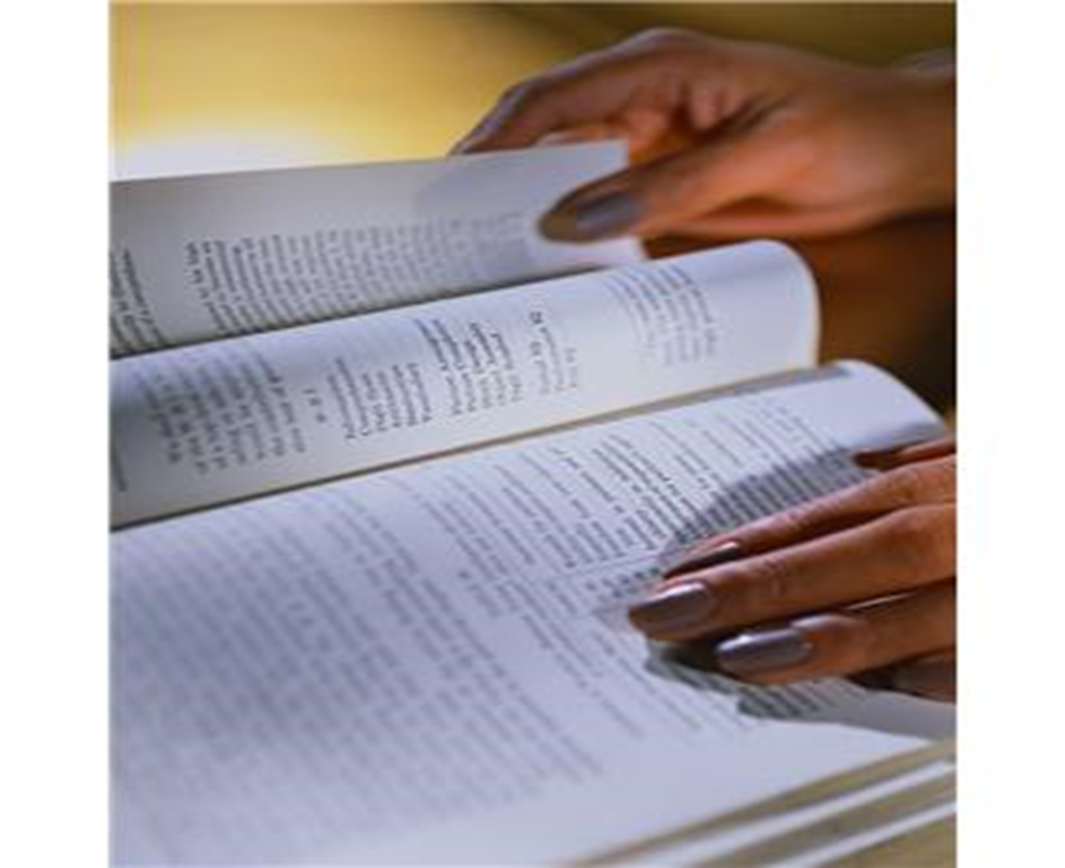
**2021 New Applicant Licensing Packet**



**Department of Behavioral Health and Developmental Services**

**Office of Licensing**

**1220 Bank Street**

**Richmond, VA 23219**

**(804) 786 -1747**

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# **Licensing Process Overview**

When applying for a license from the Department of Behavioral Health and Developmental Services (DBHDS), it is important for all applicants to understand the DBHDS licensing process. Due to the high volume of applications received by DBHDS, the entire licensing process could take up to twelve months or longer to complete. Please be mindful that incomplete applications, applications that fail to adequately address all Licensing Regulations, and applicant delays in providing requested information can further extend the licensing process. Applicants should expect to wait up to nine months on the application waiting list prior to assignment to a Policy Review Specialist.

**Expediting Applications:** The Office of Licensing will expedite applications based on current state initiatives or an identified need for the service in the proposed geographic area. If you would like to request for your application to be expedited, please submit a cover letter with your application with an explanation of why your application should be expedited. Decisions to expedite are at the sole discretion of the Director of the Office of Licensing. Please note that while expedited applications will be removed from the waiting list, they will still undergo the standard policy review process.

1. Until you are confident that you are near the end of the licensing process, please **delay**:
   * **Buying a home for a service;**
   * **Renting office space;**
   * **Buying insurance; and**
   * **Hiring staff**

However, you should be collecting and submitting resumes for prospective staff, identifying potential property locations and getting insurance quotes because these items will be required during the on-site review, which is the stage of the licensure process that occurs after an applicant has met the requirements for the administrative review of policies, procedures, forms and attachments by the policy review specialist. Please note that the Office of Licensing will not expedite the review of an application due to expenditures on the abovementioned items.

1. 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 for services where a large number of providers may already exist including Intensive In-Home, Therapeutic Day Treatment for Children (TDT), DD Group Homes and Mental Health Community Support Services. To determine the volume of providers in the area in which you plan to open a program, you may want to reach out to DMAS to see how many providers are enrolled for reimbursement in the area or visit the [DBHDS licensed provider location search](https://dbhds.virginia.gov/quality-management/Licensed-Provider-Location-Search) on the DBHDS website.
2. Be sure to submit all of the required documentation and information for the service you wish to be licensed for as incomplete packets will be sent pack to the applicant and the applicant will not be placed on the waiting list.

**The Six-Phase Licensing Process is as follows:**

**PHASE ONE**:

1. New applicants will submit the following information for review:
   * A completed **Licensing Application** with the required attachments **AND**
   * The **Licensing Policies and Procedures (P & Ps)** including all required forms.
2. The completed application is then placed on the waiting list. The waiting list can be viewed on the DBHDS website under the “**Policies and Procedures Tracking**” link and is updated on the 15th of every month.

**PHASE TWO:**

1. A Policy Review Specialist will review the application, attachments, policies and procedures to determine compliance with the Licensing Regulations.
2. If the submitted documentation requires revisions, the Policy Review Specialist will send a letter to the provider citing the necessary revisions.
3. Receiving a letter from the Policy Review Specialist will signify to the applicant that their application has been removed from the waiting list and reviewed for the first time.
4. Revisions must be received within **six months** from the date on the last revision letter.
5. **Please note:** Applicants that do not provide revisions within **six months** of a request for revisions will be closed for review. All future interest in receiving a DBHDS license will require the submission of a new application, policies and procedures, which will be placed on the waiting list.
6. This process will continue until the Policy Review Specialist determines that the reviewed policies, procedures, and attachments are in compliance with the Licensing Regulations.
   1. To expedite the licensing process, the focus of the review by the Policy Review Specialist will be on specific, identified policies. However, the applicant still is required to complete and submit ALL policies in order for their application to be deemed complete. The licensing specialist will determine the final approval of the policies and procedures as part of their on-site review.

**PHASE THREE:**

1. The Policy Review Specialist will confirm preliminary approval of the licensing application, and will request that the applicant submit a final copy of their policies and procedures including all revised policies, procedures, and forms.
2. The copy will be reviewed for completeness and compliance with the Licensing Regulations.
3. During this time, the applicant will contact the DBHDS Background Investigation Unit and register with Fieldprint to initiate the **Criminal Background Check** process.
4. The applicant will also contact the Virginia Department of Social Services to complete the **Central Registry Check** process.
5. The provider must also develop policies that are in compliance with *The Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded or Operated by the Department of Department of Behavioral Health and Developmental Services.* Then the provider must submit the “Human Rights compliance verification checklist” to the Office of Human Rights at [OHRpolicy@dbhds.virginia.gov](mailto:OHRpolicy@dbhds.virginia.gov).

**PHASE FOUR:**

1. Once the Policy Review Specialist determines that the reviewed final policies and procedures are complete and in compliance with the Licensing Regulations, the Policy Review Specialist will assign the applicant to a Licensing Specialist.
2. The applicant is required to contact the Licensing Specialist for an on-site review within **six months** of the date on the letter assigning the applicant to a Licensing Specialist. If the applicant fails to contact the licensing specialist, within **six months** of being assigned to a Licensing Specialist, the provider’s application will be closed.
3. The applicant shall only contact the Licensing Specialist for an on-site review when everything is completed on the “Onsite Checklist.”
4. The licensing specialist will complete the on-site review process**,** when contacted by the provider within **six months**.
5. During the on-site review**,** 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.
6. The Licensing Specialist will give the final approval for the policies and procedures as part of the on-site review.
7. Once the on-site review 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 FIVE**:

1. While the applicant is waiting for licensure 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. The Pending Letter will serve as the **authorized license** until the finalized license is received. Medicaid can be notified via the Pending Letter, so the new provider may begin providing services, if the provider is providing Medicaid reimbursable services.

**PHASE SIX:**

1. The finalized license is mailed to the new provider.

# **Process for Licensing**

**APPLICANTS:** Please review this document carefully as it thoroughly explains the DBHDS licensing process.

To be licensed by DBHDS the applicant must:

1. Submit and receive preliminary approval of the initial application, required attachments, policies, procedures and forms by a Policy Review Specialist.
2. Set up the appropriate accounts and request both criminal history background checks and central registry searches for identified staff as required by Code of Virginia § 37.2-416.
3. Have an on-site review, which will include the following: an interview with the applicant; an inspection of the physical plant; a discussion with the applicant related to the content of their service description, policies and procedures; and a review of personnel records and sample client records.

**INITIAL APPLICATION**

* 1. The applicant submits the completed application, along with all required policies, procedures and attachments to the Office of Licensing.
  2. When the Office of Licensing has a waiting list, the application is placed on the waiting list.
  3. The waiting list can be viewed on the DBHDS website and is updated the 15th of every month.
  4. When the application is up for review it is then assigned to a Policy Review Specialist.
  5. The Policy Review Specialist will determine subjectivity of the application by reviewing the applicant’s service description to determine what service will be provided. Code of Virginia **§37.2-405**, defines “service” as “individually planned interventions intended to reduce or ameliorate mental illness, developmental disability or substance addiction or abuse through care, treatment, training, habilitation, or other supports that are delivered by a provider to individuals with mental illness, developmental disability or substance addiction or abuse…”
  6. If the Policy Review Specialist determines that the service to be provided by the applicant is NOT SUBJECT to licensing by DBHDS, the applicant will be sent formal correspondence via e-mail explaining that determination.
  7. If the application is complete, and determined to be subject to licensing by the DBHDS, but there are questions about the application, the Policy Review Specialist will contact the applicant via e-mail.

