address of Sanitarian)

(Signature of Facility Representative)

(Date of Inspection)

(Telephone Number of Sanitarian)

REGULATORY AGENCY COPY

REPORT TO OFFICE OF LICENSING or OFFICE OF HUMAN RIGHTS
SERIOUS INCIDENT/INJURY OR DEATH IN A LICENSED PROGRAM
 WITHIN 24 HOURS OF THE SERIOUS INCIDENT or DEATH

NOTE: All Serious Injuries and Deaths must be reported via **CHRIS System** (from the DBHDS website-
 www.dbhds.virginia.gov) to the Office of Licensing or to the Office Human Rights within 24 hours.

Organization _____

Service name, where death/incident occurred: _____ Service number _____

Location Address: _____ City _____ State _____ Zip _____

Consumer Name: (First, MI, Last) _____ Date of Birth ____/____/____

Ethnicity/Race: _____ Gender: _____ Medicaid#: _____

Date of death/incident ____/____/____ Date of Discovery of death/incident ____/____/____ Time of incident: ____ am ____ pm

Waiver Service Recipient? Yes No

Waiver Type: ID Wavier Day Support DD Wavier EDCD Wavier MH Adolescent & Children Other

REPORTABLE DEATH- Death that occurs during the time an individual is receiving services in the program.

REPORTABLE SERIOUS INCIDENT/INJURY- includes body injury, state, condition, episode or loss of consciousness requiring medical attention (internally or externally) by a licensed physician, doctor of osteopathic medicine, physician assistant, EMTs, or nurse practitioner while the individual is supervised by or involved in services.

Complete for serious INJURIES only (check all that apply)

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Adverse Reaction | <input type="checkbox"/> Contusion/Hematoma | <input type="checkbox"/> Sprain |
| <input type="checkbox"/> Abrasion/Cut/Scratch | <input type="checkbox"/> Dislocation/ Fracture | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Burn | <input type="checkbox"/> Laceration | |
| <input type="checkbox"/> Bite | <input type="checkbox"/> Redness/Swelling | |

Complete for serious INCIDENTS only (check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Assault by client | <input type="checkbox"/> Ingestion of Substance | <input type="checkbox"/> Sexual Misconduct |
| <input type="checkbox"/> Assault by staff | <input type="checkbox"/> Medication Error | <input type="checkbox"/> Overdose |
| <input type="checkbox"/> Choking | <input type="checkbox"/> MRSA/Infection | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Elopement/Runaway | <input type="checkbox"/> Overnight absence without permission | <input type="checkbox"/> Suicidal Ideation |
| <input type="checkbox"/> Heart Attack | <input type="checkbox"/> Possession of weapon | <input type="checkbox"/> Suicidal Attempt |
| <input type="checkbox"/> Homicidal Ideation | <input type="checkbox"/> Seizure/Convulsion | <input type="checkbox"/> Other _____ |

COMPLETE FOR SERIOUS INJURIES and INCIDENTS

Did this injury or incident involve loss of consciousness? Yes No

Medical Attention Provided? Yes No Date: ____/____/____ Time ____ am ____ pm

Medical Attention Type: Emergency Non-Emergency

Description of Medical Treatment Provided & Finding: _____

Complete for DEATHS only (check all that apply)

- Accidental Homicide Natural Suicide Undetermined

COMPLETE FOR DEATHS ONLY

Was the death Expected? Unexpected?

Referred to Medical Examiner? Yes No

Is autopsy to be performed? Yes No If yes, status _____

Cause (from death certificate) _____

State other known facts regarding incident or death (attach additional notes, if necessary):

Did the incident involve? (Check all that apply)

- Abuse Allegation? Neglect Allegation?
If abuse checked, select CHRIS Abuse # _____ If neglect checked, select CHRIS Neglect # _____
 Seclusion? Restraint? Self-injurious Behavior?
 Unexplained? Other? _____

Was an internal investigation initiated? Yes No If yes, indicate date begun: ____/____/____

External notifications made (check all that apply):

- DSS Dept. of Health Professions
 Local Law Enforcement Agency Dept. of Health
 State Police Other (please specify): _____

Provider's Corrective Actions (Check all that apply)

- Reinforce policy and procedure Individual(s) were moved
 Train individual staff Environmental modification
 Train all staff Support plan modification
 Increase staffing Improve QA
 Increase supervision (change patterns of supervision) Appropriate staff action taken
 Appropriate notification to Office of Licensing made Supervisory/Administrative staff change/action

Service Staff Name/Title: _____ **Date of Completion:** _____

Licensing Specialist Section

Action (dropdown list/select one):

Action Date: _____

- Met with individual Recommended resolution
 Consulted with provider Notified individual/family member
 Reviewed individual record Notified CSB/Licensed program
 Reviewed provider investigation report Notified other, (i.e. law enforcement, DSS, etc.)
 Agreed with provider's corrective action Notified client of investigation findings
 Sent memo to provider Referred to the Office of Human Rights
 Conducted independent investigation Sent Citation of Violation to the Provider
 Participated in investigation Other _____
 Monitored investigation OK to close case

Remarks: The licensing specialist may enter as many action records as needed to document a case. There must be at least one action record entered before a case can be closed.

