Crisis Services Specific Chapter 12VAC35-111: INITIAL DRAFT

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111-10. Definitions.

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Abuse" as defined by § 37.2-100 of the Code of Virginia means any act or failure to act by an employee or other person responsible for the care of an individual in a facility or program operated, licensed, or funded by the department, excluding those operated by the Virginia Department of Corrections, that was performed or was failed to be performed knowingly, recklessly, or intentionally, and that caused or might have caused physical or psychological harm, injury, or death to an individual receiving care or treatment for mental illness, developmental disabilities, or substance abuse. Examples of abuse include acts such as:

1. Rape, sexual assault, or other criminal sexual behavior;

- 2. Assault or battery;
- 3. Use of language that demeans, threatens, intimidates, or humiliates the individual;
- 4. Misuse or misappropriation of the individual's assets, goods, or property;
- 5. Use of excessive force when placing an individual in physical or mechanical restraint;

6. Use of physical or mechanical restraints on an individual that is not in compliance with federal and state laws, regulations, and policies, professional accepted standards of practice, or his individualized services plan; and

7. Use of more restrictive or intensive services or denial of services to punish an individual or that is not consistent with his individualized services plan.

"Admission" means the process of acceptance into a service as defined by the provider's policies.

"Authorized representative" means a person permitted by law or 12VAC35-115 to authorize the disclosure of information or consent to treatment and services or participation in human research.

"Behavior intervention" means those <u>practices utilized</u> by a provider to help an individual receiving services to achieve a positive outcome and to address challenging behavior in <u>an</u> <u>individualized</u> and safe manner. Behavior intervention <u>practices</u> shall be <u>utilized</u> in accordance with the individualized services plan; <u>the provider's</u> written policies and procedures governing <u>safety (crisis prevention and intervention)</u>; and service expectations. The plan shall utilize the least restrictive treatment possible, and shall be based upon practices that are effective, therapeutic, and informed by evidence.

"Case management service" *or* "support coordination service" means services that can include assistance to individuals and their family members in accessing needed services that are responsive to the individual's needs <u>and desires</u>. Case management services include: identifying potential users of the service; assessing needs and planning services<u>using a person centered approach</u>; linking the individual to services and supports; assisting the individual directly to locate, develop, or obtain needed services and resources; coordinating services with other providers; enhancing community integration; making collateral contacts; monitoring service delivery <u>and revising the service plan as indicated</u>; discharge planning; <u>and monitoring</u> and advocating for individuals in response to their changing needs. "Case management service" does not include assistance in which the only function *is* maintaining service waiting lists or periodically contacting or tracking individuals to determine potential <u>future</u> service needs.

"Commissioner" means the Commissioner of the Department of Behavioral Health and Developmental Services.

"Comprehensive assessment" means a comprehensive and written assessment that updates and finalizes the initial assessment. The comprehensive assessment shall consider the individual's needs, strengths, goals, preferences, and abilities within the individual's cultural context and shall be completed in a time period appropriate to the nature and scope of the service provided. The comprehensive assessment includes all relevant social, psychological, medical, and level of care information as the basis for the development of the person-centered comprehensive ISP. The comprehensive assessment may be completed at the time of initial assessment if it includes all elements of the comprehensive assessment. In the event a comprehensive assessment is completed at the time of an initial assessment the provider is not required to update the assessment.

"Community-based crisis stabilization" means services that are short-term and designed to support an individual and their natural support system following contact with an initial crisis response service or as a diversion to a higher level of care. Providers deliver community-based crisis stabilization services in an individual's natural environment and provide referrals and linkage to other community-based services at the appropriate level of care. Interventions may include brief therapeutic and skill-building interventions, engagement of natural supports, interventions to integrate natural supports in the de-escalation and stabilization of the crisis, and coordination of follow-up services. Coordination of specialized services to address the needs of co-occurring developmental disabilities and substance use are also available through this service. Services should involve advocacy and networking to provide linkages and referrals to appropriate community-based services and assist the individual and his family or caregiver in accessing other benefits or assistance programs for which he may be eligible. Community-based crisis stabilization is a non-center community-based service. The goal of community based crisis stabilization services is to stabilize the individual within their community and support the individual or the individual's support system during the periods 1) between an initial mobile crisis response and entry into an established follow-up service at the appropriate level of care 2) as a transitional step-down from a higher level of care if the next level of care service is identified but not immediately available for access or 3) as a diversion to a higher level of care.

<u>"Contracted employee" or "contractor" means a person that enters into an agreement with a provider to provide specialized services for a specified period of time.</u>

"Crisis" means a deteriorating or unstable situation often developing suddenly or rapidly that produces acute, heightened, emotional, mental, physical, medical, or behavioral distress.

"Crisis Education and Prevention Plan (CEPP)" means a DBHDS standardized approved individualized, client-specific written document that provides a concise, clear, and realistic set of supportive interventions to prevent or de-escalate a crisis and assist an individual who may be experiencing a behavioral loss of control. The goal of the CEPP is to identify problems that have arisen in the past or are emergent in order to map out strategies that offer tools for the circle of support to assist the individual in addressing and deescalating problems in a healthy way and provide teaching skills that the individual can apply independently.

<u>"Crisis Receiving Center (CRC)</u>" also referred to as "23-Hour Crisis Stabilization" means a community-based, non-hospital facility providing short-term assessment, observation, and crisis

stabilization services to all referrals for up to 23 hours. This service must be accessible 24 hours per day, seven days a week, 365 days a year, and is indicated when an individual requires a safe environment for initial intervention. This service includes a thorough assessment of an individual's crisis, psychosocial needs, and supports in order to determine the least restrictive environment most appropriate for stabilization. Key service functions include rapid assessment, crisis intervention, de-escalation, short-term stabilization, and appropriate referrals for ongoing care. This distinct service may be co-located with services such as crisis intervention team assessment center and crisis stabilization unit.

<u>"Crisis Stabilization Unit" also referred to as "residential crisis stabilization unit or RCSU" is</u> <u>a community-based, short-term residential treatment unit.</u> <u>RCSUs serve as primary alternatives</u> <u>to inpatient hospitalization for individuals who are in need of a safe, secure environment for</u> <u>assessment and crisis treatment.</u> <u>RCSUs also serve as a step-down option from psychiatric</u> <u>inpatient hospitalization and function to stabilize and reintegrate individuals who meet medical</u> <u>necessity criteria back into their communities.</u>

"Department" means the Virginia Department of Behavioral Health and Developmental Services.

"Developmental disability" as defined by § 37.2-100 of the Code of Virginia means a severe, chronic disability of an individual that (i) is attributable to a mental or physical impairment, or a combination of mental and physical impairments, other than a sole diagnosis of mental illness; (ii) is manifested before the individual reaches 22 years of age; (iii) is likely to continue indefinitely; (iv) results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, or economic self-sufficiency; and (v) reflects the individual's need for a combination and sequence of special interdisciplinary or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. An individual from birth to age nine years, inclusive, who has a substantial developmental delay or specific congenital or acquired condition may be considered to have a developmental disability without meeting three or more of the criteria described in clauses (i) through (v) of this definition if the individual, without services and supports, has a high probability of meeting those criteria later in life.

"Discharge" means the process by which the individual's active involvement with a service is terminated by the provider, individual, or authorized representative.

"Discharge plan" means the written plan that establishes the criteria for an individual's discharge from a service and identifies and coordinates delivery of any services needed after discharge.

"Individual" or "individual receiving services" <u>as defined by § 37.2-100 of the Code of Virginia</u> means a current direct recipient of public or private mental health, developmental, or substance abuse treatment, rehabilitation, or habilitation services and includes the terms "consumer," "patient," "resident," "recipient," or "client." When the term is used in this chapter, the requirement applies to every individual receiving licensed services from the provider.

"Individualized services plan" or "ISP" means a comprehensive and regularly updated written plan that describes the individual's needs, the measurable goals and objectives to address those needs, and strategies to reach the individual's goals. An ISP is person-centered, empowers the individual, and is designed to meet the needs and preferences of the individual. The ISP is developed through a partnership between the individual and the provider and includes an individual's treatment plan, habilitation plan, person-centered plan, or plan of care, which are all considered individualized service plans.

"Informed choice" means a decision made after considering options based on adequate and accurate information and knowledge. These options are developed through collaboration with the individual and his authorized representative, as applicable, and the provider with the intent of empowering the individual and his authorized representative to make decisions that will lead to positive service outcomes.

"Initial assessment" means an assessment conducted prior to or at admission to determine whether the individual meets the service's admission criteria; what the individual's immediate service, health, and safety needs are; and whether the provider has the capability and staffing to provide the needed services. An assessment is not a service.