**POLICIES AND PROCEDURES**

The Policy Review Specialist will be the first to review the applicant’s policies and procedures. **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 “policy” and a written procedure is required when the regulation calls for a “procedure.”

**“Policy”** defines what the plan or guiding principle of the organization is, as related to the required regulation.

**“Procedures”** are the process (or steps) the applicant takes to ensure the policy is carried out. Procedures should answer the questions of who, where and how a policy will be implemented.

**Policies and procedures are not the re-statement of a regulation. When submitted policies are a re-statement of DBHDS or DMAS regulations, they will not be accepted.**

Applicants may also need to develop other policies to guide the delivery of services even when not required by the regulations.

**REVIEW LETTERS**

The Policy Review Specialist will inform the applicant, through a review letter, of needed revisions to their application materials citing the specific regulation that has not yet been met, with a brief narrative explaining why the regulation has not been met. The applicant makes all required corrections and submits the updated policies and procedures to the Policy Review Specialist. This process will continue until the Policy Review Specialist determines that the reviewed application materials are in compliance with the Licensing Regulations. Once the Policy Review Specialist determines the reviewed application materials are in compliance with the Licensing Regulations, they will request that the applicant submit a final copy of their policies and procedures including all revised policies, procedures, forms, and documents.

**Please Note:** If the applicant does not provide revisions **within six months** from the date the review letter was sent, the application will be closed. In addition, while the Office of Licensing is happy to answer applicant questions regarding how the applicable regulations are interpreted, the Policy Review Specialists are unable to provide “consulting services” to assist applicants in writing their program descriptions, policies, procedures or to develop forms.

**CRIMINAL HISTORY AND CENTRAL REGISTRY BACKGROUND CHECKS**

Code of Virginia § 37.2-416 requires that staff are subject to criminal background check and central registry checks to determine their eligibility to work in services licensed by the DBHDS. ***After*** the Policy Review Specialist has provided the applicant with the on-site inspection checklist, the applicant should contact the DBHDS Background Investigations Unit to obtain the information necessary to register with Fieldprint. Ms. Malinda Roberts is the contact in that office and can be reached by phone at (804) 786-6384 or e-mail at [malinda.roberts@dbhds.virginia.gov](mailto:malinda.roberts@dbhds.virginia.gov) .

The applicant does not need to have completed background checks prior to being licensed; however, they must have submitted background checks for all staff prior to the on-site review. (The applicant must maintain copies of all paperwork submitted in separate, confidential personnel records for each employee).

The applicant will also need to conduct central registry searches directly through the Virginia Department of Social Services (VDSS). [Required forms](http://www.dss.virginia.gov/files/division/licensing/crf/intro_page/background_investigations/forms/032-02-0151-12-eng.pdf) can be obtained from the VDSS website.

**HUMAN RIGHTS REGULATIONS**

Working with the Office of Human Rights, the applicant must:

1. Develop policies that are in compliance with [*The Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded or Operated by the Department of Behavioral Health and Developmental Services*](https://law.lis.virginia.gov/admincode/title12/agency35/chapter115/)*.*
2. Complete and send in the “[Human Rights Compliance Verification Checklist](http://dbhds.virginia.gov/assets/document-library/qmd/hr/New-Provider-Compliance-Verification-Form-with-Waiver-added-11-21-17.pdf)” as well as their complaint resolution policy to [OHRpolicy@dbhds.virginia.gov](mailto:OHRpolicy@dbhds.virginia.gov).
   * Within 5 working days of receipt of the “Human Rights Verification Checklist,” the Office of Human Rights will notify the applicant of the status of their complaint resolution policy. If approved, the applicant will be referred via e-mail to their assigned Human Rights advocate. If the applicant’s complaint resolution policy is not approved, the Office of Human Rights will provide guidance for compliance.
   * The Human Rights advocate will schedule a visit to the program within 30 days of the initial license to review the provider’s Human Rights policies for compliance and to provide training to the provider on the Department’s Computerized Human Rights Information System (CHRIS).

**ON-SITE REVIEW**

When the final policies, procedures, and forms have been reviewed by the Policy Review Specialist and deemed to be complete and in compliance with the Licensing Regulations, the applicant will be assigned to a Licensing Specialist. At the time they are assigned to a Licensing Specialist, the applicant will be given an on-site checklist. It is the applicant’s responsibility to **complete all of the items on the checklist** and then contact their assigned licensing specialist for an on-site review. If the applicant fails to contact the Licensing Specialist, within **six months** of being assigned to a Licensing Specialist, the applicant’s application will be closed.

The on-site review verifies the applicant’s compliance with several Licensing Regulations pertaining to:

1. The physical plant;
2. Personnel requirements: personnel records must be complete for all personnel, and include evidence of completed applications for employment, evidence of required training and orientation, reference checks, and evidence of requests for background investigations (copies of paperwork completed and sent);
3. Evidence of insurance as required by 12 VAC 35-105-220;
4. Client records (a sample client record);
5. Service description: the applicant’s knowledge of and ability to implement the service description, policies and procedures;
6. Staffing requirements: demonstrated by whether the applicant has adequately trained staff, submitted criminal background and central registry searches, and oriented enough staff to begin service operation (including relief staff); and
7. Approval, by the Office of Human Rights, of the applicant’s Human Rights Complaint Resolution Policies.

**FINAL STEPS**

1. Achieving compliance with the Licensing and Human Rights Regulations are separate, yet concurrent processes. Each office independently reviews submitted documentation for compliance with its own regulations.
2. When the applicant is deemed to be in compliance with all applicable regulations, the Office of Licensing will make 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 of their pending licensure via a “**Pending Letter**.”
4. All new providers are issued a conditional license for a period not to exceed six (6) months, for one service and one location.

**DENIAL OF A LICENSE**

According to Licensing Regulation 12VAC35-105-110, an application for a license may be denied by the Commissioner if:

* 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 the 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 DBHDS includes **all of** the following.

|  |  |  |
| --- | --- | --- |
|  | **REQUIRED ATTACHMENTS FOR ALL APPLICANTS** | **Regulations Reference** |
| 1. | The Completed Application form; | **12 VAC 35-105-40(A)** |
| 2. | A working budget showing projected revenue and expenses for the first year of operation, including a revenue plan; | **12 VAC 35-105-40(A)** |
| 3. | Documentation of working capital to include (i) documentation of funds or a line of credit in the name of the applicant or owner sufficient to cover at least 90 days of operating expenses if the provider is a corporation, an unincorporated organization or association, a sole proprietor, or a partnership or (ii) appropriated revenue if the provider is a state or local government agency, board, or commission; | **12 VAC 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; | **12 VAC 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; | **12 VAC 35-105-40(B)(3), 570 & 580(C)** |
| 6. | The applicant’s Records Management policies addressing all the requirements of regulation; | **12 VAC 35-105-40, 390 & 870(A)** |
| 7. | A schedule of the proposed staffing plan, relief staffing plan, comprehensive supervision plan; | **12 VAC 35-105-590** |
| 8. | Resumes of all identified staff, particularly, Service Director, QMHP, QDDP, and Licensed Staff required for the service, if applicable; | **12 VAC 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); | **12 VAC 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; AND | **12 VAC 35-105-40(A)(3) & 190(A)(2)** |
| 11. | A certificate of occupancy for the building where services are to be provided, except home based services. | **12 VAC 35-105-260** |
|  | **ADDITIONAL REQUIRED ATTACHMENTS FOR RESIDENTIAL PROVIDER APPLICANTS** |  |
| 12. | A copy of the building floor plan, outlining the dimensions of each room; | **12 VAC 35-105-40 (B)(5)** |
| 13. | A current health inspection; AND | **12 VAC 35-105-290** |
| 14. | A current fire inspection for residential services serving over eight (8) residents. | **12 VAC 35-105-320** |

**\*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.**

# **Initial Provider Application for Licensure**

Code of Virginia §37.2-405.2; 12VAC35-105

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

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

Organization’s Legal Name: Click or tap here to enter text.

Mailing Address: Click or tap here to enter text.

City: Click or tap here to enter text. County: Click or tap here to enter text.

State: Click or tap here to enter text. Zip Code: Click or tap here to enter text.

Phone: Click or tap here to enter text. Email: Click or tap here to enter text.

**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: Click or tap here to enter text. Title: Click or tap here to enter text.

Phone: Click or tap here to enter text. Fax Number: Click or tap here to enter text.

E-mail: Click or tap here to enter text.

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

Community Liaison Name: Click or tap here to enter text.

Phone: Click or tap here to enter text.

E-mail: Click or tap here to enter text.

1. **Organizational Structure:** Identify the organizational structure of the applicant’s governing body.

**Check one of the following**: **Check one of the following:**

Non-Profit  Individual (proprietorship)

For-Profit  Partnership\*

Corporation\*

Unincorporated Organization or Association\*  Limited Liability Company\*

**Public agency:**

Community Services Board

Other: Click or tap here to enter text.

\*If the applicant is an association, partnership, limited liability company, or corporation, complete **Section 3** below.

**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

Commission on Accreditation of Rehabilitation Facilities

Other association or organization: Click or tap here to enter text.

## **Officer, Agent, Sponsor, Partner, Shareholder, and Member Information:**

Name: Click or tap here to enter text.

Mailing Address: Click or tap here to enter text.

City: Click or tap here to enter text. County: Click or tap here to enter text.

State: Click or tap here to enter text. Zip Code: Click or tap here to enter text.

Phone: Click or tap here to enter text. Email: Click or tap here to enter text.

Officer Agent  Sponsor Partner Shareholder Member

% Ownership: Click or tap here to enter text.

Name: Click or tap here to enter text.

Mailing Address: Click or tap here to enter text.

City: Click or tap here to enter text. County: Click or tap here to enter text.

State: Click or tap here to enter text. Zip Code: Click or tap here to enter text.

Phone: Click or tap here to enter text. Email: Click or tap here to enter text.

Officer Agent  Sponsor Partner Shareholder Member

% Ownership: Click or tap here to enter text.

Name: Click or tap here to enter text.

Mailing Address: Click or tap here to enter text.

City: Click or tap here to enter text. County: Click or tap here to enter text.

State: Click or tap here to enter text. Zip Code: Click or tap here to enter text.

Phone: Click or tap here to enter text. Email: Click or tap here to enter text.

Officer Agent  Sponsor Partner Shareholder Member

% Ownership: Click or tap here to enter text.

Name: Click or tap here to enter text.

Mailing Address: Click or tap here to enter text.

City: Click or tap here to enter text. County: Click or tap here to enter text.

State: Click or tap here to enter text. Zip Code: Click or tap here to enter text.

