

HUMAN RIGHTS COMPLIANCE VERIFICATION CHECKLIST

Provider (Program) Name

Mailing Address

Program Address (if different from mailing address)

Director's Name

Director's Phone Number

Director's Email Address

Office of Licensing Provider License Number

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

Name of Assigned Licensing Specialist

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

_____ I attest that I have a mission/value statement and other documents that promote the policy 12 VAC35-115-20 of the human rights regulations.

_____ I attest that I have policies and procedures written in full compliance with each of the following sections of the regulations:

_____ 12 VAC35-115-40 Assurances

_____ 12 VAC 35-115-50 Dignity

_____ 12 VAC 35-115-60 Services

_____ 12 VAC 35-115-70 Participation in Decision Making

_____ 12 VAC 35-115-80 Confidentiality

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

_____ 12 VAC 35-115-100 Freedoms of everyday life

_____ 12 VAC35-115-100: I attest that I understand that I must submit Program Rules to the Human Rights Advocate and/or the Local Human Rights Committee for review if requested

HUMAN RIGHTS COMPLIANCE VERIFICATION CHECKLIST

_____ I will not use seclusion.

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

_____ I will use seclusion, restraint and/or time out and I attest that I have a policy written in accordance with 12 VAC 35-115-110 for the use of such interventions.

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

_____ I attest that I have a policy that describes the complaint resolution process and that I have a trained investigator available to conduct a thorough investigation in accordance with 12-VAC 35-115-175.

_____ I attest that I have a policy that addresses decision making, consent and authorization as well as substitute decision making in accordance with 12 VAC 23-115-145 and 12 VAC 35-115-146

_____ I attest that I have policies in accordance with all other sections of the human rights regulations applicable to the provider's service or program including 12 VAC 35-115-120 Work and 12 VAC 35-115-130 Research.

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

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

_____ I attest that I have policies and practices in place in accordance with the Home and Community Based Services (HCBS) settings requirements per 42 CFR 441.301. (*if providing Waiver Services only*).

Signature of Director

Date

OHR USE ONLY

HUMAN RIGHTS COMPLIANCE VERIFICATION CHECKLIST

Date of License: _____

Waiver Services: _____

Complaint Resolution Policy Reviewed by:

Name: _____ Date: _____

Comments/ feedback to provider:

Human Rights Policies Reviewed by:

Name: _____ Date: _____

Comments/ feedback to provider:

Human Rights Competency Training Reviewed by:

Name: _____ Date: _____

Comments/ feedback to provider:

Trained Investigator Certification Verified by:

Name: _____ Date: _____

Comments/ feedback to provider:

Updated: November 18, 2021