<u>"Initial individualized service plan" or "Initial ISP" means a written plan developed and implemented within 24 hours of admission to address immediate service, health, and safety needs as identified within the individual's initial assessment.</u>

"Location" means a place where services are or could be provided.

"Licensed mental health professional" or "LMHP" means a physician, licensed clinical psychologist, licensed professional counselor, licensed clinical social worker, licensed substance abuse treatment practitioner, licensed marriage and family therapist, certified psychiatric clinical nurse specialist, licensed behavior analyst, or licensed psychiatric/mental health nurse practitioner.

"Licensed mental health professional-resident" or "LMHP-R" means the same as "resident" as defined in 18VAC115-20-10 for licensed professional counselors, 18VAC115-50-10 for licensed marriage and family therapists or 18VAC115-60-10 for licensed substance abuse treatment practitioners. A LMHP-resident shall be in continuous compliance with the regulatory requirements of the applicable counseling profession for supervised practice.

"LMHP-resident in psychology" or "LMHP-RP" means an individual in a residency, as that term is defined in <u>18VAC125-20-10</u>, program for clinical psychologists. An LMHP-resident in psychology shall be in continuous compliance with the regulatory requirements for supervised experience as found in <u>18VAC125-20-65</u>.

"LMHP-supervisee in social work," "LMHP-supervisee," or "LMHP-S" means the same as "supervisee" as defined in <u>18VAC140-20-10</u> for licensed clinical social workers. An LMHP-supervisee in social work shall be in continuous compliance with the regulatory requirements for supervised practice as found in 18VAC140-20-50.

"Mandatory outpatient treatment order" means an order issued by a court pursuant to § 37.2-817 of the Code of Virginia.

"Medication" means prescribed or over-the-counter drugs or both.

"Medication administration" means the <u>legally permitted</u> direct application of medications by injection, inhalation, ingestion, or any other means to an individual receiving services by (i) persons legally permitted to administer medications or (ii) the individual at the direction and in the presence of persons legally permitted to administer medications, as enumerated by § 54.1-3408 of the Code of Virginia.

"Medication assisted treatment (Opioid treatment service)" means an intervention strategy that combines outpatient treatment with <u>pharmacotherapy that includes</u> the administering or dispensing of synthetic narcotics approved by the federal Food and Drug Administration for the purpose of replacing the use of and reducing the craving for opioid substances, such as heroin or other narcotic drugs.

"Mobile Crisis Response" is a service that is available 24 hours a day, seven days a week, 365 days a year to provide rapid response, assessment, and early intervention to individuals experiencing a behavioral health crisis. Services are deployed in real-time to the location of the individual experiencing a behavioral health crisis. The purpose of this service is to i) de-escalate the behavioral health crisis and prevent harm to the individual or others; ii) assist in the prevention of an individual's acute exacerbation of symptoms; iii) development of an immediate plan to maintain safety; and iv) coordination of care and linking to appropriate treatment services to meet the needs of the individual.

"Neglect" <u>as defined by § 37.2-100 of the Code of Virginia</u> means failure by a person, or a program or facility operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, responsible for providing services to do so, including nourishment, treatment, care, goods, or services necessary to the health, safety, or welfare of *an* individual receiving care or treatment for mental illness, developmental disabilities, or substance abuse.

"Person-centered" means focusing on the needs and preferences of the individual; empowering and supporting the individual in defining the direction for his life; and promoting self-determination, community involvement, and recovery.

"Provider" <u>as defined by § 37.2-403 of the Code of Virginia</u> means any person, entity, or organization, excluding an agency of the federal government by whatever name or designation, that delivers (i) services to individuals with mental illness, developmental disabilities, or substance abuse (substance use disorders) or (ii) residential services for individuals with brain injury. The person, entity, or organization shall include a hospital as defined in § 32.1-123 of the Code of Virginia, community services board, behavioral health authority, private provider, and any other similar or related person, entity, or organization. It shall not include any individual practitioner who holds a license issued by a health regulatory board of the Department of Health Professions or who is exempt from licensing pursuant to §§ 54.1-2901, 54.1-3001, 54.1-3501, 54.1-3601 and 54.1-3701 of the Code of Virginia.

"Qualified developmental disability professional" or "QDDP" means a person who possesses at least one year of documented experience working directly with individuals who have a developmental disability and who possesses one of the following credentials: (i) a doctor of medicine or osteopathy licensed in Virginia, (ii) a registered nurse licensed in Virginia, (iii) a licensed occupational therapist, or (iv) completion of at least a bachelor's degree in a human services field, including sociology, social work, special education, rehabilitation counseling, or psychology. Experience may be substituted for education if the person has five years of paid experience in providing direction, development, and implementation, direct supervision, and monitoring to the service provided. QDDPs are responsible for approving assessments and individual service plans or treatment plans to ensure appropriate services are provided to meet the needs of individuals receiving services. The QDDP shall have documented experience developing, conducting, and approving assessments and individual service plans or treatment plans.

"Qualified mental health professional-adult" or "QMHP-A" means a person who by education and experience is professionally qualified and registered with the Board of Counseling in accordance with 18VAC115-80 to provide collaborative mental health services for adults. A QMHP-A shall provide such services as an employee or independent contractor of the department or a provider licensed by the department. A QMHP-A may be an occupational therapist who by education and experience is professionally qualified and registered with the Board of Counseling in accordance with 18VAC115-80.

"Qualified mental health professional-child" or "QMHP-C" means a person who by education and experience is professionally qualified and registered with the Board of Counseling in accordance with 18VAC115-80 to provide collaborative mental health services for children. A QMHP-C shall provide such services as an employee or independent contractor of the department or a provider licensed by the department. A QMHP-C may be an occupational therapist who by education and experience is professionally qualified and registered with the Board of Counseling in accordance with 18VAC115-80.

"Qualified mental health professional-trainee" or "QMHP-T" means a person who is receiving supervised training to qualify as a qualified mental health professional and is registered with the board.

<u>"Regional education assessment crisis services habilitation" or "REACH" means the statewide</u> crisis system of care that is designed to meet the crisis support needs of individuals who have a developmental disability and are experiencing mental health or behavior crisis events which put them at risk for homelessness, incarceration, hospitalization, or danger to self or others.

"Recovery" means a journey of healing and transformation enabling an individual with a mental illness to live a meaningful life in a community of his choice while striving to achieve his full potential. For individuals with substance abuse (substance use disorders), recovery is an incremental process leading to positive social change and a full return to biological, psychological, and social functioning. For individuals with a developmental disability, the concept of recovery does not apply in the sense that individuals with a developmental disability will need supports throughout their entire lives although these may change over time. With supports, individuals with a developmental disability are capable of living lives that are fulfilling and satisfying and that bring meaning to themselves and others whom they know.

"Referral" means the process of directing an applicant or an individual to a provider or service that is designed to provide the assistance needed.

"Residential service" means providing 24-hour support in conjunction with care and treatment or a training program in a setting other than a hospital or training center. Residential services provide a range of living arrangements from highly structured and intensively supervised to relatively independent requiring a modest amount of staff support and monitoring. Residential services include residential treatment, group homes, supervised living, residential crisis stabilization, community gero-psychiatric residential,–ICF/IID, sponsored residential homes, medical detoxification, neurobehavioral services, and substance abuse residential treatment for women and children.

"Respite care service" means providing for a short-term, time limited period of care <u>on an</u> <u>episodic or routine basis</u> of an individual for the purpose of providing relief to the individual's <u>unpaid</u> family, guardian, or regular care giver. Persons providing respite care are recruited, trained, and supervised by a licensed provider. <u>Respite services will be provided in the individual's home</u> or place of residence, in the community, or a licensed respite facility, such as a group home or a sponsored residential home.

"Restraint" means the use of a mechanical device, medication, physical intervention, or handson hold to prevent an individual receiving services from moving his body to engage in a behavior that places him or others at imminent risk. There are three kinds of restraints:

1. Mechanical restraint means the use of a mechanical device that cannot be removed by the individual to restrict the individual's freedom of movement or functioning of a limb or portion of an individual's body when that behavior places him or others at imminent risk.

2. Pharmacological restraint means the use of a medication that is administered involuntarily for the emergency control of an individual's behavior when that individual's behavior places him or others at imminent risk and the administered medication is not a standard treatment for the individual's medical or psychiatric condition.

3. Physical restraint, also referred to as manual hold, means the use of a physical intervention or hands-on hold to prevent an individual from moving his body when that individual's behavior places him or others at imminent risk.

"Restriction" means anything that limits or prevents an individual from freely exercising his rights and privileges.

"Screening" means the process or procedure for determining whether the individual meets the minimum criteria for <u>assessment</u>.