Licensing Specialist: _____ **Date Case Closed:** _____

Mail/Fax this form to your Licensing Specialist only if you are not able to report the incident via the CHRIS system.

Corrective Action Plan (Sample)

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES CORRECTIVE ACTION PLAN

Investigation ID:
License #: XXX-XX-XXX
Organization Name:

Date of Inspection:
Program Type/Facility Name: Residential Facility

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
280- Physical environment	N	Both bathtubs are either, in need of a thorough cleaning or replacement. The appearance of the tubs does not meet the requirement of being well-maintained. The sink in the upstairs bathroom has an area of damage, the fight fixture has uncovered bulbs, and the mirrors have areas of damage.	The bathtubs have been thoroughly cleaned. A maintenance request was submitted 04/04/09 regarding the bathroom sink, the uncovered bulbs in the bathroom, and the damaged mirror. Cleanliness of bathtubs will be added to the weekly facility review/monitoring list completed by the Program Director. ACCEPTED.	4/30/2009

General Comments / Recommendations:

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

_____, Specialist

(Signature of Organization Representative)

Date

Mail to: P O Box 1797
Richmond, VA 23218

Due Date:

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



Department of Behavioral Health and Developmental Disabilities
Office of Human Rights

HUMAN RIGHTS COMPLIANCE VERIFICATION

Name of Provider

Address

Address of program if different from provider's address

Director's name

Phone number

Email address

Please check the status that applies to you:

- New applicant seeking DBHDS license
- Licensed provider seeking program modification of a new service at same location
- Licensed provider seeking program modification of a same service in same region, but new location
- Licensed provider seeking program modification in new region

Type of service

Name of your Licensing Specialist, if one has been assigned

Please complete the name of provider and Director's name in each section below:

(Director's name) _____ verifies that (Name of provider) _____
is in full compliance with the *Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded and Operated by the Department of Behavioral Health and Developmental Services (DBHDS)*.

(Name of provider) _____ has a mission statement/value and other
documents that promote the policy (12 VAC 35-115-20) of the human rights regulations

(Name of provider) _____ has policies and procedures written in full
compliance with each of the following sections of the regulations.

- 12 VAC 35-115-50-Dignity
- 12 VAC 35-115-60-Services
- 12 VAC 35-115-70 Participation in Decision Making

12 VAC 35-115-80 Confidentiality
12 VAC 35-115-90 Access to and amendment of services record

(Name of provider) _____ has documents and notices in compliance with 12 VAC 35-115-40-Assurances.

(Name of provider) _____ has practices and policies that promote the freedoms of everyday life as found in 12 VAC 35-115-100.

The provider does or does not (circle one) have Program Rules.

(Name of provider) _____ shall submit Program Rules to the human rights advocate for review and to the local human rights committee for review and approval prior to implementation.

(Name of provider) _____ will or will not use seclusion, restraint and time out.

If yes, (Name of provider) _____ has a policy written in accordance with 12 VAC 35-115-110 for the use of such interventions.

(Name of Director) _____ shall submit the seclusion, restraint and time out policies to the human rights advocate and local human rights committee for review and comment prior to implementation.

(Name of provider) _____ has a policy for behavioral management written in accordance with 12 VAC 35-115-110.

(Name of provider) _____ has a policy that addresses decision making, consent and authorization as well as substitute decision making in accordance with 12 VAC 35-115-145 and 146.

(Name of provider) _____ has a policy that describes the complaint resolution process in accordance with 12-VAC 35-115-170.

(Name of provider) _____ has policies in accordance with all other sections of the human rights regulations applicable to the provider's service or program including 12 VAC 35-115-120, Work and 12 VAC 34-115-130 Research

(Name of Director) _____ has reviewed and understands the reporting requirements in 12 VAC 35-115-230.

(Name of Director) _____ has reviewed and understands the requirements for employee training, local human rights committee affiliation & support, and all other requirements in 12 VAC 35-115-250.

Director's signature

Date

Submit the completed form to Deb Lochart, Acting Director, Office of Human Rights by mail to P. O. Box 1797, Richmond, VA 23218, via fax at 804-371-2308 or email to deb.lochart@dbhds.virginia.gov

For questions call Deb Lochart 804-786-0032.