Phone: Click or tap here to enter text. Email: Click or tap here to enter text.

Officer Agent  Sponsor Partner Shareholder Member

% Ownership: Click or tap here to enter text.

**Note: make additional copies of this page if necessary to provide complete information**

1. **Affiliated Services:** Identify any service for which the applicant is now or has previously been licensed, or for which any entity that operates a group home that is affiliated with or under common ownership or control with the applicant is now or has previously been licensed, or for which any officer, agent, sponsor, shareholder or member of the applicant is now or has previously been licensed, whether in Virginia or any other state.

Legal Name of Licensee: Click or tap here to enter text.

Relationship to Applicant: Click or tap here to enter text.

Licensed Service(s): Click or tap here to enter text.

Licensing State: Click or tap here to enter text.

Dates for which License Issued: Click or tap here to enter text.

License #: Click or tap here to enter text.

List and describe any disciplinary actions or sanctions, including any revocation, suspension or other sanction comparable to those set forth in the Code of Virginia §37.2-419, involving the licensee listed above, including the nature and dates of the sanction(s):

Click or tap here to enter text.

**Note: make additional copies of this page if necessary to provide complete information**

1. **Service Type**: Place a check to identify the service type. Please note new applicants may only 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.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **SERV ID** | **PROG ID** | **POP** | **Description** | **Program Name** | **License As Statements** |
|  | 01 | 001 | DD | DD Group Home Srv | DD Group Home | A developmental disability residential group home service for adults |
|  | 01 | 002 | DD | DD Group Home Srv | DD Group Home | A developmental disability residential group home service for adults |
|  | 01 | 003 | MH | MH Group Home Srv | MH Group Home | A mental health residential group home service for adults |
|  | 01 | 004 | DD | Group Home Srv-REACH | REACH Group Home | A residential group home with crisis stabilization REACH service for adults with co-occurring diagnosis of developmental disability and behavioral health needs |
|  | 01 | 005 | DD | ICF-IID | ICF-IID | An intermediate care facility for individuals with an intellectual disability (ICF-IID) residential service for adults |
|  | 01 | 007 | BI | Brain Injury Residential Tx Service | Brain Injury Residential treatment service | A brain injury residential treatment center for adults |
|  | 01 | 011 | DD | DD Supervised Living Srv | DD Supervised Living | A developmental disability supervised living residential service for adults |
|  | 01 | 012 | MH | MH Supervised Living Srv | MH Supervised Living | A mental health supervised living residential service for adults |
|  | 01 | 014 | MH | MH Supervised Living Srv | MH Supervised Living | A mental health supervised living residential service for adults |
|  | 01 | 019 | MH | MH Crisis Stabilization Srv | MH Crisis Stabilization | A mental health residential crisis stabilization service for adults |
|  | 01 | 020 | MH | MH Crisis Stabilization Srv | MH Crisis Stabilization | A mental health residential crisis stabilization service for children and adolescents |
|  | 01 | 022 | DD | DD Crisis stabilization -Residential | DD Crisis Stab Residential | A developmental disability residential crisis stabilization service |
|  | 01 | 023 | MH | MH Crisis stabilization -Residential | MH Crisis Stab Residential | A mental health residential crisis stabilization service |
|  | 01 | 036 | DD | DD Residential Respite Srv | DD Residential Respite | A developmental disability residential respite service for adults |
|  | 01 | 037 | DD | DD Residential Respite Srv | DD Residential Respite | A developmental disability residential respite service for children and adolescents |
|  | 01 | 041 | DD | DD Group Home Srv - REACH | DD Group Home - REACH | A residential group home with crisis stabilization REACH service for children and adolescents with co-occurring diagnosis of developmental disability and behavioral health needs |
|  | 01 | 043 | SA | SA Clinically Managed High-Intensity Residential Srv | SA Clinically managed high-intensity residential | ASAM Level 3.5: Clinically managed high-intensity residential care for adults |
|  | 01 | 044 | SA | SA Specific High-Intensity Residential Srv | SA Specific high-intensity residential | ASAM Level 3.3: Specific high-intensity residential service for adults |
|  | 01 | 045 | SA | SA Clinically Managed Low-Intensity Residential Srv | SA Clinically managed low-intensive residential | ASAM Level 3.1: Clinically managed low-intensity residential care for adults |
|  | 02 | 004 | DD | DD Center-Based Respite Srv | DD Center-Based Respite | A developmental disability center-based respite service (children, adolescent, and/or adults) |
|  | 02 | 006 | DD | DD Day Support Srv | DD Day Support | A developmental disability center-based day support service for adults. |
|  | 02 | 007 | DD | DD Day Support Srv | DD Day Support | A developmental disability center-based day support service for children and adolescents |
|  | 02 | 008 | DD | DD Day Support Srv | DD Day Support | A developmental disability non center-based day support service for adults |
|  | 02 | 009 | DD | DD Day Support Srv | DD Day Support | A developmental disability non center-based day support service for children and adolescents |
|  | 02 | 010 | DD | DD Day Support Srv | DD Day Support | A developmental disability day support service for (population served) |
|  | 02 | 011 | MH | MH Psychosocial Rehabilitation | Psychosocial Rehabilitation | A mental health psychosocial rehabilitation service for adults |
|  | 02 | 012 | MH | MH Psychosocial Rehabilitation | Psychosocial Rehabilitation | A mental health psychosocial rehabilitation service for adults |
|  | 02 | 014 | MH | Therapeutic Afterschool MH Srv | TDT Center Based | A mental health nonschool-based therapeutic day treatment service for children with serious emotional disturbance |
|  | 02 | 015 | MH | Therapeutic Afterschool MH Srv | TDT Center Based | A mental health non school-based therapeutic day treatment service for children with serious emotional disturbance |
|  | 02 | 019 | MH | MH Partial Hospitalization Srv | MH Partial Hospitalization | A mental health partial hospitalization service for adults with serious mental illness |
|  | 02 | 020 | MH | MH Partial Hospitalization Srv | MH Partial Hospitalization | A mental health partial hospitalization service for adults with serious mental illness |
|  | 02 | 029 | MH | Therapeutic Day Treatment Srv for Children and Adolescents | TDT School Based | A mental health school-based therapeutic day treatment service for children and adolescents with serious emotional disturbance |
|  | 02 | 030 | MH | Therapeutic Day Treatment Srv for Children and Adolescents | TDT School Based | A mental health school-based therapeutic day treatment service for children and adolescents with serious emotional disturbance |
|  | 02 | 032 | MH | MH Partial Hospitalization Srv | MH Partial Hospitalization | A mental health partial hospitalization for children and adolescents with serious mental illness |
|  | 02 | 033 | SA | SA Partial Hospitalization Srv | SA Partial Hospitalization | ASAM Level 2.5: Substance Abuse Partial Hospitalization service for adults |
|  | 02 | 034 | SA | SA Partial Hospitalization Srv | SA Partial Hospitalization | ASAM Level 2.5: Substance Abuse Partial Hospitalization service for children and adolescents |
|  | 02 | 035 | SA | SA Intensive Outpatient Srv | SA Intensive Outpatient | ASAM Level 2.1: Substance Abuse Intensive Outpatient service for adults |
|  | 02 | 036 | SA | SA Intensive Outpatient Srv | SA Intensive Outpatient | ASAM Level 2.1: Substance Abuse Intensive Outpatient for children and adolescents |
|  | 02 | 037 | MH | MH Intensive Outpatient Srv | MH Intensive Outpatient | A mental health intensive outpatient service for adults with serious mental illness |
|  | 02 | 038 | MH | MH Intensive Outpatient Srv | MH Intensive Outpatient | A mental health intensive outpatient service for children and adolescents with serious mental illness |
|  | 03 | 001 | MH | Mental Health Community Supports Srv | Mental Health Skill Building | A mental health community support service for (population served) with serious mental illness |
|  | 03 | 002 | MH | Mental Health Community Supports Srv | Mental Health Skill Building | A mental health community support service for (population served) with serious mental illness |
|  | 03 | 004 | MH | Mental Health Supportive In-Home Srv | MH Supportive In-Home | A mental health supportive in-home service for children and adolescents |
|  | 03 | 011 | DD | DD Supportive In-Home Srv | DD Supportive In-Home | A developmental disability supportive in-home service for children, adolescents, and adults |
|  | 04 | 001 | MH | Psychiatric Unit Srv | Inpatient Psychiatric | A mental health inpatient psychiatric service for adults |
|  | 04 | 005 | MH | Psychiatric Unit Srv-Children | Inpatient Psychiatric - Child | A mental health and inpatient psychiatric service for children and adolescents |
|  | 04 | 013 | SA | SA Medically Managed Intensive Inpatient Srv | SA Intensive Inpatient | ASAM Level 4.0: Substance Abuse Medically Managed Intensive Inpatient for adults |
|  | 04 | 014 | SA | SA Medically Managed Intensive Inpatient Srv | SA Intensive Inpatient | ASAM Level 4.0: Substance Abuse Medically Managed Intensive Inpatient for children and adolescents |
|  | 04 | 015 | SA | SA Medically Monitored Intensive Inpatient Srv | SA Intensive Inpatient | ASAM Level 3.7: Substance Abuse Medically Monitored Intensive Inpatient for adults |
|  | 04 | 016 | SA | SA Medically Monitored High-Intensity Inpatient Services | SA Intensive Inpatient | ASAM Level 3.7: Substance Abuse Medically Monitored High-Intensity Inpatient Services for children and adolescents |
|  | 05 | 001 | MH | Intensive In-Home Srv for children and adolescents | Intensive In-Home | A mental health intensive in-home service for children and adolescents and their families |
|  | 05 | 002 | MH | Intensive In-Home Srv for children and adolescents | Intensive In-Home | A mental health intensive in-home service for children and adolescents and their families |
|  | 06 | 003 | SA | Medication Assisted Opioid Treatment Srv | MAT/Opioid Treatment | OTS: A substance abuse medication assisted treatment/opioid service |
|  | 07 | 001 | MH | Emergency Services/Crisis Intervention Srv | MH/SA Crisis Intervention (CSB and private providers) or Emergency Services (CSB only) | A mental health/substance abuse emergency/crisis intervention service for children, adolescents, and adults |
|  | 07 | 002 | MH | Emergency Services/Crisis Intervention Srv | MH Crisis Intervention (CSB and private providers) or Emergency Services (CSB only) | A mental health emergency service/crisis intervention service for children, adolescents, and adults |
|  | 07 | 003 | MH | Outpatient MH Srv | MH Outpatient | A mental health outpatient service for (population served) |
|  | 07 | 006 | MH | Outpatient Srv /Crisis Stabilization | Crisis Stabilization | A mental health non-residential crisis stabilization service for adults/children/adolescents |
|  | 07 | 007 | DD | DD Outpatient Srv/Crisis Stabilization -REACH | DD Crisis Stabilization-REACH | A non-residential crisis stabilization REACH service for (children, adolescent, and/or adults) with a co-occurring diagnosis of developmental disability and behavioral health needs |
|  | 07 | 009 | DD | DD Crisis Stabilization - Non –Residential | DD Crisis Stabilization | A developmental disability non-residential crisis stabilization service |
|  | 07 | 012 | MH | Outpatient Srv /Crisis Stabilization | Crisis Stabilization | A mental health non-residential crisis stabilization service for adults/children/adolescents |
|  | 07 | 013 | SA | Outpatient SA Srv | SA Outpatient | ASAM Level 1.0: Substance abuse outpatient service for adults |
|  | 07 | 014 | SA | Outpatient SA Srv | SA Outpatient | ASAM Level 1.0: Substance abuse outpatient service for children and adolescents |