"Service" as defined by § 37.2-403 of the Code of Virginia means (i) planned individualized interventions intended to reduce or ameliorate mental illness, developmental disabilities, or substance abuse (substance use disorders) through care, treatment, training, habilitation, or other supports that are delivered by a provider to individuals with mental illness, developmental disabilities, or substance abuse (substance use disorders). Services include outpatient services, intensive in-home services, opioid treatment services, inpatient psychiatric hospitalization, community gero-psychiatric residential services, assertive community treatment and other clinical services; day support, day treatment, partial hospitalization, psychosocial rehabilitation, and habilitation services; case management services; and supportive residential, special school, halfway house, in-home services, crisis stabilization, and other residential services; and (ii) planned individualized interventions intended to reduce or ameliorate the effects of brain injury through care, treatment, or other supports provided in residential services for persons with brain injury.

<u>"Signed" or "signature" means a handwritten signature, an electronic signature, or a digital</u> signature, as long as the signer showed clear intent to sign.

"Succession plan" means a written statement prepared and signed by the license holder which identifies a new license holder in the event of the current license holder's death.

"Volunteer" means a person who, without financial remuneration, provides services to individuals on behalf of the provider.

"Written," "writing," and "in writing" include any representation of words, letters, symbols, numbers, or figures, whether (i) printed or inscribed on a tangible medium or (ii) stored in an electronic or other medium and retrievable in a perceivable form and whether an electronic signature authorized by Chapter 42.1 (§ 59.1-479 et seq.) of Title 59.1 is or is not affixed.

12VAC35-111-20. Licenses.

Providers shall be licensed to provide specific services as defined in this chapter or as determined by the commissioner. The following services shall require a crisis license:

- 1. Crisis receiving center;
- 2. <u>Community-based crisis stabilization;</u>
- 3. Crisis stabilization units; and
- 4. <u>REACH.</u>

12VAC35-111-30. Service Descriptions.

- A. <u>Crisis receiving center includes ongoing assessment, crisis intervention and clinical determination for level of care to individuals experiencing a behavioral health crisis. Services are provided for a period of up to 23 hours. Services are provided in a community-based, non-hospital setting. This service shall be accessible 24/7 and is indicated for those situations wherein an individual is in an acute crisis and requires a safe environment for observation and assessment prior to determination of the next level of care. Services offered shall include assessment, psychiatric evaluation, a nursing assessment and care coordination. This service is required to meet physical environment requirements as listed within this chapter. Programs within this service for adults and children shall be separate and distinct. The provider shall provide for the physical separation of children and adults and shall provide separate group programming for adults and children. The provider shall provide for the safety of children accompanying parents receiving services.</u>
- B. Community-based crisis stabilization includes, short-term assessment, crisis intervention including mobile crisis, and care coordination to individuals experiencing a behavioral health crisis. This service shall be accessible 24/7. Services offered shall include assessment and screening, including explicit screening for suicidal or homicidal ideation, brief therapeutic and skill building interventions, interventions to integrate natural supports in the deescalation and stabilization of the crisis, crisis education, and coordination of follow-up services. The service shall develop an immediate plan to maintain safety in order to prevent the need for a higher level of care. Coordination of follow up services offered shall include advocacy and networking to provide linkages and referrals to appropriate community-based services or resources and assisting the individual and their natural support system in accessing other benefits or assistance programs for which they may be eligible. The service shall be available to the individual in his home, workplace or other convenient and appropriate setting. The service shall not be routinely offered in an office based setting. Offering of the service in an office based setting shall only be based on the individual's documented clinical needs, documented individual preference, or related to coordination of follow-up services. This service is also the mechanism by which pre-admission screenings for hospitalization may be performed by DBHDS pre-admission screening clinicians, when clinically necessary.
- C. Crisis stabilization units (RCSU) includes short-term, 24/7, residential psychiatric and substance related assessment and brief intervention services. The service supports individuals experiencing abrupt and substantial changes in behavior noted by severe impairment or acute decompensation in functioning and require a safe environment for assessment and stabilization. RCSUs may also provide medically monitored residential services for the

purpose of providing psychiatric stabilization and substance withdrawal management services on a short-term basis. The service shall be in a non-hospital, community-based residential unit with no more than 16 beds. The services offered shall include assessments, including medical and nursing and psychosocial, medical and nursing care, treatment planning, medication management, skills restoration, individual and group therapy, care coordination, psychiatric evaluation and crisis intervention. Programs within this service for adults and children shall be separate and distinct. The provider shall provide for the physical separation of children and adults and shall provide separate group programming for adults and children. The provider shall provide for the safety of children accompanying parents receiving services.

D. <u>REACH includes crisis therapeutic homes and community-based stabilization. REACH is the statewide crisis system of care that is designed to meet the crisis support needs of individuals who have a developmental disability and are experiencing crisis events which put them at risk for homelessness, incarceration, hospitalization, or are danger to themselves or others. REACH providers providing mobile crisis response as part of their community-based stabilization services are required to complete mobile crisis response training, and complete secondary training based on the population served. Individuals cannot enter into a REACH service if they are actively using substances or are in active detox.</u>

12VAC35-111-40. Staffing.

- A. Crisis receiving centers shall meet the following staffing requirements:
 - 1. <u>A licensed psychiatrist or nurse practitioner shall be available to the program 24/7</u> either in person or via telemedicine;
 - 2. <u>A LMHP, LMHP-R, LMHP-RP or LMHP-S shall be available for conducting assessments;</u>
 - 3. <u>Nursing services shall be provided by a registered nurse (RN) or a licensed practical</u> nurse (LPN). Nursing staff shall be available 24 hours a day, in person. LPNs shall work directly under the supervision of a physician, nurse practitioner or RN, this supervision can occur via telehealth; and
 - 4. <u>Medical, psychological, psychiatric, laboratory, and toxicology services shall be</u> available by consult or referral.
- B. Community-based crisis stabilization shall meet the following staffing requirements:
 - 1. <u>A LMHP, LMHP-R, LMHP-RP, or LMHP-S for conducting assessments and completion of crisis education and prevention plans (CEPPs);</u>
 - 2. <u>All staff are required to have working GPS enabled smart phone or GPS enabled tablet;</u>
 - 3. <u>If staff are dispatched for the provision of mobile crisis services the provider shall meet</u> <u>at least one of the below staffing composition requirements:</u>
 - i. If a single staff member is dispatched for mobile crisis:
 - 1. One licensed staff member; or
 - 2. <u>One certified pre-screener</u>
 - ii. If the provider dispatches a team for mobile crisis the provider shall have:
 - 1. <u>One licensed staff member and one peer recovery specialist (PRS);</u>

- 2. <u>One licensed staff member and one certified substance abuse counselor</u> (CSAC), CSAC-supervisee or certified substance abuse counselor assistant (CSAC-A);
- 3. <u>One licensed staff member and one QMHP (QMHP-A, QMHP-C or QMHP-E);</u>
- 4. <u>One QMHP-A, QMHP-C, CSAC (or CSAC-supervisee) and one PRS.</u> <u>A licensed staff member shall be required to be available via telehealth</u> <u>for the assessment</u>
- 5. <u>One QMHP-A, QMHP-C, CSAC (or CSAC-supervisee) and one</u> <u>CSAC-A. A licensed staff member shall be required to be available via</u> <u>telehealth for the assessment;</u>
- 6. <u>Two QMHPs (QMHP-A, QMHP-C or QMHP-E. However, the team</u> <u>shall not be two QMHP-Es) A licensed staff member shall be required</u> <u>to be available via telehealth for the assessment;</u>
- 7. <u>Two CSACs (or a CSAC and a CSAC supervisee)</u>. A licensed staff member shall be required to be available via telehealth for the assessment; or
- 8. <u>One QMHP-A, QMHP-C and one CSAC (or CSAC-supervisee). A</u> <u>licensed staff member shall be required to be available via telehealth for</u> <u>the assessment.</u>
- C. <u>Crisis stabilization units shall meet the following staffing requirements:</u>
 - 1. <u>A licensed psychiatrist or psychiatric nurse practitioner shall be available 24/7 either in-person or via telemedicine;</u>
 - 2. <u>A LMHP, LMHP-R, LMHP-RP or LMHP-S shall be available to conduct an assessment;</u>
 - 3. <u>Nursing services shall be provided by either a RN or an LPN. Nursing staff shall be</u> <u>available 24 hours a day, in person. LPNs shall work directly under the supervision of</u> <u>a physician, nurse practitioner or RN, this supervision can occur via telehealth; and</u>
 - 4. <u>Medical, psychological, psychiatric, laboratory, and toxicology services shall be</u> available by consult or referral.
 - 5. <u>If the crisis stabilization unit is also a Crisis Therapeutic Home the provider shall meet</u> the Department of Behavioral Health and Developmental Services REACH Standards.
- D. <u>REACH shall meet the staffing standards of the service in which they are licensed: therapeutic homes or community-based stabilization. The service shall also meet the REACH standards.</u>

12VAC35-111-50. Initial contacts.

