

**Department of Behavioral Health and Developmental Services
Office of Human Rights**

HUMAN RIGHTS COMPLIANCE VERIFICATION CHECKLIST

Name of Provider

Address

Address of program if different from provider's address

Director's name

Phone number

Email address

Type of service (if applicable, please add waiver type)

Name of your Licensing Specialist if one has been assigned

Please verify compliance by initialing each section below. Once completed, send via email, with your complaint resolution policies ONLY, to OHRpolicy@dbhds.virginia.gov.

_____ I verify that I have a mission/value statement and other documents that promote the policy (12 VAC 35-115-20) of the human rights regulations.

_____ I verify that I have 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

_____ I verify that documents and notices in compliance with 12 VAC 35-115-40 Assurances.

_____ I verify that I have practices and policies that promote the freedoms of everyday life as found in 12 VAC 35-115-100.

_____ I verify that I understand that I must submit Program Rules to the human rights advocate for review and to the local human rights committee for review and comment prior to implementation.

_____ I will or ___ will not use seclusion, restraint and time out.
_____ If yes, I verify that I have a policy written in accordance with 12 VAC 35-115-110 for the use of such interventions.

_____ I verify that I have a policy for behavioral treatment plans written in accordance with 12 VAC 35-115-105.

_____ I verify that I have a policy for behavioral management written in accordance with 12 VAC 35-115-110.

_____ I verify that I have a policy that describes the complaint resolution process in accordance with 12-VAC 35-115-175.

❖ This policy has been reviewed and approved by the Office of Human Rights (Date _____)

_____ I verify that I have 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.

_____ I verify that I have 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

_____ I verify that I have reviewed and understand the reporting requirements in 12 VAC 35-115-230.

❖ Advocate provided onsite CHRIS Training. (Advocate _____ Date _____)

_____ I verify that I have reviewed and understand the requirements for employee training, the role of the local human rights committee and all other requirements in 12 VAC 35-115-260.

Signature of
Provider: _____ Date _____

FOR OHR USE ONLY

Date of visit: _____ Date of license _____

Advocate: _____ Waiver Services: _____
(Complete OHR waiver validation tool)

Complaint Resolution Policies Approved: _____

Comments:

Human Rights Policies reviewed: _____

Comments:

Signature of
Advocate: _____

(COPY OF SIGNED FORM MUST GO TO THE PROVIDER FOR THEIR RECORDS) dml-11/17