|  | 07 | 015 | MH | Crisis Intervention | MH Crisis Intervention PRIVATE PROVIDERS only | A mental health crisis intervention service for children, adolescents, and adults |
|  | 08 | 011 | DD | DD Sponsored Residential Homes Srv | DD Sponsored Residential | A developmental disability sponsored residential home service for adults |
|  | 08 | 013 | DD | DD Sponsored Residential Homes Srv | DD Sponsored Residential | A developmental disability sponsored residential home service for children and adolescents |
|  | 08 | 014 | MH | MH Sponsored Residential Homes Srv | MH Sponsored Residential | A mental health sponsored residential home service for (population served) |
|  | 10 | 001 | DD | DD In-Home Respite Srv | DD In-Home Respite | An in-home respite service for (children, adolescent, and/or adults) |
|  | 11 | 001 | MH | MH Correctional Facility RTC Service | MH Correctional Facility RTC | A mental health service in a correctional facility |
|  | 14 | 001 | MH | Psychiatric Residential Treatment Facility for children and adolescents | Psychiatric Residential Treatment Facility for children and adolescents | A PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY FOR CHILDREN AND ADOLESCENTS WITH SERIOUS EMOTIONAL DISTURBANCE |
|  | 14 | 002 | MH | Psychiatric Residential Treatment Facility for children and adolescents | Psychiatric Residential Treatment Facility for children and adolescents | A PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY FOR CHILDREN AND ADOLESCENTS WITH SERIOUS EMOTIONAL DISTURBANCE |
|  | 14 | 003 | MH | Psychiatric Residential Treatment Facility for children and adolescents | Psychiatric Residential Treatment Facility for children and adolescents | A PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY FOR CHILDREN AND ADOLESCENTS WITH SERIOUS EMOTIONAL DISTURBANCE |
|  | 14 | 008 | MH | MH Therapeutic Group Home for Children and adolescents | MH Therapeutic Group Home for Children and adolescents | A MH THERAPEUTIC GROUP HOME FOR CHILDREN AND ADOLESCENTS WITH SERIOUS EMOTIONAL DISTURBANCE |
|  | 14 | 009 | MH | MH Therapeutic Group Home for Children and adolescents | MH Therapeutic Group Home for Children and adolescents | A MH THERAPEUTIC GROUP HOME FOR CHILDREN AND ADOLESCENTS WITH SERIOUS EMOTIONAL DISTURBANCE |
|  | 14 | 010 | MH | MH Therapeutic Group Home for Children and adolescents | MH Therapeutic Group Home for Children and adolescents | A MH THERAPEUTIC GROUP HOME FOR CHILDREN AND ADOLESCENTS WITH SERIOUS EMOTIONAL DISTURBANCE |
|  | 14 | 011 | MH | MH Therapeutic Group Home for Children and adolescents | MH Therapeutic Group Home for Children and adolescents | A MH THERAPEUTIC GROUP HOME FOR CHILDREN AND ADOLESCENTS WITH SERIOUS EMOTIONAL DISTURBANCE |
|  | 14 | 012 | MH | MH Therapeutic Group Home for Children and adolescents | MH Therapeutic Group Home for Children and adolescents | A MH THERAPEUTIC GROUP HOME FOR CHILDREN AND ADOLESCENTS WITH SERIOUS EMOTIONAL DISTURBANCE |
|  | 14 | 015 | MH | MH Therapeutic Group Home for Children and adolescents | MH Therapeutic Group Home for Children and adolescents | A MH THERAPEUTIC GROUP HOME FOR CHILDREN AND ADOLESCENTS WITH SERIOUS EMOTIONAL DISTURBANCE |
|  | 14 | 016 | MH | MH Therapeutic Group Home for Children and adolescents | MH Therapeutic Group Home for Children and adolescents | A MH THERAPEUTIC GROUP HOME FOR CHILDREN AND ADOLESCENTS WITH SERIOUS EMOTIONAL DISTURBANCE |
|  | 14 | 017 | MH | MH Therapeutic Group Home for Children and adolescents | MH Therapeutic Group Home for Children and adolescents | A MH THERAPEUTIC GROUP HOME FOR CHILDREN AND ADOLESCENTS WITH SERIOUS EMOTIONAL DISTURBANCE |
|  | 14 | 018 | MH | MH Therapeutic Group Home for Children and adolescents | MH Therapeutic Group Home for Children and adolescents | A MH THERAPEUTIC GROUP HOME FOR CHILDREN AND ADOLESCENTS WITH SERIOUS EMOTIONAL DISTURBANCE |
|  | 14 | 019 | MH | MH Therapeutic Group Home for Children and adolescents | MH Therapeutic Group Home for Children and adolescents | A MH THERAPEUTIC GROUP HOME FOR CHILDREN AND ADOLESCENTS WITH SERIOUS EMOTIONAL DISTURBANCE |
|  | 14 | 022 | MH | MH Therapeutic Group Home for Children and adolescents | MH Therapeutic Group Home for Children and adolescents | A MH THERAPEUTIC GROUP HOME FOR CHILDREN AND ADOLESCENTS WITH SERIOUS EMOTIONAL DISTURBANCE |
|  | 14 | 023 | MH | MH Therapeutic Group Home for Children and adolescents | MH Therapeutic Group Home for Children and adolescents | A MH THERAPEUTIC GROUP HOME FOR CHILDREN AND ADOLESCENTS WITH SERIOUS EMOTIONAL DISTURBANCE |
|  | 14 | 026 | MH | MH Therapeutic Group Home for Children and adolescents | MH Therapeutic Group Home for Children and adolescents | A MH THERAPEUTIC GROUP HOME FOR CHILDREN AND ADOLESCENTS WITH SERIOUS EMOTIONAL DISTURBANCE |
|  | 14 | 028 | MH | MH Therapeutic Group Home for Children and adolescents | MH Therapeutic Group Home for Children and adolescents | A MH THERAPEUTIC GROUP HOME FOR CHILDREN AND ADOLESCENTS WITH SERIOUS EMOTIONAL DISTURBANCE |
|  | 14 | 030 | MH | MH Therapeutic Group Home for Children and adolescents | MH Therapeutic Group Home for Children and adolescents | A MH THERAPEUTIC GROUP HOME FOR CHILDREN AND ADOLESCENTS WITH SERIOUS EMOTIONAL DISTURBANCE |
|  | 14 | 031 | MH | MH Therapeutic Group Home for Children and adolescents | MH Therapeutic Group Home for Children and adolescents | A MH THERAPEUTIC GROUP HOME FOR CHILDREN AND ADOLESCENTS WITH SERIOUS EMOTIONAL DISTURBANCE |
|  | 14 | 032 | MH | MH Therapeutic Group Home for Children and adolescents | MH Therapeutic Group Home for Children and adolescents | A MH THERAPEUTIC GROUP HOME FOR CHILDREN AND ADOLESCENTS WITH SERIOUS EMOTIONAL DISTURBANCE |
|  | 14 | 035 | DD | DD Children Group Home Residential Srv | DD Children Group Home | A DEVELOPMENTAL DISABILITY GROUP HOME RESIDENTIAL SERVICE FOR CHILDREN AND ADOLESCENTS |
|  | 14 | 036 | DD | DD Children Group Home Residential Srv | DD Children Group Home | A DEVELOPMENTAL DISABILITY GROUP HOME RESIDENTIAL SERVICE FOR CHILDREN AND ADOLESCENTS |
|  | 14 | 041 | DD | DD Children Group Home Residential Srv | DD Children Group Home | A DEVELOPMENTAL DISABILITY GROUP HOME RESIDENTIAL SERVICE FOR CHILDREN AND ADOLESCENTS |
|  | 14 | 042 | DD | DD Children Group Home Residential Srv | DD Children Group Home | A DEVELOPMENTAL DISABILITY GROUP HOME RESIDENTIAL SERVICE FOR CHILDREN AND ADOLESCENTS |
|  | 14 | 043 | DD | DD Children Group Home Residential Srv | DD Children Group Home | A DEVELOPMENTAL DISABILITY GROUP HOME RESIDENTIAL SERVICE FOR CHILDREN AND ADOLESCENTS |
|  | 14 | 044 | DD | DD Children Group Home Residential Srv | DD Children Group Home | A DEVELOPMENTAL DISABILITY GROUP HOME RESIDENTIAL SERVICE FOR CHILDREN AND ADOLESCENTS |
|  | 14 | 045 | DD | DD Children Group Home Residential Srv | DD Children Group Home | A DEVELOPMENTAL DISABILITY GROUP HOME RESIDENTIAL SERVICE FOR CHILDREN AND ADOLESCENTS |
|  | 14 | 046 | DD | DD Children Group Home Residential Srv | DD Children Group Home | A DEVELOPMENTAL DISABILITY GROUP HOME RESIDENTIAL SERVICE FOR CHILDREN AND ADOLESCENTS |
|  | 14 | 048 | DD | DD Children Group Home Residential Srv | DD Children Group Home | A DEVELOPMENTAL DISABILITY GROUP HOME RESIDENTIAL SERVICE FOR CHILDREN AND ADOLESCENTS |
|  | 14 | 049 | DD | DD Children Group Home Residential Srv | DD Children Group Home | A DEVELOPMENTAL DISABILITY GROUP HOME RESIDENTIAL SERVICE FOR CHILDREN AND ADOLESCENTS |
|  | 14 | 050 | DD | DD Children Group Home Residential Srv | DD Children Group Home | A DEVELOPMENTAL DISABILITY GROUP HOME RESIDENTIAL SERVICE FOR CHILDREN AND ADOLESCENTS |
|  | 14 | 051 | DD | DD Children Group Home Residential Srv | DD Children Group Home | A DEVELOPMENTAL DISABILITY GROUP HOME RESIDENTIAL SERVICE FOR CHILDREN AND ADOLESCENTS |
|  | 14 | 054 | MH | Psychiatric Residential Treatment Facility for children and adolescents | Psychiatric Residential Treatment Facility for children and adolescents | A PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY FOR CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE |
|  | 14 | 055 | MH | Psychiatric Residential Treatment Facility for children and adolescents | Psychiatric Residential Treatment Facility for children and adolescents | A PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY FOR CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE |
|  | 14 | 056 | MH | Psychiatric Residential Treatment Facility for children and adolescents | Psychiatric Residential Treatment Facility for children and adolescents | A PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY FOR CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE |
|  | 14 | 60 | SA | SA Clinically Managed, Medium-Intensity Residential Srv for Children and adolescents | SA Clinically managed, Medium-Intensity Residential for Children and adolescents | ASAM LEVEL 3.5: SUBSTANCE ABUSE CLINICALLY MANAGED HIGH-INTENSITY RESIDENTIAL CARE FOR CHILDREN AND ADOLESCENTS |
|  | 14 | 61 | SA | SA Clinically Managed, Medium-Intensity Residential Srv for Children and adolescents | SA Clinically Managed, Medium-Intensity Residential for Children and adolescents | ASAM LEVEL 3.5: SUBSTANCE ABUSE CLINICALLY MANAGED HIGH-INTENSITY RESIDENTIAL CARE FOR CHILDREN AND ADOLESCENTS |
|  | 14 | 62 | SA | SA Clinically Managed, Medium-Intensity Residential Srv for Children and adolescents | SA Clinically Managed, Medium-Intensity Residential for Children and adolescents | ASAM LEVEL 3.5: SUBSTANCE ABUSE CLINICALLY MANAGED HIGH-INTENSITY RESIDENTIAL CARE FOR CHILDREN AND ADOLESCENTS |
|  | 14 | 63 | SA | SA Clinically Managed, Low-Intensity Residential Srv for Children and adolescents | SA Clinically Managed, Low-Intensity Residential for Children and adolescents | ASAM LEVEL 3.1: SUBSTANCE ABUSE CLINICALLY MANAGED LOW-INTENSITY RESIDENTIAL CARE FOR CHILDREN AND ADOLESCENTS |
|  | 14 | 64 | SA | SA Clinically Managed, Low-Intensity Residential Srv for Children and adolescents | SA Clinically Managed, Low-Intensity Residential for Children and adolescents | ASAM LEVEL 3.1: SUBSTANCE ABUSE CLINICALLY MANAGED LOW-INTENSITY RESIDENTIAL CARE FOR CHILDREN AND ADOLESCENTS |
|  | 14 | 65 | SA | SA Clinically Managed, Low-Intensity Residential Srv for Children and adolescents | SA Clinically Managed, Low-Intensity Residential for Children and adolescents | ASAM LEVEL 3.1: SUBSTANCE ABUSE CLINICALLY MANAGED LOW-INTENSITY RESIDENTIAL CARE FOR CHILDREN AND ADOLESCENTS |
|  | 14 | 66 | DD | ICF-IID for Children and adolescents | ICF-IID for Children and adolescents | AN INTERMEDIATE CARE FACILITY FOR INDIVIDUALS WITH AN INTELLECTUAL DISABILITY (ICF-IID) SERVICE FOR CHILDREN AND ADOLESCENTS |
|  | 14 | 094 | DD | DD Residential Respite Srv | DD Residential Respite C/A | A DEVELOPMENTAL DISABILITY RESIDENTIAL RESPITE SERVICE FOR CHILDREN AND ADOLESCENTS FOR ALL NEW CHILDREN RESPITE SERVICES |
|  | 14 | 097 | MH | MH Residential Respite Srv | MH Residential Respite C/A | A MENTAL HEALTH RESIDENTIAL RESPITE SERVICE FOR CHILDREN AND ADOLESCENTS  FOR ALL NEW CHILDREN RESPITE SERVICES |
|  | 16 | 002 | DD | DD Case Management Srv | DD Case Management | A developmental disability case management service |
|  | 16 | 003 | SA | SA Case Management Srv | SA Case Management | A substance abuse case management service |
|  | 16 | 004 | MH | Adult MH Case Management Srv | Adult MH Case Management | A mental health case management service for adults with serious mental illness |
|  | 16 | 005 | MH | Children and Adolescents MH Case Management Srv | C/A MH Case Management | A mental health case management service for children and adolescents |
|  | 17 | 001 | MH | ICT Srv | ICT | A mental health intensive community treatment (ICT) service for adults with serious mental illness |
|  | 18 | 002 | MH | ACT Srv (Small Team) | ACT | A mental health assertive community treatment (ACT) small team for adults with serious mental illness |
|  | 18 | 003 | MH | ACT Srv (Medium Team) | ACT | A mental health assertive community treatment (ACT) medium team for adults with serious mental illness |
|  | 18 | 004 | MH | ACT Srv (Large Team) | ACT | A mental health assertive community treatment (ACT) large team for adults with serious mental illness |
|  |  |  |  |  |  |  |