- A. <u>Providers shall implement an initial contact policy and procedure that include:</u>
 - 1. <u>Identification</u>, qualification, training and responsibilities of employees responsible for <u>initial contacts</u>;
 - 2. <u>Minimum required elements of initial contacts for a crisis setting including:</u>
 - a. Date of contact;

- b. <u>To the best of the provider's ability</u>, the name, <u>date of birth</u>, <u>biological sex</u>, <u>self-identified gender and pronouns</u> of the individual;
- c. Address and telephone number of the individual, if applicable;
- d. <u>The individual's local community service board and any other community</u> service board providing services; and
- e. <u>To the best of the provider's ability</u> the reason why the individual is requesting services;
- 3. <u>Methods to assist individuals to identify appropriate services or resources.</u>
- 4. The provider's policy and procedures should include a process to link any individual who contacts the provider with some type of service(s) or resource(s).
- 5. <u>If the individual is not admitted to the service, the provider shall retain documentation</u> of the individual's <u>initial contacts</u> for six months. Documentation shall be included in the individual's record if the individual is admitted to the service.
- B. <u>Providers may complete the individual's initial contacts and assessment at the same time, if appropriate.</u>

12VAC35-111-60. Assessment.

A. The provider shall implement a written <u>crisis</u> assessment policy. The policy shall define how <u>crisis</u> assessments will be conducted and documented.

B. The provider shall actively involve the individual and authorized representative, if applicable, in the preparation of <u>crisis</u> assessments. In these crisis assessments the provider shall consider the individual's needs, strengths, goals, preferences, and abilities within the individual's cultural context.

C. The <u>crisis</u> assessment policy shall designate <u>appropriately qualified</u> employees or contractors who are responsible for conducting, <u>obtaining or updating</u> assessments <u>and medical screenings</u>. These employees or contractors shall have experience in working with the needs of individuals who are being assessed, the <u>crisis</u> assessment tool or tools being utilized, and the provision of services that the individuals may require.

D. Assessment is an ongoing activity. The provider shall make reasonable attempts to obtain previous assessments or history <u>relevant to the crisis</u>. <u>The provider shall use previous</u> <u>assessments or other relevant history within the course of treatment if applicable, as noted within subsection F.</u>

<u>E. Providers shall utilize standardized state or federally sanctioned crisis assessment tools as approved by the department, or utilize their own crisis assessment tools that shall meet the requirements laid out in subsection F.</u>

<u>F.</u> A crisis assessment shall be initiated prior to or at admission to the service. With the participation of the individual and the individual's authorized representative, if applicable, the provider shall complete, or obtain information from other qualified providers in order to complete, a crisis assessment detailed enough to determine whether the individual qualifies for

admission and to initiate a <u>safety plan and crisis ISP</u>, as required by these regulations for those individuals who are admitted to the service.

<u>1. The crisis</u> assessment shall assess the individual's <u>service</u>, health, and safety needs, and <u>at a minimum include</u>:

- a. <u>For community-based crisis stabilization providers providing the mobile crisis</u> <u>component of their service and crisis receiving centers:</u>
- (1) Diagnosis, including current and past substance use or dependence and risk for intoxication or substance withdrawal, co-occurring mental health and developmental disorders;
- (2) <u>Risk of harm, including elements which may make an individual a danger to</u> <u>themselves or others;</u>
- (3) <u>Cognitive functional status, including the individual's ability to protect self</u> from harm and provide for basic human needs;
- (4) Precipitating issues, including recent stressors or events;
- (5) Presenting needs, including the individual's stated needs, psychiatric needs, support needs, and the onset and duration of <u>needs</u>. The assessor shall record:
 - (a) Any physical reaction to the presenting crisis, if these issues are mentioned by the individual or observed during the assessment. Examples include issues with sleep, issues with appetite and issues with daily activities;
 - (b) <u>The individual's housing arrangements and living situation, if</u> <u>mentioned by the individual; and</u>
 - (c) <u>Any trauma, such as sexual abuse, physical abuse, natural disaster, etc., if appropriate including if it is related to the current crisis or mentioned by the individual. The assessor shall not ask questions regarding trauma if inappropriate or will exacerbate the crisis.</u>
- (6) Additional current medical issues and symptoms, if applicable;
- (7) Current medications, including recent changes to medications. The assessor shall review current medications to the best of the individual's abilities.
- (8) Barriers that will impact the individual's ability to seek treatment or continue to participate in services, including the individual's mood, ability and willingness to engage in treatment, and access to transportation.
- (9) The individual's recovery environment and circle of support; and
- (10) <u>Communication modality and language preference.</u>
- b. For crisis stabilization units and community-based crisis stabilization providing services other than mobile crisis the assessment shall also include:
- (1) Explicit screening for suicidal or homicidal ideation;
- (2) <u>Relevant treatment history and health history, to include as applicable:</u>
 - (a) Past medications prescribed;
 - (b) Hospitalizations for challenging behaviors, mental health or substance use;
 - (c) Other treatments for challenging behaviors, mental health or substance use;
 - (d) Allergies, including allergies to food and medications;
 - (e) Recent physical complaints and medical conditions;

- (f) Nutritional needs;
- (g) Chronic conditions;
- (h) Communicable diseases;
- (i) Restrictions on physical activities if any;
- (j) Restrictive protocols or special supervision requirements;
- (k) Past serious illnesses, serious injuries, and hospitalizations;
- (1) Serious illnesses and chronic conditions of the individual's parents, siblings, and significant others in the same household; and
- (m)Other interventions and outcomes <u>including interventions and</u> <u>outcomes which were unsuccessful, the provider should ensure</u> <u>previous assessments are utilized to note these interventions as</u> <u>required by 12VAC35-111-60 (D)</u>.
- (3) The individual's housing arrangements or living situation;
- (4) Trauma, such as sexual abuse, physical abuse, natural disaster, etc.; and
- (5) Current or previous involvement in systems (Legal, APS, CPS, DSS).
- c. <u>If applicable to the individual's crisis the assessment shall include:</u>
- (1) <u>The individual's social, behavioral, developmental, and family history and supports;</u>
- (2) Employment, vocational, and educational background;
- (3) Cultural and heritage considerations; and
- (4) Financial stressors, if applicable.

G. The timing for completion of the crisis assessment shall be <u>as soon as possible after</u> <u>admission</u> but shall occur no later than <u>24 hours after admission</u>.

<u>H. The provider shall retain documentation of the individual's assessments in the individual's record for a minimum six years after the individual's discharge in accordance with § 54.1-2910.4 of the Code of Virginia.</u>

12VAC35-111-70. Safety Plans and Crisis individualized services plans (ISP)

- A. The provider shall actively involve the individual and authorized representative, as appropriate, in the development, review, and revision of a person-centered <u>safety plan and, if required by these regulations, a crisis individualized services plan (crisis ISP)</u>. The individualized <u>safety and services</u> planning process shall be consistent with laws protecting confidentiality, privacy, human rights of individuals receiving services, and rights of minors. To the extent possible the provider shall collaborate with the individual's planning team to develop, review and revise, and implement, as appropriate, the individual's safety plan and, if required by these regulations, crisis ISP. The safety planning process is an ongoing activity.
- B. Providers of developmental services shall collaborate with the individual's support coordinator to develop, or review and revise, and implement, as appropriate a personcentered crisis education and prevention plan (CEPP). A provisional CEPP shall be completed within 15 days of admission. An updated CEPP shall be completed within 45 days of admission. Developmental services providers, may utilize a CEPP as an individual's safety plan, if appropriate. If a CEPP is to be used as a safety plan the provider shall meet the deadline listed in subpart C of this section.

- C. <u>Providers of mental health and substance abuse services shall develop, or review and revise,</u> <u>and implement, as appropriate, a person-centered safety plan immediately after admission</u> <u>which shall continue in effect until discharge from the provider's crisis service.</u>
- D. <u>Community-based crisis stabilization providers and crisis stabilization unit providers shall</u> <u>develop and implement a crisis ISP, in addition to a safety plan, no later than 48 hours after</u> <u>admission. This provision does not apply to the mobile crisis component of a communitybased crisis stabilization provider.</u>
- E. <u>The safety plan and if required by these regulations, crisis ISP</u> shall be developed based on the <u>crisis</u> assessment with the participation and informed choice of the individual receiving services.
 - 1. To ensure the individual's participation and informed choice, the following shall be explained to the individual or his authorized representative, as applicable, in a reasonable and comprehensible manner:
 - a. The proposed services to be delivered;
 - b. Any alternative services that might be advantageous for the individual; and
 - c. Any accompanying risks or benefits of the proposed alternative services.
 - 2. If no alternative services are available to the individual, it shall be clearly documented within the <u>individual's service record</u>, that alternative services were not available as well as any steps taken to identify if alternative services were available.
 - 3. Whenever there is a change to an individual's <u>safety plan or crisis ISP</u> it shall be clearly documented within the <u>safety plan or crisis ISP</u> or within documentation attached to the <u>safety plan or crisis ISP</u> that:

a. The individual participated in the development of or revision to the <u>safety plan or crisis</u> <u>ISP</u>;

b. The proposed and alternative services and their respective risks and benefits were explained to the individual or the individual's authorized representative, and;c. The reasons the individual or the individual's authorized representative chose the option included in the safety plan or crisis ISP.

