

Next Friend - Request for LHRC Review

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| Provider name/contact information: |  |
| Individual’s Identifier: |  |
| Name of potential Next Friend: |  |
| Date of request: |  |
|  Date reviewed by LHRC: |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| In accordance with chapter 12VAC35-115-146, has the proposed next friend, for a period of six months within the last two years either: Shared a residence with the individual; **or**Had regular contact or communication with the individual and provided significant emotional, personal, financial, spiritual, psychological or other support and assistance to the individual.  |

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| --- | --- | --- | --- | --- |
|  | [ ]  | Yes | [ ]  | No |
| [ ]  | Yes | [ ]  | No |

 |
| Does the individual agree to the proposed next friend being designated as the authorized representative? |

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Yes | [ ]  | No |

 |
| Does the proposed next friend agree to accept these responsibilities and act in the individual’s best interest and in accordance with the individual’s preferences, if known? |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | [ ]  | Yes | [ ]  | No |

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| Does the proposed next friend meet the above criteria as required in chapter 12VAC35-115-146?Is the proposed next friend personally able to appear before the LHRC? |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | [ ]  | Yes | [ ]  | No |
|  |  |  |  |  |
| [ ]  | Yes | [ ]  | No |

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**LHRC Recommendations:**

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| --- | --- |
|  Name of LHRC  |  LHRC Chairperson Signature |

Instructions for LHRC Review of Next Friend Designation:

All provider requests for review by the LHRC in accordance with 12VAC35-115-270 must go through the Office of Human Rights using a standard form and process.

The provider is responsible for notifying the Office of Human Rights concerning the need for appointment of a Next Friend. Upon request, the assigned Advocate will review with the provider regulatory requirements for the Next Friend appointment, provide a copy of the corresponding LHRC Review Form, and provide information about upcoming scheduled LHRC meetings in the region.

Providers are responsible for ensuring the protection of individuals PHI by using an “Individual Identifier”, listed as the individuals first and last name *initials* in the space provided on the LHRC Review Request Form. When PHI is necessary to the review process, the LHRC will conduct the review with the provider and all parties involved in Executive Closed session.

The LHRC Chairperson will sign the LHRC Review Request Form and give a copy to the provider following the LHRC meeting. When applicable, LHRC recommendations will be listed on the LHRC Review Request Form and reflected in the LHRC meeting minutes. The provider Director or designee is responsible for addressing any LHRC recommendations and communicating compliance through the assigned Advocate, in accordance with the corresponding Human Rights Regulations. Providers should direct questions regarding this process to the assigned Advocate.

**Attachments should include the following (see also 12VAC35-115-146):**

* **Copy of Capacity Evaluation**
* **If the proposed Next Friend is unable to attend the review, in addition to their name provide contact information so that the LHRC may coordinate other means of electronic communication**
* **If the individual chooses not to and/or is unable to attend the review, provide documentation that the individual does not object to the designation of the proposed Next Friend.**

For general questions about the LHRC Review process, contact the OHR Regional Manager in your area:

Region 1, Cassie Purtlebaugh cassie.purtlebaugh@dbhds.virginia.gov

Region 2, Ann Pascoe ann.pascoe@dbhds.virginia.gov

Region 3, Jennifer Kovack jennifer.kovack@dbhds.virginia.gov

Region 4, Sharae Henderson sharae.henderson@dbhds.virginia.gov

Region 5, Reginald Daye reginald.daye@dbhds.virginia.gov

For information about LHRC meeting dates, times and locations by Region:

<http://www.dbhds.virginia.gov/quality-management/human-rights>