1. **Service Information:** Complete for the organization to be licensed by the Department of Behavioral Health and Developmental Services.

**Service Director:** Click or tap here to enter text.

**Phone:** Click or tap here to enter text. **E-mail**: Click or tap here to enter text.

**Client Demographics (check all that apply):**

Male Female Both

Adult Child/Adolescent (Min. & Max. Age Range): Click or tap here to enter text.

## **Location Information**:

Location Name: Click or tap here to enter text. # of beds: Click or tap here to enter text.

Address: Click or tap here to enter text.

City: Click or tap here to enter text. County: Click or tap here to enter text.

State: Click or tap here to enter text. Zip: Click or tap here to enter text.

Location Manager: Click or tap here to enter text.

Phone: Click or tap here to enter text. E-mail: Click or tap here to enter text.

Directions: Click or tap here to enter text.

## **Name and Address of Owner of Physical Plant:**

|  |  |
| --- | --- |
| **Name** | Click or tap here to enter text. |
| **Address** | Click or tap here to enter text. |

## **Records: Identify the Location of the Following Records:**

|  |  |
| --- | --- |
| **Financial Records** | **Address:** Click or tap here to enter text.  **City:** Click or tap here to enter text.  **County:** Click or tap here to enter text.  **State:** Click or tap here to enter text.  **Zip:** Click or tap here to enter text. |
| **Personnel Records** | **Address:** Click or tap here to enter text.  **City:** Click or tap here to enter text.  **County:** Click or tap here to enter text.  **State:** Click or tap here to enter text.  **Zip:** Click or tap here to enter text. |
| **Resident Records** | **Address:** Click or tap here to enter text.  **City:** Click or tap here to enter text.  **County:** Click or tap here to enter text.  **State:** Click or tap here to enter text.  **Zip:** Click or tap here to enter text. |

# **Certificate of Application**

This certificate is to be read and signed by the applicant upon completion of this application.

* *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: Click or tap here to enter text. Date: Click or tap to enter a 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**

# **Staff Information Sheet**

**Name of Service:** Click or tap here to enter text.

**Date:** Click or tap to enter a date.

**Location:** Click or tap here to enter text.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Position**  **(use \* to denote**  **position vacancy)** | **Name** | **Staff Member**  **Education Level and Credentials** | **Service**  **Assigned** | **SCHEDULED HOURS** | | | | | | |
| **MON** | **TUES** | **WED** | **THURS** | **FRI** | **SAT** | **SUN** |
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Use @ to indicate staff having current certification in First Aid. Use # to indicate staff who have received a certificate in Cardiopulmonary Resuscitation (CPR).

# **Annual Operating Budget**

**Name of Service:** Click or tap here to enter text.

**Type of Service:** Click or tap here to enter text.

**Date:** Click or tap to enter a date.

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|  | **JAN** | **FEB** | **MAR** | **APR** | **MAY** | **JUN** | **JUL** | **AUG** | **SEP** | **OCT** | **NOV** | **DEC** | **TOTAL** |
| **1. ADMINSTRATION** |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Office equipment & supplies |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Accounting |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Licensing fees |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Legal fees |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Insurance(s): |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Professional liability* |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *General liability* |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Property liability* |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Commercial Vehicular liability* |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Employee Bonding* |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Advertising* |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **2. SALARIES, WAGES** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **& BENEFITS** |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Salaries:** (List each separately) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 9. |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FICA (Social Security) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Health Insurance |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Life Insurance |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Employee training (special) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other benefits |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **3. OPERATIONS** |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Food |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Rent/Mortgage |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Utilities: |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Electricity* |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Gas* |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Cable* |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Water* |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Sewage* |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Internet* |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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 |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **OTHER:** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Employee taxes |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **TOTALS** |  |  |  |  |  |  |  |  |  |  |  |  |  |