12VAC35-111-80. Safety Plan and Crisis ISP requirements.

- A. <u>1. The safety plan shall be based on the individual's immediate service, health, and safety needs identified in the crisis assessment. The safety plan shall include:</u>
 - a. <u>Warning signs that a crisis may be developing, such as thoughts, images, mood, situation</u> and behavior, or stressors that may trigger the individual;
 - b. <u>Internal coping strategies or methods, things the individual can do without contacting</u> <u>another person, such as relaxation techniques or physical activities;</u>
 - c. <u>People and social settings that the individual may turn to for distraction or support;</u>
 - d. People the individual may ask for help;
 - e. Professionals or agencies the individual can contact during a crisis; and
 - f. Things the individual can do to make their environment safe.

2. The safety plan may include:

- a. <u>A description of how to support the individual when pre-crisis behaviors are observed;</u>
- b. <u>Specific instructions for the systems supporting the individual during pre-crisis;</u>

- c. <u>A description of how to support the individual when crisis behaviors are observed; and</u>
- d. <u>Specific instructions for the systems supporting the individual during crisis.</u>

B. Community-based crisis stabilization and crisis stabilization unit providers shall also develop a crisis ISP based on the individual's immediate service, health, and safety needs identified in the crisis assessment. The crisis ISP shall include:

- 1. <u>Relevant and attainable goals, measurable objectives to inform current and future treatment, and specific strategies for addressing each need documented within the individual's crisis assessment;</u>
- 2. <u>Services and supports and frequency of services required to accomplish the goals including</u> relevant psychological, mental health, substance use, behavioral, medical, rehabilitation, training, and nursing needs and supports;
- 3. <u>The role of the individual and others, including the individual's family, if appropriate, in implementing the crisis ISP;</u>
- 4. <u>Identification of employees or contractors responsible for coordination and integration of services, including employees of other agencies;</u>
- 5. A behavioral support or treatment plan, if applicable; and
- 6. <u>Projected discharge plan and estimated length of stay within the service.</u>

C. Community based crisis stabilization and crisis stabilization unit providers shall implement a crisis ISP as soon as possible after admission but no later than 48 hours after admission. The crisis ISP shall continue in effect until the individual is discharged from the provider's crisis service.

<u>D. Both the safety plan and the crisis</u> 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, if appropriate, 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. <u>The provider shall continue to</u> <u>make attempts to obtain the necessary signature for the length of time the safety plan or crisis ISP is in effect. An attempt to obtain the necessary signature shall occur at a <u>minimum each time the provider reviews the safety plan or crisis ISP as required by</u> <u>12VAC35-111-90.</u>
 </u>
- 2. The safety plan and crisis ISP shall be distributed to the individual and others authorized to receive it. The provider shall document that the safety plan and crisis ISP was distributed within the individual's services record. If the safety plan and crisis ISP cannot be distributed, the provider shall document attempts to distribute the safety plan and crisis ISP to the individual and the reason why distribution was impossible. The provider shall continue to make attempts to distribute the safety plan and the crisis ISP for the length of time the safety plan or crisis ISP is in effect. An attempt to distribute the safety plan and crisis ISP shall occur at a minimum each time the provider reviews the safety plan or crisis ISP as required by 12VAC35-111-90.

E. The provider shall <u>have a crisis ISP policy which designates</u> a person who shall be responsible for developing, implementing, reviewing, and revising each individual's <u>safety plan and if</u> <u>appropriate, crisis ISP</u> in collaboration with the individual or authorized representative, as appropriate.

F. Employees or contractors who are responsible for implementing the <u>safety plan or crisis</u> ISP shall <u>have access to</u> the individual's current <u>safety plan or crisis ISP</u>, including an individual's <u>detailed health and safety protocols</u>, and be competent to implement the safety plan or crisis ISP <u>as written</u>.

G. Whenever possible the identified goals in the <u>safety plan or crisis ISP</u> shall be written in the words of the individual receiving services.

H. The provider shall use signed and dated progress notes to document their efforts towards the implementation of the goals and objectives contained within the safety plan or crisis ISP.

12VAC35-111-90. Reassessments and reviews of Safety plans and Crisis ISPs.

A. Reassessments shall be completed any time <u>the individual is within the provider's service and</u> <u>there</u> is a need based on changes in the medical, psychiatric, behavioral, or other status of the individual.

B. The provider shall actively involve the individual and authorized representative, if applicable, in reassessments. The provider shall consider the individual's needs, strengths, goals, preferences, and abilities within the individual's cultural context.

<u>C.</u> Providers shall complete changes to the <u>safety plan or crisis</u> ISP, <u>if necessary or if desired by</u> <u>the individual</u>, as a result of the <u>re</u>assessment.

D. If necessary as a result of a reassessment, providers shall complete changes to medical protocols, or shall collaborate with other providers to ensure, changes to medical protocols are made. This shall include medical equipment protocols if appropriate.

<u>E. After each reassessment the provider shall ensure that the individual's most current crisis ISP</u> is easily accessible to the employee or contractor responsible for implementing the safety plan or crisis ISP.

12VAC35-111-100. Progress notes or other documentation.

- A. <u>The provider shall have a policy or process to ensure that progress notes are consistent in</u> <u>format across the provider's crisis services.</u>
- B. The provider shall use signed and dated progress notes or other documentation to document the services provided. <u>Progress notes shall at a minimum:</u>
 - 1. <u>Be consistent across the provider's service;</u>
 - 2. <u>Be legible and readable;</u>

- 3. <u>Record events of the individual's interaction with the staff writing the progress note,</u> including care provided and events relevant to diagnosis and treatment or care of the individual;
- 4. <u>Have a narrative component, which note relevant events which occurred during the provision of services;</u>
- 5. Describe follow-up care that is needed; and
- 6. <u>Be signed and dated by the staff entering the progress note.</u>
- C. <u>Progress notes shall be entered into the individual's record each time the individual receives</u> <u>services.</u>
- D. Communication logs and supervision notes shall not be considered progress notes.

12VAC35-111-110. Discharge planning.

A. Crisis providers are not subject to the provisions of 12VAC35-106-460. Discharge.

B. Community-based crisis stabilization providers who are supplying mobile crisis response to individuals and crisis receiving center providers are not required to provide discharge planning to individuals served and therefore are not subject to subsections B-F of this section. Communitybased crisis stabilization providers who are supplying mobile crisis response shall make arrangements or referrals to all follow up service providers, if determined appropriate within the individual's safety plan. The provider shall document such arrangements, referrals, or reasons why follow up care was inappropriate within the individual's safety plan.

<u>C.</u> Community-based crisis stabilization providers, crisis stabilization units, and REACH providers shall have written policies and procedures regarding the discharge or termination of individuals from the service. These policies and procedures shall include medical and clinical criteria for discharge.

<u>D.</u> Discharge instructions shall be provided in writing to the individual, his authorized representative, and the successor provider, as applicable. Discharge instructions shall include at a minimum medications and dosages; names, phone numbers, and addresses of any providers to whom the individual is referred; current medical issues or conditions; and the identity of the treating health care providers. The provider shall make appropriate arrangements or referrals to all service providers identified within the individual's discharge instructions prior to the individual's scheduled discharge date.

E. The provider shall document in the individual's service record that the individual, his authorized representative, <u>legal guardian</u>, and his family members, as appropriate, have been involved in the discharge planning process.

F. A written discharge <u>summary</u> shall be completed within 30 days of discharge and shall include at a minimum the following:

1. Reason for the individual's admission to and discharge from the service;

2. Description of the individual's, authorized representative's or legal guardian's participation in discharge planning and documentation of informed choice by the individual, authorized representative, or legal guardian as applicable, in the decision to and planning for the discharge;

3. The individual's current level of functioning or functioning limitations, if applicable;

4. Recommended procedures, activities, or referrals to assist the individual in maintaining or improving functioning and increased independence;

5. The status, location, and arrangements that have been made for future services;

6. Progress made by the individual in achieving goals and objectives identified in the <u>crisis</u> ISP and summary of critical events during service provision;

7. Discharge date;

8. Discharge medications prescribed by the provider, if applicable;

9. Date the discharge plan was actually written or documented; and

10. Signature of the person who prepared the plan.

<u>G. The content of the discharge summary and the determination to discharge the individual</u> shall be consistent with the crisis ISP and the criteria for discharge.

<u>12VAC35-111-120. Written policies and procedures for crisis or emergency interventions;</u> <u>required elements.</u>

A. <u>A crisis, behavioral, medical or psychiatric emergency as referred to in this section is a situation that poses an imminent risk to the individual or others and cannot be addressed within the scope of the provider's services. This does not include events that require the use of behavior intervention and supports as discussed within 12VAC35-106-530.</u>

B. The provider shall implement written policies and procedures, as approved by the department, 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.

<u>C.</u> The policies and procedures shall include:

1. The provider's definition of a crisis or behavioral, medical, or psychiatric emergency;

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;

3. Employee or contractor responsibilities; and

<u>4. Location of the face sheets with emergency medical information as required by 12VAC35-106-480.</u>

12VAC35-111-130. Nursing assessment.

A. Crisis receiving centers and community-based crisis stabilization providers are not required to administer nursing assessments. The provider may administer a nursing assessment if the provider has the resources to do so or may obtain a medical history, or relevant information which would be a part of a medical history, if the individual served provides it.

B. Crisis stabilization units and REACH CTH providers shall administer or obtain results of a nursing assessment within 24 hours of an individual's admission. Should a provider obtain results of a nursing assessment rather than administer one, the provider shall ensure the nursing assessment occurred within 30 days of an individual's admission.

C. <u>Prior to admission</u>, each <u>individual</u> shall have a screening for <u>communicable diseases</u>, <u>including</u> tuberculosis, as evidenced by the completion of a screening form containing, at a minimum, the elements found on the Report of Tuberculosis Screening form published by the Virginia Department of Health. The screening may be no older than 30 days. <u>A screening shall</u> not be required for a new individual separated from a service with another licensed provider with a break in service of six months or less or who is transferred from another DBHDS licensed provider.

D. A staff member shall conduct a nursing assessment. The nursing assessment shall collect information about the non-psychiatric medical or surgical condition of an individual to determine whether there is a need for a more thorough medical assessment before a decision is made regarding continued treatment within the provider's service or transfer to a more intensive level of care. The nursing assessment should determine if there is a current medical crisis or underlying medical condition for the individual's psychological crisis; such as any medical condition which affects the individual's psychological state, presenting behavior or ability to be served by the provider's service. The nursing assessment shall note the date of examination and have the signature of a qualified practitioner.

E. Locations designated for <u>nursing assessments</u> shall ensure individual privacy.

F. The provider shall review and follow-up with the results of the <u>nursing assessment</u> and of any follow-up diagnostic tests, treatments, or examinations <u>and documentation of the arrangements</u> for follow-up care in the individual's record.

G. Each individual's health record shall include notations of any health and dental complaints mentioned by the individual and injuries and shall summarize symptoms and treatment given.

H. Each individual's health record shall include or document the facility's efforts to obtain treatment summaries of ongoing psychiatric or other mental health treatment and reports.

I. The provider shall develop and implement written policies and procedures that include use of standard precautions and address communicable and contagious medical conditions.

12VAC35-111-140. Health care policy.

A. Providers shall ensure the provision of emergency medical services for each individual.

B. <u>Crisis stabilization units and REACH CTH providers</u> shall implement a policy that addresses provision of adequate and appropriate medical care. This policy shall describe how:

- 1. Medical care needs will be assessed including circumstances that will prompt the decision to obtain a medical assessment.
- 2. <u>Crisis ISPs</u> will address any medical care needs appropriate to the scope and level of service.

- 3. <u>The provider will provide or arrange for the provision of medical and dental services</u> <u>identified at admission;</u>
- 4. <u>During the provision of the provider's services, the provider will provide or arrange for the provision of routine ongoing and follow-up medical and dental services;</u>
- 5. The provider will communicate <u>the results of any physical examinations</u>, medical assessments, <u>and any diagnostic tests</u>, <u>treatments or examinations</u> to the individual and authorized representative, as appropriate.
- 6. The provider will keep accessible to staff and contractors on duty the names, addresses, and phone numbers of the individual's medical and dental providers.
- 7. The provider will ensure a means for facilitating and arranging, as appropriate, transportation to medical and dental appointments and medical tests, when services cannot be provided on site.

C. <u>Crisis stabilization units and REACH CTH providers</u> shall implement written policies to identify any individuals who are at risk for falls and develop and implement a fall prevention and management plan and program for each at risk individual.

D. Providers shall provide or arrange for the provision of appropriate medical care.

E. The provider shall implement written infection control measures including the use of universal precautions.

F. The provider shall report outbreaks of infectious diseases to the Department of Health pursuant to § 32.1-37 of the Code of Virginia.

12VAC35-111-150. Medication errors and drug reactions.

This section applies to all providers responsible for medication administration. In the event of a medication error or adverse drug reaction:

- 1. First aid shall be administered if indicated.
- 2. Employees or contractors shall promptly contact a poison control center, pharmacist, nurse or physician and shall take actions as directed.
- 3. The individual's physician shall be notified as soon as possible unless the situation is addressed in standing orders.
- 4. <u>All actions taken by employees or contractors shall be documented.</u>
- 5. The provider shall review medication errors at least quarterly as part of the quality assurance in <u>12VAC35-106-590</u>.
- 6. Medication errors and adverse drug reactions shall be recorded in the individual's medication log.

12VAC35-111-160. Medication administration and storage or pharmacy operation.

A provider responsible for medication administration and medication storage or pharmacy operations shall comply with:

1. The Drug Control Act (§ 54.1-3400 et seq. of the Code of Virginia);

- 2. The Virginia Board of Pharmacy regulations;
- 3. The Virginia Board of Nursing regulations; and
- 4. Applicable federal laws and regulations relating to controlled substances.

12VAC35-111-170. Vital Signs.

A. This section applies to all crisis stabilization units, crisis receiving centers and REACH CTH providers.

B. Unless the individual refuses, the provider shall take vital signs <u>upon admission and</u> <u>discharge</u>, and <u>during the provision of services as per the medical provider's orders</u>.

C. The provider shall <u>have procedures regarding the collection of vital signs, which includes</u> <u>documentation of vital signs</u>, all refusals and follow-up actions taken.

12VAC35-111-180. Emergency preparedness and response plan.

- A. The scope of emergency preparedness in relation to this section applies to disasters as defined by §44.146.16 of the Code of Virginia.
- <u>B.</u> <u>Community service boards shall have a continuity of operations plan which shall address</u> <u>crisis services.</u>
- C. The provider shall develop a written emergency preparedness and response plan for all of its services and locations. This plan shall include specifics for each location. This plan shall include the following:
 - 1. <u>An analysis and prioritization of vulnerability of all services and locations to various</u> <u>hazards that may impact the provider. Vulnerability is a combination of the likelihood</u> <u>and severity of hazard occurrence.</u>
 - 2. <u>A base-level response plan that is applicable to all hazards and includes:</u>
 - a. <u>Documentation of preparedness activities such as emergency planning team</u> <u>meetings, incident reviews, plan revisions, etc.</u>
 - b. <u>Maintenance of a 24-hour phone line which can be used for communication</u> <u>during emergencies.</u>
 - c. Documented procedure for activation of the emergency plan including a description of various triggers for activation, who may activate, and overall situation assessment, response escalation, situation stabilization, and life and property preservation as first priority during any response.
 - d. <u>Documented procedure to notify the department of activation of the emergency</u> plan as soon as possible, but no later than 24 hours after incident occurrence.
 - e. <u>Documented polices, outlining specific responsibilities for incident command and</u> <u>the necessary incident management team including operations, logistics, planning</u> <u>and finance.</u>

- f. Documented policies and procedures to ensure, to the extent possible, the life safety of employees, contractors, volunteers, visitors, and individuals served.
- g. <u>Policy and procedures for building access and security to include both provision</u> of a secure building under adverse circumstances and appropriate access to the building by emergency responders.
- h. Documented policies and procedures for the resumption of normal activities following service disruption by and emergency including any necessary site inspections required before repatriation can take place.
- i. Documented identification, consideration and mitigation activities related to highpriority vulnerabilities as identified by a vulnerability analysis.
- 3. <u>An evacuation plan which includes:</u>
 - a. Documented, current consideration of local/regional sites that could function as evacuation locations or stop-over points, including documentation of any arrangements the provider has made with such local/regional sites.
 - b. Policy and procedure for executing an evacuation or individual relocation to include individual and staff tracking and preservation of all critical services (pharmacy, feeding, etc.).
 - c. <u>Policy and procedure for handling PHI during an evacuation or relocation to</u> <u>ensure the PHI is both properly secured and accessible at the new location (or by</u> <u>new service providers) to allow for proper continuity of care.</u>

D. The provider shall develop a written communication plan detailing:

1. The process for notifying local and state authorities of an emergency.

2. The process for notifying and communicating with staff, employees, contractors, volunteers and community responders during emergencies.