# **Policy and Procedures Review & Required Forms**

\*All copies of policies, procedures, and forms should have regulation and page numbers and a “header” or “footer” indicating the date it was created or revised. Please DO NOT submit materials in plastic cover sheets or permanent binders. Incomplete applications will be returned to the applicant.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PROVIDER:** | | | | | | **LICENSE #:** | | | | | | | | | |
| **SERVICE:** | | | | | | **MANAGER:** | | | | | | | | | |
| **# OF LOCATIONS:** | | | | | | **DATE OF REVIEW:** | | | | | | | | | |
| **Regulation/Section** | | | | **Standard** | | | Date | | | | | | Date | | |
| **155.5a** | **Prescreening & Discharge planning-applicable to CSBs ONLY** | | | Develop policies and procedures that include identification of employee or services responsible for prescreening & discharge planning | | |  | | | | | |  | | |
| **160.E.2** | **Root Cause Analysis** | | | The provider shall develop and implement a root cause analysis policy for determining when a more detailed root cause analysis, including convening a team, collecting and analyzing data, mapping processes, and charting causal factors, should be conducted. At a minimum, the policy shall require for the provider to conduct a more detailed root cause analysis when: | | |  | | | | | |  | | |
|  | 160.E.2.a. | | | A threshold number, as specified in the provider's policy based on the provider's size, number of locations, service type, number of individuals served, and the unique needs of the individuals served by the provider, of similar Level II serious incidents occur to the same individual or at the same location within a six-month period; | | |  | | | | | |  | | |
|  | 160.E.2.b. | | | Two or more of the same Level III serious incidents occur to the same individual or at the same location within a six-month period; | | |  | | | | | |  | | |
|  | 160.E.2.c. | | | A threshold number, as specified in the provider's policy based on the provider's size, number of locations, service type, number of individuals served, and the unique needs of the individuals served by the provider, of similar Level II or Level III serious incidents occur across all of the provider's locations within a six-month period; or | | |  | | | | | |  | | |
|  | 160.E.2.d. | | | d. A death occurs as a result of an acute medical event that was not expected in advance or based on a person's known medical condition. | | |  | | | | | |  | | |
| **160.J.** | **Serious Incident Reporting** | | | J. The provider shall develop and implement a serious incident management policy, which shall be consistent with this section and which shall describe the processes by which the provider will document, analyze, and report to the department information related to serious incidents. | | |  | | | | | |  | | |
| **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** **(*Quote or policy***  ***required prior to policy approval*)** | | | 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 | | |  | | | | | |  | | |
| *Financial Information Form- expenditures and disbursement of Client’s funds - 240.A*  Staff involved  Client involved  Amount of funds  Date  Purpose | | | | | | | | | | | | | | | |
| **270.** | **Building modifications** | | | Addresses safety and continue service delivery if new construction or conversion, structural modifications or additions to existing buildings | | | |  | | | | |  | | |
| **310.** | **Weapons Policy** | | | Addresses use and possession of firearms, pellet guns, air rifles and other weapons on the facility’s premises. Procedure for ensuring individuals’ safety, contacting police, consequences for staff/consumers who have weapons in possession during services. Weapons must be: | | | |  | | | | |  | | |
|  | 310.1 | | | In the possession of licensed security or sworn law-enforcement personnel; | | | |  | | | | |  | | |
|  | 310.2 | | | Kept securely under lock and key; or | | | |  | | | | |  | | |
|  | 310.3 | | | Used under the supervision of a responsible adult in accordance with policies and procedures developed by the facility for the weapons’ lawful and safe use | | | |  | | | | |  | | |
| **400.B.** | **Background checks** | | | The provider shall develop a written policy for criminal history background checks and registry searches. The policy shall require at a minimum a disclosure statement stating whether the person has ever been convicted of or is the subject of pending charges for any offense and shall address what actions the provider will take should it be discovered that a person has a founded case of abuse or neglect or both, or a conviction or pending criminal charge. | | | |  | | | | |  | | |
| **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 | | | Serious incident reporting, | | | |  | | | | |  | | |
|  | 450 | | | Medication administration, | | | |  | | | | |  | | |
|  | 450 | | | Behavior intervention, and | | | |  | | | | |  | | |
|  | 450 | | | Emergency preparedness. | | | |  | | | | |  | | |
|  | 450 | | | Infection control, to include flu epidemics | | | |  | | | | |  | | |
|  |  | | | Training and development documented in employee personnel records. | | | |  | | | | |  | | |
| *Staff Orientation Form for Employees, Contractors, Volunteers and Students - 440 (include space for staff/supervisor signatures)*  Objectives and philosophy of the provider;  Confidentiality  Human rights regulations  Applicable personnel policies;  Emergency preparedness procedures;  Person-centeredness  Infection control practices and measures;  Other policies and procedures that apply to specific positions and specific duties and responsibilities;  Serious incident reporting, including when, how, and under what circumstances a serious incident report must be submitted and the consequences of failing to report a serious incident to the department in accordance with this chapter. | | | | | | | | | | | | | | | |
| *Staff Training and Development Form -450* *.6*  Retraining in:  Serious Incident Reporting,  Medication administration,  Behavior intervention,  Emergency preparedness,  CPR/First Aid,  Infection control, including flu epidemics,  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 | | | |  | | | | | |  | |
| *Performance Evaluation Form-- 480*  Core Duties and Responsibilities  Addresses Continued Training needs  Staff Developmental Needs | | | | | | | | | | | | | | | |
| **490.** | **Written grievance policy** | | | Addresses method use to inform employees of grievance procedures | | | |  | | | | | |  | |
| *Grievance Procedure Form- 490* | | | | | | | | | | | | | | | |
| **500.A** | **Students and volunteers** | | | The provider shall implement a written policy that clearly defines and communicates the requirements for the use and responsibilities of students and volunteers including selection and supervision. | | | |  | | | | | |  | |
| **520.** | **Risk management** | | | Risk management policy: | | | |  | | | | | |  | |
|  | 520.A | | | The provider shall designate a person responsible for the risk management function who has completed department approved training, which shall include training related to risk management, understanding of individual risk screening, conducting investigations, root cause analysis, and the use of data to identify risk patterns and trends. | | | |  | | | | | |  | |
|  | 520.B | | | The provider shall implement a written plan to identify, monitor, reduce, and minimize harms and risk of harm, including personal injury, infectious disease, property damage or loss, and other sources of potential liability. | | | |  | | | | | |  | |
|  | 520.C | | | The provider shall conduct systemic risk assessment reviews at least annually to identify and respond to practices, situations, and policies that could result in the risk of harm to individuals receiving services. The risk assessment review shall address at least the following: | | | |  | | | | | |  | |
|  | 520.C.1 | | | The environment of care; | | | |  | | | | | |  | |
|  | 520.C.2 | | | Clinical assessment or reassessment processes; | | | |  | | | | | |  | |
|  | 520.C.3 | | | Staff competence and adequacy of staffing; | | | |  | | | | | |  | |
|  | 520.C.4 | | | Use of high risk procedures, including seclusion and restraint; and | | | |  | | | | | |  | |
|  | 520.C.5 | | | A review of serious incidents. | | | |  | | | | | |  | |
|  | 520.D | | | The systemic risk assessment process shall incorporate uniform risk triggers and thresholds as defined by the department. | | | |  | | | | | |  | |
|  | 520.E | | | The provider shall conduct and document that a safety inspection has been performed at least annually of each service location owned, rented, or leased by the provider. Recommendations for safety improvement shall be documented and implemented by the provider. | | | |  | | | | | |  | |
|  | 520.F | | | The provider shall document serious injuries to employees, contractors, students, volunteers, and visitors that occur during the provision of a service or on the provider's property. Documentation shall be kept on file for three years. The provider shall evaluate serious injuries at least annually. Recommendations for improvement shall be documented and implemented by the provider. | | | |  | | | | | |  | |
| *Facility Inspection Checklist Form* *520.C*(Indicate N/A for items not used at the site for office spaces for home and non-center based services)  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 | | The provider shall develop a written emergency preparedness and response plan for all of its services and locations that describes its approach to emergencies throughout the organization or community. This plan shall include an analysis of potential emergencies that could disrupt the normal course of service delivery including emergencies that would require expanded or extended care over a prolonged period of time. The plan shall address: | | | | | |  | | | | |  | |
|  | 530.A.1 | | Specific procedures describing mitigation, preparedness, response, and recovery strategies, actions, and responsibilities for each emergency. | | | | | |  | | | | |  | |
|  | 530.A.2 | | Documentation of coordination with the local emergency authorities to determine local disaster risks and community-wide plans to address different disasters and emergency situations. | | | | | |  | | | | |  | |
|  | 530.A.3 | | The process for notifying local and state authorities of the emergency and a process for contacting staff when emergency response measures are initiated. | | | | | |  | | | | |  | |
|  | 530.A.4 | | Written emergency management policies outlining specific responsibilities for provision of administrative direction and management of response activities, coordination of logistics during the emergency, communications, life safety of employees, contractors, students, volunteers, visitors, and individuals receiving services, property protection, community outreach, and recovery and restoration. | | | | | |  | | | | |  | |
|  | 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 | | Evacuation procedures, including for individuals who need evacuation assistance; | | | | | |  | | | | |  | |
|  | 530.A.5.f | | Conducting evacuations to emergency shelters or alternative sites and accounting for all individuals receiving services; | | | | | |  | | | | |  | |
|  | 530.A.5.g | | Relocating individuals receiving residential or inpatient services, if necessary; | | | | | |  | | | | |  | |
|  | 530.A.5.h | | Notifying family members or authorized representatives; | | | | | |  | | | | |  | |
|  | 530.A.5.i | | Alerting emergency personnel and sounding alarms; | | | | | |  | | | | |  | |
|  | 530.A.5.j | | Locating and shutting off utilities when necessary; and | | | | | |  | | | | |  | |
|  | 530.A.5.k | | Maintaining a 24 hour telephone answering capability to respond to emergencies for individuals receiving services. | | | | | |  | | | | |  | |
|  | 530.A.6 | | Processes for managing the following under emergency conditions: | | | | | |  | | | | |  | |
|  | 530.A.6.a | | Activities related to the provision of care, treatment, and services including scheduling, modifying, or discontinuing services; controlling information about individuals receiving services; providing medication; and transportation services; | | | | | |  | | | | |  | |
|  | 530.A.6.b | | Logistics related to critical supplies such as pharmaceuticals, food, linen, and water; | | | | | |  | | | | |  | |
|  | 530.A.6.c | | Security including access, crowd control, and traffic control; and | | | | | |  | | | | |  | |
|  | 530.A.6.d | | Back-up communication systems in the event of electronic or power failure. | | | | | |  | | | | |  | |
|  | 530.A.7 | | Specific processes and protocols for evacuation of the provider's building or premises when the environment cannot support adequate care, treatment, and services. | | | | | |  | | | | |  | |
|  | 530.A.8 | | Supporting documents that would be needed in an emergency, including emergency call lists, building and site maps necessary to shut off utilities, designated escape routes, and list of major resources such as local emergency shelters. | | | | | |  | | | | |  | |
|  | 530.A.9 | | Schedule for testing the implementation of the plan and conducting emergency preparedness drills. Fire and evacuation drills shall be conducted at least monthly. | | | | | |  | | | | |  | |
| *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. | | | | | |  | | | | |  | |
| *Emergency Preparedness Numbers Posted-540.B*  Fire  Police  Poison control  Administrator  Nearest hospital,  Ambulance service,  Rescue squad and  Other trained medical personnel | | | | | | | | | | | | | | | |
| **570.** | **Mission Statement** | | Clearly defines services, philosophy, purpose, and goals. | | | | |  | | | | | |  | |
|  | Service description requirements | |  | | | | |  | | | | | |  | |
| **580.** | 580.A | | Ensures services are consistent with mission and available for public review | | | | |  | | | | | |  | |
|  | 580.B | | Offers structured program of care to meet the individuals’ physical and emotional needs; provide protection, guidance and supervision; and meet the objectives of any required service plan to include: | | | | |  | | | | | |  | |
| Daily Schedule of Services - 580.B | | | | | | | | | | | | | | | |
|  | 580.C.1 | | Services goals; | | | | |  | | | | | |  | |
|  | 580.C.2 | | A description of care, treatment, training, habilitation, or other supports provided; | | | | |  | | | | | |  | |
|  | 580.C.3 | | Characteristics and needs of the individuals served; | | | | |  | | | | | |  | |
|  | 580.C.4 | | Contract services, if any | | | | |  | | | | | |  | |
|  | 580.C.5 | | Eligibility requirements of admission, continued stay and exclusion criteria | | | | |  | | | | | |  | |
|  | 580.C.6 | | Service termination of treatment and discharge or transition criteria; and | | | | |  | | | | | |  | |
|  | 580.C.7 | | Type and role of employees or contractors. | | | | |  | | | | | |  | |
|  | 580.D | | Revision of written service description whenever the service description changes | | | | |  | | | | | |  | |
|  | 580.E | | Provider does not implement services that are inconsistent with its most current service | | | | |  | | | | | |  | |
|  | 580.F | | The provider shall admit only those individuals whose service needs are consistent with the service description, for whom services are available, and for which staffing levels and types meet the needs of the individuals served. | | | | |  | | | | | |  | |
|  | 580.G | | In residential and inpatient services, addresses physical separation of children and adults in residential quarters and programming. | | | | |  | | | | | |  | |
|  | 580.H | | In SA services, addresses the timely and appropriate tx of SA abusing pregnant women | | | | |  | | | | | |  | |
|  | 580.I | | If the provider plans to serve individuals as of a result of a temporary detention order to a service, prior to admitting those individuals to that service, the provider shall submit a written plan for adequate staffing and security measures to ensure the individual can be served safely within the service to the department for approval. If the plan is approved, a stipulation will be displayed on license authorizing provider to serve individuals who are under temporary detention orders. | | | | |  | | | | | |  | |
| **590.** | **Provider staffing plan** | | Includes the type and role of employees and contractor that reflect: | | | | |  | | | | | |  | |
|  | 590.A.1 | | Needs of the population served | | | | |  | | | | | |  | |
|  | 590.A.2 | | Types of services offered | | | | |  | | | | | |  | |
|  | 590.A.3 | | Service description | | | | |  | | | | | |  | |
|  | 590.A.4 | | Number of people served at a given time | | | | |  | | | | | |  | |
|  | 590.B | | Transition staffing plan for new services, added locations, and changes in capacity. | | | | |  | | | | | |  | |
|  | 590.C | | Will meet the following staffing requirements related to supervision: | | | | |  | | | | | |  | |