3. The process for warning, notifying, and communicating with individuals receiving services.

4. The process for notifying and communicating with family members or authorized representatives; during emergencies.

E. The provider shall develop a written Continuity of Operations Plan detailing:

1. Delegation of authority under emergency conditions.

2. Succession planning for emergency conditions, including in the event of the license holders death or incapacitation as required by 12VAC35-106-40(B)(1). Community service boards are not required to have a succession plan.

3. The plan should clearly indicate which services are critical to the health and well-being of the individual(s) being served and therefore must be continued, which services are less critical and may be delayed, which services are ancillary and may be discontinued during emergency circumstances, and triggers with regard to the continuity of these services. Documented plans for continuity of activities related to the provision of care, treatment, and services including scheduling, modifying, or discontinuing services, PII and PHI access and security, providing medication and transportation services.

4. The plan shall document plans for supply chain disruption for critical supplies such as pharmaceuticals, food, water, toiletries, linens, and any other supplies required for subsistence.

- D. The provider shall maintain documentation of outreach to local emergency officials to include local emergency managers at least annually.
- E. The provider shall implement annual emergency preparedness and response training for all employees, contractors, students, and volunteers pursuant to 12VAC35-106-290 (B). This training shall also be provided during the onboarding of new employees. This training shall include:

1. Activation and notification for the emergency plan

2. Evacuation procedures that include consideration of individuals with medical, functional, and access needs.

3. Use, maintenance, and operations of any emergency equipment.

4. Medical record stewardship during emergencies.

5. Utilization of community support services in emergencies.

- F. The provider shall document review of the emergency preparedness plan and continuity of operations annually and make necessary revisions. Such revisions shall be communicated to employees, contractors, students, volunteers, and individuals receiving services and incorporated into training for employees, contractors, students, and volunteers and into the orientation of individuals to services.
- <u>G.</u> Crisis stabilization units, crisis receiving centers and REACH CTH providers shall ensure a three-day supply of emergency food and water for all individuals and staff. Emergency food caches should include food that is easily prepared and does not need to be cooked. One gallon of potable water per person, per day is required.
 - 1. The emergency food cache shall not include expired food.
 - 2. The emergency food cache shall be appropriate for the population the provider serves.
 - 3. <u>The provider shall ensure any tools needed to prepare the emergency food supply (i.e.</u> <u>can openers, portable blender, etc.) are included in the emergency food cache.</u>
 - 4. <u>The emergency food cache shall be separate from the provider's day to day food</u> <u>supply.</u>
 - 5. <u>The emergency food cache shall be packed and ready for transport in case of emergency.</u>

12VAC35-111-190. Clinical and safety coordination.

A. In the event the provider has hired security employees or contractors this section shall apply.

B. The provider shall have <u>written</u> methods of resolving procedural and programmatic issues regarding individual care arising between the clinical and security employees or contractors.

C. The provider shall demonstrate ongoing communication between clinical and security employees to ensure individual care. <u>The provider shall document this communication</u>.

D. The provider shall provide cross-training for the clinical and security employees or contractors that includes:

1. Mental health, developmental disability, and substance abuse education;

- 2. Use of restraints; and
- 3. Channels of communication.

E. Employees or contractors shall receive periodic in-service training, and have knowledge of and be able to demonstrate the appropriate use of restraints.

F. <u>Safety</u> and behavioral assessments shall be completed, as applicable, at the time of admission to determine service eligibility and at least weekly for the safety of individuals, other persons, employees, and visitors.

G. Personal grooming and care services for individuals shall be a cooperative effort between the clinical and security employees or contractors, as required by individual need if the individual has been deemed a safety risk.

H. Clinical needs and <u>safety risk</u> shall be considered when arrangements are made regarding privacy for individual contact with family and attorneys.

I. Living quarters shall be assigned on the basis of the individual's <u>safety risk</u> and clinical needs.

J. <u>A documented review</u> of the individual's clinical condition and needs shall be made when restrictions or actions are required <u>for safety measures</u>.

K. Clinical services consistent with the individual's condition and plan of treatment shall be provided when <u>safety measures or seclusion are utilized</u>.

Article 2. CSBs Requirements.

12VAC35-111-200. Preadmission-screening and discharge planning.

A. Providers responsible for complying with §§ <u>37.2-505</u> and <u>37.2-606</u> of the Code of Virginia regarding community services board and behavioral health authority preadmission screening and discharge planning shall implement policies and procedures that include:

1. Identification, qualification, training, and responsibilities of employees responsible for preadmission screening and discharge planning.

2. Completion of a discharge plan prior to an individual's discharge in consultation with the state facility that:

a. Involves the individual or his authorized representative and reflects the individual's preferences to the greatest extent possible consistent with the individual's needs.

b. Involves mental health, developmental disability, substance abuse, social, educational, medical, employment, housing, legal, advocacy, transportation, and other services that the individual will need upon discharge into the community and identifies the public or private agencies or persons that have agreed to provide them.

12VAC35-111-210 Mandatory Outpatient Treatment Orders

Any provider who serves individuals through a mandatory outpatient treatment order shall implement policies and procedures to comply with §§ <u>37.2-817 through 37.2-817.4</u> of the Code of Virginia.

Article 3. Physical environment requirements.

12VAC35-111-220. Applicability of this article.

All crisis stabilization units, crisis receiving centers and REACH CTH providers shall comply with the provisions of this article.

12VAC35-111-230. Nutrition.

A. <u>Crisis receiving centers providers shall offer light snacks and fluids to individuals who are not in danger of aspirating.</u>

B. Crisis stabilization units and REACH CTH providers shall:

1. Implement a <u>protocol</u> for the provision of food services, which ensures access to nourishing, well-balanced, varied, and healthy meals which shall at a minimum:

- a. Ensure that each individual's dietary needs, as reflected within their crisis ISP<u>or</u> dietary orders, are fulfilled;
- b. <u>Provide methods to learn</u> the cultural background, personal preferences, religious requirements and food habits and that meet the dietary needs of the individuals served and ensure meals are prepared in a manner that considers these preferences; and
- c. <u>List steps to be taken to</u> assist individuals who require assistance feeding themselves in a manner that effectively addresses any deficits <u>with dignity</u>.
- 2. The provider shall have menus. Menus shall:
- a. <u>Meet the nutritional needs of individuals;</u>
- b. <u>Be prepared in advance;</u>
- c. <u>Be followed;</u>
- d. <u>Reflect based on a provider's reasonable efforts, the religious, cultural and ethnic</u> <u>needs of individuals served;</u>
- e. <u>Be updated periodically; and</u>
- f. <u>Nothing in this subsection should be construed to limit the individual's right to make</u> <u>personal dietary choices.</u>

3. The provider shall implement <u>protocols</u> to monitor each individual's food consumption and nutrition for:

- a. Warning signs of changes in physical or mental status related to nutrition; and
- b. Compliance with any needs determined by the crisis ISP or prescribed by a physician, nutritionist, or health care professional.

<u>4. Each individual shall be provided a daily diet that consists of at least three nutritionally</u> <u>balanced meals and includes an adequate variety and quantity of food for the age of the</u> <u>individual and meets minimum nutritional requirements and the U.S. Department of Health and</u>

Human Services and U.S. Department of Agriculture Dietary Guidelines for Americans. Children's residential service providers shall also provide each individual with an evening snack.

12VAC35-111-240. Beds or Recliners.

<u>A. For the purpose of this section "clean" means freshly laundered, sanitized and not soiled or</u> stained.

B. Crisis receiving centers providers shall arrange for each individual to have a recliner or bed. Crisis stabilization units and REACH CTH providers shall arrange for each individual to have a bed.

C. Upon admission, the provider shall offer to launder the individual's clothes.

D. The provider shall not operate more beds than the number for which its service location or locations are licensed.

E. Beds and bed linens shall be clean, comfortable and well maintained.

<u>F. Beds shall be equipped with a clean mattress, clean pillow, clean blankets, and clean bed linens. When a bed is soiled, providers shall assist individuals with bathing as needed, and provide clean clothing, bed linen and a clean waterproof mattress cover.</u>

G. Providers shall change bed linens at least every seven days and with each new admission.

H. Providers shall provide mattresses which are fire retardant as evidenced by documentation from the manufacturer except in buildings equipped with an automated sprinkler system as required by the Virginia Statewide Building Code (13VAC5-63).

I. Providers shall inspect the individual's bed or recliner upon discharge to ensure the individual has all personal belongings and prepare the bed or recliner for cleaning.

12VAC35-111-250. Bedrooms.

A. This section only applies to crisis stabilization units and REACH CTH providers.

B. Bedrooms shall meet the following square footage requirements:

1. Single occupancy bedrooms shall have no less than 80 square feet of floor space.

2. Multiple occupancy bedrooms shall have no less than 60 square feet of floor space per individual.

C. No more than four individuals shall share a bedroom.

D. Bedrooms shall be free of all protrusions, sharp corners, hardware, fixtures or other devices which may cause injury to the individual.

<u>E. Windows in the bedrooms shall be so constructed as to minimize breakage and otherwise prevent the individual from harming himself.</u>

<u>F. Each individual shall have adequate private storage space accessible to the bedroom for clothing and personal belongings.</u>

<u>G. Every sleeping area shall have a door that may be closed for privacy or quiet and this door shall be readily opened in case of fire or other emergency.</u>

H. The environment of sleeping areas shall be conducive to sleep and rest.

I. Providers of children's residential services shall provide separate sleeping areas for boys and girls for individuals four years of age or older.

J. Providers of children's residential services shall ensure beds are at least three feet apart at the head, foot, and sides and double-decker beds shall be at least five feet apart at the head, foot, and sides.

12VAC35-111-260. Physical environment.

A. The physical environment, design, structure, furnishings, and lighting shall be appropriate to the individuals served and the services provided.

B. The physical environment shall be accessible to individuals with physical and sensory disabilities.

C. The physical environment and furnishings shall be clean, dry, free of foul odors, safe, and well-maintained.

D. Floor surfaces and floor coverings shall promote mobility in areas used by individuals and shall promote maintenance of sanitary conditions. There shall be clear pathways of egress through the setting, free of tripping hazards, to ensure that all individuals can move about the setting safely.

1. <u>Any electrical cords, extension cords or power strips utilized by the provider shall be</u> properly secured and not be placed anywhere that the cord can cause trips or falls.

<u>E. Heat shall be evenly distributed in all rooms occupied by individuals such that a</u> temperature no less than 68 degrees Fahrenheit is maintained, unless otherwise mandated by state or federal authorities. Natural or mechanical ventilation to the outside shall be provided in all rooms used by residents. Individual or mechanical ventilating systems shall be provided in all rooms occupied by individuals when the temperature in those rooms exceeds 80 degrees Fahrenheit.

<u>F. Plumbing shall be maintained in good operational condition. Adequate hot and cold running water of a safe and appropriate temperature shall be available. Hot water accessible to individuals being served shall be maintained within a range of 100-120° Fahrenheit. Precautions shall be taken to prevent scalding from running water.</u>

<u>G. Adequate provision shall be made for the collection and legal disposal of garbage and waste</u> materials.

<u>H. The physical environment, structure, furnishings, and lighting shall be kept free of vermin, rodents, insects, and other pests.</u>

I. If smoking is permitted, the provider shall make provisions for alternate smoking areas that are separate from the service environment.

J. For all program areas added after September 19, 2002, minimum room height shall be 7-1/2 feet.

K. Bedroom, bathroom and dressing area windows and doors shall provide privacy.

L. Bathrooms intended for use by more than one individual at the same time shall provide privacy for showers and toilets.

<u>M. The right of privacy within bathrooms includes the right to be free of cameras or audio</u> monitors within the bathroom or angled toward a bathroom.

<u>M. Bedrooms and bathrooms shall be free of all protrusions, sharp corners, hardware, fixtures</u> or other devices which may cause injury to the individual. Windows in the bathrooms shall be so constructed as to minimize breakage and otherwise prevent the individual from harming himself.

<u>N. No required path of travel to the bathroom shall be through another bedroom. Each individual's room shall have direct access to a corridor, living area, dining area, or other common area.</u>

O. Each provider shall make available at least one toilet, one hand basin, and shower or bath for every four individuals. Providers of children's residential services shall:

<u>1. Make available at least one toilet, one hand basin, and one shower or bathtub in each living unit;</u>

2. Make available at least one bathroom equipped with a bathtub in each facility;

3. Make available at least one toilet, one hand basin, and one shower or tub for every eight individuals for facilities licensed before July 1, 1981;

4. Make available one toilet, one hand basin and one shower or tub for every four individuals in any building constructed or structurally modified after July 1, 1981. Facilities licensed after December 28, 2007, shall comply with the one-to-four ratio; and 5. The maximum number of staff members on duty in the living unit shall be counted in determining the required number of toilets and hand basins when a separate bathroom is not provided for staff.

<u>P. If a provider utilizes cameras or audio monitors the provider shall have written policies</u> and procedures regarding audio or audio-video recordings of individuals served approved by the Office of Licensing. The policies and procedures shall ensure and provide that:

1. The provider has obtained written consent of individuals before the individual is recorded;

2. No recording by the provider shall take place without the individual being informed;

3. The provider have postings informing individuals served and others that recording is taking place; and

4. All recordings shall be used in a manner that respects the dignity and confidentiality of individuals served.

Q. A provider shall develop and implement written policies and procedures approved by Office of Licensing governing searches that shall provide that:

1. Searches shall be limited to instances where they are necessary to prohibit contraband;

2. Searches shall be conducted only by personnel who are specifically authorized to conduct searches by the written policies and procedures;

3. Searches shall be conducted in such a way to protect the individual's dignity and in the presence of one or more witnesses; and

4. The policy and procedures shall note the actions to be taken by a provider if contraband is found by a search including methods to manage and dispose of contraband.

<u>R. Providers who serve temporary detention orders or emergency custody orders shall ensure</u> the program is provided in a secure facility or a secure program space.

<u>S. Providers shall provide privacy from routine sight supervision by staff members while</u> <u>bathing, dressing, or conducting toileting activities. This subsection does not apply to medical</u> <u>personnel performing medical procedures, or staff providing assistance to individuals whose</u> <u>physical, mental or safety needs dictate the need for assistance with these activities as justified in</u> <u>the individual's record.</u>

12VAC35-111-270. Building inspection and classification.

All locations shall be inspected and approved as required by the appropriate building regulatory entity. Documentation of approval shall be a Certificate of Use and Occupancy indicating the building is classified for its proposed licensed purpose. The provider shall submit a copy of the Certificate of Use and Occupancy to the department for new locations.

12VAC35-111-280. Fire inspections.

The provider shall document at the time of its original application and annually thereafter that buildings and equipment are maintained in accordance with the Virginia Statewide Fire Prevention Code (<u>13VAC5-51</u>).

12VAC35-111-290. Building and grounds.

<u>A. The interior and exterior of all buildings shall be safe, properly maintained, clean, and in good working order. This includes, but is not limited to, required locks, mechanical devices, indoor and outdoor equipment, and furnishings.</u>

B. The provider shall have policies for infrastructure concerns including utility shut-off.

12VAC35-111-300. Floor plan and building modifications.

A. All services shall submit floor plans with room dimensions to the department for new locations. <u>New locations require a service modification application to be submitted to the department as required by 12VAC35-106-80 at least 30 days prior to opening the new location.</u>

B. <u>Within the service modification application to be submitted to the department as required</u> by 12VAC35-106-80, the provider shall submit building plans and specifications for any planned construction at a new location, changes in the use of existing locations, and any structural modifications or additions <u>including renovations</u> to existing locations where services are provided.

C. The provider shall submit an interim plan to the department addressing the health and safety <u>of individuals</u> and continued service delivery if new construction involving structural modifications or additions <u>or renovations</u> to existing buildings is planned. <u>The interim plan shall</u> <u>be submitted along with the service modification application which is required by 12VAC35-106-80.</u>

12VAC35-111-310. Lighting.

A. Artificial lighting shall be by electricity.

<u>B. All areas within buildings shall be lighted for safety and the lighting shall be sufficient for the activities being performed.</u>

C. Lighting in halls shall be adequate at night

D. Operable flashlights or battery-powered lanterns shall be available for each staff member on the premises between dusk and dawn to use in emergencies.

<u>E. Outside entrances and parking areas shall be lighted as appropriate for protection against</u> injuries and intruders. The provider shall ensue consideration is provided to neighboring properties regarding outside lighting.

12VAC35-111-320. Sewer and water inspections.

A. Service locations shall be on a public water and sewage system or on a nonpublic water and sewage system. Prior to a location being licensed, the provider shall obtain the report from the building inspector pertaining to the septic system and its capacity. Nonpublic water and sewer systems shall be maintained in good working order and in compliance with local and state laws.

B. Service locations that are not on a public water system shall have a water sample tested prior to being licensed and annually by an accredited, independent laboratory for the absence of <u>coliform</u>. The water sample shall also be tested for lead or nitrates if recommended by the local health department. Documentation of the three most recent inspections shall be kept on file.