|  | 590.C.1 | | 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 *mental health, substance abuse, or co-occurring services* that are of an acute or clinical nature such as *outpatient, inpatient, intensive in-home, or day treatment* 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 *mental health, substance abuse, or co-occurring services* that are of a supportive or maintenance nature, such as *psychosocial rehabilitation, mental health supports* 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 *developmental disability* services shall be provided by a person with at least one year of documented experience working directly with individuals who have developmental disability or other developmental disabilities and holds at least a bachelor's degree in a human services field such as sociology, social work, special education, rehabilitation counseling, nursing, or psychology. Experience may be substituted for the education requirement. | | | | |  | | | | | |  | |
|  | 590.C.8 | | Supervision of *individual and family developmental disabilities support (IFDDS)* 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 *brain injury services* 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. | | | | |  | | | | | |  | |
| Daily Nutrition Monitoring Form - 600.B | | | | | | | | | | | | | | | |
| **620** | **Monitoring & evaluating quality** |  | | | | | |  | | | | | |  | |
|  | 620.A. | The provider shall develop and implement written policies and procedures for a quality improvement program sufficient to identify, monitor, and evaluate clinical and service quality and effectiveness on a systematic and ongoing basis. | | | | | |  | | | | | |  | |
|  | 620.B. | The quality improvement program shall utilize standard quality improvement tools, including root cause analysis, and shall include a quality improvement plan. | | | | | |  | | | | | |  | |
|  | 620.C. | The quality improvement plan shall: | | | | | |  | | | | | |  | |
|  | 620.C.1 | Be reviewed and updated at least annually; | | | | | |  | | | | | |  | |
|  | 620.C.2 | Define measurable goals and objectives; | | | | | |  | | | | | |  | |
|  | 620.C.3 | Include and report on statewide performance measures, if applicable, as required by DBHDS; | | | | | |  | | | | | |  | |
|  | 620.C.4 | Monitor implementation and effectiveness of approved corrective action plans pursuant to 12VAC35-105-170; and | | | | | |  | | | | | |  | |
|  | 620.C.5 | Include ongoing monitoring and evaluation of progress toward meeting established goals and objectives. | | | | | |  | | | | | |  | |
|  | 620.D. | The provider's policies and procedures shall include the criteria the provider will use to | | | | | |  | | | | | |  | |
|  | 620.D.1 | Establish measurable goals and objectives; | | | | | |  | | | | | |  | |
|  | 620.D.2 | Update the provider's quality improvement plan; and | | | | | |  | | | | | |  | |
|  | 620.D.3 | Submit revised corrective action plans to the department for approval or continue implementing the corrective action plan and put into place additional measures to prevent the recurrence of the cited violation and address identified systemic deficiencies when reviews determine that a corrective action was fully implemented but did not prevent the recurrence of the cited regulatory violation or correct a systemic deficiency pursuant to 12VAC35-105-170. | | | | | |  | | | | | |  | |
|  | 620.E | 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 improvement plan. 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.A | | The provider shall actively involve the individual and authorized representative, as appropriate, in the development, review, and revision of a person-centered ISP. The individualized services planning process shall be consistent with laws protecting confidentiality, privacy, human rights of individuals receiving services, and rights of minors. | | | | |  | | | | | |  | |
|  | 660.B | | The provider shall develop and implement an initial person-centered ISP for the first 60 days for developmental services or for the first 30 days for mental health and substance abuse services. This ISP shall be developed and implemented within 24 hours of admission to address immediate service, health, and safety needs and shall continue in effect until the ISP is developed or the individual is discharged, whichever comes first. | | | | |  | | | | | |  | |
|  | 660.C. | | The provider shall implement a person-centered comprehensive ISP as soon as possible after admission based upon the nature and scope of services but no later than 30 days after admission for providers of mental health and substance abuse services and 60 days after admission for providers of developmental services. | | | | |  | | | | | |  | |
|  | 660.D. | | The initial ISP and the comprehensive ISP shall be developed based on the respective assessment with the participation and informed choice of the individual receiving services. | | | | |  | | | | | |  | |
|  | 660.D.1. | | To ensure the individual's participation and informed choice, the following shall be explained to the individual or the individual's authorized representative, as applicable, in a reasonable and comprehensible manner: | | | | |  | | | | | |  | |
|  | 660.D.1.a | | The proposed services to be delivered; | | | | |  | | | | | |  | |
|  | 660.D.1.b | | Any alternative services that might be advantageous for the individual; and | | | | |  | | | | | |  | |
|  | 660.D.1.c | | Any accompanying risks or benefits of the proposed and alternative services. | | | | |  | | | | | |  | |
|  | 660.D.2 | | If no alternative services are available to the individual, it shall be clearly documented within the ISP, or within documentation attached to the ISP, that alternative services were not available as well as any steps taken to identify if alternative services were available. | | | | |  | | | | | |  | |
|  | 660.D.3 | | Whenever there is a change to an individual's ISP, it shall be clearly documented within the ISP, or within documentation attached to the ISP that: | | | | |  | | | | | |  | |
|  | 660.D.3.a | | The individual participated in the development of or revision to the ISP; | | | | |  | | | | | |  | |
|  | 660.D.3.b | | The proposed and alternative services and their respective risks and benefits were explained to the individual or the individual's authorized representative; and | | | | |  | | | | | |  | |
|  | 660.D.3.c | | The reasons the individual or the individual's authorized representative chose the option included in the ISP. | | | | |  | | | | | |  | |
| 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;  Recovery plans, if applicable;  Services the individual elects to self direct; and  ISP shall be signed and dated at a minimum by the person responsible for implementing the plan and the individual receiving services or the authorized representative in order to document agreement. If the signature of the individual receiving services or the authorized representative cannot be obtained, the provider shall document attempts to obtain the necessary signature and the reason why he was unable to obtain it. | | | | | | | | | | | | | | | |
| 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; | | | | | | | |  | | | |  | |
| Transfer Form - 691.B  Reason for the individual's transfer  Documentation of involvement by the individual or his authorized representative, as applicable, in the decision to and planning for the transfer  Reason for transfer  Current psychiatric and medical condition of the individual  Updated progress on meeting the goals and objectives of the ISP  Emergency medical information;  Dosages of all currently prescribed medications and over-the-counter medications used by the individual when prescribed by the provider or known by the case manager  Transfer date  Signature of employee or contractor responsible for preparing the transfer summary | | | | | | | | | | | | | | | |
| **693.A** | **Discharge** | | Addresses process to discharge of individuals from the service and termination of services to include medical or clinical criteria for discharge | | | |  | | | | |  | | | |
| Discharge Form - 693  Reason for admission and discharge  Individual's participation in discharge planning  Individual's level of functioning or functional limitations  Recommendations on procedures, or referrals, and the status, and arrangements for future services  Progress made achieving the goals and objectives identified in the individualized services plan  Discharge date  Discharge medications, if applicable  Date the discharge summary was actually written/documented  Documentation that resident, placing agency & LAR are participants in developing the plan  Signature of person who prepared summary | | | | | | | | | | | | | | | |
| **700.A** | Written policies and procedures for crisis or emergency interventions; required elements. | | Written policies and procedures for prompt intervention in the event of a crisis or a behavioral, medical, or psychiatric emergency that may occur during screening and referral, at admission, or during the period of service provision | | | | |  | | | | |  | | |
|  | 700.B. | | The policies and procedures shall include: | | | | |  | | | | |  | | |
|  | 700.B.1. | | A definition of what constitutes a crisis or behavioral, medical, or psychiatric emergency; | | | | |  | | | | |  | | |
|  | 700.B.2. | | Procedures for immediately accessing appropriate internal and external resources. This shall include a provision for obtaining physician and mental health clinical services if the provider's or service's on-call or back-up physician or mental health clinical services are not available at the time of the emergency | | | | |  | | | | |  | | |
|  | 700.B.3. | | Employee or contractor responsibilities; and | | | | |  | | | | |  | | |
|  | 700.B.4. | | Location of emergency medical information for each individual receiving services, including any advance psychiatric or medical directive or crisis response plan developed by the individual, which shall be readily accessible to employees or contractors on duty in an emergency or crisis. | | | | |  | | | | |  | | |
| **710.A** | Documenting crisis intervention and emergency services. | | The provider shall develop a policy for documenting the provision of crisis intervention and emergency services. Documentation shall include the following: | | | | |  | | | | |  | | |
| 710.ADocumenting crisis intervention and emergency services form  Date and time;  Description of the nature of or circumstances surrounding the crisis or emergency;  Name of individual;  Description of precipitating factors;  Interventions or treatment provided;  Names of employees or contractors responding to or consulted during the crisis or emergency; and  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. | | | | |  | | | | |  | | |
| Falls Assessment Form - 720.B  Have a history of falls  Are experiencing agitation or delirium;  Are on medications, which may cause drowsiness  Have a history of Hypotension  Impaired mobility,  Impaired vision,  History of low or unstable blood sugar,  Need frequent toileting,  Are intoxicated, or withdrawing from alcohol or other drugs, and  Have an impaired mental status. | | | | | | | | | | | | | | | |
|  | 720.C | | In residential or inpatient service; provider shall either provide or arrange for provision of appropriate medical care. In other services, defines which instances will provide or arrange for appropriate medical and dental care and which instances will be referred. | | | | |  | | | | |  | | |
|  | 720.D | | Develops, documents and implements infection control measures, including the use of universal precautions | | | | | |  | | | | |  | |
|  | 720.E | | Shall report outbreaks of infectious diseases to the Department of Health pursuant to §32.1-37 of the Code of Virginia | | | | | |  | | | | |  | |
| **740.** | **Physical examination** | | Physical examinations in consultation with a qualified practitioner.  Residential services administer or obtain results of physical exams within 30 days of admission.  Inpatient services administer physical exams within 24 hrs of admission. | | | | |  | | | | |  | | |
|  | 740.B | | Physical examination shall include, at a minimum: | | | | |  | | | | |  | | |
|  | 740.B.1 | | General physical condition (history and physical); | | | | |  | | | | |  | | |
|  | 740.B.2 | | Evaluation for communicable diseases; | | | | |  | | | | |  | | |
|  | 740.B.3 | | Recommendations for further diagnostic tests and treatment, if appropriate; | | | | |  | | | | |  | | |
|  | 740.B.4 | | Other examinations indicated, if appropriate; and | | | | |  | | | | |  | | |
|  | 740.B.5 | | The date of examination and signature of a qualified practitioner. | | | | |  | | | | |  | | |
|  | 740.C | | C. Locations designated for physical examinations shall ensure individual privacy | | | | |  | | | | |  | | |
| Client Physical Examination Form - 740  General physical condition (history and physical)  Evaluation for communicable diseases  Recommendations for further diagnostic tests and treatment, if appropriate  Other examinations indicated, if appropriate  The date of examination and signature of a qualified practitioner | | | | | | | | | | | | | | | |
| Emergency (ER) Medical Information Form - 750  The name, address, and telephone number of: the individual's physician  The name, address, and telephone number of a relative, legally authorized representative, or other person to be notified  Medical insurance company name and policy or Medicaid, Medicare , or CHAMPUS number, if any;  Currently prescribed medications and over-the-counter medications used by the individual  Medication and food allergies  History of substance abuse  Significant medical problems or conditions  Significant ambulatory or sensory problems  Significant communication problems  Advance directive, if one exists. | | | | | | | | | | | | | | | |
| **760.** | **Medical equipment** | | Maintenance and use of medical equipment, including personal medical equipment and devices | | | | | |  | | | |  | | |
| **770.** | **Medication management** | | Written policies addresses: | | | | | |  | | | |  | | |
|  | 770.1 | | Safe administration, handling, storage, and disposal of medications | | | | | |  | | | |  | | |
|  | 770.2 | | Use of medication orders; | | | | | |  | | | |  | | |
|  | 770.3 | | Handling of packaged medications brought by individuals from home or other residences; | | | | | |  | | | |  | | |
|  | 770.4 | | Employees or contractors authorized to administer medication and training required | | | | | |  | | | |  | | |
|  | 770.5 | | Use of professional samples; and | | | | | |  | | | |  | | |
|  | 770.6 | | Window within which medications can be given in relation to the ordered time of administration. | | | | | |  | | | |  | | |
|  | 770.B | | Meds administered only by persons authorized by state law. | | | | | |  | | | |  | | |
|  | 770.C | | Meds administered only to the individuals for whom the medications are prescribed and administered as prescribed. | | | | | |  | | | |  | | |
|  | 770.D | | Maintained a daily log of all medicines received and refused by each individual. This log shall identify the employee or contractor who administered the medication. | | | | | |  | | | |  | | |
|  | 770.E | | If the provider administers medications or supervises self-administration of medication in a service, a current medication order for all medications the individual receives shall be maintained on site. | | | | | |  | | | |  | | |
|  | 770.F | | Promptly disposes of discontinued drugs, outdated drugs, and drug containers with worn, illegible, or missing labels according to the applicable regulations of the Virginia Board of Pharmacy. | | | | | |  | | | |  | | |
| **800.A** | **Behavior interventions & supports** | | Describes the use of behavior **interventions & supports** | | | | | |  | | | |  | | |
|  | 800.A.1 | | Be consistent with applicable laws | | | | | |  | | | |  | | |
|  | 800.A.2 | | Emphasize positive approaches (specify) | | | | | |  | | | |  | | |
|  | 800.A.3 | | List & define behavior **interventions & supports**, from least to most restrictive | | | | | |  | | | |  | | |
|  | 800.A.4 | | Protect the safety & well-being of individuals | | | | | |  | | | |  | | |
|  | 800.A.5 | | Specify methods for monitoring their use (include debriefing, who monitors, use of behavioral interventions). All injuries reported to Human Rights, | | | | | |  | | | |  | | |
|  | 800.A.6 | | Specify methods for documenting their use | | | | | |  | | | |  | | |
|  | 800.B | | Policies developed, implemented & monitored (ongoing process) by employees trained in behavior **interventions & supports** | | | | | |  | | | |  | | |
|  | 800.C | | Policies & procedures available to individuals, families, guardians & advocates | | | | | |  | | | |  | | |
|  | 800.E | | Injuries resulting from or occurring during the implementation of seclusion or restraint shall be reported to the department as provided in 12VAC35-115-230 C. | | | | | |  | | | |  | | |
| 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. | | | | | |  | | | |  | | |
| 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  Specifically whom the information is being released to (specific person or position)  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 | | | |  | | | | |  | | | |
| 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. | | | | | |  | | | |  |

**Please Note:** By submitting this form the applicant is verifying that the submitted application includes all required policies and procedures, and all required forms, including each required element of every policy, procedure, and form, and that the applicant has the knowledge and understanding required by the licensing regulations to become a licensed provider. Incomplete applications and failure to submit all required policies and procedures WILL delay the application process and may result in denial of your application.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **On-Site Review Preparation Checklist**

*An on-site inspection* ***will not*** *be conducted, and a conditional license will not be issued until the applicant submits the completed “On-Site Preparation Checklist” to the assigned Licensing Specialist. In addition, the Licensing Specialist may need to request additional documentation from the applicant prior to the on-site inspection in order to assess the applicant’s compliance with the Licensing Regulations. Please also note that at the time of the on-site inspection, the applicant should be proficient in and able to answer questions related to their service description, policies, and procedures.*

**Provider Name:** Click or tap here to enter text.

**Organization Number:** Click or tap here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item #** | **Requirement** | **Regulation** | **Date Completed** | **Applicant Initials** |
| **1** | \*Staffing Schedule: including staff names, titles/credentials, all required training, and enough oriented staff to begin service operation (including relief staff) | 12VAC35-105-40(B)(1) & 590 |  |  |
| **2** | \*Documentation reflecting applicable work experience and  education for staff | 12VAC35-105-40(B)(2) |  |  |
| **3** | Staff training completed in CPR, First Aid, Behavior Intervention, Serious Incident Reporting, Emergency Preparedness and Infection Control, and Medication Management, if applicable | 12VAC35-105-450 &  460 |  |  |
| **4** | Criminal background checks and Central Registry (VDSS) searches **must be initiated** for all staff that will begin work.   1. DBHDS BIU: **Malinda Roberts** at [Malinda.Roberts@dbhds.virginia.gov](mailto:Malinda.Roberts@dbhds.virginia.gov) or **804**-**786-6384** 2. VDSS [Central Registry:](https://www.dss.virginia.gov/files/division/licensing/background_index_childrens_facilities/founded_cps_complaints/032-02-0151-12-eng.pdf) **804-726-7549** or [crs\_operations@dss.virginia.gov](mailto:crs_operations@dss.virginia.gov) | 12VAC35-105-400 |  |  |
| **5** | Human Rights [Compliance Verification Form](http://www.dbhds.virginia.gov/professionals-and-service-providers/human-rights-for-service-providers/information-for-providers) submitted to [OHRpolicy@dbhds.virginia.gov;](mailto:OHRpolicy@dbhds.virginia.gov)**Proof of approval by OHR** | 12 VAC 35-105-150(4) |  |  |
| **6** | \*Proof of required indemnity coverage, as applicable | 12VAC35-105-220 |  |  |
| **7** | \*Updated and current proof of funds/line of credit to cover at least 90 days of operating expenses | 12VAC35-105-  40(A)(2)(a) |  |  |
| **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 submitted background investigations | 12VAC35-105-430 |  |  |
| **9** | A sample record for an individual receiving services | 12VAC35-105-890 |  |  |
| **10** | \*Certificate of Occupancy | 12VAC35-105-260 |  |  |
| **11** | Regulations regarding the physical plant are in compliance | 12VAC35-105-260  through 380 |  |  |
| **12** | A copy of the provider’s **Final Policy Manual** (including all policies, procedures, and forms) as approved by the policy review specialist.  The licensing specialist will give the final approval of the policy manual prior to licensure. |  |  |  |

\*Any documents marked by an asterisk must be submitted to the Licensing Specialist prior to the on-site inspection. Compliance with all other requirements will be confirmed at the time of the on-site inspection.